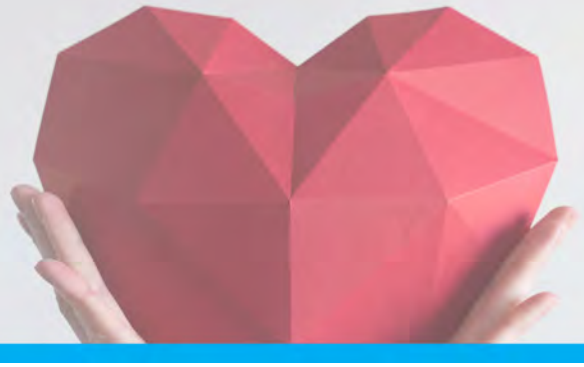
Women's heart health summit



A Woman's Antidote to Heart Disease
Guest: Andrea Nakayama

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Dr. Mark Menolascino: Welcome to the Women's Heart Health Summit. I'm your host, Dr. Mark Menolascino, medical director of the Meno Clinic in Jackson Hole, Wyoming. This is your chance to hear from international world experts on how to achieve optimal health, optimal vitality, and to prevent and reverse heart disease. We're very fortunate today to be joined by Andrea Nakayama, physician, mentor, scholar, teacher of patients, teacher of doctors, one of my personal friends, and someone who I've always looked up to to learn from. Thank you so much for being here, Andrea.

Andrea Nakayama: Thanks for having me, Mark. I'm excited to talk with you.

Dr. Mark Menolascino: Well thank you. Well let me brag to our viewers a little bit about you. Andrea Nakayama is an internationally known functional medicine nutritionist, educator, and speaker who's leading a movement to transform the health industry into a system that works, empowering patients and practitioners alike with the systems and tools of functional nutrition. Her passion for this nutrition revolution came as a result of a personal family tragedy. Her young husband, Isamu, was diagnosed with a fatal brain tumor while she was just seven weeks pregnant with her child. It was in overcoming his prognosis of six months and prolonging his life for another two years that Andrea's expanding interest in food as personalized medicine became her full time passion and purpose.

Andrea formed the Functional Nutrition Lab in 2012 to further educate health practitioners in both the science and physiology of nutrition and in the art of functional medicine. The functional nutrition practice provides professionals in diverse backgrounds with advanced tools and the depth of knowledge necessary to affect substantiative changes in the lives of their own clients and patients as she has. As her reach and impact have grown, Andrea's focused her mission into personalized medicine as a means of transforming healthcare at large, delivering to each person the opportunity to take their health into their own hands, thereby gaining more ownership over their everyday choices in relation to their signs, symptoms, and ultimate health.

Andrea is celebrated as a leader in the field of functional nutrition because of her unique ability to teach and inspire practitioners and patients alike. Andrea synthesizes the art and the science, empathy and physiology, intuition and problem solving, into a system that truly helps people get to the root cause of their illness, create a path towards wellness, and find their way back to life. Those are great words. They're all true. Again, one of my friends and someone I look up to, thank you for joining us, Andrea.

Andrea Nakayama: Thanks again, Mark. I'm so excited to talk with you. And thanks for the intro.

Dr. Mark Menolascino: My pleasure. You're a teacher of clients, you're a teacher of teachers, and I know your passion is bringing this to the masses. And you've really developed a program that helps to provide this. Can you tell us a little bit about it?

Andrea Nakayama: Yeah. So at the Functional Nutrition Alliance, we have both training for practitioners - that's the biggest thing we do with our time - we also have our own clinic. And we tend to see those people who have been everywhere, done everything, are working with functional medicine doctors, and need to understand how to better support themselves, take that ownership on in their everyday life. I like to think of it as nutrition and lifestyle modification. And it goes beyond the handout, right. It's more what we have to do to get there.

So in the Functional Nutrition Lab, where I am training other practitioners from health coaches to medical doctors and everyone in between, we're really looking at what I like to think of as symbiosis, where food and lifestyle meet physiology. And while we pay heed to that in functional medicine, I like to say that what we're doing in the Functional Nutrition Lab is kind of double clicking on the importance of those factors so that we can spend time

researching what it takes to make the changes that are bioindividual, meaning they're appropriate for each unique person that we're seeing.

Dr. Mark Menolascino: Oh, I love that. And I think the latest studies show what I was taught in my residency, was to see a patient every seven minutes, and that the average doctor interrupts their patient within 17 seconds. So for most of our viewers listening, they probably have had that experience seeing a physician and not this team approach of what you're teaching. How does the team approach really get to the root cause and help to empower the client? I love the model. Just share with our viewers how that really helps them.

Andrea Nakayama: Yeah, and I like to think of it as root causes because there are often more than one root cause. And so what we're working with is the soil and not just the roots. So this is the realm that we like to think of in our world, Mark, as epigenetics. And that's really what are all the factors that influence our genes and the expression of our signs, our symptoms, and our diagnoses. So yes, the leaves are expressing problems, the branches may be sick, the trunk isn't doing well, and we can all talk about the roots. But those roots exist because of the health of the soil. And oftentimes if we shift the health of the soil, we actually change the roots.

So in the system that I've created, I call this the three tiers to epigenetic mastery. And tier one is the non negotiables. Tier two is deficiency to sufficiency. And tier three is dismantling the dysfunction. And oftentimes in medicine we're going right to the dysfunction, and we're ignoring all the things that led to that dysfunction. Even if we're looking for the root, we're looking for one infection, which is a dysfunction. It's a tier three issue. But that infection manifested, or that problem: heart disease, inflammation, whatever it is, for a number of reasons.

And so I like to say that we're training the allied functional medicine practitioner, the person who can fill the gap between the advanced functional medicine doctor, who's seeing the dysfunction, and the patient, who's stuck in the weeds in their signs and symptoms, possibly not able to make change but bring a different clinical vantage point to the case and to the physician, working as a team.

Dr. Mark Menolascino: So you mentioned this big concept of epigenetics. And I know that the word genetics scares most people.

Andrea Nakayama: Yes.

Dr. Mark Menolascino: But it's empowering because just because your mom or dad had a heart attack doesn't mean that you have to. And if they have never had a heart attack, it doesn't mean you're not going to. And you really can change your genetic destiny, can't you?

Andrea Nakayama: Absolutely. And that's what this even bigger word of epigenetics falls into. People these days get really tripped up by genetics. We think it has all the answers. We now know that not many genes impact that many health issues. It's smaller than we thought. And the epigenome, the areas that turn things on or off, is more important.

So I always like to remind my students and my clients, our clients in our practice, that genetic testing is like wallpaper. I have some wallpaper. It's like wallpaper in the background that informs us, but it doesn't direct our treatment or our care. And we don't know whether those genes are expressed or not. And all we can do is recognize that those genes are there, that that risk may be there.

But the treatment, the recommendations, still need to be the same. We need to shift everything in the realm of those tier one and tier two issues. And that's, again, the non negotiables, which we can talk about, and the deficiencies, where we're recognizing that there are non negotiables and deficiencies that we're each actually empowered to work with on our own at home. And it's not necessarily in the doctor's hands. And for me that's where we really are re-empowered with taking care of ourselves.

Dr. Mark Menolascino: I love this concept, every time I hear you speak, about empowering clients because I think so many people, when they go to the doctor, they're disempowered.

Andrea Nakayama: Yes.

Dr. Mark Menolascino: They get talked at not talked to. And it's not a collaboration. It's a fiefdom. It's a chief and a bunch of underlings. So it's not this relationship that I hear what you are creating. And how do people respond to that relationship? Are they surprised by it? Are they attracted to you because of it? How's that response for that?

Andrea Nakayama: Yeah, and what you're talking about, I like to think of it as the guide not the God, right. As practitioners we're a guide on somebody's hero's journey. But the hero is really the patient. And we're all patients. And one of the main tenets of functional medicine is that we create a therapeutic

partnership. I see it as my job to make the patient the partner that's showing up in their doctor's office as a partner, not with their hands on their hips telling their doctor they're doing it wrong but with a hey, doc, this is what's going on with me. I wonder if this means anything. I wonder if this matters.

And this is an interesting concept we can kind of bookmark when it comes to women and heart disease because oftentimes there's been a lot of gender bias and not hearing women's signs and symptoms when it comes to heart disease, which is a separate issue. But what we find in our practice is that when somebody's ready, when they're not just looking for the quick fix or the one answer or the one root cause, when they've really been there and done that and they're trying their hardest and still not getting better, which is a growing population of people, particularly women, that they're very receptive to our process, which slows the whole thing down.

So I like to say, as allied functional medicine practitioners that may not be medical doctors, that we can't diagnose, but we can assess. And we spend a lot of time in the assessment. We can't prescribe, but we can recommend. And then what we do is track. And that becomes a circular part of the assessment. So that, to me, is the art of the practice. Assess, recommend, and track, that's the art that we're practicing to see what's going on with this individual, why are they responding positively to this, negatively to this.

And if I understand clinically the physiological ramifications, what's going on in the body, then everything that happens, positive or negative, starts to inform my understanding of that individual and really act as a way that I better can see what's going on. So for the right patient that's looking to really understand themselves and get into that understanding of how to care for themselves, they're so grateful for this process.

A lot of times, Mark, we will see people who are working with a functional medicine doctor who has a treatment plan that may be too fast for that individual, not just in what needs to happen in their diet and lifestyle modification but even in the infection treatment, even in what's being done pharmacologically to address a known diagnosis, because the body just can't handle it. And we can see that. Slow it down.

Make it work for the individual. So it really is, I think, a huge gap in medicine for a growing population who are chronically ill. And that, again, is a larger population of women than men. It's a growing population. And it's a population that's not, as we know very well, served by the conventional medical model.

Dr. Mark Menolascino: That's such a great point. And there are so many things that we just got wrong in medicine. And when it comes to women's heart disease, we're just dumb. We thought that women were just men but with a different profile. And they're not. And we've treated them the same way, and we shouldn't have. We've diagnosed them the same way, and we were wrong. We've just not done a great job.

There's kind of an information overload that happens for a lot of people when they see a physician. They either get none, or they get too much. What do you think is that medium? Do you think everybody needs it in small doses over a period of time? Is everyone an individual about what they can take in? How do you like to see, with your clients, this type of information delivered?

Andrea Nakayama: Yeah, we have systems and tools that we use to help us understand an individual and where, as clinicians, we maybe getting stuck ourselves because we want to go for the jugular. We want to fix it and make everything better and feel really good about ourselves. And there may be a miss there.

So I actually have a system that I use with the practitioners that I train called the empathy matrix. So of course we have the functional nutrition matrix, which is modeled after the functional medicine matrix, but a little bit more user friendly for the patients so they can understand what's going on for them. But we also have an empathy matrix, which takes into account everything that's going on for the individual.

So we're understanding their situation, their culture, their sociological background, their habit, their relationship to habits. And I like to say that when we're practicing clinical empathy, which is do believe can be trained and is part of our boundaries that we have, that we're looking at how all those things have impacted the individual. And we're also looking at the individual's response to everything that's going on, the diagnosis, information overload.

And we're tailoring what we do based on that person's response so that we can have the best response from them. We can have the most compliance, which is really about education. If the education works, we have a more compliant patient. So for me, what you're speaking to is really a factor of what I call empathy. And empathy isn't feeling your patient's pain. It's seeing it and being a dynamic practitioner that can modify what we're doing in relation to how somebody's showing up.

Dr. Mark Menolascino: Well this idea of empathy, we have, next to my clinic, David Shlim. He started the Kathmandu Clinic, actually, 25 years ago. He wrote a book called *Compassion*. And we talk a lot about empathy and how it's missing in medicine. He says, and I hope there are no surgeons listening, but the sign of a good surgeon is that he cuts straight or he's nice because you're not going to get both. And that's an outdated model of what medicine is, but there really is a lack of empathy and compassion in our medical system. And the current system in the insurance model and Medicare and what's happening, it seems to almost be breeding that out of the doctors. Do you see that as well?

Andrea Nakayama: Yeah, I think we see a lot of that. And I actually find it one of the hardest things to teach because people think they have it because they're in healthcare. So they say empathy, I've got it. I don't need you to talk to me about it, when I actually think it's one of the most critical things. And the way it's most critical is that we are actually, again, seeing and not feeling somebody's pain.

So empathy isn't about I'm going to walk into the room and be so compassionate that I'm carrying all your pain with me. It is oh, I understand who you are. And I'm able to listen and receive that and allow that information to inform my treatment or my recommendations. So I think there's a big miss in empathy, that we think being empathetic is really being in that oh, I really feel how horrible this is for you versus, again, a boundary of where we can actually help somebody.

And this is a clinical art that I think is drastically missing in our current model. For medical doctors it's just missing in that they're coming in and out in those seven minutes and interrupting, like you said. And then for coaches and nutritionists and nurses, it's too overflowing, and it's actually impeding their ability to be a leader in the field. And there's a middle ground. And I think it can be taught.

Dr. Mark Menolascino: Well, I agree that it can be taught. The problem for what's going on in our teaching of the medical doctors, my internal medicine residency was 36-hour shifts every three days for three years. And that's just not a healthy lifestyle. I was a little overweight. My blood pressure was up. I would eat as much pizza as I could at grand rounds before my pager went off, back when we had pagers. And I think it's really the teaching model.

Andrea Nakayama: Yeah.

Dr. Mark Menolascino: That also puts a burden on the caregiver. So if you're a physician seeing eight complicated people and having empathy, it can wear you down. Physicians and physician spouses, how do you recommend they keep their resiliency and keep their compassion, empathy, and self care alive during all of this?

Andrea Nakayama: Yeah, I mean I think it comes down to those non negotiables. So if we go back to the three tiers, we all need to know our non negotiables. And non negotiables are the things that we might need to do based on our condition or our desired health outcomes. And they're the things that we identify are important for ourselves. To me the non negotiables are the mediators that we talk about on the matrix. And we can talk a little bit more about that. And that's where real ownership comes into play.

So I think we are all patients. And if we're treating ourselves like you're talking about doctors do in residency, we are going to be a patient of somebody else's faster. So we have to take care of ourselves. And we have to be aware of our non negotiables and how they might shift in times of stress, in times of trouble, in all different times that we may be… life's going to happen. And if we know our non negotiables, we are better suited to care for ourselves.

So for me, I have a lot that I'm handling all the time. I have a lot to juggle. And I know I have to be in bed by ten o'clock, that if I pass that ten, ten thirty bedtime, then I'm not going to sleep as well. I'm going to feel stress the next day. I have an autoimmune condition that's going to be exacerbated. I'm going to start to feel the impact of that injustice.

So my bedtime is a non negotiable for me. And knowing that, I'm then making a choice, every day, risk reward, about whether to heed my non negotiable or not. There might be some situations where I'm at a conference, and I want to play and hang out, where I know I'm making a decision. The reward for staying up later tonight is worth the risk that I'm going to feel tomorrow.

But knowing it, knowing that's my non negotiable, allows me to have the power to make that choice. Risk, reward, and that's where I think the real empowerment comes for any of us as patients, as practitioners, as we move through life with all of its stressors.

Dr. Mark Menolascino: Well, Andrea, you've taught many physicians, and you've taught me. And about three or four years ago I heard you say that term, non negotiable. And I brought it into my life. And I made things in my

world that were non negotiable. And they're my kids' events. They are just non negotiable. You cannot make me miss those, period.

Andrea Nakayama: Right, exactly.

Dr. Mark Menolascino: We have an emergency room. We have these emergency procedures. And they are there for you. But when my kids have something, I'm there for them. And I appreciate and thank you for that because it's allowed me to have…

Andrea Nakayama: Yeah, I love that.

Dr. Mark Menolascino: Thank you. And thank you. It's allowed me to have the verbiage and the self care to be able to express what I need to to people around me. When Mark has a non negotiable - there are only a couple of them, and most of them revolve around his kids - it's truly a non negotiable. So I encourage all of our viewers to really look at what yours are. How does someone get self insight to really decide for them what those are?

Andrea Nakayama: I think it comes through tracking. So it comes through self awareness. But there's an art to tracking that really does allow us to see what makes you feel better, what makes you feel worse, what happens when I do this versus what happens when I do that, what happens when I start my morning with this meal versus this meal.

And I might give somebody three different healthy meals to start their day with and then track that over several times, three, three, three, and say did you feel anything different on any of those mornings, so a little microtracking depending on where we are. Sometimes it's macrotracking because we're just starting with nothing, no non negotiables known. And for the more advanced patient, it might be microtracking. What are these little things?

I know, Mark, you and I share a love of the outdoors. And that, for me, is a non negotiable, if I go more than a week without being in trees. I know I need trees. I need trees, right. I need my forest bathing. There is so much to show the reduction of stress when we get out in nature, when we're around trees, the different oxygenation. So being in the trees is a non negotiable for me. We start to see what makes me feel better, what makes me feel worse. And we can only do that through tracking.

Dr. Mark Menolascino: So I'm writing down what you just said. I've never heard the term forest bathing.

Andrea Nakayama: Oh, seriously?

Dr. Mark Menolascino: And I think it's something I want to do. It's snowing right now, so I don't think I will right now.

Andrea Nakayama: Yeah, that's the term. I'm forgetting the Japanese word, but there's a Japanese word where it's been studied in relation to stress reduction. It's like shinrin-yoku. Isn't that right? Forest bathing is the interpretation. So it doesn't mean we're taking a bath in the forest. It means we are actually bathing in the trees and the oxygen that we get from being outdoors.

Dr. Mark Menolascino: Our friend Kristy Hughes, a naturopath in Minnesota, talks about the ikigai, knowing what your cause is, what you are here for, and determining that purpose. Do you see a lot of clients that don't have a purpose, they have a hard time figuring out what theirs is? And does that then block their ability to heal?

Andrea Nakayama: Yeah, that's a great question, Mark. And for me, I really feel like when our body is functioning, so when it's doing what it's actually supposed to do, that those messages can come through, that we can feel our purpose. But for people who are inflamed, they're not sleeping, they're addicted to other things that are keeping their brain somewhere, they have gut discomfort, they're not detoxifying, all these things that come into the realm of where our body is functional or dysfunctional, it's harder to hear those messages.

And I don't mean affiliated with anything other than this is a beautiful vessel we've been given to work with. And if it's humming, then we can really understand and hear what we want to be focused on. We can tune into ourselves and get those messages, whereas if we're dealing with pain or distraction all the time, it's hard to persist through that and feel purpose or a mission.

So I really think that we fine tune the dials. That's what I see as functional, when we're doing functional nutrition and lifestyle modification. It's not that we're just looking at the disease state. We're not just looking at pathological conditions. We're looking at all the dials that actually allowed for those pathological conditions to occur, fine tuning them, and then not only can we impact the course of the disease or dysfunction, but we can also get those messages, feel that purpose within us.

Dr. Mark Menolascino: Well I love the way you think, Andrea, and the way you express those emotions and the science of it because you've really tied both of them together in an incredible way.

You mentioned functional medicine. And some people aren't really sure what that is. But holistic, integrative, functional, how do you see the three of them as distinct and overlapping?

Andrea Nakayama: Yeah, great question again. Functional medicine to me is such a powerful realm because of the way that we get to look at the individual as an individual. So I'm just going to start with what I see as functional, and then we can talk about integrative and holistic. Functional, really the three tenets, we're in a therapeutic partnership, so patient and practitioner. That is a very key component.

So understanding that we're taking the time to be in relationship and understand the individual and what they're bringing forth. A second key tenet is that we are looking for those roots. We're understanding that anything that's presenting, whether it's heart disease or high inflammatory markers or cholesterol markers that are high, it's a downstream issue, meaning that there are factors that led to that occurrence.

And our job is to understand why is this occurring, to always ask why and not just treat it with a Band-Aid, because of this, we do this. It's why is that happening, meaning two people could have different reasons that they presented with breast cancer or autoimmune thyroid disorders. And we have to ask why. And the third tenet is that we work in systems.

And I like to say that that's both biological systems, understanding that everything is interrelated, that we can't think about the heart without thinking about inflammation or blood sugar. We can't think about depression without thinking about the gut and the hormones. It's all interrelated. But also, if we're seeing each individual as unique, then we actually need a systems approach. How do we get in there and help people? Otherwise every single person is brand new in that we don't even know how to approach it. We'd be spending all of our time. So we need systems of approach in addition to systems biology.

So again, therapeutic partnership, understanding roots and upstream issues that led to this presentation, and understanding the connections, all the systems, so that we're not just in the field of -ologies, the gastroenterologist and the psychologist doing different work. They're interrelated. So to me,

that's the beauty of functional, even though not everybody understands the term. For me it's about how do we get the body to function, to its functional state.

In essence this is also very holistic. Holistic is used in the same way. We're looking at the whole person. We're not just putting Band-Aids on things. It's just that there are different realms where people have embraced those terms, holistic and functional.

Integrative is really a term that's used for embracing different modalities. It doesn't mean that because you're an oncologist you're not sending somebody to the acupuncturist. It's integrating different forms. And anybody can be functional and integrative at the same time, and holistic. They're not disparate. They're just where people align with different schools of thought that are embracing those concepts as primary. So that's how I see it. I would see myself as all of them. But I really am devoted to the field of functional medicine because I do see it as the answer to chronic health issues that are on the rise, again, particularly for women. And this is a real passion of mine.

Dr. Mark Menolascino: Well you have many passions. And I love that you're expressing them. And I would say the same thing about you, Andrea, that you are holistic, because you look at yourself, your clients, the world in a whole person way. You do integrate the best of science with what else works. And you are functional, look at the root causes. So I see you as all three in how you take care of yourself, your family, and your clients.

Andrea Nakayama: Yeah, thank you.

Dr. Mark Menolascino: This concept of inflammation, I know, is personal for you. It's professional for you. And it's really at the core of the heart solution for women. How do you see the fire of inflammation? How do you think of that going on in the body? Do you see it as a fire? Do you see it as a glue? How do you see it as far as…

Andrea Nakayama: It can manifest, yeah, in any number of ways. We know it's one of the precursors to almost every chronic disease state. And it's one of the main things that we know is tied to women and heart disease It's one of the main things that needs to be addressed and is often overlooked. So inflammation, I think, is, again, if we think through the non negotiables, there are certain factors that are inflaming to many of us who are in a chronic disease state. And I would say clear the muddy waters and get those out. Those are diet and lifestyle factors. But then there are inflammatory factors

that are unique to each of us. And that's where a little bit more investigation needs to happen with the kind of practitioner who can help you identify the factors that are inflammatory for you.

And so we can look at somebody's labs and not see any elevated inflammatory markers. But they're having symptoms related to inflammation. We still need to address inflammation at its core. And it's hot. It's red. It's sticky. It's all of those things. And it's manifesting in every body differently. And so we need to look at the inflammation that's happening for an individual in relation to a number of things. Hormones can lead to inflammation. Particularly blood sugar and insulin can lead to inflammation.

So these, again, for women, are things that we need to be looking at and determining why is that occurring. And if heart disease is on the table, if autoimmunity is on the table, we know we need to look at the inflammatory factors.

Dr. Mark Menolascino: Well, there's a relationship of autoimmune disease and heart disease. You're ten times more likely to have heart disease if you have an autoimmune disease. There are so many commonalities that I know that you think about that you share with your clients, that you teach in your programs. What are some of the simple things people can do to lead an anti-inflammatory life?

Andrea Nakayama: Yeah, that's really interesting to think about. In our clinic, we actually don't see anybody who's eating refined sugar, gluten, or dairy. So if they want to come to us, they have to do a program, a clean up program, before we'll see them in our practice because that is a clean up, an anti-inflammatory clean up, that can lead, very easily, to the resolution of signs, symptoms, and even reverse diagnosis. So we start there with that dietary clean up and with bringing in anti-inflammatory nutrients like curcumin or the omega-3s and finding some balance.

So dietarily there's a lot we can do to address inflammation. And that is a non negotiable. Again, we're each going to have inflammation and inflammatory agents that are unique to us. I, for instance, can't eat eggs. I pretend I can, and then I will feel it in my joints. So especially for somebody who's been writing a lot, I'll start to feel it in my fingers.

And I have to come to terms with myself that it is not working for me and remove that. But we all have our own areas and our own things that are going

to be inflammatory in our diet. And that's both in the realm of what we take out and in the realm of what we bring in.

So there's a lot we can crowd out by bringing in anti-inflammatory foods, a lot of antioxidants, colorful foods, to help to offset the inflammation that we're experiencing. There are also inflammatory agents in our environment and in our lives. It might be something we're breathing or putting on our skin that's aiding the inflammation. It might be a toxic relationship that we're in with a spouse or with a boss. And those things aren't as easy to eliminate. But bringing awareness to them and how we actually navigate them could reduce the inflammation.

So I see inflammation as hot and red. When somebody's angry or agitated, we know there's inflammation. It looks like inflammation. It looks hot and red. So first and foremost from the nutrition perspective, we're actually crowding out. We're taking out the foods with a lot of education and a lot of information about what to be eating, and to watch and see how things feel. I like to call that clearing the muddy waters. We actually don't know what we need to look for if there's a big mess of inflammation happening from the get go.

Dr. Mark Menolascino: Well I love that you do this clean up protocol before people even start. How do you get them to be successful to start that because it seems, for a lot of a people, a daunting task to try to do that?

Andrea Nakayama: Absolutely. So it's really all about education. Education is key. And it needs to matter to them, so education and support. I've created a program that people go through that's 25 day clean up. Every week we're removing first refined sugar, then gluten, then dairy. All the recipes are there. There's support on the back end if you need it. You have a forum where you can talk to any of the nutritionists on my personal team, on my clinical team.

So it's the education. There are recordings. So it's not just the diet. There are the recordings that are in 20-minute sound bites that people can listen to to understand inflammation. And then they have that support and then have the opportunity to come into the clinic if they want to go further, if that's something they want to do. So we like to make it easy, affordable, educational. Education is really, really key. Otherwise they're just doing it for us.

And there's a whole bunch of people who won't do things just because we said so. The obliger will; the rebel won't. We need to work with that education so people can see oh, this is why this is going to make a difference, or let me try this on and see if it does make a difference. And that's where the compliance,

again, really comes from. And it's not easy. The pain point often has to be big enough that they're motivated to make a change. And I don't know about you, Mark, but I find pain points to be really different than what we thought they would be. Somebody can be diagnosed with cancer and not want to make any change and diagnosed with osteoporosis and be super motivated and scared and make change. So it's not necessarily what we would think it would be. It's an internal motivating factor. And I see that as part of our job to uncover so that we can always connect people to why they're doing what they're doing.

The model I see is sort of like in business we have the CEO, and we have the workers, and we have the managers. So I like to think of the patient as the CEO. It's their health goal. And the patient is also the worker. They have to do the work, every single day, to make that goal happen. And we as the clinicians are the manager. We're helping our patients to understand what they need to do as the worker to meet the goals of the CEO.

And that relationship is then where we find the motivation to actually make change. And too much too fast for most individuals is going to lead to burnout or a diet or a detox that's only a short time versus the sustainable lifestyle change that's going to lead to those long terms results that we're looking for.

Dr. Mark Menolascino: Andrea, I love the way you think. And I love the way you express your thoughts. The word is out on you, in case you don't know. And the word is support. You support people. Your whole team, your whole program, it's a support. And I think when people feel supported and nourished, they do well. And I think what I see in clients, what I see in good practitioners, is this system of support, that it's important to them. You're really providing information to empower people with knowledge to help them make behavioral changes that fit their belief system.

Andrea Nakayama: Exactly. And so many people are feeling alone in this process of trying to figure it out. So they have a visit with their doctor, and then they go home, and they're still not feeling better. And they can't figure it out. And we really need to get in there with them and help them make those connections because we understand those biological systems.

They don't necessarily understand it. If you ask yourself here, you may not actually know where your stomach is or where your liver is or what inflammation is in your body. And that's our opportunity to actually spend time explaining those things so that they make sense, not in a way that goes over people's heads but in a way that actually lands what it means for them.

Dr. Mark Menolascino: And for you, whether a client comes with heart disease, diabetes, obesity, early dementia, blood sugar problems, do you really see it all as the same thing, just manifesting different in different people?

Andrea Nakayama: It really depends. I mean there are certain things we're going to think of as non negotiables no matter what. So again, going back to clearing the muddy waters, there are certain things that we always want out of the picture. We always want to make sure that digestion is working. We call it top to bottom. Make sure that somebody's thinking about their food all the way to processing it and eliminating it.

So we're tracking all of that. So those are really pieces that we need to think about. I also like to say if somebody's not sleeping, pooping, and their blood sugar is out of balance, we can't build anything. That's like building on quick sand. So there are pieces there that we're always looking to make sure, okay, we got that. But a lot of the people we see in our clinic have done parts of that work. And then it is getting into those specifics that are true for everyone.

What is true, Mark, is that I like to say we could see anybody with any condition as rare as it is, even if we haven't seen it before or know what it is and have to look it up, and our time isn't spent in researching that condition. It is first doing that work around everything we're talking about so that we can shift the terrain. We shift the soil. And it actually, to that level, doesn't necessarily matter what it's called.

Dr. Mark Menolascino: Well that's such a great way to think about it. I don't think people think about going above the mouth for their gut and thinking about it. We were talking to Steven Masley the other day about this, and how insomnia or sleep disorders are really inflammatory conditions. And he talks about how we use an antihistamine. Diphenhydramine, that's an antihistamine. It's an anti-inflammatory. The best selling insomnia medicine on the planet is an anti-inflammatory.

Andrea Nakayama: Yeah, so look at all the other ways we could do the anti-inflammatory thing without taking a medication to get there.

Dr. Mark Menolascino: And for a woman, depending on the season of her life, whether she's younger, going into perimenopause, going into menopause, there are certain things that are the same for every woman. Yet there are also some that are very different based on that time of her life. Are there ways that you help or metaphors that you use to help women understand the

perimenopause or menopause transition and why it's so variable for so many different women?

Andrea Nakayama: Yeah, there's so much going on in the hormonal system that we don't understand. And again, we go to those tier three issues. There's a lot of trying to fix it instead of understanding why. So I like to think of the hormone cascade, no matter where we are in life, as another pyramid - lots of threes in my world of explaining things - and that pyramid is starting with blood sugar and insulin response, so understanding the relationship between blood sugar and insulin and then cortisol, as we move up, and then the thyroid and then the sex hormones.

So what's variable both throughout our cycle, when we're cycling, and as we age, is the role of the estrogen to the progesterone or estrogens to the progesterone as well as the gonadal organs and glands versus the adrenals glands. And that will all be impacted and taxed differently depending on our stage of life but also through the cycles that we're experiencing. So understanding, again, if we back it up, if we look for those roots, we have to first look at blood sugar.

And with heart disease and women, we know that blood sugar is such a huge contributing factor. It's such an inflammatory factor when not dealt with, especially when insulin and receptivity is out of whack. So really getting back there and seeing what corrects from there, how is that blood sugar related to the triglycerides and the LDL and where is there inflammation that the body's having to clean up, that actually has to do with inflammatory markers related to blood sugar.

So with the hormones I'm always thinking back to that base. I think of it as a house of cards. If the blood sugar and the insulin aren't in order, it's hard to stack those other hormone responses on top of that. And that's when we start to have the toppling of the house of cards. And at the top are those sex hormones that are changing most through the cycles of life.

Dr. Mark Menolascino: I love your analogies and how you think of things in threes. It's just a sign of someone who's thought a lot about this and has come up with tools and techniques that actually work.

Andrea Nakayama: It's probably because I didn't start as a clinician. I haven't been an engineer, but I think like an engineer.

Dr. Mark Menolascino: You do.

Andrea Nakayama: And bring that thinking to the systems. That's when we start to understand and actually be able to explain to people what's going on in ways that matter to them and make sense.

Dr. Mark Menolascino: Well because you've worked with so many people and you're a teacher of teachers now, you've also seen a lot of people who've done things right and some who've done things not so right. What are some of the mistakes you see your clients have made or are making in trying to resolve these health challenges?

Andrea Nakayama: Yeah, so one big mistake we've kind of already talked into, and that's going for the tier three. That's ignoring the non negotiables and the deficiencies. And I just want to say that by deficiency I mean both nutrient deficiencies, like vitamin E or your omega-3 omega-6 balance, all these things that we think about that are all geeky, but a deficiency could be in stomach acid, so you can't digest and utilize your proteins and their amino acids for your brain health and your muscle health. A deficiency could be in love in your life or in trees in your life or in sleep. So we have to think of deficiencies really broadly for the individual, not just in relation to biomarkers on a piece of paper. And that's where the relational piece comes in.

But another mistake that I see, as a nutritionist, people making is staying on therapeutic diets for too long. So they go on very restricted diets because they're trying to mitigate symptoms that aren't getting resolved. So they start eliminating, eliminating, eliminating, eliminating. And then we're inducing deficiencies, those actual nutrient deficiencies, those things the body needs, with those limitations that we're carrying on for too long of a period of time. And they're caught in this cycle because nobody's resolving the underlying reason why they're having to eliminate food.

So in our clinic we tend to see people who may be coming in eating three to five foods. And they've been doing that for so long that they just can't function anymore, and they can't add anything new, and they're starting to get sicker and sicker but they're, again, caught in a trap. So that's not everybody. We can induce deficiencies by eating a standard American diet as well because the foods we're eating actually rob the body. Let's say sugar robs the body of magnesium. But there are deficiencies that are induced by the best intentions. And those intentions are these therapeutic diets which are often used inappropriately. A little cat action here.

Dr. Mark Menolascino: I love it. I think pets get more people healthy than I do, Andrea.

Andrea Nakayama: Yeah, maybe so. Yeah, unless they have allergies and inflammation to the animal, which is always to figure out. So that's a biggie that I really like to call out because I think people can get caught in a trap there.

Dr. Mark Menolascino: I think that's such good wisdom. And that's from someone who has seen both sides of it, what's worked and what hasn't worked. And as I mentioned, you're a teacher of teachers. You have so much information. Where do you go for your sources? I know you're like me. You're an eternal student. How do you keep staying on the cutting edge? Where do you turn to for more and more information?

Andrea Nakayama: People like yourself, Mark, really seeing the work that my peers and colleagues are doing that I think is important and salient. I love my podcast because I get to interview people and really get bite sized information about different issues. It's a podcast geared towards practitioners, but I know a lot of patients enjoy it as well, especially if they're more advanced. And I think it often comes from unlikely sources.

For me it's how I take that science information that I'm touching on all the time, but it's really thinking into creative ways of working with it. So I'm a lover of podcasts, of books about theory and how we think, and sociological impacts. And I think that's, for me, what keeps it rich and alive, that it's not just being in what I call the information trap or the evidence trap, because we miss opportunities and information and evidence to make connections that actually matter.

Dr. Mark Menolascino: Well that's living in the heart not just in the brain. And I know that's something that you do, that you teach, that you share with everyone that you work with.

So Andrea, if people wanted to hear your podcast or to find you on the web, how do people find you?

Andrea Nakayama: I'm going to just give one. There are lots of websites, but I'm going to give one where you could then choose your own adventure, depending on whether you are interested in being a patient, a practitioner, listening to the podcast, or just gaining some information. And that's fxnutrition.com. And you can then choose your own adventure from there.

Dr. Mark Menolascino: Great, great. And I encourage everybody to go and to listen to her podcast because everyone will walk away with good, useful information.

What are you excited about in your world? What's next on your wish list? Where are you headed next?

Andrea Nakayama: I am really excited about the army of practitioners that we are training. To me that's where I devote most of my time and energy, into the needs of the practitioners, educating the functional medicine community about where they can get support filling that gap, and educating the people who can fill that gap. It's what I feel really passionate about because it's where we actually impact more patients' lives. So that is what fuels me every day, in addition to being a mom and keeping everything going in our world here.

Dr. Mark Menolascino: Well great. And Andrea Nakayama, thank you so much for joining us, words of wisdom, words of peace, words of health and love. It's always a pleasure. And thank you so very much.

Andrea Nakayama: Thank you, Mark.