



# Essential Alchemy

The Ancient Art of Healing Naturally

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## Season 2, Episode 22: A Functional Nutrition Approach to Resilience with Andrea Nakayama, FNLP, MSN, CNC, CNE, CHHC

**Jodi:** Hi! I'm Jodi Cohen, your host. And I'm so honored to be joined by Andrea Nakayama, an internationally known functional medicine nutritionist, educator, and speaker, who is leading a movement to transform the health industry into a system that works. Empowering patients and practitioners alike with systems and tools of functional nutrition.

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 heart and 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 toward wellness, and find their way back to life. Welcome!

**Andrea:** Thank you so much for having me, Jodi. I'm excited to be with you.

**Jodi:** I know. This is a topic that we both sadly know a little too much about.

**Andrea:** True.

**Jodi:** So, I would love it if you would first share your definition of resilience.

**Andrea:** It's an interesting one to define, because I think people often put it in opposition to stress. It's like this balancing scale between stress and resilience. And even on the functional nutrition matrix, stress and resilience have their key place. But I think of resilience as the practices and what we do to give ourselves the foundation to weather all that life brings us.

And before I go on, I will say like, I've loved this word and this concept for so long. And I tend to study a lot of concepts outside of our industry. And resilience is a concept that's looked at by mechanical engineers, by architects, in medicine. It's that ability to run to the site of a crime or something tragic, and then recover. It's what our animals do when they sleep after being caught in a tree or under a car. It's what bridges have to do to stay up and really withstand the weight that's put on them.

So, resilience for me is all the things, all the practices. It's every part of our physiology, our psychology, and how we tend to ourselves to weather all that comes our way.

**Jodi:** I love that definition. That's my favorite so far. Very inclusive. Thank you.

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**Andrea:** Yeah. I don't know how succinct it was. But there it is. It's all the things.

**Jodi:** Well, no. And I'd love to get into kind of the functional nutrition matrix. But first, for people who don't know your story, would you mind kind of sharing your own journey.

**Andrea:** Yeah. So, the biggest part of my story that people often ask about has to do with the illness and the death of my husband. And when I was 7 weeks pregnant in April of 2000, he was diagnosed with a very aggressive brain tumor, a glioblastoma multiforme. And given about 6 months to live. At diagnosis he was 31, almost 32.

And so, while I was growing a baby, he was fighting a brain tumor. And he lived 2 ½ years, and we had to learn a lot of new practices. Make a lot of shifts. Unlearn a lot of things. Build a lot of resilience. And really learn/unlearn all the things in a grave situation, at a young age.

He did, like I said, live 2 ½ years. We did all the things. We did so much to support him. He wasn't expected to see our son born. But they did have a year and a half together. Good imprinting. Isamu, my husband died in July of 2002.

And then, I had a whole new journey as you know, to learn living without the love of my life, the father of my child. And grow from there. And so, that's its own resilience practice. And honestly, like it doesn't end, also as you know. It's a journey of resilience for ever more.

**Jodi:** Yeah. And I'm curious like, going back to that moment, and being given that news. Like, people always ask me like, how are you still standing? How did you not fall apart? And that's what I'm actually trying to deconstruct and share, so that other people can have better tools, be able to move forwards. So, I'm curious, what helped you?

**Andrea:** Yeah. I think this is where the matrix is so helpful for me, because it is all the things. And the functional nutrition matrix is a tool that I teach into, and I use, and really helps us understand what I like to say is our story, our soup, and our skills.

So, our story is everything from our genetics, to the triggers in our lives, to what we know helps us and what doesn't. The soup is everything going on physiology. And the skills are those practices, the things we do. And it's really all the things, again. It's having love. It's having family and support. It's knowing that we were in it together and really going through all the steps. It's hope for the future. I was growing our baby. It's taking on practices that we know will support our longevity.

**Andrea:** There's genetics involved in our resilience. Some of us are set up to have more wherewithal to weather some of these storms. I am. But our genes aren't our destiny as we all know. Even if we have genes that make us more susceptible to depression, or anxiety, or mood swings, or ADD, we can have an influence on those. But I am fortunate to be of a hardy stock that can weather crises. How do people make it through the holocaust?

How do people make it through the many holocausts? How do people make it through the many social injustices? And I like to think of it as post traumatic growth, versus posttraumatic stress, because I had the foundation. And a lot of that is love. To be able to move forward and see possibility beyond the impossible, as you've experienced, Jodi. It seems impossible.

And for people looking from the outside in, it's how could you still be standing? And for you it's, how could I not? I do it in his honor. I do it for my daughter. There's so many reasons to keep standing that we can't crumble under the stress which is being presented.

**Jodi:** Yeah. And I'd love to unpack that a little bit, starting with story. And what you kind of were alluding to is the why. Like on those days, when I didn't want to get out of bed, why did I do it anyway? Because of my daughter. Because she needed me. So...I'm sorry.

**Andrea:** It's okay. It's moving.

**Jodi:** And I think, a friend of mine was saying, with the thousands of patients that she's now worked with, the ones that have the mindset, the ones that have decided that even on days when it feels hard, when they don't want to do things, they're still going to do it. Those are the ones that see progress. And I suspect that this gets into the story component. So, I'd love for you to elaborate on that.

**Andrea:** Yeah. Mindset is a huge component. And it doesn't mean that we have to enter into this realm of toxic positivity, where it's all going to be okay. Like, we have to be able to feel the grief and the loss. And grief and loss can come from making a dietary change, like darn, I can't eat my grandmother's soup anymore. Like, it can come in all sorts of ways.

And we have to honor that for ourselves and as clinicians for the people that we work with. And understand that like change and transition are a part of the journey. And yet, seeing hope and possibility is something that helps us. It's a mediator in our story. It's something that helps us to move forward. And it does a tremendous amount in terms of nourishing our body, and our soul, and our mind.

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**Andrea:** To me, nutrition isn't just about the food we eat. I always like to say, we're not just what we eat. We're what our body can do with what we eat. So, that's the physiological part. But nutrition is also hope. It's joy. It's love. It's all these places where there might be deficiencies that we often overlook in favor of the "perfect diet", or the "perfect protocol", or the right supplements.

And again, it's all of the things, and that mindset, it's a piece of the story. It's a piece of our internal physiology. It impacts our cells as we know with Bruce Lipton's work, and *The Biology of Belief*. And it is a huge component of our resilience. It's how we manage stress.

**Jodi:** I'd love to delve into hope a little bit. Because optimism is a trait of resilience. But early on I needed a role model that gave me hope. And that was why I avoided group therapy because everyone was so stuck in it still. And it was very clear to me. It took me a while to find them. But I'm curious if you can kind of elaborate on hope, and what that does, and how it supports us.

**Andrea:** Yeah. Hope is huge again, in terms of the cellular recovery, and in terms of what's bathing our cells, and helping us to move forward. I'm curious who your role models were. I actually didn't feel like I had a role model being a widow at such a young age. I definitely felt other. And I had to recognize the ways in which I'd show up at preschool. And people would be like, Gilbert's dad is...and I'd say, dead? And so would he. It was just this, we were people's worst nightmare.

**Jodi:** Yes!

**Andrea:** Right? It's like, you're walking around and you're the sore thumb. Because you're making people uncomfortable just with your story. I almost wanted to be around the older women, who had lost spouses. I wanted our marking that would have them recognize me. That when I was alone with my kid on my hip, that they could recognize and put their arms around me.

But that wasn't the circles I was in. And we don't have those "markings" for better or worse, that would help me identify with my people, with the people who may know a part of my loss.

And so, my hope came through my connection to Isamu. And really, knowing what I was looking at, and building in his name, in his wake, so to speak. So, how was I carrying forward what he had brought out in me?

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**Andrea:** And so, the hope had to come really internal for me. I always share this story of, I remember thinking like, "But, who am I?" Because Isamu brought out the best in me. And then slowing that down and saying, wait a minute, if he brought out the best in me, it's in me. And so, how do I live that reality, that he brought out in me.

And I think whether it's our long-lost grandparents, or the person who really saw us and made us feel something. For me that resilience and that hope comes internal versus some idea of what things are going to be like tomorrow, or the next day, or in 10 years. And so, hope for me was an inner game.

And I know that that again nourishes us cellularly so deeply, and helps us live into more of our true potential, which also is a component of resilience, when we're in our truth. We're living our truth, not some idea of what we're supposed to be for the rest of the world.

**Jodi:** Yeah. And you're really getting into a great topic, which is boundaries. And that really surprised me. How people that I really thought would show up, I made totally uncomfortable, or like, Max died right before Kylie started high school. And she needed a couple of things so we went shopping. And I posted a photo of us shopping.

And so many people felt the need to criticize me for doing that. Like, how dare you be happy? How dare you do something that's like not sobbing on your floor? And I was so surprised by that. And I got very clear that I have enough on my plate, I can't have the people ranting against me and my life. So, I had to clean house.

**Andrea:** Yeah.

**Jodi:** But you asked, the role model thing was hard. A friend sent me this book, *Rare Bird*, a woman who lost her 12-year-old son. Kind of similar story. So, I reached out to her. She was lovely. And then, slowly people started to connect me with other mothers. And it needed to be a very specific kind of mother. Like a mother who lost a child, who was still choosing to show up and be positive, who was not going to be a puddle.

**Andrea:** Yeah. That's actually a really amazing point. To show up and be positive. And be there for your other child. And I think that when Isamu died and Gilbert was just 19 months old, and he's 20 now. In those early days, there was a place in Portland that's now been replicated, called the Dougy Center.

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**Andrea:** And the first group that we were put in when Gilbert was 3, was with parents who had lost a child. So, the group was really for the children who had experienced loss. And I watched in that room a kind of loss that just made my heart break for the living child, who can never make their parent happy enough.

And a testament to you, Jodi, for showing up for your daughter, and being able to hold the polarity of loss and love. That I think is very difficult for parents who lose a child. And is a huge part of resilience. And what I like to think of as the resilience equation. Like, how do we tap into that love and show it in all its expression, while we're also experiencing loss and grief.

**Jodi:** Well, polarity is the key. It's the and. It's the fact that you can feel immensely sad, and still laugh.

**Andrea:** Yes.

**Jodi:** You can be crying on the inside and smiling on the outside. That you can do both.

**Andrea:** Yes. And you don't have to. Like, if you're crying on the inside, you can cry on the outside. And you're able to articulate it. And love and appreciation at the same time.

And I think this is what has drawn me so much to the kind of cases that I worked on as a clinician, and then began to teach clinicians to work with those more hard to address cases. Because there's so much grief, in losing our abilities, in losing our faith in the medical system, which is a yes-and. It's a true but partial. It doesn't give us all the answers.

So, it's something in that grief and that loss. And that living and hope that shaped my desire to step into the difficult to hold situations. I remember my uncle saying to me like, "Why would you want to work with other people with cancer, who may not live. That's such a hard place to be." And for me, there's no grace greater than the journey alongside somebody who is suffering and can be in the wakeup of that suffering.

I know it's a cliché to say that these challenges can present opportunities. But when you see that human who can embrace that polarity, that is grace. That is life. That is really the breath that has so much luminance around it. Because it's never all good. And it never has to be all bad. And we don't know what's coming. We don't know what's coming when we eat breakfast. That's a stress. I always like to teach that, like eating is the biggest stressor on our body on a daily basis. And if we have issues going on physiologically, it can be a bigger stressor. How do we build resilience to the little stressors and the big stressors, so that we have that polarity? We can hold that grace and that balancing.

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**Jodi:** Yeah. And I think it's interesting that you bring that up, because prior to Max dying, I had done a lot of work. My challenge is my liver. I have phase 2 methylation challenges. So, I did a tremendous amount of work. I tried to process emotions.

And I think that it's kind of like the bucket of stressors. If you have too much, anything breaks your back. If you can kind of manage your resilience and replenish the joy as you go, then you're better able to navigate the traffic jam, I have a teenager, the mood swings, whatever is going on.

**Andrea:** Yes.

**Jodi:** So, I'm wondering if you can kind of speak to that, and getting back to, sorry we got into such interesting territory.

**Andrea:** I know.

**Jodi:** The functional nutritional matrix. We talked a bit about the story. Can you walk us through the skills and the soup?

**Andrea:** Yeah, absolutely. So, I have several tools that I use to teach practitioners to kind of step out of the wound and really get into that larger picture. So, I have 3 favorite tools but the functional nutrition matrix is one of them, and it's easy to find. If anybody wants to look at it, it's [fxNutrition.com/matrix](https://fxNutrition.com/matrix). You can see the matrix. And the left is the story. The center is the soup. And the right side is the skill. That's kind of how I think about it.

And we start to map what's going on for an individual. So, we're out of the fixit mode and into that bigger picture. And when we're looking at that skill section of the matrix, we really have to have that skill informed by what we learn about the person's story and their soup. So, just to break that down, the skills include sleep and relaxation, exercise and movement, nutrition and hydration, stress and resilience, and relationships and networks.

And those are our skills. But if we're ignoring what those should be, or if we're ignoring all the other parts in terms of what those should be, we're missing the who. Who are you? What's necessary for you in this moment? What are you capable of? A lot of clinicians are giving people protocols that their bodies are not resilient enough to handle. Those can be protocols that have to do with detoxification, or killing some kind of bug, or addressing SIBO. And if we haven't addressed the person's nervous system, and their gut function. And really building that physiological resilience that's in the center of the matrix, before we start doing all of the things too fast, we're really building on quicksand. And it's actually contributing to the person's stress, emotionally and physiologically.

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**Andrea:** If we don't understand that that person's come from a family of trauma, or experienced food poisoning, or some kind of adverse childhood experience that's really impacted them. And we're overriding that in favor of the skills, again we're adding to the stress, not the resilience.

So, we build resilience by understanding, who are you, Jodi? What do I need to know about you, in order to help you make the next steps, so that I'm not in the bias of a protocol, or what I think is right for you to do, because I just know because I've studied it? What I need to study is you.

And that's really the beauty of the functional nutrition matrix. It allows us to separate the problem from the solution. It allows us to really get to those roots. And take that pause that is a huge part of transformation. And transformation is a building of the body and the emotional resilience. And we have to do that so that we have sustainable results.

So, for me the matrix is the invitation to stop, assess, pause, and know who and why, as opposed to what. And that's really, I think something we could all be doing for ourselves. I worry that we're all seeking a quick fix or a fix-it-all. And that sometimes adds to the stress of what we think we're supposed to be doing or why that's not working for us. And actually, in terms of resilience, deteriorates some of what we should be building in that moment.

**Jodi:** I love everything you said. It's interesting, David Perlmutter talked about. He wrote his second book, Brain Wash, because you need 3 things to help people. You need to go to medical school. You need to assess them. And they need to execute it. And he said, step 3 is where it falls apart. You can't start with—

**Andrea:** I think step 2 falls apart.

**Jodi:** Well, that's why we have you. But yes. But for the people that are listening, I think we're so quick to blame ourselves. Like, "Oh, I didn't do it right." Or, "I'm supposed to be gluten-free but I really like bagels." And, "Gosh, I'm just a bad person. I can't..." We don't give ourselves a break and give ourselves compassion. We don't realize that these other factors might be at play.

So, for someone who's listening, who's like, "Oh, god I would love a better way. I really want results but I don't quite know." We don't know what we don't know. And we avoid what we don't know. So, how would you kind of walk someone through that process so that they know where to put their energy, and where to start?



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**Andrea:** Yeah. And this brings me to another one of my models. And I'm a fan of the mental model. And a mental model helps us to solve the most complex problems. If you look back through history, philosophy, any kind of history, there was always a mental model when the problem was very complex. And in health and healthcare, we're seeing more and more complex situations.

So, I have a system that I call the 3 tiers to nutrition mastery. I like to call it the 3 tiers to epigenetic mastery. But that can be overwhelming word for some people. So, we call it the 3 tiers to nutrition mastery. But really, it is how we take care and control of our own health situation. And I'm going to give you the 3 tiers. And then we're going to talk about tier 1.

So, tier 1 are the non-negotiables. Tier 2 is deficiency to sufficiency. And tier 3 is dismantling the dysfunction. What medicine often does, is go right to tier 3. We dismantle the dysfunction. Oh, I've labeled it. It's SIBO. It's Crohn's. It's Hashimoto's. It's breast cancer. Here's what we do. And in functional nutrition, when we're looking at the terrain in which that problem exists, those roots, not one root but roots, exist in soil.

We're saying, what is the situation in which this problem, or this diagnosis, this sign, symptom, or diagnosis exists? And how do I shift that and see what shifts by shifting that? So, we can absolutely shift a tier 3 issue by looking at tier 1 and tier 2. We're just not bypassing those in favor of the fix or the band aid.

So, tier 1, those non-negotiables, are the things we really have to figure out for ourselves. And that brings us back to that right side of the matrix. What do I know helps me feel better? What makes me feel worse? What do I know? Those are our mediators. So, that's a part of our story. I know it makes me feel better when I blah.

**Jodi:** Do yoga. Walk my dog. Yeah.

**Andrea:** Yes, exactly. Eat breakfast by this time. Drink my green tea. Whatever it is. Always start my day with water. Whatever it is that you're like, I know these things make me feel better. These are my non-negotiables. Step 1 is own it. Just know you. And that's building your resilience because you know that is a non-negotiable.

You may also know that there's things that you don't want to give up. And say that's a non-negotiable. And if it's something that's harming you in some way, there might be some deeper work to think about risk-reward. What is it that I want that for, and is there another way to get that? And how can I do work with somebody around that.

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**Andrea:** But non-negotiables is a huge place to play. And we start thinking through those categories. Sleep and relaxation. Do I have non-negotiables around there? Well, I do. I need to know I get to bed by 10pm. If I go later, I know my circadian rhythm is off. I know I'm going to have more cravings the next day. Non-negotiable. I know it. That's it. What about my yoga practice, or how I walk, or get out in nature? Like, those things for me become non-negotiables.

So, I know we don't have a lot of time but that's a starting place for all of us that we do have the power to figure out. And if we know there are more nonnegotiables that we haven't figured out, or haven't figured out how to implement, who can help us to determine what those are, based on our unique needs? Not based on a protocol out in the world, or in a book, or on a summit. Like, not a protocol. Those can help but how do we get to the depth of our unique needs?

**Jodi:** I love that because that's so empowering for people. I think so often we give our power away. When your life falls apart, you can't please other people. You just don't have the bandwidth. And that's when you realize how much energy you put into pleasing other people.

**Andrea:** Yeah, so true. So true. And that self-empowerment is a huge piece of our resiliency. It's a huge piece of going like, "Oh my god, like, I have agency. I don't need the doctor to tell me everything. I don't need the expert to tell me everything. I'm the expert of me."

You know what the best evidence is? It's the personal evidence. And the more we track and question, and say, I don't know. Does it work for me to eat gluten-free? Does it work for me to reduce my sugar? Does it work for me? Do I sleep better when I use those oils, and does that help me?

We track and we learn, and we understand, and we go, yes, I have another non-negotiable. The more I have, the more mediators I know, the more I'm in control of my health.

**Jodi:** I call it personal responsibility, but I really love the way you phrase that. Is there anything else, for the listeners who might be... you have so many brilliant tools but just anything else that would empower them with the resilience that is easy to execute?

**Andrea:** Yeah. I want to go to that second tier, since we're on those tiers. So, deficiency to sufficiency goes the other direction into toxicity. So, we want that balancing scale of sufficiency. And when we think about this from a nutrition arena, we might be thinking of, oh, I have methylation issues so I have B vitamin deficiencies, or I have glutathione deficiencies. Or, wait a minute, I have a vitamin D deficiency.

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**Andrea:** But I'm not just talking about nutrients. I'm not just talking about fiber, or protein, or good fats. Deficiencies come in other areas of our life. And deficiencies come in from, we can have a deficiency in hope, or positivity, or relationships that feel toxic, like you were talking about.

And so, I just really encourage people to think like, where is there deficiency in joy, or connection, especially after the past year or so. Like, where do I need something that will serve me. And that's the practice, it's really tuning into our needs and building the things around it, making the extra effort to make those things happen.

I know for myself, Jodi, that like I need to feel inspired. And if I'm not tuning into like podcasts about other things, or storytelling, or social justice issues, or even like cooking podcasts, I need that to inspire my thinking. And so, that's part of my practice as much as being out in the forest, being with nature, being with my boyfriend. All the things.

I make sure I make time for the things that will really address those deficiencies I might be feeling. That's part of my resilience practice. It's all the things. It's reading the book that you know, "You know what, I used to read fiction all the time. Why don't I do that anymore?" Little baby steps. Practice. That's how we fuel our resilience.

**Jodi:** I love that. And there's one other thing you said to me one time, because it's hard for me to ask for help. And you were once like, "I've got the baby and the groceries." And that's was just such an accurate visual. It's kind of like, I can carry heavy things at the same time. Can you speak a little bit to kind of support, and the need for support, and asking for support?

**Andrea:** Yeah, asking for support and knowing what kind of support you need. So, that image for me, Jodi, was always so interesting. Because I would be looking at couples where, if we're looking at cisgender or heterosexual couples, I would be looking at mom holding the baby and kind of like pissed at dad for not grabbing the groceries, or grabbing the stroller, or whatever. And for me, it was just a standard practice. Like, I just had the baby and the groceries.

It was a gift when the right person was able to grab the groceries, or the stroller, or the baby. It was a gift. But I had to recognize where it made sense for me to ask, where it felt comfortable to ask. And where it wasn't the right person because I didn't feel in my integrity, asking. So, support is a tricky thing that also is very personal. Who do I want support from? What kind of support do I need? What makes sense for me?

I know there were a lot of desires from people to swoop in and "support" me after Isamu died. But their support didn't feel right. I wanted to get up and make the quinoa for breakfast. I wanted to do certain things. And so, I didn't want that taken away from me.

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**Andrea:** So again, it's tapping into what is support look like for me, even if I have to pay for it, if I have to know that like it feels really good from this person. And that's where I want it. And I'm going to tune into what that feels like. But I think that we also put this pressure to ask for support. And that also is supposed to look a certain way. And for me, it looked a lot different.

So, I think it's those relationships and those networks on the matrix. But understanding that your way of asking for and needing support may be unique to you. Tune in to what feels good.

**Jodi:** I love how you are giving everyone permission to kind of trust their intuition and meet themselves where they're at.

**Andrea:** Yeah, there's so much allowance we need in there. When I'm telling you this story, I'm remembering what it's like to be around my cousins. And I have 4 cousins - 3 men, 1 woman. And the way they knew to like swoop in, pick Gilbert up, take him in the water, ride the waves with him. Like, it always felt so good. And it didn't feel that clean with other people when I would get support that I wasn't paying for. And so, just recognizing what is it about that that serves me. And the more I can identify that, the more I can get more of it.

**Jodi:** That's beautiful. Yeah, I know that people that would complain, like, "Ah, this is so much work to help you." Or, go ahead and gossip, like, "Oh I helped Jodi today." I'm like, you don't get a gold star. Like, we're not playing this game.

**Andrea:** Yeah, yeah.

**Jodi:** Is there anything we haven't talked about that you would like to add?

**Andrea:** So much, Jodi. But I really do think resilience is a practice. I think it's that backbone that we have to turn to when life is challenging, which can be every day in some ways. And in other ways there are those big challenges.

And for me, it's just constantly remembering to come back to what are the practices that help me to weather the storm. Be that bridge that can take the weight, that can take the weather, all of it. So, I think it's just a reminder to tune into you and allow your ways to be what informs what resilience is for you, each of us.

**Jodi:** I love that. And can you share more about how people can find out more about you and your work?

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**Andrea:** Yeah, absolutely. You can find us at [fxNutrition.com](https://fxNutrition.com). And from there, you can learn more about our clinic, and the practitioner training, my podcasts, and all sorts of things. So, [fxNutrition.com](https://fxNutrition.com).

**Jodi:** Great. Thank you so much.

**Andrea:** Yeah. Thank you for having me, Jodi.