

MERYL: Welcome back everybody to the Rebel Nutritionist podcast. Today we have our very own Amanda's back. I literally dragged her into this . I love that.

You are so gracious that I'm like, you'll start talking about something when we're in like the office, and then you'll be like you. You're so inquisitive and you're so amazing. And then I'm like, well, let's just do a podcast on that.

AMANDA: Yeah, I know. It's almost like, wait, hold that thought. We're gonna do a podcast.

So I literally called her this morning. I'm like, we need a podcast today. So thank you for graciously agreeing to do this and, and welcome back. Everybody loves to hear you. And you know, look, it's always goes back to the passion and the the, the, just, I don't know, it's, it passion and, and wanting to always improve ourselves and really getting a handle of, of what's going on.

So today's podcast is really about, I think it stemmed from your own curiosity about your genetics. and I think a lot of light bulbs, as you said, went off for you. . And I think what'll be especially nice about this podcast is bridging the gap between me as the practitioner who is explaining what's going on and interpreting it.

and maybe sometimes at a higher level than even what some of our clients can understand. Or, or even for you. And you're going through a lot of this training. But I think it's important. Yeah. I think it really will help other people. gain a better understanding why they should do this and how much information they could get.

Totally. You know, so with that being said, like when you got your test, what was your, what were your thoughts on that? Like I guess maybe we, rewind. Why did you wanna know your genetics?

AMANDA: Well we talk about genetics a lot here. I know, like you're very passionate about it and I've done a lot of functional medicine testing, so that was kind of one of the pieces of the puzzle I haven't really explored and I was curious about

So it was kind of just felt like the. Step in information and learning, decoding kind of what's going on in my body. And so yeah, so many light bulbs, so many connected dots, moments for me. And I just see like having this, these results, I still have so many more questions, but just the little bit of information that I, that we got to, that you gave me when you interpreted it for me.

I've just been seeing it show up for me in my life and, kind of. These connect the dots moments. So for instance, we the way you broke it down for me were like the high impact **the areas that my genes are highly impacting**, I guess. Is that how you articulated?

MERYL: Yeah. I mean there's, so when we get the report and, and specifically we're talking about the three x four report and it's color coded, so, so **genes that have what we call a high**

**impact or a very high are those genes that have, have the greatest potential to impact our health down the road in certain areas.** Okay. Right. So that, that is what we call the language of color on the three x four report.

AMANDA: So we were focusing on those high impact genes or whatever you just explained and. The things that showed up for me were I'm just pulling my notes here cuz it was a lot of information, so my mood and behavior, Which like, wow.

So as a young girl, I was a very anxious little girl, right? And You know, I've done a lot of work on taming that beast. But just seeing that like, okay. That, validated that for me. So it wasn't like it was something that I genetically was maybe more predisposed to being you know?

So that was really validating. And it made me have more compassion for that, that little girl, right? who was really anxious and high-strung, and always worried about all these things and you know and also just with mood, right? So I could be really high or really low. And so, okay. Wow, that was validating.

What was another thing that showed up for me? Detoxification. Wow, . Okay. So **my body doesn't detoxify very well.** That, that, that makes sense to me. And seeing how that showed up. So just kind of, if you hadn't heard my, our previous podcast where I shared kind of my health journey on there.

You know, when I was 19, I had mono. . and shortly thereafter it really cascaded this storm of symptoms that never went away. Almost like a Postviral syndrome. Which post, which is pretty much covid what it was, and that's exactly what it was. And so now I think about how did my genes kind of tie into that?

So I grew up eating the standard American diet. . I grew up in a house where both my parents were smokers. So you have that toxin, Overload to this little precious body who doesn't detoxify very well. Right? Then I get this virus, I'm eating a poor diet. Like all of these things were the perfect storm for your system, for my system.

And so I wasn't able really to detoxify all of those things out of my system and there you go. So it just, wow. To me it was just connecting the dots. A

MERYL: and that's, and that's what it is all about, right? So even if we back up and say, well look at mood and behavior, but. if we don't really look and cuz mood, **mood and behavior can actually be tied into how your body detoxifies those particular neurotransmitters,** right?

the neurotransmitters that are created when we have anxiety and if they're not detoxified and broken down and removed from the body, they build up and build up and build up. And that's what creates anxiety. So it's almost like we need to take a step back and this is how, why I, I love the three x four report.

From not only from a clinical standpoint, but really from a patient or let's call it layperson standpoint, because it kind of goes through and says, all right, well here are the high level, let's call them cellular systems that we have to look at. And what I mean by that is things like **detoxification and methylation and inflammation and oxidative stress.**

**While these are high level terms and not everybody knows what they are. , those are the big four that really need to be balanced. if everything else in the body is gonna be balanced.** And so taking a step back and looking at that and saying, okay, well, right. The answer to detoxification for me, and, and it doesn't mean it has to be this, I think people think it had to be complicated of how do I help my detoxification?

**It really is about what am I doing with my diet and it's not complicated diet advice.** , it really is about **shifting some foods, some food groups**, eat more of the cruciferous food groups, eat more you know, plant your, your, your legumes and things like that. Maybe less saturated fat, whatever it may be for that individual.

Change certain things in your, in your environment. **What is your exposure to toxins and, and then of course lifestyle. Are you moving your body?** Things that. All know and, and should, let's say technically do that, that keep us healthy, but **now we can use genetics and dive deeper into what are the real specifics.**

How do I, how do I impact my health? And so I'm so glad it was that. Aha. For you.

AMANDA: It was, and, and just, and that was just kind of backtracking, like thinking about my timeline of events that have led me to where I am now, but even currently, like I went to the dentist and I had some dental work done, and you know, I had some anesthesia or, or you know, the numbing stuff. And I, I then was thinking every time, I remember that **every time that I leave the dentist, I feel crummy. I have like this migraine that lingers for days** and it's, I can literally trace it back to almost every experience that I have. And now I'm like, oh.

Okay. Is this how, **this is how this is showing up here now** So now I guess my question to you is like, so now that I know this, I have this information, what can I do to either prepare myself the next time I go? Or **what can I just do in general to kind of keep that gene, is it like from expressing itself?**

MERYL: Yeah, exactly. Okay. Exactly. So we know **genetics. Somewhere between 10, 20, 30% of a role. It's not genetics. I always say genetics are not your ultimate destiny.** Okay. Right. It's not like this gene is predisposed to doing this, and so therefore this is gonna be the outcome. Okay. Right. It gives us the trajectory.

So if you're not, let's say detoxifying, well, What are the things in your diet that we can do to support that? Right. Right. And we've got a whole list of those things and. And again, the specific foods that help with detoxification and the lifestyle habits. So, and then maybe supplementation, right?

So we look at the specific genes, then we can target it and say, okay, well if it's a glutathione gene, which is a very, very important antioxidant for detoxification as well as many other things. I know we've tested your glutathione, and **if your glutathione is low, well what are A, the foods that we can do to support that?**

**And B, do we need to supplement that so that your levels are enough to support your detoxification system?** does that make sense? So we look at those things that we, those specific genes that we can maybe have an effect on. Sure. But the other things in terms of, well, right. What is the process?

Phase one and phase two detoxification. And that's something where a practitioner, and this is why it's so important to use a practitioner who knows what they're talking about, because , you don't wanna, and this is gonna sound funny, but you don't wanna push phase one to two. You know, **you don't wanna push detoxification too quickly**

because then you really don't feel well. Right. And so being able to the, to understand that push in the pull of how to do that. . And again, it's not like this some wacky formula. It's **we know that here are the foods that you need to have, here are the supplements that you need to have.** So people think, oh, I need to push detoxification.

I gotta load up on all these B-vitamins, and that's a problem, because **if you give someone too much, of the B vitamins, it may back up on them and then they're gonna feel more anxious.** So we've gotta really, really be mindful of, of doing that. And so, like you said, well what are going back to, well, what could you do?

So I think **nutritionally making sure you're as supported as you can be** and you know, maybe **letting also the doctor know, like, I'm really sensitive to. Is there, can I use less?** And if that's not the option, then **afterwards, like, I know you're doing your saunas and I know you're you know, maybe even the Epsom salt baths, like things that are gonna help the body get rid of those toxins and break those down even faster.**

AMANDA: Yeah. Cool. That's what I've been doing. But just good to know that there's like you can do, there's, there's little tricks that you can do to kind. Support this.

MERYL: Exactly. And, and they're not difficult, right. I think people often think like, oh my God, this is gonna be so complicated. It really is. And like everything else, **it goes back to the consistency with which you do it.**

because here's the thing, if you keep up consistently with supporting your detoxification, let's say it's going, going to naturally reduce your levels of inflammation. , it's going to naturally support every other system in your body. so that everything is now running like a well-oiled machine.

So those are the things to really keep in mind. It's not about, oh my gosh, I'm just gonna do this one thing and it's gonna affect me at that moment. It's, no, I need to do these things. Consistently. Right. So that if I am faced with something like, like I need to go get dental work or, or I'm exposed to something in particular, that your body can handle it much better.

AMANDA: Right. Yeah. And I know it's just so crazy cuz I just think like, everyone teases me cuz I'm like the with toxins, right? Yeah. I'm like, you, where's the fragrance? You know, I remember when I started here and I, the, the garbage bag had febreze. And I was like, okay, I gotta get this like a few weeks before they think I'm like extra crazy

And then I start after I kind of build enough rapport with everyone and I'm like, okay, who's ordering these? We gotta stop because I really am sensitive to that. Yes. I, I'm, and you know. Yeah. So now it makes sense. Right? Absolutely. Okay. I feel validated.

MERYL: Yes. Well, and that's, and that's part of it is , and people say this all the time, especially when it comes to **there's a part in the report that, that addresses weight management and how your body your metabolic rate and how you lose weight and how your body holds onto weight.**

Which for so many people is fascinating, but we've had so many people come in and say, wow, **that is really validating because I, I suspected that I had this and this going on.** , but now it validates it. And not only that, When I say to them, well, this is how your body wants to respond. This is genetically what we need to do.

they're at least like, oh, there's a sigh of relief. Yeah. Now look, **there are certain people whose genetics predispose them to just not being able to lose weight.** and it's hard to say to someone, yeah, your genetics are kind of going against you. Right. It doesn't mean it's an impossibility.

Right. **It just means that you may be that person that has to work a little harder.** Yeah. But maybe there's other benefits to that ultimately. Right? Yeah. It's always about finding the, positivity in some of those in some of those genes I always call it, there's, there's, I, I joke like the Ashkenazi thrifty gene.

I only say that because it's consistent. We see the, we see some patterns of genetics. with people in let's say Northern European countries where they're a little more zoic. There's a little they got a little more weight on them, and, and I do believe a lot of that is evolutionary, right?

that this, that they were meant to hold onto weight because that was part of what their survival was about. Right? If their met metabolic rate was really fast and they were losing weight and they were trying to stay warm for winter, it wasn't gonna work for their survival. Yeah. So I think there is some of that that we have to look at from an evolutionary perspective.

Like what is our survival mechanism and what do our genes do to help support that? You know, you, you can't tell that to someone who's like, darn, I really just wanna be able to eat less and exercise more and, and, and try to substantiate that. But that's just one of the ways that the genetic component really, really is like you said, affirming and then validating.

AMANDA: Yeah, totally. I mean, and that's really kind of my takeaway away, and I feel like there's still so much more there. I, I wanna like pick your brain about, and we could do that another time just delving deeper into it because I, I haven't learned really a lot about genetics.

I know it's kind of like this new up-and-coming kind of not theory, but information that's out there in science. Yeah. And so yeah, I just, I find that I'm very curious about it.

MERYL: Yes. And it, and it's fascinating. And look, we even continue to evolve in the world of science about it because when we first started, there was a minimal number of genes 50, 80 genes.

Now it's triple that. And so, and, and you know, you wanna make sure that you're looking at genes that are validated and supported by science. Yeah. Because there's a lot, again there's a lot of people in the direct-to-consumer space, right? Meaning there's a lot of gene companies out there, genetic companies that are saying, oh, take this genetic test and then we're gonna give you a supplement to help with those genes.

And whether it's methylation, that's a big one, right? Or whatever. I don't I don't even know. There's so much out there with, with genetics and the gut Yes. And all of that. And **we have to be so careful because you have to look at genes in patterns.**

And if you don't do that, you're. It's an, it becomes another gimmick and, and we have to be so careful not to fall into that because it is sort of a newer science, if you will. **And we're still discovering amazing new things about these connections between Hormones and the gut and you know, these messengers that talk to the whole system and, and, and blood sugar imbalances** and it's fascinating.

And this is why I continue to learn and I continue to take classes and advance training in genetics because, It is it's complex. Yeah. You know, **the human body is really, really, really complicated.** Yeah. And as you dig deeper into the biochemistry, you're like, wow, how does the body work?

And it does all of these amazing things and. . And you know, we don't really, I always say to me science is sexy because there's so much we can learn. Sure. But trying to then relay that information, .

AMANDA: Yeah, no, totally. Well, and it can be overwhelming, but you know **what I like that, that you do here is you tie the testing into that.**

**Yes. And you see how those genes are express expressed. Expressing themselves or showing up.** Right, right. And I think that is really neat too.

MERYL: Yeah. Well, you have to validate, right? Because again, remember if genetics is only, I don't know, somewhere between, let's say, right? For a rough estimate, 20, 30% of what.

What we can express, that means lifestyle, epigenetics, right? **Our environment is the rest,** right? 70 to 80% of actually what's going to happen. So if, **if we have a predisposition and there's only a 20 to 30% chance that that's going to happen,** what are the other things that are in right? So **20 to 30% is, let's say, out of our control.**

**but then there's 70 to 80% that is In our control.** Well, that's the majority. So we definitely have a say Yeah. And an impact in day-to-day things that go on that affect how our genes are expressed. Yeah. . It's not just about your low in vitamin B. Go take a vitamin B. And that's where putting the genetics together with the testing cuz we're validating.

All right. **We're gonna do an organic acid test to see is your body actually detoxifying or not?** We can look at those detoxification. and then we can validate, yes, Amanda, **this is happening here and here, but this is not happening there and there. How do we support that?** So now we become very, very specific on how we can help you.

AMANDA: And **what's neat is that you can track it over time.** Right? Retesting and seeing the progress. That you've made and, and that you do actually have some control here. Right. I think that the knowledge, knowledge is so powerful, right? Oh, it's huge. So, yeah. I, I just think that's so cool.

MERYL: You know, and I, I think the other thing that we wanna address here that becomes sort of this elephant in the room as well, when people are, are going through genetics is. , especially the direct-to-consumer, right? When I say direct to consumer, it means the company is reaching out to the consumer. So you can, it's with all of the testing.

Now, my brother actually just sent me a test that he got marketed for like, take this test and know all about your health. Then I'm like, what? Even cardiac, it was a cardiovascular. I'm like, what even are they testing? So if you don't know what they're testing, how do you know that this is accurate? And I will tell you **the majority, maybe not all the majority of these direct to consumer companies are pedaling supplements.**

**And then it gives those of us that are actually trying to do it with integrity in the right way A bad name.** Yeah. And so we have to be so careful because the supplement industry, while it's a benefit to it being unregulated, right, because people like me can, can recommend it.

There's a big curse to it not being regulated. because you can go make a supplement in your basement and sell it and say it does this, this, and this. Or it supports this, this, and this. And there's just a lot of fraud and misinformation that goes out there. . And so I think **one of the**

**things that, that I am able to do that is so life-changing for people when it comes to helping them support their genetics is being able to personalize a formulation for them.**

So we get the testing back, we get the genetics back, and now they've got a personal formula, personal supplement that was **tailored specifically to them, to their genetics, to their testing information that now will help balance. Some of these things that they've struggled with** and, and they're not opening 20 different pill bottles and **they're not being sold something that may or may not work for them.**

And I think that that is really, really, that's something that I always wanna touch on because people are really, Not only, look, they're confused about everything when it comes to their house cuz there's so much misinformation. but I think supplementation is an area where it's just crazy.

AMANDA: Totally. What do you, what would you say like, is an average timeframe for like supplementations to start like working like a pnc, like a personalized nutrient conference?

MERYL: I'd say I think it depends again on the individual, but you know, within. . **I've had some people within a week say, wow, they start to feel different.**

Wow. Right. I can tell you my own I was so excited for my new one to come back. I reformulated mine, so I was out of mine for like a month. too long. Yeah. And I really, when I started taking it, I think it was within days. Wow. I was like, Wow. And it's not the placebo effect. Like I can, I know, right?

Yeah. I mean, I definitely felt a difference. So **for some people, it's a week, it's two weeks. For some people it could be a month.** You know, it does take time for these levels to accumulate and build up in the body. And I think especially for people who are of decent health in the first place, sometimes they don't notice it because their deficiencies are not so big.

But it really, that, that's a great question. And again, not to be vague on the answer, but yeah, it could be a week, it could be three weeks. Sure.

AMANDA: Makes sense. And then I guess testing, so with the three x four, what are the, that's the genetic test we're talking about. So what is the **what test do you recommend?** To kind of coincide with that. Yeah.

MERYL: So I think what we know and, and the hard part is, is that **you always wanna be mindful of someone's budget because these tests are not inexpensive. No. But, but they're important.** Yeah. Right. I, **I always say, . It really is important to validate what we're seeing.**

**Otherwise we're guessing.** Yeah. And so I think we need to do, if you're d to do the genetic test to really get the most benefit out of it. Doing what we do is the Nutra eval, right? **Nutra eval**

by Genova. So it's an organic acid test, but it's also giving us, so it's giving us what we call biomarkers, right?

Your B-vitamins, your antioxidants, your minerals, heavy metals, omega fatty acids. You know, your threes, your six, your nines, your saturated fats. , it's giving us amino acids and non-essential amino acids and other biomarkers that are important for methylation neurotransmitters. Right. We get a lot, a lot, a lot of information in that neutreval

So it helps validate what we're seeing in the genes. Yeah. And then and then irregular, well, I don't wanna say regular, right? I don't wanna say. **Comprehensive metabolic test cuz it's not the same test that your doctor runs. Yeah, it's, we're taking a deep dive into cardiovascular markers and inflammatory markers and thyroid markers and blood sugar.**

You know, it's not just blood sugar. **We're not looking at glucose. We're not just looking at hemoglobin a1c, we're looking at insulin. We're looking at how the pancreas works** because if you can't validate what we're seeing with the genetics, yeah, then it really. Is senseless to do that. Right. Not senseless, but it has a bigger impact if we can do that.

And then of course, the **Stool test is a big one. I think it's so important. We know the microbiome is the gateway to our health.** Mm-hmm. , and more and more and more we just keep discovering more about what. That, I mean, really the microbiome, the gut microbiome is a whole universe into itself.

AMANDA: I heard someone describe it as like being like the, the ecology of like a rainforest, right?

Yeah. Like **you want so much diversity and when you start taking things away, it stops thriving as much.** Yes. And it's like the ecosystem in your gut is similar to that. Yeah, it totally is. Yeah.

MERYL: Because, and, and then we think it's just our intestine, but really it starts literally from our mouth to the, to the, to literally our backside

And so, that, and everything in between totally dictates the health of the rest of our body. Mm-hmm. and, you know, even in the brain, right? Whatever goes on in the gut is gonna go on in the brain. Whatever goes on in the gut is gonna go on with the skin. is related to the skin. What's going on?

In the gut is related to hormones. I mean, you name a system and the gut has, has an impact. Yeah. And so you know, even in pregnancy and prenatal care and all of that, so, , it impacts every single aspect of our health. So understanding what's going on in there through the comprehensive stool test, which is again, not the same as what your GI doctor is gonna run is, is important information to have.

So what's another I'm just curious. I know we've talked a little bit, I know we have to dig a little bit more. in the few minutes that we have in terms of Yeah. Your own questions. . Because I'm sure if you have questions, other people have questions. Yeah. But this results such important and great information.

AMANDA: Oh my gosh. So important. So another thing that I, I was able to connect the dots was cholesterol. So **I have a high likelihood of having high cholesterol levels.** And they always, at no matter what, every single time that I had a C B C U brand, my cholesterol was high. Right. So it was, it didn't really make sense cuz it's like, okay, I'm mindful of how I'm eating, you know?

I'm doing all the things right and still, yet it was showing up that way. Right.

MERYL: So what did I tell you it was from, do you remember? Did we have that conversation? I think it ,

AMANDA: well, I don't remember. Sorry. Right, ok. Failed the quiz.

MERYL: I listen, we've gone through a lot. So oftentimes what I'll tell people, it's not that their body is actually making too much cholesterol.

It's that your body is not getting rid of the cholesterol. Right. Okay. Right. That what we call cholesterol transport gene, that your body is not removing the cholesterol. So if it's not being taken out of the system, detoxified, broken down properly, then it's gonna build up, it's gonna recirculate, it's gonna recirculate and recirculate and recirculate.

**So some of it is detoxification, but the other part of it is how do we help support that the body remove cholesterol?** Yeah. So this is where people who are taking statin medications, right? Cholesterol medication, yeah. It doesn't do them much good because **statin medications are gonna affect cholesterol production and, and, and metabolism.**

Mm. And it's not that your body's having a hard time with that. It really is. Correct.

AMANDA: Interesting. So what are ways that I can support getting rid of it? So there's a look, **food is of course our best medicine.** Sure. We talk about things like oak brand and black human seed oil and garlic, like these are some really easy things that people can use.

**Fiber, higher fiber diets, and people are so afraid of carbs. The carbs that are the most important,** that have short-chained fatty acids that feed the rest of the colon and the carbs in them that help remove cholesterol are your starchy vegetables, like **your potatoes and your rutabagas. And your turnips.**

As a matter of fact, I went to Whole Foods today. I bought all three of those cuz I'm gonna show people we're gonna do a video on what are, what are the vegetables I should be eating for my cholesterol, health, for my gut health, for all of that, so awesome. But those kinds of **vegetables your roots, the ones that grow under the ground.**

Turnips, parsnips, beets, carrots, rutabagas kohlrabi, celery root. You know, all of those things are really, as I said, beets, right, that are so important For the health, for your health, but also for helping remove cholesterol, right? So, . Cool. Like quick flax seeds, chia seeds, pumpkin seeds, all of those kinds of things.

Wow. Yeah. I think I'm eating a lot of those. Fenner Greek is another really good one. Fenugreek is a herb. That is really good. It's also good for Herb, I don't know, blood pressure, you name it. There's and the nice thing about all these foods is there's overlapping benefits.

AMANDA: Yes, I noticed that. **And the recommendations. Yes. A lot of them are overlapping.** I'm like, oh, okay, good. Like a lot of the leafy greens check the cruciferous vegetables helped with like the mood, but also the cholesterol. All these things they can overlap, which, right. Well I thought

how helpful is that?

MERYL: Well but that's how the, but oh yeah. Mother nature, designed for that. Exactly right. So if you go back and look at You know what, what these foods do and and why do they overlap? Because **they're feeding the very systems in our body that we need to have supported .** Yeah, right. Goes back to if you're feeding the gut, you're feeding the rest of the body.

And if you're feeding it healthy, real unprocessed foods, then. Oh yeah, your body's gonna be so happy. so we'll continue to, to go down the path of figuring out your genetics. Yeah. But I think this is a great you know, great start for anybody. Who is listening who is maybe hesitant or has question Because **the one question or one of the many questions that we get is, oh, I don't wanna test my genetics cuz I don't wanna know if I'm gonna get something bad.**

Right? Totally. Are you gonna tell me I'm gonna get Alzheimer's? Are you gonna tell me I'm gonna get cancer? Are you gonna tell me? And no, it's not any of that, but is there a predisposition for inflammation, which leads to all of these things? Yeah. Maybe. Is there a predisposition towards immune issues, maybe?

Yeah. Right. And all of those issues create those kinds of chronic conditions Yeah. That we see in people.

AMANDA: Well, and **what I love is that you're not giving anybody information that they can't, that they're leaving and not being able to do anything with** Exactly.

Exactly. Right. Like, don't tell me I'm gonna get Alzheimer's, and then, oh, by the way, I can't do anything.

That's it. It's my death sentence, you know?

MERYL: So, yeah. , I think reassuring for people.

Look, there's no question I did my genetics. I, I'm just finishing up doing my kids' genetics. But I see my dad who's dealing with dementia and cognitive decline, and I'm going, **okay I have some of those genes.**

**How do I offset that?** Yeah. Because I do not wanna unfortunately my dad didn't have that information. I mean, he's had me all these years mm-hmm. and it's probably been why he's lived so long and he'll tell you that. Right? Yeah. But, I wanna do even better. Yeah. And so I'm looking at the things that I can do.

I was joking around like, okay, I gotta get back to playing the piano. Right. Those fine motor skills that keep the brain plastic. Yeah. Right. Neuroplasticity and that keep us engaged. So there's so much we can do and I think that's the beauty of doing this testing is giving, you know? Right. You just said it.

**Knowledge is power.** Yeah. It really.

AMANDA: So it's not fear,

MERYL: it's power. And, and that's what I think people need to hear. Yeah. You know, it's not about the fear. It's about Wow, I can do something about that. **Let me do something about that and, and be proactive.** Yeah. I think you know, I'm tired of listening to people say, oh, I can't do this.

And like, just, just **one step, one, one foot in front of the other. Use us for support.** That's why we're here.

AMANDA: And you have, you know, an awesome team of coaches to help people reach those goals mm-hmm. and be there to support them. Yes. And be that those guides and the be the cheerleaders and champion for them

MERYL: Absolutely. For their success. Yeah. Listen, that, that's why we again, goes back to why do we do what we do? So it's all encompassing. so that we can get the information, validate the information. Give you the next steps and the tools and then, and then someone to help you. Yeah.

AMANDA: Implement that. Right.

**You're not just getting the information and walking out the door and going, okay, well this is overwhelming. I don't know where to start,** and then you don't. Right? Right. but huge.

MERYL: Right, because that's what a lot of, that's what happens a lot in this, in the functional medicine world, in any, in any medical, right?

Yeah. You get the information. I mean, I think you had felt like that at one point in your life or many points.

AMANDA: Oh, certainly. Well, I was given a lot of limited knowledge suggestions. Yeah. You know, they didn't have the proper tools in their toolkit like you like to say, and so the recommendations were always just 'take this medication'.

And I'm like, well, what am I taking it for? And nobody could answer with. Yeah. So, so yeah. That, that was frustrating. Yeah.

MERYL: But you know, that's a whole other, Whole other topic. Yes. Yes, exactly. I mean, in, in the time that we have, Yeah, this was great as always. It's just so easy to have an amazing conversation with you.

So thank you for being so . Of course, my pleasure. I love it. So willing and receptive and just, you know just yeah. Amazing. All of this. Awesome. Thank you. We hope you enjoyed it. I think this is we, we just always go through all this amazing information, so, Till next time, yes, till our next amazing conversation.

And this is your Rebel Nutritionist signing off. Make it a great day, everybody.