Introduction and Doctor Kisha's Background

Welcome back to the Reverse Alzheimer's Summit. I'm so thrilled to have Doctor Casey, who is here with us today. She is an expert in autoimmune disease and an unresolved trauma.

She's an integrative medicine expert and doctor of sexology, family practice, AARP, psychotherapist, herbalist, and is board certified in both functional medicine and Vedic Medicine, and is the founder and medical director of the Academy for Integrative Medicine, health coach Certification program.

Doctor Kisha has been in the medical field for over 30 years. After conducting the Hirt HRT study in 2013, healing unresolved trauma, she developed the heart model for understanding how past childhood trauma impacts adult health.

This led to the creation of the unbroken online program for patients to heal their own trauma, and then mystic medicine. Deep immersion healing retreats.

She leaves at her home on San Juan Island, Washington. Doctor Kisha is a popular speaker, including at Harvard and from the Ted stage, and the bestselling author of Solving the Autoimmune Puzzle The Woman's Guide to Reclaiming Emotional Freedom and Vibrant Health.

The Quick, Easy Autoimmune Paleo Cookbook Anti-inflammatory Recipes with seven ingredients or less for busy people and your libido story. Our work oh, excuse me, a workbook for women who want to find, fix and free their sexual desire.

You can listen to her Mystic Medicine radio show and find her programs at Doctor kisha.com. Doctor Kisha, welcome to the summit. Thank you. I'm so glad to be here.

It's a pleasure to have you and really want to dive into this autoimmune disease. Part of the puzzle when it comes to Alzheimer's disease and reversing it.

You know, autoimmune disease is kind of in the same line of thinking for a lot of people that it cannot be reversed. And yet we see you and I in our practices daily.

We see that that's factually inaccurate, that you actually can reverse some of these diseases people are living with, not realizing that their answers and solutions.

So what's the overlap between autoimmune disease and Alzheimer's? So you're absolutely right that we see this all the time in our practices. People are given this sort of like sentence of, well, there's no cure, you know, and here the medication, here's the medication list that we can try.

And, you know, in my case with rheumatoid arthritis, I was diagnosed with that when I was 30. I'm 56 now. So over 25 years ago. And I was told to come back when I get worse.

Not enough. So there's this there's kind of a hopelessness around autoimmune disease. And, you know, when I think when I was diagnosed with RA 25 years ago, there were only a handful of known autoimmune diseases.

And Alzheimer's wasn't considered one of them. And now we have over 145 known autoimmune diseases. And it's not because we have new diseases. It's because we have new understanding, right, about what constitutes autoimmunity.

So any time you are at war with yourself and you know, the way that conventional medicine tends to think of an

autoimmune disease is by the disease name and the target tissue that your immune system is attacking.

And so Hashimoto's would be a disease of the thyroid, you know, in this conventional way of thinking, colitis and intestinal disease. Ms.. And, you know, you're in a logical system.

And so when when we think about it that way, we're we're actually running around in the forest trying to move the target around, you know, as the immune system shooting arrows instead of going to the archer and saying, hey, do you mind stopping that?

You know. And so, so there are a variety of methods, you know, that the body will use or the immune system can become hyper vigilant or overreactive, against our own tissue.

And so all of that being said, Alzheimer's happens to be one of those where our immune system is attacking us. And it's through a process. I mean, before we started talking, I had to go look this up.

So I don't want to even pretend like I'm an expert in Alzheimer's because I am not. But autoimmunity. I work with all the time, and there's like the same structure that I use to move through it, to reverse it.

And with Alzheimer's, it's something known as pathogen mimicry. So we know that there's this thing called molecular mimicry. And in fact, with Covid, one of the a few of the studies that have come out, why people with autoimmunity, it's so hard, you know, is because Covid will do the same thing where there's a pathogen related molecular mimicry, right.

And so Covid can be an example of one of those pathogens where it actually mimics your own tissue and causes your your immune system to attack you. And in this case we're talking about brain tissue.

So it's it's very interesting if you can pull out of just the thought of Alzheimer's or just the thought of Hashimoto's and just RA and come into this place of, well, why is my immune system attacking me?

Right. How does this happen?

Autoimmune Disease and Alzheimer's Overlap

Why is this going on? Yeah. Right. Yeah. The. In Alzheimer's, we think of the pathophysiology of being beta amyloid plaques and how proteins and in actuality, a lot of those are produced because our brains are trying to protect ourselves.

Right. They're trying to protect themselves. And so an infection or a pathogen, if there's a big immune defense that's in response to that, that starts to eat away at the brain, essentially, right, that the immune system is almost a little overactive in response to some, some pathogen coming in.

And and that in that way it starts to look like an autoimmune disease. Right? Like the the body is trying to protect itself from something. And in doing so over research, we have these little micro glia cells in there that are like scissors. Right.

They go in like, oh, we got to trim that away. That's extra. No right. Oh you know we don't want those messages going to them because they're like the mast cells in our immune system.

And the rest of the body right there never used to be thought to be a connection between the body's immune system and the brain's immune system, but now we know there is.

And so, you know, this this mast cell activation is the same thing that can happen in the brain with these microglia cells. And so it's like crossed messaging.

Right. And and then we go after our cells and we start trimming away parts that we don't want trimmed. Yeah we

need those. We need that we please last doing that or better back we another another big piece of what you are an expert in is this piece around trauma.

And that also can lead to this sort of hyper reactivity. You you said hyper vigilance to explain the the significance there and the connections. Yeah. This is really interesting.

One of the things that I write about in my book, Solving the Autoimmune Puzzle, is a hyper vigilant mind will create a hyper vigilant immune system. You know, as above, so below.

And the this this attempt to separate the mind from the body doesn't really work very well. And we've had that proven to us in our, in our medical model over and over again.

So the mind is actually the part of the body, you know, and there's no central point of mind. Mind doesn't live in brain. We always think when we think of mind, we think brain. Right.

But mind is actually our perceptual field, our consciousness, you know, and there that's non-local in a lot of ways of thinking are in Tibetan Buddhism there's this thought that there are six minds, not just one.

Each of the five sense organs, and then the synthesizing mind that it brings them for, you know, all these your eyes and your ears and your nose and your mouth, they're all bringing this information.

And so the bringing of the information and then the mind that filters it is all based on a perceptual lens that we create in childhood. So we'll be looking for things that we were trained to look for.

And so then we'll find what we're looking for. So I had some sexual abuse when I was younger, when I was ten, at the hands of my vice principal, my elementary school.

So I became quite hyper vigilant and looking to see if I was safe, you know, or can I trust an adult who's in thought, in authority? And so I'll be looking for that more than maybe somebody that's never had a problem with somebody in authority, right, or a problem with not feeling safe.

And so my training then of my mind is really important to be able to point to, oh, that little safety thing just went off and it's okay. You are safe. Right.

And because for every five minutes your mind is upset, it takes eight hours for your physical structure to recover. So if you have an upset of any kind, your mind has sent the message now to the rest of the body that says, oh, we're we're not safe.

We can't trust whatever it is not beautiful enough, not smart enough, not fast enough, not enough. Then in that moment, just that nanosecond of perception, our adrenals pick that message.

They send out cortisol into the system, which is fine for a little while if we do that occasionally. You know, when, when we are really in danger and we have to summon everything that we need to to get away from whatever danger it is and flee or fight or freeze or faint.

But to have that happening in perpetuity, you know, consistently, persistently, our bodies are not designed to be able to keep up with that. And so the mind's perceptions are everything.

They are everything. And we're always trying to do this reductionist thing, like what part of the brain and what part of the mind, you know, it is really kind of crazy.

It's just like, no, is actually your perceptions that triggered the entire thing. And this is the role trauma plays because in childhood. And I'll just define trauma.

We have capital T trauma or we have lowercase t trauma. And capital T trauma are the things that we tend to think

of when we hear the words trauma, you know, trauma, traumatic events.

We'll think of sexual abuse. So think of domestic violence psychological, emotional, spiritual abuse, neglect, abandonment, having caregiver incarcerated or, mentally ill or addicted to a substance or dead or violated in some kind where we witnessed it.

Right. Or divorced. So any of those things are considered capital t traumas that we can incur in childhood, that then set up the way that we see the world, and from there we react to our world, right, for the rest of our lives until we come back around and learn how to have mind, witness, mind and shift that right.

And, and kind of clip the wires to that hypervigilance. Right now I am safe. I actually do live in a space where I have sovereignty and I have autonomy.

No, I don't have control over anything else or anything else out here, but I have control over how I respond to it. And so those skillful means and training in those actually really affects our cytokines, our inflammation, our gut wall, our adrenal and hormonal health, our microbiome, our brain health.

It's really remarkable. You know, I think of this as setting someone up for risk of dementia, but also caregivers. The statistics are absolutely wild.

A caregiver is 60% more likely to end up with dementia. So someone who's caring for someone with dementia is much more likely to get dementia than someone who doesn't care for someone.

And it's not contagious. It's not hard to right that trauma. Hypervigilance. Yeah, that's the stress and trauma of caring for someone. Who who has that degree of need.

Trauma, Hypervigilance, and the Hurt Model

And, you can imagine that a mother with an autistic child also, you know, kind of set up when you're that caregiver. And so talk a little bit about processing trauma.

And, you know, I want this to feel empowering. Right. May not that you're set up for it, but what can we do about it. And especially if we can identify that. All right I'm in minute.

I'm going through a divorce or, you know, how do I protect my child so we can prevent the disease from happening later? Like, I want to circle back around and hit a point that I was making and didn't finish about lowercase t trauma.

Thank you. And everybody has trauma. And it'll be in those one of those two categories. And the lowercase t trauma is what you're talking about. You know, it's the one that is what we call chronic overwhelm.

You know, on the perceived stress index, if you tick off all of the marks, right, is then you actually have the same change in brain architecture on an fMRI or a Pet scan your prefrontal cortex begins to shrink in volume, your amygdala starts to grow in volume, and you start to become hyper attuned again to the environment.

And you can see why a caregiver of somebody with dementia, Alzheimer's would have that happen, right? So this is one of those lowercase t traumas that is creating the same exact changes in the body as PTSD does.

So I want to really, you know, make sure everyone can hear that because usually someone will say, oh my gosh, I had great childhood. And I'll say, wonderful.

You know, I'm really glad, you know, so did I. And but we all and part of the human condition is that we all have challenges. And at some point when we're children and adults and everyone has had this experience where they're handed a challenge that they don't think they can navigate.

And when we're kids, we're not autonomous beings with power. We're not empowered. We're not supposed to be.

There's a power differential there between caregivers, parents, teachers, you know, and a child trying to learn how to be a human that in a world governed by big humans.

So we're always going to run up against something that's new, that we may not be able to have a caregiver next to us to help us navigate. And it can be like, I didn't get picked for the ball team I wanted.

I, I missed the spelling word in front of the entire classroom and the spelling bee. I, you know, whatever it is and you know, and then I come away with this belief system that I'm not good enough, I'm not whatever those things are.

And then a behavior will become attached to that belief and an emotion. So in my doctoral work in 2013, I did this study called the Healing Unresolved Trauma Study.

And I'm laying this background so I can say how, you know, because I so I want people to be able to track it. When you first have an event in your life that you couldn't understand, then you're going to have an emotion that attaches to it and it could be fear.

A lot of times for kids, it's fear. Confusion. You know, I don't know what's going on, and no one's here to tell me. Then from there, that emotion is felt somewhere in the body.

And so sometimes we'll have these places that we carry our stress, like our job, our shoulders or our neck or our heart center or our gut, etc.. And so that got connected to that emotion a long time ago, a long time ago.

And then from there, you create a meaning. We're we're always creating meanings in our lives. So we're going to create a meeting. And when we're children we don't have this prefrontal cortex.

So the meanings we make up are very what we do. But it's not as fully developed as in adulthood. So we're 26 and our meanings we make up. We're going to be very self-centered because we're very self-centered.

Little beings. When we're children, that's our developmental state. And so then that meaning will create the belief and the behavior, the adaptive behavior response.

So then on this hurt model, there are these two places you can go, the one where you heal it or the one where you continue to loop, right. You feel the feeling you it goes off in that part of your body.

You ruminate about the meaning and the belief, and then you go into your behavior. Maybe your behavior was eat Oreo cookies to feel better. Maybe your behavior was to lash out at somebody.

Maybe your behavior was to, numb out, go jogging, go whatever it is, it's an adaptive behavior. Some of them are healthy. Some of them are not. So when we go in at a behavior level, it's really hard to change.

We can't because we haven't really understood the tracking that got put in place. Right. So we really have to be able to track that hurt and say, okay, there's a need that's not being met right now.

What is the need? Oh, my need for support, my need for warmth, my need for community, my need for comfort, my need for respect, acknowledgment, being seen, being heard, being understood.

Those meanings, if they're not met, have a series of feelings that can happen, whether it's anger, sadness or hurt. Pain of some kind. And then we can also have needs that are met for all those things, and we'll have a series of feelings that are present when they are met joy, happiness, warmth. Right.

And so you can kind of start to track, like what feelings are am I experiencing right now? Okay. And try and track the ones that are also warm and fuzzy.

Sometimes we tend to really lean into the direction of what's wrong instead of oh my need for right. My need for

family right now is being met. My need for adventure and spontaneity and group is not being met, but my my, my need for family is being met.

So, you know, you need to find two different kinds of feelings that go with both of those. So the what to do is really to start tracking your thought processes, your needs, and your feelings for yourself instead of asking someone else to read you and to track you, which often as a women we do that we care, give everybody else, and then we want our significant others or our friends to track us is not really fair.

And so that that's part of the beginning of what to do. And if you find it, I call it a rumination loop. If you if you don't self confront and you're not willing to do this, what will happen is you'll just keep ruminating on what is wrong and it leads to judgment.

And that leads to disease. Actually, that's what the model shows is that leads to disease, low libido, disease, really discontent and unhappiness on all levels.

And so if you're willing to self confront, really willing to start witnessing what your own mind is doing and then starting to learn skills, right. And if you get stuck, that's where I say you go borrow a brain.

And that's therapy. And it needs to be a form and a therapist that matches with you. So whenever I give talks to physicians, at the Institute for Functional Medicine, I teach them the stuff.

And then I'll say, oftentimes, you'll hear a patient say, oh, I've done therapy, but they're still sitting in front of you with an autoimmune disease.

Right. And so you get to a certain level and then it might be appropriate to stop. But then once you get to your next growth edge, which is that place where, oh, I don't think I can handle this.

I'm feeling myself decelerating. I'm triggered. It might be time to do it again and to find if you had a bad experience with the therapist. Therapist doesn't work for me, right?

I always talk about going shoe shopping. Maybe you want a pair of really cute green boots, and you go into a store and you find your pair of really cute green boots, and you put them on, and you walk around the store and you find that one of them pinches really badly.

Anything. Oh, they're so cute. But they I wouldn't be able to wear these all day. So you put them back on the shelf, and then you don't walk out of the store barefooted and say, shoes don't work for me.

If you actually if you're really committed to green boots, you'll keep looking and you keep wearing shoes. And so it's the same thing with finding that good match, you know, for for getting unstuck.

Right. Somebody that's trained and being able to see patterns and be able to help you unstick, I usually recommend to patients that they make an appointment with three different therapists and see if there's one that fits.

And my bias, I think it's probably similar to yours. I basically think everyone should have a therapist that they have a good relationship with because things come up, and if you already have that person that you can call, there's one less hurdle to finding that right, that right fit.

And so I do think that, as I completely agree with what you're saying, is that it's not always you don't always find the right match. The first time. And that doesn't mean that the entire model doesn't work.

Exactly. Exactly. It means you haven't found that. It means if you go on your first date and you fall in love and get married, that's unusual. But usually a date around a little bit.

And and also, there's no one person can be everyone's therapist, right? There isn't one right fit for everyone or it's it's not that that therapist is that.

It's just that it wasn't the right fit. And you really do need a therapist. It's going to hold your feet to the fire, not for your body. Right. So this is really an important and important principle.

You do not want to be buddies with your therapist. You've you've got to find someone that stretches you and challenges you and makes you feel uncomfortable, you know, because that's that's getting you on that edge a little bit where you have to go.

Oh yeah, I didn't want to think about that. But I see, you know, and then go send you home with, with respect and love and, and, and cheerleading and you can do this and go integrate now, you know, until the next appointment.

That's really, really an important aspect of therapy. You have friends you can go and talk to. And I always say talk therapy doesn't really work that well.

So, you really want to do a trauma release mode of therapy. Go. Right. Right. Yeah. There. There's so much to that. That just that whole separating the friend zone from the therapist and that I think a lot of people in their minds think that.

Oh, I have lots of friends to talk to. I can I can air this out all over the place. But that's not actually what a therapist does. I think it's a really good therapist, so you don't get much growth out of your comfort zone, right?

And someone making you feel better. You get it when you when you dive into that just right and venting is fine if once, maybe twice, but you don't want to cement your story, you know too deeply into that space before going in and really, really starting to release it, you know, because, yeah, we can.

And this is so important for caregivers who are listening to here, right. Because there are, there are different ways to, to tell the story of caregiving.

And some can be really beautiful, really growth enhancing, really, you know, relationship, making those relationships more valuable and, more meaningful.

Or you can go down the road of resentment and, like you said, cementing the story of the trauma. Right? So realizing that there's that choice and that you really don't have to change too much other than just the perception, like you mentioned, it's exactly right.

And and resentment is the thing that I always call the most toxic chemical on the planet. And it's not manufactured in huge tons.

Therapy, Boundaries, and Healing Trauma

You know, and dumped into the air, soil and water by corporations. It's actually manufactured in here and it's dumped into our bodies, you know. And so our cells are in the little hot tub bathing in resentment that actually makes them sicker than anything from the outside.

So having boundaries with our own thoughts is one of the most important interventions for healing trauma, having boundaries with our own thoughts. So yeah, I want you to dive into the four corners of health that you describe, because this is part of it is is the trauma.

And go into that because I think creating that comprehensive sort of framework for how do I approach this is helpful not only for patients who have the actual active disease, but also for preventing disease and reversing it.

Yeah, for sure. And and halting it. I mean, you know, sometimes I talk a lot about like I've run for reverse autoimmune disease summits and, and I realize I don't really talk a lot about I talk about reversal.

And people might think, oh, reverse means all the way back, but sometimes it means halting progression and that that's a big win, you know? So, also halting, right, that this is a big piece of it.

So long ago when I first started moving outside of just conventional medicine, which I'd been steeped and raised in, I didn't. I always say I wouldn't have known an herb if it had bitten me in the bottom.

I just didn't know any of it. Think about any of this. I was completely ICU, high intensity medicine back in the day before I was diagnosed with RA, and so I had to really dive in and start asking myself, like, why am I attacking myself?

Autoimmunity means I'm doing this to myself. So let me really dive in and see why. Why is that? Why when? Why do I want to die? Because I don't consciously want to.

And that was really important. And so in the process of reversing my own RA, which happened within about six months, I developed this framework that I call now the Freedom Framework.

And I think about each of us as unique puzzles. So when I say all that about my own story, I don't expect people to take that and then apply it to themselves.

You know, piece by piece that this is going to be exact. I don't even think there's any such thing as an autoimmune paleo diet. That's right. For every single person you know, I actually I actually think we're all very different puzzles.

And so when when we're solving a puzzle, we dump all those pieces out. And the first thing we, we look to do is find those four corner pieces. And so the four corner pieces of any health puzzle, the way that I think about it is your own unique genetics.

My grandfather had RA. It's in my genes, you know, which is what made my rheumatologist say, well, here, two prescriptions. Take them until you get worse and then come back and we'll talk about switching your meds.

You know, like it's genetic. You have no choice, right? We know that's not true. We know that's not true. And, you know, I could definitely get RA back because it is in my genetics.

And so if I were to go back to the way that I used to be, that I could definitely have it again. So genetics is one corner piece of the puzzle. The second one is your digestive tract, you know, so gut health is really important.

We know the role of microbiome now in our immune system. We know how important your you know, that leaky gut is present for everyone with autoimmune disease.

We know leaky gut leads to leaky brain. We know it's a key player in Alzheimer's. And that all of these, you know, these aspects that we talk about around the gut have to actually be addressed.

So the third one is your toxic load. Every single person's toxic burden is going to be different because each of us has our own unique genetics. Again for how we can detox, right?

We've all been exposed to different things. The CDC says 95% of Americans have Epstein-Barr virus. Right. So I've seen the virus is not the key player in our disease processes, but it is one of the toxins on the toxic load scale.

Right. So the toxins I think about, as all are, are environmental ones, but also our internal thought processes. Right. Any kind of toxic thoughts that you have that's going to contribute to toxic burden.

And then the fourth one is going to be your past stress and trauma and how you're doing with your stress today. So really each one of those is interrelated with one another.

As I talked about earlier, you know, the perceptual filter that we view the world through and how that activates our nervous system, our fight, flight, freeze and think response.

Well, if we are doing a lot of that chronically, that's releasing cortisol and breaking down our gut wall, it's actually activating genetics to express themselves and disease states.

You know, it's in that leaky gut process. Our toxic burden can go up because then if we're, you know, we're more prone to small intestinal bacterial overgrowth and Lyme disease and, you know, all the pathogenic, all right, all of it.

So they all are very much interrelated. And then after we get those four corners in place, we put together the frame. And I think about these in four different seas.

So the first edge pieces along the side of the frame is going to be uncover your root causes which will be in your body, your mind, your heart, your spirit, and your story.

This is why I was talking earlier. And you pick that theme up. Like how you tell your story is really important, you know? And then the second edge piece is going to be confront your data from whatever data that you're collecting.

So it can be what's on your scale when you stand on it. It can be your energy level as you assess it. When you wake up in the morning and throughout your day, your libido level, your relationship satisfaction and all the functional medicine laboratory testing that's so important to do.

When we're asking the body what it means, always test, don't guess. And then the third edge piece of that framework is going to be to connect the dots between the data that you got at the top there and your lifestyle choices.

And then after you've really solved for those three, then you go to that fourth, edge, which is going to be to create the life that you want with intention now instead of from factory default settings right from childhood.

And so now you can really instead of believing myself unsafe, I can actually shift that really click the wires in my nervous system and move into a space using lots of different techniques, whether it's deep breathing, vagus nerve stimulation, making sure that I and I can connect.

I always keep this picture next to my computer with my little child part. You know that I'm actually really attaching to her. I have really insecure attachment disorders when I was younger, because I have a birth story that went to that.

And so being able to reattach to myself, right to my inner core and to be able to know that, that I'm not leaving me, you know, is that's the foundation I stand on, and I'm connected to the sacred and to the divine.

And that that never leaves. So all of these are practices that have to be done with consistency and dedication. Right. And love. And so then that actually in the middle of the puzzle or the five hours that we think about when we're when we're healing from a functional medicine paradigm.

And so it's going to be different for every person. Right. And it takes hard work. But it's so worth it. Right. If the alternative is to live sick and miserable, this is doing the hard work.

And it's such an invitation. Right. Our symptoms are communicating with us. That's our body communicating that something's out of balance. And it's it's this invitation to walk through that threshold and do the work so that you can experience life more fully and more easily, more get more joy out of it.

Because you're not in pain. You're not suffering. You can remember those great memories. So it was such a such a beautiful invitation and such a great way to organize yourself around it, because it can feel overwhelming, especially if you're starting from, you know, from being pretty sick and having been through the, the gamut of the conventional system.

Right. My grandfather, who had RA, lived quite a bit of time deformed in a wheelchair, and he died at the age I am right now, you know, I mean, they didn't know any of the things that we're talking about today.

I mean, what an amazing time to live in right now that we have access to all of this, that we can really know ourselves so deeply if we just tune in and do it like we have it.

And that was then. None of this stuff is anything anyone would talk about of my grandfather's generation. So yeah. So you are getting a master's degree in divinity, is that right?

So this is fascinating to me because I was reading your bio. You know, we've met before and I'm always impressed by the number of like certifications and degrees that you have.

And I'm like, where do you find the time? But you really exemplify being dedicated to just lifelong learning. And we know that that is so good for your brain.

Can you talk a little bit about how how that influences your brain and also the science?

The Four Corners of Health Framework

Yeah. You know, I always used to say that if somebody came into my office and stumped the champ, the champ would go back to school or something. You know, it's like, oh, I need to learn that.

And so these things built up over the years. Never was there a place where. And this is part of the privilege that I live in. And then I'm going to identify, you know, like, I, I really locate that that privilege that I have and feel very grateful for the fact that nothing in my mind stopped me or said that that would be impossible.

You know, I could actually just go learn whatever I want to learn and I feel really grateful for that, so that that's what I've done my whole life. And, you know, my parents role model, that when I was 12, they went back to school and my dad left the Navy and they went to nursing school together.

And, you know, and I think that that was really nice role modeling for me, that my parents, you know, seemed very old at that time to me. I was I was 12 and they're 18 years older than me, which is not at all.

But it was quite ancient. So this little kid, right. And I thought, wow, you can still you can, you know, so I, I already had that in place. Like, there's no age that you can't go back to school and learn and so yeah, whenever I've been curious about something, I've, I've decided I want to do a study about it or go learn if it's not available already.

And in this case, I went back to school for Masters of Divinity because the this idea of perceptions and mind training, Tibetan Buddhist really have this nailed down.

And I thought, I really want to go learn from them. Like how they have identified the Buddhist psychology is so much deeper and more intricate than Western psychology.

It's really rich. And the more I've I learned about it, I thought, I need to go train with these guys, you know? So that's what I'm doing and what it does for my brain at the age of 56 is, I mean, there are piles around me of research papers, and I'm devising a study right now to answer a question about how to reduce death anxiety in our culture.

You know, and to really alleviate what they call terror management. And, how our culture just does not talk about death and dying and therefore it lurks back here.

And people with Alzheimer's have to confront it. So do their caregivers. And yet there's not a great permission in our culture for it. Like, yeah, we do reports about dying, you know, like, how do you feel when you that's that's just not something people usually will come head on with.

Right. And so what that does for my brain is it keeps it really active and vibrant. And we know this in research with, you know, Alzheimer's science is brain science.

And then when we look at Alzheimer's to prevent it, if we can use as many different parts of the brain as possible and not do the same thing day in and day out, like really stretch ourselves and move over, you know?

Oh, I don't do crossword puzzles. Maybe that would stretch me over here, play Scrabble or, you know, but if I do that a lot, then maybe I need to do something with numbers.

And if I do that a lot, maybe I should do something a little bit different. Like from the temporal lobe with, spirituality, you know, so there's, there's just music, you know, something that stretches from what you do already all the time so that you can keep those connections and those bridges moving between the parts of the brain and firing.

And so the microglia don't deem them unnecessary and cut them away. And then I think that I think our society doesn't really discuss this is aging itself.

We think about, okay, I'm going to save for retirement, maybe. But that retirement in our minds is we're going to get a second house in the mountains or at the beach or go on cruises.

And it doesn't. We don't really discuss. Okay, well, what do I want to do if I'm debilitated? What does it look like if I'm if I am demented, if I, if I can't remember if somebody else is in control and the lucky among us, it put something into place as a power of attorney, you know, there's plenty of savings and that doesn't get depleted.

However, not the lucky among us. It's the ones who are planning, the ones who are planning. Right? Right. Yeah, that's really important. And talking about it.

And I think there's so many of us that think, oh, that won't happen to me. So I don't need to plan for that. And yet, opening up these conversations around death, dying and aging allows for us to plan.

And when we take away the stigma or this assumption that that's not going to happen to me, I think the other piece of that is that we've taken those people out of society, right?

They go. They live in homes. Yeah, a threat from us. And so we don't have to be confronted by it. They die in hospitals, they die in homes. Not not with us, not around us.

And so we don't end up having those conversations in advance. I started having these conversations years ago with my parents and my children. I have four children who are now no longer children.

They're in their 20s and I have a 30 and a 32 year old too. And we at Thanksgiving with start, we started having around the dinner table. Any updates to your plan like that you want to listen to in terms of music?

If you're ever comatose, do you want read to you? Is there anything different than what what we have already and everybody has that has expressed it. And, I'm a conscious dying doula.

And so I have like a little care plan and everything that I put together for everyone. And a notebook has it all. And my dad died in February, and it was quite suddenly, after a second Covid vaccination, and he had a brain bleed and he died overnight, you know, like really fast and he was on the ventilator and we were keeping him on the vent until, my brother could get there.

And the nurse kept coming in and trying to tuck his feet in. And the covers. And I said, you know, I was going to haunt you if you keep doing that. I'm the one that keeps on doing it because he's told me for years, if you check my feet and I will haunt you.

And yeah, jazz playing next to him on the pillow with his phone, you know, a playlist that he had put together already because I had asked him to, you know.

So we were we knew as much as we could, you know, we we implemented of all the things that I knew about what he wanted, we knew what the memorial was to look like.

He he died on a, he went down on Valentine's night. We took him off the vent at noon the next day, and then we picked up his ashes on Thursday of that week, and we had his memorial on Saturday.

It was like, so smooth because we all knew what to do. You were all on the same page, and I would imagine that brings him so much more peace, right? He's sitting there, incapacitated, unable to to voice his his wishes.

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And you're on the other end going, I know I'm doing what he wanted. Exactly. Questioning yourself. Every decision. Exactly. There was no drama trauma about any of it, because we all knew, you know.

And so, meanwhile, my mom is like, there's a key and in there is all the passwords, and you'll be okay. And that's as far as it goes. And then I go, I don't want to know. I don't want to hear it.

You're going to be here forever, right? Like I'm totally in denial. Don't do that either. I know you're absolutely right. I'm glad we're having this conversation.

And yet there's so many people who do. Right. That's my experience is probably more than Norm. And I mean, thank you for for modeling this for you, these alternatives for how we can think about this.

And and certainly as I spend more time with Marama, the residential care facility for the elderly. And if when we took that over, it was a hospice facility.

So I did have the privilege of watching, three people transition there and it just holding space for them in that and their the I would say that the families who had loved ones with us who were transitioning their experience was closer to mine than yours.

Right. There was a lot of question, a lot of siblings that didn't know. Yeah. That she want well, I want this for my grandma, you know, the grandkids, my kids want this piece and a lot of internal of course the grief and the processing but the questioning and then and then the tension, between the people who are left.

And that will sometimes happen. I'm, you know, my grief process. After my dad died, I got arrested about a week later because my my brother, just all of a sudden got angry at me about something that he won't even tell me.

And we're having a lot of drama right now. You know, sometimes people go sideways if they don't have enough mastery over their own mind. You know? And so I just have to just let that be what it is.

I was very attached to never having family drama after death. I was very adverse to it because after years of hospice, I used to see those things too.

And so I did everything I could to make sure everything was smooth with all family members. But you can't control how someone's going to do their grief, you know, you just can't.

And so all you can do is, you know, in my situation, I just have to, like, let that go, okay? There's family drama. I tried everything I could not to have family drama.

And here we have it, right? And have boundaries with it. Send him compassion, not get myself tormented about it. Which is the most important part, you know, because then my body will start to deteriorate faster and I'll create resentment.

And I've already had a disease that goes with that. I don't need to do it again. Right. And so, you know, he's become my greatest spiritual teacher for patience and forgiveness and compassion and, you know, it's like really doing my work.

So, we can't control the people around us. And sometimes the stuff does happen is quite common with a death. So for some kind of family fracturing to happen.

And it's so sad, so sad. But you know, if it does, then the the other component of that is, is to be able to engage in

radical acceptance for what is not fight about it inside of yourself.

They should be doing this. I can't believe, you know, not ruminating because on that hurt model, that's the left hand side of the model where at least disease, rumination, judgment.

Right. Anger, pain, those caused disease. So it's it's really important that we keep ourselves clean and clear as much as possible. Yeah. That I, I loved what you said.

Again, it comes back to this perception of like I refocus and ruminate on what they're doing wrong or are they your greatest spiritual teacher or spiritual teacher?

Amanda, who works with me, she always says she's like, there are sandpaper they rub off or edges, right? And they make us even smoother. And so just having that perception and even when you can, that gratitude.

Right, like, what is this here to teach me? And I'm so grateful I get to learn this lesson and become a, you know, a more full version of myself because I've had the experience.

Yeah. We don't learn anything in the times of contentment. We don't. We enjoy a lot more. It's really nice. Like swimming in the lovely bubble baths, you know, but it it's nice.

But then the growth part always happens with the pain. If we're willing and we're willing to do the self confrontation where we can grow through the painful parts, otherwise we just wind up getting sick from them. So.

I think you said that this is such a valuable, meaningful, really important conversation to have. And I personally have gotten some inspiration from it.

So thank you so much for joining us. I want to make sure our listeners and viewers of the The Reverse Alzheimer's Summit know where to find more about you.

I know Doctor keesha.com is one place, where else can I find out more about your programs, your summits, everything you have to offer. Yeah. Dr. keesha.com.

That's the best. And then reading solving the autoimmune puzzle. And finishing a book called Healing Trauma through the chakra system right now. And, but that book really has a lot of what we just talked about, solving the autoimmune puzzle.

Thank you so much for all of the contributions you've made, not only to this summit, but to medicine in general, and just to really giving people the tools they need to resolve trauma and reverse disease.

It's so meaningful, and I'm so grateful and really privileged to know you. Thank you. And you. Hi, everybody.