Introduction to the summit and guest

Hi. You're watching another episode of the Restore Your Mitochondrial Matrix summit. I'm your host, Laura, from Ontario, and I'm bringing you experts with fresh ideas, proven methods.

So you can boost your energy and fix your health and build the life you love. And today my special guest is Doctor Keesha, yours. Hi, Keisha. Welcome to the summit.

Thanks for having me, Laura. So excited. Now, I want to, introduce you to our audience here. You're an integrative medicine expert, a doctor of sexology.

I love that a family practice nurse practitioner, a psychotherapist, an herbalist. And your board certified in functional medicine and acrobatic medicine.

And you're the founder and medical director of the Academy for Integrative Medicine Health Coach certification program. You're also a Ted speaker and a bestselling author of a couple of books.

And you have some interesting specialties. You specialize in healing unresolved trauma and how past childhood trauma impacts adult health. And today we're going to get into stress and trauma and how it affects your mitochondria.

And this is something that not everyone is talking about. So welcome. Thanks. Yeah it's a it's a subject that's near and dear to my heart.

Doctor Keeshau2019s background and healing journey

And, we don't realize that the hurts that we went through when we were younger are impacting us in our current day template, and we can actually change it, which is so cool.

That is cool because I think people define themselves moving forward for the rest of their lives over this trauma, whether they know it or not, and sometimes not willing to release it because it's part of their identity.

Yeah. And I know it's it's such an interesting thing because you think I want to release that. I don't want that to be impacting my life. But then when it comes down to it, it can be really hard to let it go.

Yeah okay. So let's talk about we're going to get into that and how you do that. And you say that everyone has trauma. So we're going to talk a little bit about that.

But first off how did you come to this work. What brought you here to this space. Yeah. Anyone that's doing what they do in our space has a story of their own.

Right? And I'm definitely no exception. So I started out as a, I call it a baby nurse at the age of 19. And loved. I gravitated toward be a high adrenaline junkie, you know, forms of medicine and worked in the intensive care unit for about ten years, had four children, was a marathon runner, a skydiver.

I was just like this adrenaline junkie person and perfectionist drove myself so hard. And when I was in my early 30s one morning, and this is what my patients always say, too, like all of a sudden I got sick.

Which is not accurate. But that's how we experience it. One morning I woke up and I had ten extra pounds of just like puffiness and redness and pain all over my joints, and it was like someone had taken the batteries out of the Energizer bunny and I was just flattened.

And so I got in to see a doctor. And then her process of her history taking. She asked if I had a family history of autoimmune disease, and I said, yeah, I think my I think my grandfather had rheumatoid arthritis and was wheelchair bound with it at the end of his life and died at the age I am right now, which is 57.

And and I never knew him. And she said, well, that's what you have. And here are two prescriptions, one for methotrexate and one for a non-steroidal anti-inflammatory drug, and come back when you get worse.

Not if, but when. And we'll change your meds. You know, and this is the same thing that's being done today, right over 25 years later. And I remember, you know, saying, well, hang on, hang on, hang on.

She's got the doorknob in her hand. And I'm like, wait, is there anything else I could do? I'm very disciplined. I make my own food. You know, I just I'll do whatever else she said.

No, I'm afraid you have drawn the short straw and the genetic lottery, my dear. And she laughed. And you know, is this like so I remember driving home thinking my model of medicine clearly, you know, has this sort of dead end when it comes to autoimmunity and there might be another way of thinking about this.

And I always tell people like, I wouldn't have known an herb if it had bitten me, like I just was not in any other form of medicine. And so I went home and I got on my dial up modem computer and started researching pub med.

You know, where we keep our our medical research and looking for whatever I could find on science behind autoimmunity and maybe a different way of thinking about things.

And I ran across an article on yoga and autoimmunity, and it was compelling. And I was in my first yoga class the next day, and as yoga teachers are wont to do, you know, I was holding an asana posture as he's wandering through the studio and he's talking about this framework of medicine.

That's the sister science of yoga called Ayurveda. And he said, just enough about this 5000 year old system of medicine out of India that it piqued my interest.

And I went home and got back on my computer and started researching it, and it was like, revolutionary to me. You know, the idea that we're all different and we have different requirements for our food and water and exercise and sleep, and it's not a one size fits all the way that I was trained, that, you know, you match the pill to the ill and, and everybody, you know, it's all evidence based and everybody's supposed to be standardized.

But we're, you know, what are your Vedas said all those years ago is we're not standardized people. And so why do we have gold standards when we're not standardized?

And it's just all of a sudden broke open for me. And I thought, gosh, that doesn't even make any sense. What we do, you know, and, and and then a lot of stories started going through my head of like, giving a nap, seeing Ivy to one patient and having them go to sleep with it for anti-nausea and another one, and having them crawl the walls, you know, and realizing, oh yeah, like different drugs interact with different people differently, of course, because we're different.

And, you know, it just started making a lot of sense to me why different people really responded to our protocols differently in the ICU. And so I started really investigating my own, you know, what they call their dosha type and and what I, what I discovered is that your Veda, again, 5000 years ago said the autoimmune disease is undigested anger.

And this concept that you have to digest your emotions, digest your memories and your life experiences was also very alien to me. And I remember thinking, oh, that's interesting.

And so, you know, I was I was learning to meditate.

Capital T and lowercase t trauma explained

I was becoming a yoga teacher throughout this process. And one day I was looking, you know, and when you first try to learn how to meditate, you have this.

Well, at least I did this idea that you're supposed to have your mind standstill and you're not going to have any thoughts. And so I'm like trying to not have thoughts, right.

And this word autoimmune kept coming across my third eye space. And, and I kept trying to swatted away. And then I thought okay I'll look at it. And so I started looking at the word autoimmune.

And I thought, oh, that actually means I'm attacking myself. I don't have anything else to blame this on. And so I thought, maybe I need to start looking interiorly for this instead of the answers outside of me.

And then it came back like, oh, undigested anger. And and so I thought, if if I'm attacking myself and I'm kind of committing suicide and then societally acceptable manner.

So was there a time when I wanted to die? And so that was a really interesting question. Instead of, how do I get out of this as quickly as possible, right.

Ask the question differently. And so I started going back in this meditation, and I landed on this little ten year old girl version of myself who was being sexually abused by the vice principal of the elementary school that I was attending.

And I remember looking at her and going, you on it off the planet. And, you know, my dad was in the Navy and he was out to sea at that time, I, I was raised with no television.

You know, we lived in Japan for a lot of my childhood. I didn't I don't even think I knew the word abuse or molest or sex or any of these things. You know, I didn't know how to tell my mom.

I just told her I didn't want to go to school, and I was afraid. And I had stomach aches and headaches, and I cry a lot. And, you know, I thought, okay, you confused.

Confused, didn't know what was happening for a good reason. And I wonder if that time period is linked to this one where I'm now attacking myself. And you know, science tells us that that's true now and ever for me in that moment, that question, I wonder if these are connected and then realizing they have to be this undigested anger.

I've never felt angry about this. I've never dealt, really. I've just become a perfectionist, an overachiever, a super. Everything that I put my hands on.

I wonder if there's something here that needs to be unlocked. And so I got myself into trauma therapy, and by dying of that aura didn't go away within six months.

That's insane. I have never been back. That's incredible. And here's what's happening right now. There's people watching this right now who are identifying with your story.

They're saying, wow, I have something like that too. And I've had chronic health problems and I've tried everything. And maybe this is going to help unlock this for me.

And there's also people watching right now that say, I don't have any trauma. That's exactly right. Those things are happening right now. So I would love for you to speak into that.

For the people who say, I don't have any trauma and we're going to connect this to mitochondria, everyone, I promise. But first we need to lay down this foundation.

So so go there for us. Yeah. It's an easy connection to make, let me tell you. So the thing about trauma, is the way that I label it now is we have capital T trauma, and that's the kind of trauma that everyone kind of thinks about,

especially when they hear my story. Right?

Sexually sexual abuse, domestic violence, having a parent addicted to a substance or mentally ill or incarcerated or dead or worse, you know, neglect, abandonment, psychological, emotional abuse, all of these are considered capital T trauma, okay?

And not everybody has those, thank goodness. Right. Sometimes people hear my story and go, oh my gosh, thank goodness I didn't have that happen to me.

And I'm like, yes, right. And I can say and I know this makes people skin crawl, but I can say I wouldn't trade any of this for anything, right? That it's part of my journey.

And so and that's the part where you get to the healing, right when you can say that. And so the thing about the other kind of trauma, the lowercase t trauma, there was a steady if and when I did my doctoral work on healing unresolved trauma.

And I was fascinated, blown away by it. And so I'm looking at all these fMRI scans or in Pet scans of people's brains. This is your brain on trauma. This is your brain, not on trauma, okay?

And your brain on trauma. When you have post-traumatic stress disorder, you know, and a big capital T trauma is the prefrontal cortex shrinks. That's your adult executive function, part of your brain.

It's the one that we don't even have on line until we're 26 years old. Children don't have that part formed yet. And then we have a growth of volume in our amygdala, okay.

And our limbic system. The part that says myself, am I okay? Is everyone going to respect me, love me, and keep me in the tribe? Because we know we're biologically wired, that if you put on the outside of the firelight circle and and you're from your tribe, that the saber tooth tiger can eat you.

So lowercase t trauma is actually it affects the brain the same way as PTSD. It's any experience of rejection, betrayal, the things that lead us to. I'm not good enough. I'm not beautiful enough. I'm not smart enough.

I'm not fast enough, I'm not rich enough, I'm not skinny enough, blah blah blah blah blah blah. Okay, so those are lowercase t traumas and guess what is my ends tells us that people that mark perceived stress scale index.

Remember you've all seen those the ones that say, you know, like your perceptions of your stress. Have you moved? Have you got married? Have you gotten divorced?

Have you gotten a raise? Have you lost your job? Have you had a child? Have you an empty nest? And like all of the big, you know, kind of the things that happen is a normal life cycle.

We have a point system. We put those in science.

Stress, perception, and mitochondrial dysfunction

And for people that indicated that they felt overwhelmed all the time, which I don't have a patient that comes into my practice but doesn't feel overwhelmed and even sometimes breaks down and cries when I ask them to do very simple self-care activities.

Because they don't have any time that is doing the same thing to your hormone system your mitochondria, your gut microbiome, your gut drain where the microbiome lives, and your brain architecture.

If you report yourself as chronically stressed and overwhelmed, you have the exact same shrinkage and your prefrontal cortex and growth in the right side of your amygdala.

It's crazy. We have a culture that actually rewards us to be productivity and achievement oriented, and puts us in that fire. So the the thing that I came away with from this study was, oh my gosh, you know, we have the we have the saying, you know, death by a thousand cuts.

I don't know where that comes from, but it's the same idea. You have the same impact on your system, on the mitochondria of your cell. When you have all of these little tiny traumas and we all have them, you know, and I can give lots of examples of those kinds of things where people I've done therapy with, you know, I sometimes we'll talk about a woman that came to see me who is the third of three girls in her family.

And when she came to see me, she had Hashimoto's thyroiditis. Any autoimmunity? You've got mitochondrial dysfunction. You've got leaky gut, all right?

You've got some kind of toxic burden and you have trauma. And so the the thing that came forth for her was, as we were as I was investigating what I call the four corner pieces of the puzzle, everyone's an individual.

We're all different. Right? Aggravated taught us that a long time ago. But we do have our own unique genetics that need to be looked at. I look at 100% of my patients genetics.

We all have our own gut health, we all have our own toxic load, and we all have our history of trauma and how we manage our stress. And so I look in all four corners.

You know, when I'm first starting with somebody and as I'm looking at the trauma corner with her, I'm starting to discover that, you know, she doesn't think she has trauma.

But when I'm starting to look at certain behaviors that are showing up, it was I started asking her relevant questions around that and just, you know, she started sharing with me like, oh, yeah, I was the youngest of three girls, and I never got anything new for birthdays and Christmas.

And I said, so what's your belief about that then? Oh, well, I'm not as important as my sisters. So she had this incredible credit card that she was up to her eyeballs with that and her behavior strategy that she had used as an adaptive strategy for that very painful belief that she had, that she wasn't as important to her parents as her sisters, was issued by herself something new every time she was stressed.

She deserved it. Right, I deserve this. And so, you know, there are these shadow aspects that we don't see about ourselves. Like this was a major trauma for her.

But you would never report that on any kind of scale or index as a trauma. To be the third of three children who never got anything new. So here's what's happening in my brain right now.

I'm literally categorizing all the traumas of my life as like, and I have hundreds of them. I'm thinking of the capital T traumas that have happened, and I'm thinking of the lowercase t traumas that happened.

And now I'm thinking, how is it possible that I don't have a minister? Honestly, I'm thinking of all of it, all the way down to the really mean girl who, bullied me and I mean everything.

Every pop up right? Divorce. When I was tiny, all the things. And, you know, you've established that these traumas are a central part to gut dysfunction, mitochondria dysfunction, immune system dysfunction, brain dysfunction.

So there is a deep connection there. And I'm so glad you're here because, you know, we have so many experts talking about other aspects. And this piece and I don't know what it is.

And maybe you can shed some light on this. Some people want to discount this piece. They want they want it to be tell me what to eat. Give me some binders to pull out toxins.

Give me something to help regrow my gut microbiome. But don't ask me. And don't tell me that stress is the

problem or trauma is the problem. I'm gonna make a call.

This is a problem, right? So. So there's that. So speaking of that, a little bit like, how do you get around this stigma of, I'll do everything except that.

Yeah. People, in my book, Solving the Autoimmune Puzzle, I have this little thing that I call the misery to motivation ratio. And unfortunately, what I have discovered, and I am no exception, like, I had to be halted as if the, you know, Roadrunner had dropped an anvil on my head and I was Wiley Coyote or the other way around.

Wily coyote dropped an anvil on my head and I just went splat, right. And and kind of went up and went, and are you trying to get my attention? You know, my body had been trying to get my attention for years.

I popped Advil, running marathons, had plantar fasciitis. Like I ran over my pain like it was nobody's business, no pain, no gain. I could have been a 19 poster child.

And so, you know the thing the thing about this is, is until our forward motion is impaired, we tend to not look up and say, oh, is there something I need to be looking at here?

It's like Joseph Campbell's hero's journey. Like you're you're given that the challenge, but if you don't choose to accept it, then it just gets worse and worse and worse.

So you can't force this on people. But the World Health Organization has even come out and said 96% of all chronic illnesses are stress induced. Now, the World Health Organization says that we probably ought to be.

But the word stress, you know, like I teach for the, Institute for Functional Medicine. So I get up on stage and I'm talking to doctors who have never thought about getting at root cause, who are now, like, drinking this down because they're so sick of being in the paradigm of writing prescriptions for medications that have a whole host of side effects that they have to write another prescription for.

So, you know, when they wind up in, in the Institute for Functional Medicine, learning about how to get to root cause there's so like, tell me, I want to know this.

Right. And I'm up on stage saying, you have to stop telling your patients to cut down on their stress, you know, because the truth of the matter is, the person that has a special needs child, or is caregiving an aging parent or is in a job that they love you know, or is in a relationship that's needing a lot of work right now?

They're not going to throw those things away. So reducing your stress is implying that you have to just cut those things out. Instead, teach them how to change their relationship to these things.

Like this is all about perception, and perception drives health and disease. Your perceptions are the first thing that triggers whatever neurotransmitters you're going to release in your brain that then go and tell the adrenals what to do.

Like, oh, we got a line on our tail again, go go go go. And at that moment cortisol is released from the system, which is supposed to happen, right? If you have a line on your tail and your your life is actually genuinely threatened.

This is the wonderful design that is you. Your your body responds with a cortisol release that then triggers the heart to increase heart rate and blood pressure so that you can flee your fight.

And your that cortisol that gets released also helps your immune system kind of like halt. You know, when we're not doing anything right now, it takes your reproductive hormones and it pours them into the production of cortisol so that, you know, that zebra that's being chased right now knows that it might not survive.

Changing your relationship to stress

So it certainly is not going to stop and have sex and reproduce right now. So anything that has to do with those yummy reproductive hormones, those get hijacked into cortisol production and then your digestion just goes, because it's also not okay to stop and have a bowel movement in the middle of the savannah if you've got a lion on your tail.

And so your digestion changes, the way you take in information narrows so that you're not thinking about like how beautiful the birds sound and the way that the grass feels underneath your hands and the breeze and the blue sky and the cloud formations you're looking at like the horizon.

And you're you're looking for survival. So everything about the way your brain takes in information and filters it, remembers it and stores it changes.

So all of this also includes shutting down your cell wall so you don't get nutrients in, and you don't put garbage out because everything's on hold. And if you do that in perpetuity because you keep perceiving yourself as somehow threatened, right, by your calendar, by your bank account, by your own vision of yourself in the mirror that you know, oh man, I'm getting older.

I can't live like that for all my family. You know, like all these things that we do constantly, all day long, you know, judging other people, not feeling safe about the world and the way it is right now, like all of these things.

Right, will keep that perceptual field in a space that says I'm not okay or the world is not okay. And me, in the context of my environment, it is not okay.

Then you are releasing hormones inside your body that are affecting your microbiome. That's breaking down your gut wall. Cortisol over time. That's left with the faucet on like that, the cell walls, right.

It starts to go right. And so now you're becoming really sensitive to your foods, to the chemicals, to molds, to Lyme, to all of the things that you actually should be able to live in harmony with and have no problem.

Yeah. Your immune system should be able to handle it. Yeah. Now you said something really important. You said to practitioners, stop telling your people to lower their stress because they're not going to be able to remove a lot of those things from their life.

So in the time we have left here, what I would love for you to do is to give people tools. How do you change the relationship? Knowing the stress isn't going away?

How do you change the relationship with stress so that you stop committing suicide inside your body? So you stop destroying your body and setting yourself up for autoimmune conditions and cancer and chronic disease and all of it.

What would you say? What can you help us with in these moments? I always like to start people off, and in my book, Solving the Auto Immune Puzzle, I have some worksheets around this in there.

It's a little bit of a workbook, and one of the things that I'll ask people to do is just do this little experiment where you for 24 hours, just 24 hours, really observe your dialog, you know, the internal dialog and the external dialog, like how do you speak to yourself and others silently?

How do you speak to yourself and others out loud and notice the content, the tone, the cadence, the frequency, all the intention, all of it. And what you'll notice is in there's a really beautiful practice you can do where you have gathered some white pebbles and some dark pebbles, and at the end of the day, sit down and take a minute and, you know, notice, like, how often did I have a life support of thought?

Put a white pebble in the middle. How often did I have one that was not, like, supportive as a dark pebble in the middle? And what you'll note is, is that there are a lot of dark pebbles in the beginning until you start.

Oftentimes, people believe that their personality or the way that they perceive themselves and everyone else is something that they just have to passively observe.

Well, that's just how I am. That's my personality. That's not accurate. You know, that's like watching a kid race through the grocery store, sweeping all the cans off of the, you know, into the aisle, and you just kind of observe them like that.

Well, that's just how they are. You know, nobody would be in the grocery store and say that they would be like, where is that kid's parent? Right? Yeah. Yeah.

Well, in your you have to be the parent of your own self. The first boundary that's important for you to set is with yourself, not with all the toxic people in your world, but actually with yourself in your own mind.

And so what you do is you start noticing, like, what are the automatic thoughts that you have? 94% of all thoughts are recycled. This is I don't know who counts the stuff, but that's what science tells us.

94% are ones you've already had. They're on loop and you ruminate about them and they're patterns of your perceptions. They're not true and they're not untrue.

They're just the way you think. Okay? Just because you have a thought doesn't make it true. So what you do is you take that and you see, like, how often do I have a compassionate, loving thought who it directed toward, what's its content and really notice it like, can you develop curious compassion for yourself that brings you into collaborative relationship with all of your systems?

Autoimmunity is combative. That means that you're at war with yourself. And one of my favorite sayings is like when you're at war with yourself, there's no winner.

There's no winner, right? And so what you want to do is you want to have everybody collaborating in their. And so just start observing and, and notice your willingness or lack there to self confront.

Right. Like oh that's not a thought that's really in service of anything. And so can you shift the channel. Can you put, can you take a thought that, you know, an experience that you've had from somewhere else, like watching a hummingbird with a flower or a beautiful sunrise or sunset, or holding a baby and smelling their smile, or watching their first giggle, or the first snowfall, or any of the magical things in your life.

You've had them. Well, we have an encyclopedia of them, and they are also in there. And so you can actually take responsibility and say to that, that little mine that's running through the grocery store aisles, wiping everything off the shelves.

No, no, no, no, no, this is not how we act. No, we're going to clean this up. We're going to put everything back. And this is what I want you. This is how to behave.

And so you become a more of an active participant with your own mind. And you set good boundaries with it. And you say, here's something you can chew on.

Trauma healing tools and next steps

Oh, yeah, that amazing memory of being out on a sailboat and having the wind in your hair and like, taking in that information of the cloud formations and the breeze that lifted the hair off your neck and the warmth and the dolphins you got to see alongside the boat.

And you know, the magic in this, in this universe that you have experienced, you can actually change the channel with whatever it is that's that's not life supportive and affirming.

This is so good. Learn how to do this. This is so good. And once you do this first step of being kind of self, self

responsible, working on yourself first, your relationship with these thoughts, then I'm sure you have a step by step process to go through that until you get to the healing space.

And when you get to that point, your overall internal health starts to improve. So yeah, this is that we do is, you know, if you get stuck in any of the places, I have a program called Healing Trauma through the chakra system, and I use the Chopra system as sort of a map.

You're not you're not healing because you're balancing and chakras. And, you know, the first one is safety, like your root chakra symbolizes safety. So if you don't feel safe, nothing else sticks.

I don't care how many binders you take, I don't care. You're like, you're still going to have an ACL activation. You're still going to have leaky gut.

You're still going to be pouring cortisol into your system. Your mitochondria are going to get on lockdown. They're not going to get fed. They're not going to get rid of their their garbage, you know, because the cell wall will go.

And so you'll become insulin resistant. Like everything that has to do with getting into the cell doesn't happen anymore. So if you don't feel safe, that's number one.

And so when people say to me, like, I, I just don't feel safe, I can't do this right. That's information for you. And then that means we could do some trauma therapy, right.

And we go deeper. So, so the exercise I gave you that's actually an information gathering for you to say, can I change that channel or is there like a lever and, and a stock.

And I'm just here. Right. And and so then there's something that's happening there that we actually can heal. And so that's when I always say now it's time to work with someone then.

Right. And and that's where I work with people. Thank you so much for connecting all the dots between how this trauma and stress, the big T trauma, the little T trauma, and how this all affects our health.

You've done an extraordinary job of bringing this all together. I, I have I can think of clients that I have tried so hard to get them to a healing space.

And I know that the thing left is unresolved trauma. And when we talk about that, you've seen so many practitioners, you've done every amazing protocol out there.

We know what's happening in your genetics. We know what's happening in your gut. We know what's happening. We've run organic acids. We can see what's happening and deficiencies and mitochondria, and they can't get where they want to be.

It's this trauma. And they're pouring thousands of dollars down a rat hole because they're taking all the right stuff. And it's going out this whole bottom of the boat.

And this is where I was in private practice for more than three months. Laura and I said, I've got to become a therapist. Like you can't separate the mind in the body.

And then later on, I started really, like I'm certified in plant medicine, you know, through maps like plant medicine really stops that ruminating cycle in the left brain for a little period of time so that you can actually get underneath it, because sometimes that's the only thing that I've seen work for people.

And then a lot of people will be like, okay, I'm, I'm going to go find psychedelic therapy, but whoever's doing that isn't a good guide or a good therapist or understands adrenals and hormones and microbiome.

And so all they're doing is collecting insights but not integrating. So to me, like the first important word is

willingness. And the second one is integration.

And and that's the thing that steps you into a different pattern. Right. These are just nervous system reactivity patterns. And a lot of people are focusing on like well let's stimulate that vagus nerve.

But what's underneath that got it going in the first place. You know that's what we have to get at. And so that's that's the work that I do. And you have extraordinary success with your patients.

So tell us, where we can find you, because I know people listening right now are going to want to learn more from you. Doctor Q Centcom via ksat.com. And as from what I understand, you have a wealth of free information that people can get.

You have your books, and then you have programs available if people want to work deeper with you. Yes. Yeah. Credible. Thank you so much for sharing your journey, your knowledge.

You are just a bright light in this space where sometimes we just can't figure out how to help people. And this is the missing piece. And for the practitioners, listening really, really.

I encourage you to bring this into your practice study from Doctor Kesha. She has so many resources available for practitioners and consumers alike. So thank you so much.

Thank you I think yeah, by.