



Dr. Keesha  
REVERSE AUTOIMMUNE  
DISEASE **SUMMIT**

## AUTOIMMUNE BRAIN

Dr. Keesha ([00:01](#)):

Welcome back to the Reverse Autoimmune Disease summit series. This one being The Autoimmune Brain. I'm really excited to bring my favorite neurohacker to this interview series. Dr. Heather Sandison serves on the medical advisory board of Neurohacker Collective and is a regular host of the Collective Insights Podcast where she's interviewed top experts in health and wellness, including Dr. Andrew Weil, Jim Kwik, Dave Asprey, and me! I'm not on her list though. [Laughing] Dr. Sandison is the founder and medical director of North County Natural Medicine and the founder of Marama. Is that how you say it?

Dr. Heather ([00:38](#)):

Marama.

Dr. Keesha ([00:38](#)):

Marama. I knew I had it wrong. A residential care facility for the elderly. She specializes in neurocognitive medicine and neurohacking. She's been trained to specifically address imbalances that affect the brain, including autism, ADD, ADHD, depression, anxiety, and Alzheimer's. She believes in the power of the body to heal itself. Her passion is to guide and support patients as they cocreate strong foundations for optimal health through sustainable lifestyle changes and the best medical interventions to support balance in the body. Welcome to this series.

Dr. Heather ([01:12](#)):

Thanks so much for having me.

Dr. Keesha ([01:15](#)):

So I always like asking people when I interview them to begin with, like, we all have a story about how we got where we got. [Laughing] So I would love to hear yours. Like, how did you arrive in this neuro hacking specialty?

Dr. Heather ([01:32](#)):

So part of it is my story of, I like a challenge and I have found that some of the patients with Alzheimer's or autism these are the hardest conditions to treat. So if I can even make a little bit of a difference in one of these patient's lives, then that's actually a big difference because most providers really can't say that they can help. So if we can get that Alzheimer's disease stopped—if we can stop progression, or if an autistic child can have a little bit more of a relationship with their parents or their siblings, that's a win. From my perspective as a provider, I figured if I could help someone with Alzheimer's or somebody with autism, then who couldn't I help? Right? It was like, "Okay, this is going to be fun because if we can break this down, we can do anything." Kind of like autoimmune disease, right? So many of our patients



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are told, "Sorry, there's nothing else I can do." Or, "Here try this medication, it has this laundry list of side effects, but good luck." [Laughing] So the other side of that was seeing so many patients. I really wanted to dig into this because when I did see a desperate parent or a desperate child who had a parent with Alzheimer's, I want to be able to help. Like I want every person that comes in the office, I want to be able to give them something that's going to get them some relief, some better quality of life. Even if it isn't full resolution. Although, of course that's the standard we hold for ourselves. So my passion really came out of seeing these families with so much love and willing to do almost anything. Really willing to do the hard things, to change their diet, to pick up the exercise, to do these things. They were on board. They were willing. They just needed some guidance. So I dove into it and then was very fortunate to meet Daniel Schmachtenberger, who is at Neurohacker Collective. He and I—we agreed, as you read in my bio, like "Yeah, that's right. We can work together to cocreate these strong foundations." Then neurohacking, that piece of it, it's putting that 20% on top. So the 80% is these foundations of sleep and good diet and getting enough exercise and spending time with people you enjoy, being a good person to spend time with. Like all of those foundational pieces, making enough time for self reflection and understanding your psyche to some degree, all of that foundational piece, that's 80% of the work. Then Daniel and I both we were excited about, "Okay, well, what's that other 20% where we could get people that much better? Where we could really optimize." And the goal is how to create human beings who are really showing up in society? And that's the part that's the collective, right? Neurohacker Collective. It's that we don't just do this for ourselves. We do this for everyone else. We do this for the people we spend time with. We do this for our families. We do it for our church community or work community. We do this so that we can show up most fully as ourselves and with the ability to contribute.

Dr. Keesha ([04:47](#)):

I love the answer that you just gave me, but my very favorite part of it was not only do you want to spend time with the people that you want to spend time with, but also you want to be somebody that is good to spend time with. [Laughing] We're often looking outside of us for, is this a toxic person? Is this—and not looking inside and saying, "Is this behavior toxic?"

Dr. Heather ([05:09](#)):

Right, "What about me? What about my role in this?"

Dr. Keesha ([05:12](#)):

[Laughing] Exactly. Every time I'm unhappy, I'm there. Every time something goes wrong in my life, I'm there. This ability to witness the self, that's a higher stage of development. I love that because that alone is what's going to get us into a cultural transformation that makes us as a human species cease to be an autoimmune disease on this planet.



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Dr. Heather ([05:39](#)):

Right, right. That microcosm and the macrocosm. Right.

Dr. Keesha ([05:43](#)):

I think that's just so important. Victor Lee Lewis and I spoke this morning about the social brain and the body politic and the autoimmunity that was happening on this large scale. I'm really interested to really delve into that. Like as a microcosm, each of us needs to find that interdependence between all of our systems. Then we also need to find the way to be interdependent with one another and our planet and all the other species that we share this planet with. Both flora and fauna. And coming to a place of collaboration instead of combativeness, which is exactly what autoimmune disease is, we are in a combative situation with ourselves. Of course there's no winner in that situation. Right?

Dr. Heather ([06:31](#)):

Right. So much of autoimmune disease it comes back to the neurological programming. So what is that signal that the neurological system is sending out to those immune cells, that those immune cells then interpreted as "I need to attack myself"? What is that programming and how can we unwind that and really use it to our advantage? How can we get a good signal that my cells are healthy and that my immune cells should be fighting cancer and bacteria that's overgrown and parasites and whatever else that might actually be attacking me versus myself? Right? How do we get there? This neurohacking path is part of that. It is—and maybe even could be all of that. That what we really hope to achieve is that we put together a comprehensive approach to really optimal wellness, because if you're working on the brain, you're working on everything else, right? You can't separate them. So if we can go through that in a systematic way, and what we've done is we've broken this down in the biohacking—the basics of biohacking. What we do is we have these four quadrants, and essentially we have the mind, the body, our relationships and our environment, each in a quadrant. Then we can take this 80/20 idea that 80% of the work is about doing the foundations in each of those quadrants. Then we can add the supplements and we can add the tech and we can add some deep psychology, like psychotherapy. We can add all kinds of interesting books on behavioral science and that kind of thing. But that's the frosting, right? Like if we can get those core pieces dialed, then not only will we get so much from that, but we're going to have so much more to give.

Dr. Keesha ([08:17](#)):

It's so important because ultimately we're here to make meaning and to be of service and to live a life that's full of purpose and meaning driven. So if we are out of energy, out of gas, we can't do that. If our neurobiology has been co-opted by past trauma or by mold or other environmental toxins or pathogens, of course we can't do that. Right?



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Dr. Heather ([08:45](#)):

Right.

Dr. Keesha ([08:45](#)):

So this is beautiful. So when you hear the term autoimmune brain, what do you think of?

Dr. Heather ([08:52](#)):

So immediately I think of inflammation and this maladapted signaling. So the autoimmune brain is one where your brain is telling your body that it needs to be afraid, that it needs to defend itself. You had mentioned that it needs to fight, that it's in this combative—it's coming from this angry like "I've gotta fight" perspective versus a collaborative wellness like "How can we build? How can we grow?" One of my mentors, Dr. Dale Bredesen, he works—he published a book called *The End of Alzheimer's* and he likens the brain to—he says, "It's like MyBrainistan." It's like a country. Right? When we are in a period of growth, when we're doing well, we can focus on building those roads, new neurological pathways. We can focus on creating new memories. We can focus on building those bridges, those relationships between synapses. But when we are being attacked, if we're at war, whether it's a pathogen or a toxin, a relationship, a stressor, an outside stressor that might be a marriage or a familial relationship. Whenever one of these things is out of balance, then we go into defensive, right? Like we take money away from schools and roads and we put them into the military.

Dr. Keesha ([10:10](#)):

[Inaudible] Right.

Dr. Heather ([10:10](#)):

So if we think about our brains from this like, "Okay, if I were a country, if I were ruling MyBrainistan, what would I be doing?" You would be—in an autoimmune scenario, you would be in that fight mode. You would be putting all of your resources into fighting, into this military, versus growing and creating. Creation, basically. And creating, making meaning. So those are kind of the first things that I think of is that attack mode and that there's some dysregulation. Although it may be well-meaning and it was developed to defend you, it probably is not serving you if it is a chronic condition.

Dr. Keesha ([10:54](#)):

If it shoots first and never asks questions, it's definitely not serving you. Which is what autoimmunity is, right? It's a hypervigilant [inaudible] machine.

Dr. Heather ([11:03](#)):



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Right.

Dr. Keesha ([11:03](#)):

Right. It's not—I always say like, autoimmunity is, your immune system is kind of like a dog with rabies and you don't approach a dog with rabies and say, "Hey, sweetie." You know that this is a dangerous situation and you could potentially die from it. But what you want is to be able to have a sweet little puppy dog that is nice and snuggly, and then it will actually bark and alert when danger is possibly threatening you, but it's not going to bite until it knows. Right? And that's kind of how I think about it in this very simplistic way, is we want to train our dog to be friendly. [Laughing] Our immune system to be friendly, basically.

Dr. Heather ([11:46](#)):

And it's about balance and an appropriate response. So to have the training that there needs to be a response when it's warranted and not when it's not right.

Dr. Keesha ([11:56](#)):

Right, yeah.

Dr. Heather ([11:56](#)):

So doing that, we can—a lot of this is very accessible to everyone, right? We can all get nice sheets for our bed so that we get a little bit better sleep, perhaps. Or we can close the curtains at night and make sure that there isn't noise. We can get a white noise machine for \$15, right? Like we can create these great environments so that we get restful sleep, so that our cells start to get that signal that we can rest. We don't have to be hypervigilant. We can take that time to recuperate, to detoxify, to get our—at night, so many of our memories, our subconscious makes sense of them. So having that ample time to rest and recover and to integrate is so important. It's really just a matter of habit formation, right? It's, how do we set aside that right amount of time? I think having talked to a number of sleep experts, one of the consistent things is consistency. So getting to bed, whether you're a night owl or a morning person, we all have some sort of difference there. We're not all the same. I had—actually one of the sleep experts I interviewed had a really good point around this. He said, "If we lived in tribal Africa, say. You always want someone in your tribe awake." So we shouldn't all be sleeping from 10 to 7 or 10 to 6. We should have some people that stay up later and some people that go to bed earlier and get up later—or excuse me, go to bed earlier and get up earlier. That's what keeps our tribe safe. So, I think that some of us, we want to be that morning person, even though we're not. So just being yourself and accepting your rhythm, but sticking to it. So creating space where if you are that person that does get up really early, then you make sure you get in bed on time. If you are that person that stays up late, you





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make sure that, if 2:00 AM is the time that you get to bed, then you get to bed at 2:00 AM and you give yourself enough time to stay in bed until maybe 10. And that you are setting your life up so that you can really protect that sleep because it's so important. Again, for all of these foundational pieces, they're interrelated, right? So the sleep is going to allow your body to detoxify. It's going to allow your body to make sense of the day. It's going to allow all of these other things to flow and function. We know how we feel, right? That hangover feeling when you haven't gotten a good night of sleep, a lot of—I know your audience is moms. I'm a mom. That feeling when you have a newborn, how interrupted your sleep is. It's this extreme experience of sleep deprivation. And it feels awful, it's a form of torture. So really protecting that and then creating that consistency around it is very, very important and accepting who we are in that. Our individuality. So sleep is a big component of these foundations and time outside is a big component—

Dr. Keesha ([14:59](#)):

Before we leave sleep, I had—one of our staff, it was her birthday. So we had everybody over from my practice and I had a luncheon and we were talking as we do when we're in multigenerational females, right? Two of the people here were my 20-something year old daughters. We were talking about how traumatizing this first part of motherhood is, and that we hadn't even realized it until we were talking about it. That this actually—like we could all find inside of ourselves and our nervous system, that horrible feeling that you know that you've fallen asleep when you were nursing your baby at night and worried that when you woke up, you'd rolled over on them. Remember that feeling? [Laughing]

Dr. Heather ([15:48](#)):

Oh dear. "Are they still breathing!? Is she alive?" [Laughing]

Dr. Keesha ([15:51](#)):

"Wait, are they breathing?!" You know, just so afraid that you're going to do something wrong and kill your child. Just how—we just didn't even realize that when you're in the middle of it, just how traumatizing that is. We were talking about how there's so much right now on really understanding birth trauma and knowing your birth story and healing birth trauma. But then I said, "There's nothing for women when it comes to really healing our birth trauma." Not our personal, but giving birth, right? Because we're not doing it in a collective way, the way that tribally we used to, and I was just really tuned into that and thought, "Gosh, there's an expectation of certain things to go a certain way. And of course there are 10 zillion ways that doesn't happen." Right?

Dr. Heather ([16:43](#)):



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You notice it when you're pregnant. I think anyone who has been pregnant will have had that moment in the grocery store where someone comes up to you while you're in line and they're like, "Oh my God, when I had my baby, my doctor did this and my mom did this and you have to stand up for yourself this way. If you notice it, you start bleeding weird. You have to go straight to the hospital." And you're like, "Oh my God, what's going to happen?"

Dr. Keesha ([17:03](#)):

I know.

Dr. Heather ([17:03](#)):

I think it's just these poor women that you run into in the grocery store, like they're having to process and emote in that way because there isn't a sacred space in our society to do that.

Dr. Keesha ([17:16](#)):

Yeah.

Dr. Heather ([17:16](#)):

And autoimmune disease in women, as your audience well knows, is much, much more common than in men. And there is this—you have to think that there's some connection between how we hold onto these traumas and don't have a great container to empty them into, or to get that feedback from the collective that it's okay, to remind us that our bodies don't have to be in fear. Like, you got through it.

Dr. Keesha ([17:41](#)):

I got really present to that, that we have an unnamed trauma that is us giving birth in a way that doesn't have a way for us to process places where our expectations weren't met. Or we didn't live up to our own expectations or whatever it was that happened. Or perhaps lost a child in the process, right? As a health supervisor in a hospital for many years, I just remember talking to the hospital administrators and saying, "You know, to have somebody that's lost a baby in the same unit as all of the people that have just given birth and have joyful grandparents and parents and balloons and gifts showing up, and they have to walk past the nursery. This is not good. Why don't we have a place in the hospital where people can go to grieve and get support?" And it was just like this—I just got really, really clear that we don't have that container as a collective for the process.

Dr. Heather ([18:45](#)):

And trauma is such a big part of autoimmune disease. We see this with pregnant women. Your immune system is actually suppressed, so sometimes autoimmune diseases will get much better. Women with



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Hashimoto's, their Hashimoto's antibodies will resolve while they're pregnant and then you go through this trauma around birth, sometimes, not everyone.

Dr. Keesha ([19:05](#)):

Well, no matter what, birth is traumatizing. [Laughing] You're sleepless for a long time after that. [Laughing]

Dr. Heather ([19:13](#)):

[Laughing] I want to imagine that there's some women who just do it and it's like nothing. It's not at all traumatic. They're so happy. Like it's just a joyful experience.

Dr. Keesha ([19:21](#)):

I mean physically traumatizing on the female body because we do go without sleep for so long afterwards.

Dr. Heather ([19:28](#)):

Right. The pelvic trauma alone!

Dr. Keesha ([19:31](#)):

[Inaudible] You know? I mean, it's all beautiful. It's all important. But there is like so much that this being, this form has to do. Right?

Dr. Heather ([19:41](#)):

Right.

Dr. Keesha ([19:41](#)):

Yeah. Yeah.

Dr. Heather ([19:42](#)):

I think there's kind of a swing, right? That you go from having your immune system suppressed to having your immune system kind of on overdrive. Again, going back into that hypervigilance that is normal for motherhood. You've got to keep this baby alive, but also can translate into even more progressed autoimmune disease. I've seen that come up with patients—I'm sure you have as well, but there's a flare after pregnancy, particularly as women stop breastfeeding. And if it's eczema or whatever it is, it seems





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to get even worse. This conversation is making me think, I wonder if there's some part of it that is not having this outlet, not having this container to hold all that trauma.

Dr. Keesha ([20:27](#)):

Just this week, that was first in my mind of, "Oh my gosh. I've never thought about this until this conversation with this multigenerational table of women. Yeah. This has to have something to do with it." So yeah. It's interesting.

Dr. Heather ([20:44](#)):

Yeah. So other foundations here are these interpersonal dynamics, right? So we can think about the relationship with ourself. So that's kind of the inside, and then on the outside, it's the relationship with others. So the company you keep, the company you give and then your own company being, just taking that time to be alone. All of those interpersonal dynamics are just so important. And it's the way we make sense of them. So I for one have this analogy of, it's kind of like food, right? What are the things that we're allowing in? There's essentially a four-step process to consumption and it's like, what are we allowing in? That can be our relationships. It can be what's on our plate for dinner. It can be the media, the books we read, the TV we watch, whatever it is that we're choosing to allow into our space. That is the first step, right? It's, do we allow it in or not? Are we making good decisions there? And then, are we able to break it down? So if it's that relationship with your mother-in-law or your husband or your child, whoever it is, are you able to break down what they're feeding you? So if it's—whatever conversation that was, can you break it down so that you can use, you can assimilate, you can absorb the parts that serve you? Then the fourth step is getting rid of the parts that don't. Can you eliminate what doesn't serve you? So that would be, of course, like having a bowel movement in the case of what we eat. But can you let water off a duck's back in terms of your mother-in-law criticizing the way you put your child to sleep? All of these things, we've gotta be able to first choose what we put in, then break them down, second assimilate, or make sense of the pieces that serve us, and then fourth get rid of the pieces that don't. So if we're not doing that, then the traumas will build up and this whole interpersonal dynamic, that world, that foundation of our health is going to be compromised. So if there is some compromise there, then there are loads of trainings and you can go deep into communication patterns and these worlds of how people relate to each other and family dynamics and family constellations. There are lots and lots of ways—paths that people can take. I think a lot of times I'll tell patients, we spend a lot of time preparing for that moment when everything shifts. So there's not one modality that maybe is the right one for everyone, but you read that one book and there's a part that clicks. Then you go to that one therapist and there's another part that clicks. Then you get on the table and have some body work and there's another piece that clicks. Then you go to a retreat and all of a sudden it all comes together. And you're like, "Okay, I don't have that trauma for my relationship with my dad anymore. It's resolved." You have that experience where it's like a full resolution and it takes work. However, there are things



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that we can do to the foundational pieces that are relatively easy so that we can set ourselves up for success.

Dr. Keesha ([23:50](#)):

Beautiful. I call it critical mass that we don't usually have one thing that's making us sick. And then therefore, there's not one thing that will help us get into balance again. Ayurvedic medicine actually pointed to this 10,000 years ago that you have to digest your emotions, your experiences, your memories, your feelings, your beliefs, just the same as you have to digest your food.

Dr. Heather ([24:12](#)):

Right.

Dr. Keesha ([24:12](#)):

Yeah.

Dr. Heather ([24:12](#)):

Exactly. So we can do a lot of this on our own. That sort of—like this mind peace is that journaling, allowing yourself the time for self-reflection. We have this sort of glorification of busy in our lives, especially as mothers, as women, as working women. Sometimes it's like, "I get the trophy for having the most things on my schedule this week. Like I've gotta stay at work latest." Really rejecting that. I would advise all of my patients, everyone I care about, just completely reject that. We all need that night where we're like—and even if you have to schedule it, like I'm going to be in my pajamas by 7:00 PM and I'm not going to talk to anyone until the morning. I need this couple hours, or whatever it is for you, depending on if you're a night owl or morning lark. But that you schedule this time where it's just downtime. There's nothing you have to produce. There's nothing you have to get done. There's no one you have to take care of, that you are just showing up for yourself to create that space for gratitude, for journaling, for self-reflection. Because if we don't have that, years go by and all of a sudden it's like, where are we? What are we doing? That's when there's a lot of disconnect and dissonance that we maybe didn't realize was starting to build. So if we create that space and create that time to address it before it festers, then we can kind of get ahead of these patterns of hypervigilance or neurological programming that doesn't serve us.

Dr. Keesha ([25:38](#)):

I've been reading a book by the Dalai Lama at night right now. One of the things that he talks about is that we don't know—well, for sure we're dying. Okay. So that's like the only truth that's on the world, on the planet that is accurately going to happen. No matter what, you will die. And that this body is going



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to degenerate, unless you get into some sort of traumatic accident or something like that. So you've got a choice of two ways you're going to die. Suddenly, or you degenerate and die. So this body, it will degenerate. So it's like, really acknowledging these truths and then saying—and you don't know when that's going to happen! In order to be able to have—if you're going to degenerate and die and do it in a slower way—in order to have a space where we leave the planet, our spirit separates from our body and we don't have regret. Then we need to be living as if this life could end at any moment. So really treasuring every moment. That means busyness—one of the things that he talks about is this very concept of the Western industrial complex being so productivity oriented and that we are actually becoming more and more autoimmune as a result of it. Right? We're just checking out of what the flow of nature actually illustrates for us. So he's saying, okay, you don't know how long you have left here in this particular body. So assume that it could be in the next hour, how would you want to spend that time? Instead of filling it up with this busy, busy, busy, busy stuff, which is just a diversion from really living your true purpose, then pretend like maybe you're going to die tomorrow. So what would you want to do? Right? I think that's really great advice because then it drops you into gratitude and appreciation that you are still alive. All of the people that are around you that will also die at some point are also here with you. Then you can spend time really connecting to that with joyful appreciation and gratitude, which of course creates a whole different neurobiology.

Dr. Heather ([27:51](#)):

I am from Oahu and there was an incident three, four years ago where accidentally someone pressed the button that sent an alert out to every single person in Hawaii saying that there was a bomb coming from North Korea. So all of the Hawaiian islands, including all of my family who's there, thought they were about to die. So there were—I was in California losing my mind 'cause we had this idea that it was on its way and it was 20 minutes out or something. So a couple of my friends, what they did was they went and jumped in the ocean. If I have 20 minutes left to live, what am I going to do? I'm going to go enjoy it. Then there were a lot of other people who frantically freaked out and not that either of those are good or bad—and thank God it didn't happen. A bomb obviously did not hit Oahu from North Korea, but there was this sliver of time where everyone thought that's exactly what was about to happen and how they responded to that was this real window into the psyche and into exactly this point. We want to live as if—there are elements, of course—you want to learn as if you're going to live forever and live as if you're gonna die in an hour or tomorrow. Really taking advantage of what are the things that I get pleasure out of? What are the things that I enjoy? Who are the people I want to be with? Who is it that I wanted to call when I had 20 minutes left to live? Who did I want to connect with? And then, how can we orient our day to day lives so that those are the things we're doing? When you can get that window into what's really meaningful, how can we create life where that's what you get to do?

Dr. Keesha ([29:38](#)):



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Well, there is a book that Stephen Levine wrote. I was a 19 year old brand new nurse, and it was sitting on the, nurses station counter, a patient had given it to somebody and I picked it up and read it and it changed my whole life forever. It was called A Year to Live. I just remember thinking like he intentionally—he and his wife had decided that they were going to pretend like they had one year left and they were going to live with that one year being super intentional. Then this book is an account of that. As a 19 year old nurse in an intensive care unit environment where everything is going really fast and life and death is happening before your eyes all the time, it was very transformative for how I then spend my time and what I consider important and that idea that things are impermanent. Everything that I can lay my eyes on right now will be gone. Everything that we accumulate in this world will be gone. We are going to lose all of it. So it's like, well, do I really want to focus all my time and energy on accumulation? [Laughing] That doesn't seem like it's a good priority.

Dr. Heather ([30:52](#)):

Right. It's those experiences, typically. Meaning making, right? Going back to the beginning of our conversation is if we want to make meaning, then how do we most fully show up? That's a lot of what this neurohacking is about, right? Like if we haven't gotten the sleep, if we feel hungover, if we're constantly brain fogged and you ask about what's an autoimmune brain? Typically what I hear from patients is it's brain fog. It's like I'm walking through a literal fog, or like there's spiderwebs in my brain. So how can we lift that veil? How can we get rid of that so that you can show up and be in these relationships? Be with those people that you love, jump in the ocean, do whatever it is that gives you purpose and meaning, and do it fully showing up with clarity with that ability to focus with that ability to absorb and learn information. So, getting movement and the right nutrition and enough sleep are just absolutely foundational. Spending time outside in nature is also, I think a thing that a lot of us forget about, particularly in this when a lot of people are under lockdown, it's easy to spend all of our day inside. And one of the things that we kind of—kind of going out to the 20%, the icing on the cake, is when we think about indoor air quality, it's actually much lower than outdoor air quality and the toxins that we can be absorbing from building materials or carpets off gasoline or whatever it is that can be very detrimental to our health, particularly if there's mold in a building or something like that. So getting outside and getting that fresh air, it's good for our brains, it's good for our psyche, getting the red light spectrum in particular, getting some of that early morning light. Then that sunset light versus being in front of the blue light of our computers or our phones or our tablets, whatever it is all day. It is so profoundly effective for shifting our mood in one way or another. For shifting our mood, plus that focus and that ability to feel clear and show up in those relationships and at work wherever you are. So, again, like getting this foundation dialed is, I believe, really essential for meaning making and for neurological programming and for showing up and being fully present. So it's like—it's holding both, right? We want to plan for tomorrow and take care of ourselves and yet we want to make sure that we're doing the things that we would want to do if we had a day left to live or a year left to live.



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Dr. Keesha ([33:24](#)):

Right. So one of the things that in the Neurohacker Collective, you guys have created a line of supplements that I have personally taken and love. So, do you want to talk a little bit about those too?

Dr. Heather ([33:40](#)):

Yeah. Yeah. Well, I love them. They're really—what Daniel and the team at Neurohacker— Daniel and James Schwamberger and then the team at Neurohacker—they really are very committed to, if there's a great product on the market, we're not going to go copy that. We're gonna create products that don't exist already. So one of the things that I was seeing clinically before Neurohacker existed was there were people who were neuro hacking and what that meant was taking Adderall when they went to work or it meant taking some Modafinil, which is another stimulant. It means drinking a lot of coffee and this is not balancing. A lot of what we are proponents of as providers and at Neurohacker is balance. So how do we get you alert and focused and on it during the day when you want to be productive and then have that ability to sleep well at night so that you're not on uppers? You're not taking amphetamines in the morning and then benzos at night to get to sleep.

Dr. Keesha ([34:38](#)):

Like drinking alcohol at night because you're drinking so much caffeine during the day. Yeah.

Dr. Heather ([34:44](#)):

Yeah or that need to have a glass of wine to like take the edge off. How do we get you feeling really balanced so that you don't require that? Or you don't feel like you require that. So Qualia was developed. Qualia Mind is the nootropic that was developed and I personally, of course I tried it right away. And it's phenomenal. And there are probably about 30% of my patients who don't really get much benefit, but—and just because their neurochemistry doesn't add up and it's not like it would be harmful for them, but for people like me where it really works, I feel super human. My mood is better. I get way more done. I'm much more productive. I sleep better at night. So, it's amazing. It's fantastic. I love it. What I did notice very quickly, personally, was that if I hadn't slept well the night before it didn't make up for that. It wasn't like it could replace sleep. If I hadn't been eating well, if I'd been traveling and eating in the airport or something like that, then it didn't make as much of a difference when I took Qualia. So I really only take it if I'm taking good care of myself, if I've got those foundations covered, then it does give me that extra edge. I started hearing this from patients and friends and other people I had turned onto it and they said the same thing. "If I haven't gotten sleep, then I just don't even bother. I don't bother swallowing pills because it doesn't give me that edge that it does when I am exercising, sleeping, eating right."





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Dr. Keesha ([36:09](#)):

[Inaudible] the things that you were talking about, this will also not make you happy. [Laughing].

Dr. Heather ([36:16](#)):

Exactly. Exactly. Just like, yeah, having that baby or getting married, that's not the thing that's gonna change and make this happy. Qualia will not—

Dr. Keesha ([36:24](#)):

[Inaudible] are actually, then this is not across the board, but eventually as I'm eliciting over a couple of appointments their story, then it will come out that they're in an emotionally abusive or psychologically damaging kind of relationship. And I'll say, "It really does not matter whatever else I have you do. As long as that is happening, that's like continually putting a hole in the bottom of your boat." That's such an important one for, especially women. We don't compartmentalize very well. So, yeah. I wanted to say that too. Like if you are depressed because you're in a bad relationship, this will not work. [Laughing]

Dr. Heather ([37:10](#)):

Hopefully. It might give you a little bit more so that you can take some actions.

Dr. Keesha ([37:16](#)):

Coping strategies. Yeah. Coping cushion, yeah.

Dr. Heather ([37:21](#)):

Right. So there's a couple of other supplements as well that in the Qualia line. So Qualia Life is made for mitochondrial function and the patients I've actually seen do the best with Qualia Life are post chemo. So they've actually all been women who have gone through chemo for breast surgery or lymphoma or whatever it was. They've had to go through a beating to their mitochondria and taking Qualia Life has gotten them back. I've heard it from several women. They've said, "I'm finally back at the energy level from before I was diagnosed with cancer", probably even before they had the symptoms, those first symptoms of fatigue. That was really mind blowing to me because these were—several of these women I had been working with for years and we had never quite gotten them there. So what the team here does is they dive deep into the literature, into the science of what are all of the components. Before they even go to what might work, what they should put in it, they look at the cell and like in the case of Qualia Life, they said, "Okay, the mitochondria, if we're talking about cell energy about how the cell creates energy, what are all of the ways?" So, there's lots of supplements that have carnitine, and cocuten, and ribos that we think of as like our mitochondrial nutrients, but they said, "Let's take a step back. What about insulin? Like insulin has gotta be important here. How is the cell receptor sensitive to





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insulin? Can it get that sugar in the door so that it can create energy?" They really took a look at all of the components. That's one of the things, as you look at the biohacking—and any biohacking, neurohacking, we're trying to be as comprehensive as possible. So not overwhelming. [Laughing] We want to make it systematic in the way that you would approach this, but we also want to be comprehensive so that we can include everything that might be making a difference. That is the difference between Qualia Life and some of these other mitochondrial supplements, is that it really takes that step back and says, "What's every single way the cell generates energy?" NAD pathways, insulin receptivity, of course the mitochondria, but let's put them all back together and see if we can get some movement and people can maybe feel a significant difference in their symptoms. And sure enough, that's what I see clinically.

Dr. Keesha ([39:40](#)):

Beautiful. Yeah. It's an amazing line and I am a fan myself. So, what's your favorite one that you use? Is it the Qualia Mind?

Dr. Heather ([39:52](#)):

Oh, Qualia Mind hands down. For sure. I get a huge benefit from it. So I have a two year old and I was pregnant and breastfeeding. Qualia came out and I got to use it for about 6 or 8 months and that was when I was starting my clinic and it was a lifesaver. It was amazing. I got a lot done and then I got pregnant and then I was breastfeeding and I've just stopped breastfeeding. And I'm like, "Oh, it's so nice to have this back."

Dr. Keesha ([40:14](#)):

I like to open my little [inaudible] packets in the morning and put them in water with some green food. I think it's the Eternus one.

Dr. Heather ([40:23](#)):

Okay. Yeah. Eternus is now Qualia Life. Yep, the green one.

Dr. Keesha ([40:27](#)):

Yeah. I just love that. It just makes me—I feel this perk and I don't drink coffee, so it's really nice because I go, "Hello". My cells can say hello and I can really feel it. So I love it.

Dr. Heather ([40:44](#)):

That's nice. I love hearing from people when they have—they get that back. They get that perk. They get to engage more fully. It's really fun. Yeah. I'm very sensitive to caffeine, but I tend to do really well with



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three of the Qualia Mind with caffeine. So I've never been a coffee drinker. It makes me feel very jittery. It makes me anxious, but with a little bit of that oral caffeine in a capsule, it seems to work with my system.

Dr. Keesha ([41:13](#)):

Well, Dr. Sandison, it's been really a delight to talk to you. We are out of time and I just want to say thank you so much for taking the time to share your wisdom about the autoimmune brain and for giving these great neurohacking solutions. Then I want to end with the idea of collective. So we're moving outside of our own individual brain here. What does that mean to you?

Dr. Heather ([41:39](#)):

So really it's about—I mean, you mentioned it, right? When our individual brain is optimized, then we have so much more to contribute. So this is about collaboration. I mean, the collective, it's about being more than the sum of our parts. Not only in terms of our brain individually, but in terms of what we can do with others. So how—what we discovered today, right? This idea that women go through trauma when they give birth and that there isn't this container. Well, you and I together, it's like alright, out of that, there's this idea let's create this container for women who need it. So just little things like that, that end up being big things for the world, for society. We are living in this day and age where we're more connected than ever technologically and yet very disconnected and in desperate need of solutions to lots of problems on this planet. That is going to happen when we become more of a collective. We're going to get those solutions.

Dr. Keesha ([42:41](#)):

I think we have to let competition go, which is kind of the underpinning of capitalism, and to be able to live in a collaborative collective. I know people will visualize that I might be talking about a seventies commune and communal living—and loving—is going to be probably a part of that, where we are figuring how we do society. But at the same time, this is also more than that, right? This is about really collaborating with one another, rather than competing with them. I think the competition thing brings up the combative stuff and I think that's a big piece of our autoimmunity.

Dr. Heather ([43:22](#)):

Right, exactly. It's again, going back to MyBrainistan, it's like, "Let's build. Let's build. Let's co-create. Let's make new things that are enjoyable and exciting and fun and make life easier instead of just—"

Dr. Keesha ([43:35](#)):

Play more and work less. [Laughing]



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Dr. Heather ([43:38](#)):

Exactly. And we live in a day and age when that is possible. So the foundation—

Dr. Keesha ([43:43](#)):

[Inaudible] and bark less.

Dr. Heather ([43:46](#)):

I believe that our neurohacker—the community here is giving away the foundational guide to neurohacking to your listeners. So I went through bits and pieces of that, but there's certainly a lot more to glean from actually opening that up and reading through it. We hope that it is very supportive to your listeners and we are also here to help if we can help someone fine tune doses or use our products to get the most out of them. We're absolutely here to answer questions.

Dr. Keesha ([44:16](#)):

All right. Thank you so much. I really appreciate you.

Dr. Heather ([44:19](#)):

Always a pleasure getting to spend any time chatting.

Dr. Keesha ([44:22](#)):

All right everybody, until next time, be well.