



Dr. Keesha
REVERSE AUTOIMMUNE
DISEASE **SUMMIT**

AUTOIMMUNE BRAIN

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

Hi everybody. Dr. Keesha here. Welcome to the Autoimmune Brain, Reverse your Autoimmune Disease Summit. This is our Reverse Autoimmune Disease summit 3.0 at this point. I'm so delighted to introduce you to Dr. Jackie Kilraine, who's highly skilled at solving complex problems using a very individualized approach. This approach is designed to restore energy, remove fear, regain clarity and help clients look and feel 10 years younger. Her specific approach utilizes advanced precision technologies, such as QEG, guided neurofeedback and neurostimulation, precision-based nutrition, sleep and supplementation as well as other advanced technologies. So I am going to let you actually tell a little bit of your story to fill in the rest of your biography. Okay?

Dr. Jackie ([00:53](#)):

Okay, certainly.

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

I always want to know, like how do people arrive at the work that they do? Every one of us has a story, so we'd love to hear yours.

Dr. Jackie ([01:02](#)):

Okay. Thank you. Well, I've been in practice—I'm a doctor of chiropractic and I've been in practice for a very long time. I've been in practice 32 years, decided to become a chiropractor when I was 12. But what led me to the work that I do now was my first fibromyalgia patient that I had. I adjusted her like I adjust everybody else—not everybody else, but you know, use the same techniques. And I said, you always ask that question you probably shouldn't ask, "Well, how does that feel? Do you feel better?" And she was like, "No, I don't. I think I probably feel a little worse." She was just that patient that I felt like I could pick up and carry to every room. She just had a lot of other issues and this was like 20 years ago. So it wasn't really well known at that time exactly what fibromyalgia was. So everything in my office revolved around that patient. I remember one night, very late, crazy things that we doctors do—I was listening to a podcast and it was an anesthesiologist and the only thing I remember from that was he said, "We have to turn down the volume of the pain in the brain." And I'm like, "Oh my gosh, it was Eureka. That's it!" I said, "That's what I've been missing all this time!" Because you do so much body work, trigger point, mapping them out, the primary, the secondary, yada yada, all this stuff. And I kid you not the very next day I walked in my office, there's a periodical laying on the counter and I just flipped the page open and there was an advertisement for neurofeedback and I'd never really seen neurofeedback before. And it was owned by—the owner of the company I knew. I had taken a year long course with him before, and I just called him up on the phone and I said, "Hey, Dr. Guy, I need this. Whatever this is, I need this right now." I couldn't—it was divine intervention. There's no coincidences.



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Dr. Keesha ([02:58](#)):

Yeah.

Dr. Jackie ([02:58](#)):

We got signed up and we started doing neurofeedback. Well, before I do anything on my patients, probably like most of us, I had to do it myself and my husband had died the year before. It was like the one year anniversary of his death and I actually crashed really hard. I was very anxious, very depressed. I was still looking at neurofeedback through my little telescopic lens of chronic pain, fibromyalgia. That's all I thought I was getting it for, but I was going to do it on myself. I felt like I was discombobulated. I was actually considering quitting practice and neurofeedback saved my life. It changed my life. I wouldn't be here talking today to you about it. I wouldn't have lectured in front of 300 doctors a couple months ago, before the whole pandemic, if it wasn't for neurofeedback. I would've sat in my little anxious box and had my little conversations, one-on-one with people. So I started doing it on my chronic pain fibro patients and they just responded remarkably. These were people that I'd probably been treating off and on for eight years, doing everything we could think of.

Dr. Keesha ([04:08](#)):

What year was this?

Dr. Jackie ([04:08](#)):

This was in 2013.

Dr. Keesha ([04:13](#)):

So in 2004 I had finished graduate school—one of them—and I have a son who has Asperger's and while I was in the research portion, I decided to do a study on the impact of neurofeedback on anxiety in middle school children with Asperger's. Because moving from an elementary school into a middle school, where now you have a locker and many classrooms instead of a cubby in one classroom was causing a ton of anxiety for him and neurofeedback did it. I did this whole study on it back then and it's been around for a really long time, but it's definitely made an explosion, much like the field of genetics it's exploding right now.

Dr. Jackie ([05:02](#)):

Right. Yeah, we do that too. [Laughing] But, yeah, it really has. And it's always kind of just kept unfolding. I just kind of kept looking at it through that little thing. Then when I could step back and treat the whole body as a whole system, which I felt like I thought I did as a chiropractor, but I still really wasn't. 'Cause I wasn't working with the brain that much. I was really working with the nervous system



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through the body. But when you step back and treat the whole system, it's amazing how you keep discovering things that you thought you already knew, but well, you just didn't know. You really just didn't know.

Dr. Keesha ([05:42](#)):

So what's the connection that you see between the brain and the brain on fire and inflammation, right? So inflammation, brain on fire and autoimmune disease.

Dr. Jackie ([05:54](#)):

Right. So normally what we'll see in a lot of our clients with chronic pain or with inflammation, with trauma with the brain is they do have—they're anxious, they have insomnia, migraines. These are all associated with a high beta brainwave. So that high beta brain just can't shut it off. They overthink everything, they have insomnia, and then they also have fibromyalgia and they also have chronic pain. I call it my little alpha beta—not my little alpha beta teeter totter, but that's what I call it. An alpha beta teeter totter because you're in that high beta brain state where you're just always going, going, going, and you think that's just the way you are, and you think you're just high-strung and you don't realize that you're really anxious and you don't know that it's just all that coming from the brain. Then that brain kind of crashes a little bit into that high alpha state where then your depressed and lots of other symptoms to do with that. We just know that—research shows too, that when a brain is chronically stimulated like that or stressed, that it causes some inflammation and it causes release of certain cytokines that just turn on that immune response. I really feel like the brain just feels like it's constantly under attack. When it can't figure out—especially with something like chronic pain. So, you feel like you're running from that threat all the time and your immune system just gets really turned up for you to escape and for you to get away, but it never really gets turned back down. It just kind of stays that way. How I tell my clients too is if you wake up the next day, even though you're in chronic pain or you have an autoimmune issue and you're stressed and you're anxious, but you wake up, your brain's going to do the same thing, 'cause it's only thing is for you to survive. So it just keeps turning that on. When we start to turn down the brain's overactive response, we're really just correcting that dysregulated brainwave pattern. So we correct that high alpha, and then all the symptoms that are associated with that tend to disappear. So the guts starts to calm down because who needs to digest food if you're gonna die in 30 minutes. If your body thinks that you're running from that threat, you're just not gonna survive.

Dr. Keesha ([08:24](#)):

Or reproduce, right? If I can't keep you alive, I'm definitely not going to keep another one alive. We are not reproducing, so all your hormones tank.



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Dr. Jackie ([08:32](#)):

Yes, exactly.

Dr. Keesha ([08:33](#)):

Yeah. So, I use something called the freedom framework where I think about everybody as their own unique puzzle and there are these four corners of the puzzle and one of them is genetics, another one is digestive health, another one is toxic burden, another one is stress and trauma. So the genetic component, when we start talking about brain going into beta or alpha crashing, there's an upstream, right? Certain people will be more beta than others and there are reasons for that. Some of it is past childhood trauma, another one is different genetic snips.

Dr. Jackie ([09:09](#)):

Right.

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

So, when we think about that, it's why people will say, "I heard a talk that I just need to stimulate my vagus nerve." And I'm like, "No, that is not all you need to do." [Laughing] You actually have to figure out the meanings that you made up when you were a child that are sending you into this in the first place, right? You can't keep just putting something on your head or doing vagal nerve stimulation because you actually need to get to the root cause.

Dr. Jackie ([09:38](#)):

Right.

Dr. Keesha ([09:38](#)):

So I know part of what you do is also genetics. I do too. It's just having that awareness that there are certain people that have genetics that are more prone to not dealing with stress well. So that's always nice when I show that to people, they go, "Oh, it makes so much sense." And it's just like, "Yeah."

Dr. Jackie ([09:59](#)):

Yeah, because I think a lot of what we take care of is the 20% that doesn't respond to the usual things.



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Dr. Keesha ([10:09](#)):

Going off gluten and sugar, yeah.

Dr. Jackie ([10:09](#)):

Right. So when you can look at the genetics and say, "Okay, you have this GAD gene that causes you not to convert your glutamate to GABA. We need to work on that."

Dr. Keesha ([10:26](#)):

Dopamine issues.

Dr. Jackie ([10:26](#)):

Yeah.

Dr. Keesha ([10:26](#)):

There are a bunch of them that can actually impact this, right?

Dr. Jackie ([10:29](#)):

There are a bunch of them. [Laughing] That's right. And that gets it more down to their specifics and can really—Of course everybody likes to see that we really kind of delving in to what's going on with them. Plus when you do, I try to step back and just try to look at the big picture and not just be so one-sided, even with the brain. We look at the brain, we look at the body, we look at how you're sleeping, and there's a lot of different tools then that they can improve on. We wear our little data watch things that we encourage our clients to do the same, so we can track, how are we sleeping? OK. Now that we started doing this neurofeedback to correct your dysregulation, is it starting to improve your sleep? 'Cause we know there's 500 different genes you're gonna turn on negatively if you're not sleeping, or positively, if you do get some sleep. So we do set aside—

Dr. Keesha ([11:27](#)):

There's certain personalities that don't do well with that I found though. I'm like, "Take the watch off." [Laughing].

Dr. Jackie ([11:31](#)):

Yeah. [Laughing]



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Dr. Keesha ([11:34](#)):

It's like the people that always, when they're trying to lose weight, they're on the scales constantly.

Dr. Jackie ([11:42](#)):

Yes! We did different things, too. So I consider it—like, we'll do the no-tech thing. So we do no-tech things like a gratitude. There's so many: a gratitude journal, meditation or—and then we do the high-tech, which is the neurofeedback, and then we do take home tech. So we'll do the audio visual entrainment and just lots of different tools that help.

Dr. Keesha ([12:06](#)):

Yeah. I think it's important to say that, because some people actually don't do so well also having something electronic on them all the time, particularly in bed while you're sleeping.

Dr. Jackie ([12:17](#)):

That's true, yes.

Dr. Keesha ([12:17](#)):

But there's something for everyone, for sure. And that's the beauty of it, right?

Dr. Jackie ([12:22](#)):

Yeah, that's right. And it all really works. So, if you just start getting the right inputs. It doesn't have to be that you have to do everything. There's lots and lots of different tools. I just think the technology seems to make it so much easier for me, I think. And for patients, it just takes a lot, especially when they're talking about neurofeedback, they're like, "I just gotta come in and watch TV for 30 minutes..."

Dr. Keesha ([12:46](#)):

I know, I know. Neurofeedback has a lot of really amazing utilities as we were talking about a little bit earlier. I'd like to sort of have you go through some of those because anxiety definitely is one, insomnia is another one, pain is another one, but there are many.

Dr. Jackie ([13:05](#)):

Yeah, there are. Right. We look at the different dysregulated patterns. So if we have a brain that had some past trauma or a TBI—



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Dr. Keesha ([13:21](#)):

TBI is traumatic brain injury.

Dr. Jackie ([13:23](#)):

Traumatic brain injury, right. So they may be—and that can cause some inflammation and over-activation of the brain, which can also kick in an autoimmune response too. But very often they will have focus problems, attention problems, they're trying to get through the day on a brain that should normally be asleep. So, when we're in that delta beta, we're typically sleeping. So they're trying to struggle to get in throughout the day. So it makes a lot of sense if we can correct that, then they can focus longer. They don't have as much impulsivity. They're not as hyperactive, their brain is not saying, "I gotta get it out now because I'm not gonna be able to hang on to that thought for very long." So that helps just restore their learning ability and just getting through day to day life. Then the opposite end of the spectrum is that high beta brainwave. So that high beta brainwave can be more anxious and obsessive compulsive, have migraine headache,s have insomnia, excessive rationalization, they have panic attacks, they worry, they have chronic pain. Those are all associated with that high beta brainwave—

Dr. Keesha ([14:29](#)):

[Inaudible] by analysis.

Dr. Jackie ([14:30](#)):

Exactly. Yeah. You overthink everything. That was me. I used to overthink everything and I used to think, "Well, I'm a doctor and I'm just thinking through everything. I'm very rational." But I would think so much, I'd talk myself out of everything. "I can't do that 'cause..." But it was really just so much that overthinking and then that kind of in between is more the alpha where you're just—I mean, they're all good brainwaves. It's just, when you get stuck in something that they're not.

Dr. Keesha ([15:03](#)):

And timing is everything for them, right?

Dr. Keesha ([15:06](#)):

Right, exactly.

Dr. Jackie ([15:06](#)):



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When we need them and when we pretty much are going to be hampered by them.

Dr. Jackie ([15:10](#)):

Yes. And I look at it too, like every—what I've come to understand just over years of doing it now is every trauma just gets layered into the brain. It just turns that volume up a little bit more and a little bit more until that final one. Like for me, it was that year anniversary just kicked it in for me and just pushed me over the edge. I'm like, "Whoa, this is not normal."

Dr. Keesha ([15:33](#)):

Yeah.

Dr. Jackie ([15:33](#)):

But, I don't have that anymore so we can get back to where we feel pretty good. Then you can even kind of go, "Well, now what? Now I'm just gonna—now I'm just gonna really see how much further I can go." So that's nice too. We like to take our patients who've had chronic health issues and I have a little journal that we wrote in. One of the first things we have them do is just imagine their perfect day, just to start to get their brain to see something beyond just trying to get through a day. We do know that the brain will make those pathways and those connections, it doesn't know the difference between what we vividly imagine and what we really do. So it's nice to get it outside and start thinking about that. But then once they can see—once you see that you're getting better and getting better, then you start really kind of pushing the envelope and rediscovering who you are and what you want to do. And that's nice. I find a lot of the people we take care of have really given away pieces of themselves so much that they don't really know who they are. Once they can kind of heal, then they start to rediscover their joy and that's the fun part. That's the real fun part of—it's all rewarding, but that's the real fun part. Yeah.

Dr. Keesha ([16:56](#)):

It's reaching your potential, your optimal potential.

Dr. Jackie ([16:59](#)):

Right, exactly. Right, exactly it.

Dr. Keesha ([17:01](#)):



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I think about trauma as creating patterns that obscure your open hearted essence, your divine self of who you are and the purpose you're meant to live into in this world. It creates little—you could think of like hard shells that obscure that.

Dr. Jackie ([17:22](#)):

Yeah, yeah.

Dr. Keesha ([17:22](#)):

To me, all of this work is removing those obscurations, right? One at a time, just kind of pulling them away. So what's revealed is who you are. You're vulnerable, how to persevere and in that vulnerability there's true power. Then how to persevere and persist instead of giving up and not doing self care and saying, "Well, this didn't work. So therefore I'm going to have Oreos." [Laughing] And being able to be a resource for other people and utilize the resources that are being built inside of you. It gets you into that more authentic version of who you are every time we're doing this rewiring work. Yeah.

Dr. Jackie ([18:04](#)):

Yeah, and that's so fun because I can almost look at my life from pre brain training and post brain training. I feel like I'm a kid again. I'm like, "Okay..." I feel like I took everything that I used to do and the way I used to do things, and I just kind of dumped them out and I just said, "Okay, I'm going to keep this one. I don't need that anymore. I might've needed it before, but I don't need it any more." It's so fun. It's like—wow, it's everything. I mean, everything. Everything I experienced, I feel like I experience in such a different way. It's such a joy. People say, "You're so happy." I'm like, "Well, I'm just really having fun." I still have a lot of fun and it's nice to be able to help people rediscover that too. So, yeah, I agree.

Dr. Keesha ([18:47](#)):

That's beautiful. So there's a difference between—this is the Autoimmune Brain Summit and I always point out, like there's a difference between the brain and the mind. So what's the difference between the brain and the mind?

Dr. Jackie ([19:03](#)):

Well, I look at the brain as more kind of the technical inner workings of—like you might think of your heart. And then your mind is more that feeling part, how you feel, how you relate to things and how you feel deep down. But it's so often they're connected too. You really have to feel how things would feel. That's more the mind to me. And the brain is more the geeky part that we all—[inaudible].



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Dr. Keesha ([19:36](#)):

The harddrive, right?

Dr. Jackie ([19:37](#)):

Right. Yeah.

Dr. Keesha ([19:38](#)):

The mind is the software program. The mind, I also think of as like the seat of your consciousness, right? Which is so much more than just brain function.

Dr. Jackie ([19:49](#)):

Definitely.

Dr. Keesha ([19:49](#)):

But the thing I would like to point out is if you have brain inflammation, if the pain in your brain is turned up on high, then it's hard to access that consciousness. It's hard to really access your mind and training the brain is one thing, but training the mind is everything. It's where you really learn how to change your perceptions. But if your brain is triggered, you can't do that work. That evolution of consciousness work can't occur.

Dr. Jackie ([20:18](#)):

Yeah. You have to get the left side of your brain, the left prefrontal cortex being more positive and happy and not in that other side. I tell people it's a process. It definitely is a process. And we're used to going down this one path, like walking through the woods, that path is worn, and it's the one that's easy to take. It's the one that your mind and your brain is gonna take. We have to start forging a new path. So we have to knock down the saplings and work through that tall grass and pretty soon that path gets a lot easier to take and the other one starts to get overgrown. So it's definitely not something that happens overnight. And you just build up that resiliency. There's studies with gratitude, it just builds up more resiliency. You have a better outlook on things. You're happier. People, they exercise more. They just have less health problems and that's all—but it does go together. Yeah. You certainly couldn't just have this dysregulated pattern and just decide to feel positive and good and happy.

Dr. Keesha ([21:32](#)):

Right.



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Dr. Jackie ([21:33](#)):

It's not [inaudible] just change your mind and change how you think about it. You really have to—

Dr. Keesha ([21:39](#)):

That's where people like to go to it. All you have to do—I mean, that's the law of attraction, right? "If you just think it..." And I'm like, "No!" Because if any part of your body believes you to be unsafe, then you're not going to get to that higher ordered reasoning and it can't change your biochemistry that way. These have to go in tandem.

Dr. Jackie ([22:00](#)):

Yeah, 'cause we're designed to survive, not to be joyful and happy everyday. Unfortunately! [Laughing] But we can be, we just have to realize that our bodies are doing one job very well most of the time.

Dr. Keesha ([22:16](#)):

I call it the most thankless job on the planet, is the job that the body does. It relentlessly works for us. It never gets a break. When our consciousness is asleep, your heart is still beating. Your lungs are still breathing. Your liver is still detoxing. Your kidneys are still functioning. So there's never a time, until you draw your last breath. that your body does not stop working. It never gets a break. So that's where the gratitude can begin, right?

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

Yes.

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

How often have you actually dropped in and really recognized and witnessed how this body works for you? Your brain doesn't ever stop.

Dr. Jackie ([22:54](#)):

Yeah. Right. No.

Dr. Keesha ([22:56](#)):

Unless you have a flat line and in that case, you're on your way out. [Laughing].

Dr. Jackie ([23:02](#)):

Right, exactly.



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Dr. Keesha ([23:04](#)):

Flat line EEG is the only time you have no thoughts, everybody. I mean, everyone's like, "I can't meditate. I can't make my thoughts go away." I go, "That's called the flat line EEG. That is not what you want." [Laughing]

Dr. Jackie ([23:14](#)):

[Laughing] That's exactly right.

Dr. Keesha ([23:18](#)):

[Laughing] I did a lot of years in the neuro ICU. We don't want that.

Dr. Jackie ([23:24](#)):

That's not a good thing, for sure. [Laughing]

Dr. Keesha ([23:29](#)):

Right? So what else would you like to leave with our audience?

Dr. Jackie ([23:33](#)):

I just want to, if they haven't thought about training the brain for their autoimmune condition—I think lots of times you don't really think that. You just think about the area that's really bothering you. And there's just—it's the main controller of our whole system. It's the master regulator. There's so much out there that is so simple to do, and it can go from high tech things to low tech things. And now, I love how technology and science have come together to help us heal faster. It's just from my experience in doing this for so long, the other way too, where I didn't really incorporate the brain, it's just—it's miraculous to me. It's not miracles, but it feels like it.

Dr. Keesha ([24:21](#)):

I think it's pretty miraculous!

Dr. Jackie ([24:21](#)):

So I want them to have hope and it's hope that's really backed by science. It's not just false hope. So, I've seen it over and over, definitely find someone who they can connect with, who can help include their brain in their whole healing process. 'Cause it's a big part of our whole system for sure. We can't live



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without it and it's definitely one that is nice to be able to have it functioning optimally. So we'll see big changes all around when you do that.

Dr. Keesha ([25:02](#)):

Well, I so appreciate you coming and sharing your wisdom and your knowledge with us. I know you have a free gift for our audience, a presentation that you've put together—

Dr. Jackie ([25:10](#)):

—I do, I do—

Dr. Keesha ([25:10](#)):

—That they'll be able to download on the link that we have here. So do you want to talk a little bit about that?

Dr. Jackie ([25:18](#)):

Yes. It is a PowerPoint presentation that we go through specifically just what we talked about. We go through some of the causes of how the brain can cause some autoimmune issues and how you can retrain it to learn how to heal yourself and heal your brain, heal your whole body as well. Usually once your brain gets it, it gets it. You don't really go back. I don't have to keep going back and doing that same training over and over again. The brain is really smart and once it figures it out, a better way to be, it's going to stay that way. So that's a real rewarding thing about doing brain training too. So we kind of walk through my journey, and how they could do it too.

Dr. Keesha ([26:05](#)):

Fantastic. Thank you so much.

Dr. Jackie ([26:07](#)):

Thank you. Thank you for having me. Thank you, Dr. Keesha. Appreciate it.

Dr. Keesha ([26:11](#)):

All right, everybody until next time be well.