



## Medicine Stories Podcast

Episode 57 with Dr. Kelly Brogan

Own Your Self: Radical Healing, Rooted Health

October 8, 2019

[0:00:00]

*(Excerpt from today's show by Dr. Kelly Brogan)*

*There is an orientation towards the body as being a meaningful conduit of information. Right? So there isn't random badness that happens. It's all meaningful.*

*(Intro Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)*

[Intro]

[0:00:16]

**Amber:** Hello friends! And welcome to the Medicine Stories podcast, where we are remembering what it is to be human upon the earth.

I am your host, Amber Magnolia Hill, and this is Episode 57 an interview with Dr. Kelly Brogan.

At the beginning here I'm wanting to define a word for you. This definition has become so central, so foundational to the work that I do. So that's the word "radical." Radical is an adjective. It's definitely been applied to Kelly Brogan. It's been applied to me, as well, and we tend to think of it as subversive, outside the mainstream, revolutionary. I mean, radical. You know what it means.

So the root of this word, I'm looking at etymology online right now, late 14th century, in a medieval, philosophical sense, from late Latin "radicalis", of or having roots, from Latin "radix", meaning, going to the origin, essential. And some of you might be familiar with radical as being spelled "radicle" instead of "radical". That "-le" spelling literally means root, like the root of a plant.

So what we tend to call or think of as "radical" today actually means getting back to the root. You know? So eating organic food, having your baby at home without any medication, breastfeeding, perhaps, not vaccinating, we think of these as radical and yeah, they are. They're going back to the root of humanity, to how our species lived for over 99.9% of our history as Homo sapiens on the earth.

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**Amber:** So just keep that in mind. When you hear something called “radical” put yourself in the context of the entire history of human experience and not just the one tiny historical moment we’re living in right now, and what we’ve been told is normal, what we’ve been told is good or right. You’ll hear this sort of echoed in the part of this conversation where Kelly and I talk about evolutionary mismatch, which is absolutely one of my favorite things to think about and be aware of in my own life, my own health, and just my body’s constant (and mind and heart and soul’s constant) attempts to calibrate themselves in this world that really is not designed to support human health in the way that we’re doing it right now.

You might notice in this conversation that I chose to go wide and somewhat shallow, rather than going deep and narrow, because there’s so many topics I wanted to hit on. And we could’ve just gone down the rabbit hole in any one of the things we talked about. Kelly is brilliant, as you will hear, and so, at the end of each time she was speaking, I was like, “Okay, do I go deeper here or do I move on to the next question?” And I chose to move on just to give you a tiny glimpse of the things Kelly writes, shares, and teaches about. So you can kind of hook into what you’re most interested in and then find it in her books or her website anywhere. She has so much information out.

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**Amber:** I’ve recorded a separate outro for this episode, because I wanted to flesh out some of the ideas we talked about that we didn’t really have time to. In that outro, I talk about current censorship of “alternative”, again, just like ancient human practices, health, lifeways that’s currently happening by social media and Google. And then I just talk about some of my favorite vaccine information resources, and those are all linked, too, in the show notes. So it’s going to be a long show note link episode.

The giveaway for Patreon visitors, you don’t actually have to be a patron of the podcast to enter the giveaways that I do on Patreon at [patreon.com/MedicineStories](https://patreon.com/MedicineStories), is Kelly’s new book, one copy of Kelly’s new book, [Own Your Self: The Surprising Path Beyond Depression, Anxiety, and Fatigue to Reclaiming Your Authenticity, Vitality, and Freedom](#). I read the book in preparation for this episode. I’m really happy to have it on my shelf because there’s a lot of things that I’m going to go back and refer to overtime. So that giveaway will be found there, [patreon.com/medicinstories](https://patreon.com/medicinstories), and I will close it down on October 29th. You can learn more about the book at Kelly’s website, [KellyBroganMD.com](https://KellyBroganMD.com), I believe it is linked in the show notes, of course.

[0:05:41]

**Amber:** Okay, Kelly Brogan MD is a holistic health psychiatrist, author of the New York Times best-selling book, *A Mind of Your Own*, *Own Your Self*, a children’s book, *A Time for Rain*, and co-editor of the landmark textbook, *Integrative Therapies for Depression*. She completed her psychiatric training and fellowship at NYU Medical Center after graduating from Cornell University Medical College and has a B.S. from MIT in Systems Neuroscience. She is board-certified in psychiatry, psychosomatic medicine, and integrative holistic medicine, and is specialized in a root-cause resolution approach to psychiatric syndromes and symptoms. She’s a certified KRI Kundalini yoga teacher and a mother of two.

If you like what you hear, I recommend listening to Kelly on other podcasts, because, obviously you like podcasts, and you know, just the podcast interview format leaves so much room for people to express themselves in ways they may not in their books and their Instagram posts, and I have just really benefited from listening to Kelly on other people's podcasts. It was an honor to get to book her for my podcast, and I am very excited to share it with you. So let's go ahead and get into it.

*(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)*

## [Interview Begins]

[0:07:14]

**Amber:** Okay, welcome to Medicine Stories, Dr. Brogan!

**Kelly:** Thank you! I'm excited to be here.

**Amber:** I'm thrilled to have you.

And so I thought we could begin with the people who are completely unfamiliar with you — you've really gone into this, in your books, and other podcasts — but please just give us a brief overview of your evolution as a psychiatrist, how your understanding of the body and mind changed over time, and how your treatment protocols changed along with it.

**Kelly:** Yeah, so I think it's an important bit of context that I have inhabited both sides of the aisle with some extremity. So I was a very conventionally-oriented, died-in-the-wool MD, specifically trained as a psychiatrist, specifically trained in prescribing to pregnant and breastfeeding women. So that's how much I believed in the legitimacy of pill-based management of human suffering and struggling.

So it really required (what I think it requires of most MDs who sort of go rogue), it required a lived experience of dissonance. Right? So I had to go through something that didn't fit in with the understanding of health and disease that I had built up to and pledged my allegiance to up until that point. And that really arose in the form of my first diagnosis.

So post-partum of my own pregnancy I was diagnosed with something called Hashimoto's Thyroiditis, an auto-immune condition. I had never, honestly, I never really paid attention to my body up until that point in my life because I never gained weight easily. So I treated myself like, you know, a processed food trash receptacle basically. I never exercised. I used all sorts of toxic products, and died my hair black, and took birth control for 12 years, and really burned the candle at both ends.

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**Kelly:** I remember there was one point I went to a cardiologist as a resident in my training, and I went there because I had such a racing heart that it was really uncomfortable, and I got a whole cardiac workup, like, wore a halter monitor, all this stuff, and nobody ever asked me, like, "By the way, are you drinking more than one or two cups of coffee a day?" Like, maybe six cups of coffee a day, which was more accurate. So this is how unconscious of any relevance of lifestyle choices to health that I was. But I also knew that I didn't want to take a prescription pill for the rest of my life;

just wasn't interested. Maybe I thought I wouldn't be able to be a compliant patient, or I would forget, or it would become annoying over time, but I also knew the women I had treated, who were diagnosed with my same diagnosis, they never really felt well again once they were diagnosed and treated in this way. So I wasn't so interested in that model.

I went to see a naturopath, which was VERY unlike me at that point, but I knew it was the only escape hatch because what the model I was trained in had to offer was a very low glass ceiling, and I saw in black and white: my antibodies come from the high 2000s, and my TSH normalize, and you would've thought I would've been so excited with, like, hearts and rainbows coming out of my head, but instead I had like, steam coming out of my ears. I was so enraged, and this was many years, almost 10 years into, really, indentured servitude. It was like blood, sweat, and tears, \$200,000 of debt.

I gave a decade of my life to this training, and it felt like "for what?" So I could learn a pile of lies, or, like, a little sliver of the scientific truth about what it is to have a human body and exist in a state of health or disease?

I just felt lionized.

**[0:11:17]**

**Kelly:** So I went back to the books.

I spent several years learning about the science I had never known to search for 'cause I knew how to look for science. I knew how to read papers. I was very comfortable with that, and so I went to PubMed. I don't know how many thousands of hours I spent researching all the sacred cows, you know, everything from cholesterol medications to birth control, to antibiotics, over the counter painkillers, and acid blockers, vaccines. I researched psychotropic medications, of course, because that was my specialty.

What I found was the same theme over and over again, was that the essential butchering of informed consent, or maybe the impossibility of it, because we were overpromising the potential benefits. We were underplaying, if not totally ignorant of, the adverse effects, and there was no exploration of the evidence-based, true, alternative options.

And so it was from this spirit that I wrote *A Mind of Your Own*, which is my first book. It was pretty umm... yeah, I was really fueled with a lot of anger, and I felt like "Oh well this is science war, and I'm going to win because I have the science from my training, and now I have a whole other body of science, so I have more science, and I know that people, once they get exposed to this information, there's not ever going to be a need to take medication again." And of course, I learned that's not how it works.

This isn't an information war. This is about competitive paradigms. That this is about what belief system serves your soul. Like, what do you really believe deep down? As Alan Watts would say, "We are flesh robots on a dead rock, spinning in the middle of nowhere, subjected to the random forces of, like, bad luck, bad genes, and bad timing." You know? You're just going to do your best to survive and maybe get, like, an A+ on your life experience? Or do you believe that there is emergent beauty; that there is inherent design, and that the body has a deep wisdom, is a conduit

between the soul and our conscious awareness that serves us; that challenges and adversity are here to grow and evolve our beingness to a point of lived experience of authenticity and love.

**[0:14:05]**

**Kelly:** There is this other story emerging, but it's very complex. It embraces complexity, in fact. It's not just about, like, the A to B, one gene to one pill, you know, kind of model. But I think it feels true to a lot of us, even without knowing the science, just conceptually. And so over the years of many a dark night of the soul, since *A Mind of Your Own*, I came to focus on really nurturing, supporting, and creating a safe incubator for those who choose that belief system and celebrating the champions of that model. These individuals, who have walked away from their chronic disease labels, walked away from medications, and found a version of themselves that is no longer pretending to have it together. Right? But instead embraces all of the ways in which they're still learning how to be human; all of those dark parts that they thought they had to pretend weren't there.

It's with a deep pleasure and true privilege that I present this book *Own Your Self*, as being a compendium of what I had to learn myself, about navigating the awakening process, and also in celebration of those individuals who have shown me that this reality is ready to be born.

**Amber:** I think that complexity piece is so important with these two opposing paradigms you're speaking of.

You know, unfortunately, we've bred generations of Americans, especially, who don't like complexity, and don't want to get into the weeds and really have to think critically about, especially, as we're speaking about, the dominant medical paradigm and what has been handed to us as what health is, which, you know, what healing is, which is, as you write so much about, just the management of symptoms, not actual true healing in this medical paradigm.

**[0:16:07]**

**Amber:** So you got, you had this awakening, this belief system, paradigm overturning, and since then you have not written a single prescription in your psychiatry practice. This is how deeply you believe what you're sharing about.

**Kelly:** It's — that's my temperament and trust me, it's no small part of my shadow that I am very absolutist. Like, when I am committed to something I am all in.

So that perhaps has served in a way in my practice because in 2010 when I learned about, really, it was the risks even more than the reporting of efficacy ('cause that's a big issue in psychiatry), but it was really the risks, chiefly the risk, the potential risk, that we are not screening for — in fact, I don't think there's a clinician on the planet screening for this — of induced, impulsive violence. So whether this is suicide or homicide, including, even, mass shootings, this is a civil liberties issue, or whether it was the — is the — potential for chemically-induced dependency.

So I found shortly after putting down my prescription pad and offering patients the opportunity to come off of medications, I came to the belief I still hold: that these are the most habit-forming chemicals on the planet for reasons we really don't understand, but I just know that there aren't, there's never a reason to come by a 1000th of a milliliter or a 1000th of a milligram down on crack, cocaine, or alcohol, or cigarettes or oxycontin. And you ask any of the hundreds of thousands of

individuals who have been really put in a position to self-manage their taper because there aren't educated physicians out there to help them, that that's what's necessary.

So it really was because of the known adverse effects, not to mention the potential to induce further psychiatric labels, like the one in twenty-three people who are diagnosed with bipolar disorder after they start an antidepressant prescription and told, "Oh, that was your latent mental illness." Another label in addition to your first, but in fact, the science tells a different story: that we are inducing epidemics in this way, in, certainly, the pediatric population.

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**Kelly:** So I, ethically, I couldn't sleep at night, if I found any reason to violate that knowledge in service of a quick fix outcome in my patients.

So, to this day, I have not started somebody on medication. I've dedicated my practice to tapering, and I think because of that commitment on my part, I've been able to see really what it looks like to come off these meds, and I have maybe more experience than anyone, I don't know, certainly, who's public about it. I'm sure there's some quiet folks doing this, and so I draw from that experience to tell others that there is an order of operations when you're ready to transition to that stage of your personal expression when you're ready to walk away from labels and meds.

It's very complex. Not only physiologically, but also psychospiritually. Like, what is it if you've been a patient identified with your illness for, what, decades, what is it to not have a label anymore? So these individuals that I've had the privilege of working with, they can talk about how much more complicated that is than we would imagine, and there are many turns in that spiral, where the average practitioner or patient would be tempted to return to medication because it can get very dark. And only because of my commitment can I see and say, you know, that suicidality transforms. I know that it does because I have seen it happen hundreds of times. If you're not committed at that level, you might never see the natural course of these torrents of emotion, of what it is to shed the illusory layers of your identity, right? It's almost like we're these people, these intrepid, courageous people are showing us what it is to initiate to ourselves; to engage this cultural ritual that has been all but lost in our American consciousness.

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**Amber:** This discussion of labels and identities, reminds me of this brilliant phrase you write, that "Diagnoses are modern-day hexes."

So I want ask you, how do you conceptualize the role of meaning in our illness narratives and in our healing narratives? What is the importance of meaning-making in this process of healing?

**Kelly:** Yeah, so I think it's an unintended consequence of the allopathic medical paradigm that there is no room for the individual. Because it — we so longed to reduce it, to feel in control and mastery of the body, to have this system at scale that we sort of, in many ways, have forsaken the individual.

So the experience that you have as a person is really not relevant to your ICD-10 code and the prescriptions you're gonna fill at CVS. And what happens, particularly in psychiatry, is there's a kind of dehumanization that's particularly powerful. Because if you have, like, Julie, who's running around naked, and hasn't slept in eight days and is making threatening remarks, it's very easy to

just say, “Oh that’s Julie. She’s bipolar.” But what happens when we do that? What happens is we’re no longer interested in Julie. We think we figured her out, right? She’s bipolar. So we don’t want to know why is this happening for Julie? What does this represent for her? Could it be a thyroid imbalance? Could it be a micronutrient deficiency? Could it be gluten antigenicity? Could it be a medication side-effect? An antibiotic? Could it be a spiritual emergence? We have no idea, and we’re not interested because we’ve already labeled her, and we already have her channeled into her management and self-suppression practices (also known as being a compliant patient).

So it’s really, in the asking of this audacious question, “Why?”, that we have to exit the paradigm because it doesn’t have room for that question. It’s not interested in that question. So it’s not that it says, “That question doesn’t matter,” it’s just not even a part of the dialectic. It’s not a part of that paradigm’s consciousness. So when you want to ask the question “Why?” you have to leave the tent. You have to go find a new tent. In this new tent, there’s a lot of emergent sort of importance around what is happening to you for you.

I think, you know, I’ve said, “Suffering ends where meaning begins,” and I’ve found that to be true. If you can make sense out of what is happening in your life experience, no longer are you in this sort of flailing around, like, helpless, dependent position, that, by the way, has a neurobiological signature of fight or flight. It’s impossible to heal in that setting. You can only manage, right? You can only tread water.

But when you shift into an understanding of “This is all going to make sense. It may not at this moment, but I trust that there is a design here. There’s a message for me. There’s an invitation, and that as I move through it one step at a time, I’m going to get to a place where I’ve actually grown bigger, and better understand who I am, better hold the parts of myself that I thought that I could just lob off.”

This is even in the medical literature. I reference some research looking into the meaning and narrative of personalized medicine. I’ve found even in my own experience with Hashimoto’s, which, you could say, “Oh, well, coincidentally, it emerged in my life and in my body at a time where I was at a fork in the road,” and I could have chosen to just suppress the symptoms and manage them with a lifelong prescription, particularly if I was scared into doing that, or invited to be a responsible patient, or I could choose the other fork in the road, which is to say there’s something in this for me. There’s a message here. And maybe even to invoke some of the yogic traditions that look at the fifth chakra as being the center for personal expression, for your statement to the world.

And lo and behold, I followed the moonlit pebbles down that path, and I, every day, discover more and more about who I actually am, and that diagnosis was my invitation to begin to walk this path. So there was tremendous poetry embedded in there, and tremendous meaning at a moment in my life where I look back and I almost feel pathos for the version of me that thought, “That’s all she was.”

[0:25:43]

**Amber:** Let’s talk about one of the underlying things happening with so many people’s mental and physical health today, and that’s this idea of evolutionary mismatch. Can you tell us about that?

**Kelly:** Yeah, so with the birth of epigenetics to explain the limitations of the genomic model of health and disease, which is, well, it's really decimated by the completion of the sequencing of the human genome when we found, essentially, we're as complex when it comes to protein-coding and coding genes as an earthworm, if not less. So there must be more going on here biologically, and epigenetics has helped us to interact with our own complexity and particularly around the role of exposures - environmental, psychological, and otherwise - in genetic expression. So that is how we've been able to catch the complexity, but also, we're learning about it all day every day.

I remember when I first encountered the term "evolutionary mismatch" which essentially is a research-based term that refers to the ways in which our lived experience does not complement our DNA, so that we've evolved over several million years to expect certain biorhythms, certain nutritional exposures, certain interpersonal dynamics, and when those are not fulfilled, then the body expresses inflammatory signaling and invites recalibration. But I remember thinking, well, but with epigenetics, we can involve within one lifetime. So why aren't we evolving to accommodate what's present in the environment? Whether it's perchlorate from our dry cleaner, or 72 vaccines, or the chronic stress of the daily grind, or the EMFs from our cell phones and our 5G networks, why aren't we evolving to accommodate that if we *can* evolve, 'cause now we know we have tremendous capacity to change our gene expression in practically real-time?

So what I've found is that — and again, it's only in this other tent that this kind of assertion makes any kind of sense — but what I found is that in my belief system, we're not designed to, or meant to, evolve because there is a certain harmony. There is a certain balance with this planet, with our ecosystem, with each other that is right, and proper, and harmonious. So we will be forever invited back toward that balance that is primary to fulfilling human experience and also to the experience of unconditional love, which I believe to be the point of our incarnation; to get closer and closer to that as we are born into conditionality.

[0:28:54]

**Kelly:** So I really was moved by a book called [\*The Continuum Concept\*](#) by Jean Liedloff that helps us to understand this calling back. She calls it the continuum which is, again, this set of circumstances many of which are relational, and if we stray too far from them we suffer. We suffer. We suffer physically, emotionally, psychologically, and spiritually, and that suffering is not random, and it's not itself the problem. The challenge that we must learn to respond to the call, to the invitation back to that match.

**Amber:** I'm going to echo that book, *The Continuum Concept*, for anyone who has young children or is pregnant, absolutely.

**Kelly:** It's a painful one to read when my kids were, like, (*Kelly laughs*) six and eight, you know? It's one I certainly wish I had been exposed to earlier in my experience as a parent.

**Amber:** Yeah, I was lucky to read it when my now-thirteen-year-old was a baby.

**Kelly:** That's wonderful.

[0:30:01]

**Amber:** So speaking of precision medicine, individual medicine, and everything that we've talked about so far, you have this really brilliant take on vaccines, which, as someone in the informed



consent, vaccine education movement, like, out loud about it, this isn't something I see very often. You know, I spend *hours* every week taking in vaccine information, and this is something I wish more people would be looking at. You write, "Predicated on 200-year-old science, developed conceptually long before our discovery of the double helix, the microbiome, or the concept of epigenetics, without a single true placebo-controlled study under its belt, vaccination science is fortifying itself against meaningful examination or evolution."

So we'll get into that fortification, but can you kind of unpack this "before the discovery of the double helix, the microbiome, or the concept of epigenetics..." as it relates to vaccines?

**Kelly:** Yeah, I mean, it's so, I don't have to tell you this, I'm sure, but it's like if we zoom out a little bit, there's so much important inquiry relevant to the discussion of vaccination. It's kind of hard to know where to begin.

**Amber:** Because it's so complex.

**Kelly:** Yeah, and there is just so much there. There's so much inquiry that hasn't been given airtime. If I, as a doctor, were to ask another prescribing physician, or clinician, "Do you think there is a single pharmaceutical product on the planet that should be given to every single human being without exception in the same exact dosage?"

**Amber:** 72 times.

**Kelly:** Right? Let alone 72 times! And, of course, the answer, intuitively, let alone pause for some research, intuitively, the answer would be, "No."

So then begins the exploration of the informed consent paradigm. So what are the understood risks? What are the understood benefits? Is there another way to achieve the stated outcome, according to the published literature?

I summarized my scientific perspective on this because, like you, I've probably clocked 10,000 hours on this subject, and honestly, it started when I was pregnant. So this was before I was diagnosed with Hashimoto's and my journey began. I was pregnant, and I remember I was prescribing to other pregnant women psychotropic drugs, which, I was one of the first 300 in the world to do that, professionally, as an "expert." So I was very vigilant around the literature in support of my prescribing practices.

**[0:32:47]**

**Kelly:** I had two women (and this was in the swine flu season, 2008-2009) who had second-trimester stillbirths, which, any mother — any human, I should say — can imagine the horror of that. That's, like, talk about an invitation to evolve your consciousness. That's pretty extraordinary, right? And because I had been prescribing to these women, I wanted to know what happened. So in a kind of M&M, morbidity and mortality forensic review, I understood that both of them received flu shots from a pharmacy. And now, of course, we have exposed data that supports the lethality to the fetus of the flu shot in pregnancy, let alone the perturbation to the mother's inflammatory response, not to mention the package insert that very clearly states that this has never been studied for reproductive safety or teratogenicity. Nevermind that.

But that really raised a flag for me because defensively, defensive of my own prescribing practices, I said, “Well, hold on a minute! How did they receive this pharmaceutical without any sit-down, informed consent conversation with an MD?” And here I am spending hours meeting with their husband and all this stuff to prescribe them Zoloft or Prozac or whatever it might be.

So I began to do my own research, and, of course, I had to make a decision about the Hep-B vaccine myself, and I had already begun to research obstetrics myself, again, because I (I’m working on this still) am a very controlling person, and I thought, “Well, I know better. I’m not going to take my OB’s word for it. I can do the research myself.” So I looked into c-section, and episiotomy, and fetal monitoring, and ultrasound, and the hep-B vaccine, as I knew each of the questions that I was going to ask, I wanted to know the research, and I want to make my own decision in advance. Remember, this is not because I was some, like, earth mama, hippie. I actually had a natural birth, not because I knew anything about feminine empowerment, or, you know, the proper alignment of the mother-infant dyad through the birth experience, but because of the scientific literature. So there’s a very black and white concrete layer that supports these evolutionary choices.

**[0:35:10]**

**Kelly:** And so I did the same research on the hep-B vaccine and that was the beginning of the rabbit hole I fell down. Understanding that, you know, listen. When you lift the checks and balances of market forces, which has happened since 1986, and you allow the pharmaceutical industry to run wild without incentivizing the study of safety or admission of harm, the true accountability of our capitalistic system that can serve in a marketplace, then it’s really up to us to do our own research as consumers. We become identified as consumers.

So what I found is that the science itself breaks down the efficacy and safety of this intervention, but that it’s not really about science, is it? We’ve been having those science wars, you and me, and dozens of others, for many years now. And the science wars are probably not going to get us to where we need to go because I think this is a bigger issue. I think that the meta-relevance of what is happening in our nation right now must be acknowledged if we’re going to really get down to what this is truly about.

I think, in my humble opinion, the concept of “germ theory”, as represented by the dominant medical orthodoxy, is like, it’s the final expression of the control-based, power-oriented approach to reality. Because what does it say? It says these little, invisible, dangerous agents are going to invade you. They’re gonna take over, and they’re gonna KILL you!

So it’s the projection of our darkness, it’s the projection of our shadow onto these little, invisible demons, these microbes, that is the first, most important set-up of warfare. And that warfare is occurring on every level of our lived societal experience. So the bad guys, the terrorists, all diseases, I mean, look at the names of our medications: antihypertensives, antibiotics, antidepressants, we are fighting, fighting, fighting, fighting. If we think that it just requires more technology, and more science, and more vaccines, and more meds, and more prisons, to get to that place of safety that we so long for (and by the way, are entitled to), like, it’s important to recognize how childish that is at this point. Science aside.

[0:38:15]

**Kelly:** For me, it's also very important to recognize that when our fear is captured, particularly as mothers, that we risk sacrificing our most important human liberty, which is bodily sovereignty. And when we allow ourselves to be penetrated in service of the collective, let alone in service of our own fear mitigation, that is an extremely, extremely slippery slope to totalitarianism and fascism. Let's not be mistaken that that is what a vaccine represents: it is a penetration of the body, and that is why so many people call it "medical rape" when it is administered without proper informed consent, let alone consent at all.

So to my mind, these are the issues at hand, and it takes the success of a dystopian portrait, like *Handmaid's Tale* and its popularity, for people to really feel this early, like, what it would be like to live in that kind of a society, where bodily sovereignty is no longer recognized as a civil liberty, but know that this issue is about that, I think. We can fight about the science all day long, but in the end, this is about: do you believe that control and force are the answer in the end? Because if you, fundamentally, in your heart, know that there's a better way, the science will pave that path.

Because, in my orientation, scientifically, I've discovered that we don't know how to engineer complex systems. We don't know how to engineer biodynamic soil or old-growth forests. We don't know how to engineer an immune system. Period. We do not know how. So what can we do instead?

We can create the conditions for the complexity to unfold organically, and that is — again, I'm a very outcomes-oriented person — and that's why I have a team of clinical volunteers dedicated to writing up these case histories, where individuals have defied their diagnoses, and their lifetime of medications. What happens in those cases is a complexity in the order that could never have been engineered by the allopathic medical system. Instead, what happens is the conditions were created for them to heal themselves, and that's why the outcomes that are available through this approach are simply not available through the conventional paradigm. You must leave it in order to access that, but you don't need anything outside of yourself.

[0:41:04]

**Kelly:** The freeing-up of fear of embodiment around symptoms is so profound because these individuals have had a lived experience. In my community down here in Florida, and certainly in my family, we're not afraid of getting sick. That's not a thing. Literally, not a thing. And I mean, in general: cancer, infection, you name it. It's not a fear, like the social currency that is running rampant in American society.

The reason this is no longer a fear is that there is an orientation towards the body as being a meaningful conduit of information. Right? So there isn't random badness that happens. It's all meaningful. And again, this is not a belief system for everyone, but it is my sincere hope that we can retain the right to exercise the beliefs that are most resonant with our consciousness.

**Amber:** We only have a few minutes left, or I would have so much more to say and so many more questions.

**Kelly:** (*Kelly laughs*) If you can get me on passionate subjects, I talk a whole lot.

**Amber:** No, I'm with you and I'm so grateful for it. There's so much more to say, but I really want to talk about something I haven't seen you, heard you talk about so much on podcasts, but I've always gotten little bits of threads from you, which is — so you know, you're talking about this feeling of safety, coming home to ourselves, and just the vital intelligence of our bodies, of our ancestral, human bodies. I've heard you speak about your own Italian ancestors, and the sojourns you have made to Italy and how that felt like that homecoming to you.

[0:42:46]

**Amber:** So before we go, I would just love to hear are you thinking of the work you're doing, and all these things we're talking about, in ancestral terms?

**Kelly:** Thank you for asking that. You're right. I almost never get asked this question, and it's probably something I feel most intimately connected to in terms of the yield, I guess, to be a little bit metric about it, of my personal work, my spiritual efforting. And that efforting has been mostly around growing my capacity to understand myself as not who I thought I was.

To see this in the context of my matrilineal line has made clear to me that part of what I'm here to do. Because I think some of us, especially as women, we have this sense like, "Hmm. I have this opportunity to break a cycle. I have an opportunity in my lifetime to do things differently than perhaps they've been done for generations and generations, and I inherited a whole bunch of shit and programming and fear and trauma, and maybe I am the alchemist of my bloodline. Maybe I am the one who is going to transform that pain into power." And trust me, there have been many moments where I have been on my knees and literally, screamed to the universe, like, "I can't do it. I don't want to do it. I can't do it. It's too big for me." So this is not like a poetic turn of phrase. This is real, in the mud, like, ripping your hair out kind of scary work, and almost always it has to do with the ways that trauma lives in the body and is passed down from mother to mother to mother. And, of course, we have epigenetic evidence to support that, but it really is also an intuitive spiritual concept that we are working with the unfinished business of our ancestors.

I think back on my motherline, and my great-grandmother killed herself. My grandmother immigrated from Italy and was in war-torn World War II. She had both of her babies cut out of her through a transverse c-section under general anesthesia, and she was really arrested in this very childlike state, where she was left by her partner shortly thereafter, never had a partner, never had a sensual experience in decades and decades of her adult life. She worked for minimum wage, commuted into New York City from the burroughs, and wrapped presents for 30 years, and she knew love very deeply, but she was not given the opportunity to be in her body. She was still on some level in the survival mode.

That was handed down to my mom, where we never had a conversation about sex. She never talked to me about my menstrual cycle, or what it is to have this female body, and she was very much enculturated around patriarchal thinking in service of trying to help and support me, right? The mantra was always like "You need to be able to support yourself," and I took that to heart and set out in my mercenary programs to be totally independent and never ask for help, and I exercised a level of self-sufficiency that ultimately kept me disconnected from even those around me who loved me.

[0:46:48]

**Kelly:** And so, my healing — and I don't think this is particularly unique— has been first on the body level: first to understand what it is to be in this body, relate to it without fear, understand that it is a gift to sensuality and a vehicle for pleasure, and to begin to inhabit it. It's when dance became one of the most important commitments I have in my day-to-day life, for example. And then also, looking at these patterns, psychological patterns, that I inherited; that maybe I'm going to choose differently this time around, and maybe I'm not going to focus on control being the most important aspect of my life, success, achievement, as being the most important elements because trust me, with all my credentials and all my expensive degrees, I never found, even in my books, I've never found pride. And anyone who runs these programs knows it's a black hole. It's a hungry ghost that is never satiated. It's not the way to fulfillment.

Instead, when I have felt pride is particularly in my mothering; particularly in those moments where I have been able to grow my capacity to hold difficult emotions, and to tend to myself, and soothe myself, so that my daughters can actually, for once, be who the hell they are and not have to live in service of pleasing me. It sounds easy, but any mother would protest that it's probably the hardest work. That to me is really the legacy transformation that I am working into.

How can I liberate these girls to understanding how to report *only* to them, only to themselves? And to really end that paradigm of outer, externalized authority, and outer focus, and this endless effort to curate one's self to recruit love and acceptance. There isn't another way to be in the vulnerability that has to attend that. It has to be practiced, and the conditions have to be safe enough in order to explore that. And that is my, you know, that is my dedication to my children and my ongoing work in progress.

**Amber:** Yeah, amen. Thanks, Kelly!

Please tell people where they can find you, your books, your online programs, and anything else.

**Kelly:** Yeah, so over at [KellyBroganMD.com](http://KellyBroganMD.com), and we are kind of a hub for offerings, really in service of this journey of self-reclamation, and the community that I have found has been a very important component of this healing that is really best done in ways outside of the doctor's office.

**Amber:** So many amazing resources on your website. You can really just spend a lot of time going deep and having your mind opened and your heart soothed. So thank you so much for talking to me today. Really, I am just endlessly inspired by not only your work and your outlook and the way that you filter information and put it out there, but your bravery and your courage in really walking a path that makes you an easy target. Just, yeah. I am inspired, and your courage is contagious, so thank you.

**Kelly:** Thank you. It's this kind of support that reminds me that I'm not crazy and allows me to put one foot in front of the next, so thank you.

*(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)*

## [*Outro*]

[0:50:30]

**Amber:** Okay, so, pretty dense, right? It was chockful of information, but so awesomely done. Like, this shit is what I live for. It's what I do this podcast for, to provide a plethora of information and resources for folks so you can go deeper into what interests you and what calls to you. I know it's a lot, and it can seem overwhelming, but clearly, I think it's very, very important information, and really important conversation to be having. All of this, the medical paradigm, mental health, and vaccines.

So, let's talk about that conversation. Let's talk about censorship. So in the interview, I said to Kelly when I read her quote back to her about epigenetics and the microbiome and DNA, and how we aren't taking our discoveries of those scientific, medical, fascinating facts about our bodies into account when we talk about vaccination these days. At the end of that quote she says that "The vaccine industry is fortifying itself against meaningful examination or evolution." And I said we'd get into it, but then we did not have time.

So what she meant by that (probably among other things), but one of these things is censorship. Massive censorship happening on the national level around this conversation, which, you guys, really think about it. Think about it. What other topic are we just not even allowed to discuss, and what does it mean when our government is trying so hard to shut down just a conversation, just simple questions, that people are asking?

I have been really, really thinking hard lately about the collective cognitive dissonance, wherein we live in a society where the NVICP, the National Vaccine Injury Compensation Program, has awarded \$4,182,078,646 to victims of vaccine injury and death, and in this same society, where that is true, (and I have the link in the show notes here from [HRSA.gov](https://www.hrsa.gov), Health Services branch of the government), in the same society where over 4 billion dollars has been paid out for vaccine injury and death, the hashtag #vaccineinjury has been censored on Facebook and Instagram. Stories that families and individuals are telling about their injury or death after vaccination is being censored while the government pays out \$4 billion for those injuries. Just hold those two thoughts in your mind at the same time. Allow the little brain explosions to happen, and really think about what it means when our society wants to censor something that is verifiably true and overwhelmingly true: an avalanche of injuries and death.

So when someone is trying to censor a conversation, that is the very conversation we need to be having. When the powers that be, who are making dollars, the pharmaceutical industry, is trying to censor information, that is the very information that you need to know.

So another frontline on the censorship attack machine that has been unleashed by Pharma and the government that it has bought is what has been happening with Google and Google searches. So back in June, Kelly sent out a newsletter, and she wrote, "Since June 3, we have witnessed an unprecedented decline in searchability through Google. Prior to that, KellyBroganMD.com was averaging 225,000 impressions per month, and now we have nearly flatlined because our content is not findable without the use of the phrase 'KellyBroganMD.com' in the search." So this has happened to other "alternative" natural health websites, like Dr. Mercola's website and Green Med

Info, that literally going from that number to 225,000 or even more impressions a month to almost zero almost overnight just because Google changed the algorithm. People could no longer find information that runs counter to the pharmaceutical companies' party lines that they are spewing all over the very information-hungry citizens of this country, who aren't getting the information that they want, or that they need, because of this massive censorship extravaganza that's going on.

[0:56:19]

**Amber:** And so, if you don't know, if you have not tried to search on Facebook for anything vaccine-related, an upcoming guest on this podcast is going to be Ashley Everly.

She is the creator of *The Vaccine Guide*, which you can find at [vaccine.guide](http://vaccine.guide). Just today I was trying to find Vaccine Guide on Facebook, which is a page that I not only like, but follow. Okay, so I type in "Vaccine Guide". Oh, the first thing that comes up, "Looking for vaccine info? When it comes to health, everyone wants reliable, up-to-date information. The Centers for Disease Control (CDC) has information that can help answer your questions. Go to [CDC.gov](http://CDC.gov)."

So I scroll down, down, down, down, down, no vaccine guide is coming up. I follow this page, like, this should be here. The same thing happens, you guys, when I go to look for my local vaccine awareness group, and there's, like, a ton of California Vaccine Awareness groups that I'm a part of, and this happens when I go to look for any of them. So this is what you need to do if you're following any vaccine information pages on Facebook or in any groups (and I'm going to give you some of my favorite pages I follow in a minute here), but you have to actually click on "Pages". After you type it in, after it searches, and it's just showing you all this CDC bullshit. The CDC is a vaccine company, y'all. Over 50% of their income comes from vaccines and patents they have on vaccines.

Sorry, my GarageBand is being glitchy again, so I'll do my best here.

So what happens when you press return, and all that bullshit comes up, is you have to go across the top here where it says "All, Posts, People, Photos, Videos, Marketplace, Pages" and press Pages. Or if you're looking for a group, press "Groups". So it happens when I do that, Vaccine Guide is still not at the top, like, any other thing you search within Facebook would be. Instead, I've got CDC, Gates Foundations, World Health Organizations, American Cancer Society, American Medical Association, UNICEF, National Institutes of Health, CHI Health, CDC Global, and then oh, there's Vaccine Guide.

So a bunch of other pharma-bought institutions gets listed before the thing that I'm specifically looking for when I look on Facebook. And then, what happens when it does bring me to Vaccine Guide's page, same thing: "This page posts about Vaccines, when it comes to health, everyone wants reliable, up-to-date information. Go to [CDC.gov](http://CDC.gov)."

So this is terrifying. This should terrify you, no matter how you feel about vaccines and vaccine mandates, which, if you are not paying attention to what is happening right now with vaccine mandates right now, or maybe you know they took away religious exemptions in New York this year. Maybe you know they just took away medical exemptions in California, unless the child has basically anaphylactic shock, goes into a coma, or has encephalopathy. So I've been fighting that

bill here in California, SB-276, since the springtime. I've been super, super involved in the fight and my knowledge, and my ability to research real science on vaccines has grown so much in this time.

I'm so bummed that Gavin Newsom signed the bill into law, but I'm so grateful for everything I've learned, the people and resources I've found along the way, and for the fact that I'm not fucking afraid to talk about this anymore. If you listen to Episode 30 of this podcast, the first one, and thus far, the only one, where vaccines have been discussed, I'm very, like, trepidatious and "Ahhh." I just don't feel like that anymore.

This is the truth. There's hundreds of thousands of studies out there. According to something I just read from Kelly, over 225,000 (I think was the number she used) PubMed studies that you can find on alternative vaccine views. And by alternative, I just mean, it's not what the pharmaceutical companies are pushing out to the media outlets that they own.

I mean, again, this isn't rocket science. This is so plain to see what is happening with vaccine mandates in this country and how Pharma, they just own the media. They own the media, and they've got the sound bytes that they repeat over and over, "safe and effective", and meanwhile, this avalanche of children and adults are being hurt and being killed by vaccines.

[1:01:23]

**Amber:** And what is so interesting about these mandates — so if you think, like, "Oh, well, it's not me. I don't have kids, or I don't live in those states." This is coming to every state. This is coming nationwide, and it's coming for adults. Adult mandates are coming down the pipeline. Okay? So this does affect you. And even if you believe in vaccines, or think you believe in vaccines, you want to be mandated Gardasil? You want to be mandated the flu shot every year? The two most dangerous vaccines? I mean, just think about it.

So if you want further resources — which, if you've listened this far I assume you do — first of all, my Instagram, [instagram.com/mythicmedicine](https://www.instagram.com/mythicmedicine), or just Mythic Medicine on Instagram, I have a ton of Highlights. I mean, hundreds and hundreds, if not over a thousand, pages of information. But there is so much more out there. So this is a very, very limited list, and it's all, of course, going to be in the show notes. But I just really, like, distilled it down to the ones that I feel like I get the most, like, bite-sized information from that I can just absorb in the few minutes I have to look at my phone in the moment, and the people who tend to be sharing actual science with actual links to the studies.

So Facebook, Instagram, and then websites and one awesome podcast are what I'm going to give you here.

Instagram accounts:

- [@pubmed\\_science\\_stats](#): Awesome, gigantic, like, bodybuilder fighter guy (*Amber laughs*), named Joe, who's so smart and has so much good information out there.
- [@TheAulaniProject](#) - So this is the mother of a vaccine-injured child who consistently shares, again, like little bite-sized pieces of information, but always with the PubMed ID number, always with resources. She makes little video clips from various interviews and films. It's so brilliantly presented. It's one of my favorites to follow.



- [@BelieveMothers](#) - I mean, doesn't that name just say it all. I absolutely love what she is doing with that account.
- [@EchoUnafraid](#) - So Echo Unafraid, especially, get into those stories. Almost every single story she posts I want to screenshot and repost. And same with Believe Mothers. I'm constantly reposting Believe Mothers.

I mean there are literally dozens, if not hundreds, more accounts that I follow on Instagram that are giving me vaccine information that is good. 'Cause there's some, but I'm like, this is just overblown. This is, like, too much scare tactics. These are stupid, hurtful memes. That's not the kind of stuff I'm into. I'm not going for everything that, like, presents the view that I have come to be aligned with after years and years and so many hours of research. I'm really discerning of the information that I take in and the people I follow. Which doesn't mean I agree with every single thing, every single person I follow ever puts out in the world. So don't come at me, if you're like, "I don't like what she said about that!" I don't care. That's not me.

Facebook pages:

- [The HighWire](#) - With Del Bigtree. If you are not already watching the High Wire, you are in for such a treat. There are over a hundred episodes you can catch up on. Beautifully produced show. If you're not on Facebook, you can find it on YouTube or on their website. Amazing interviews with doctors and scientists, breaking down what's going on politically, and scientifically, with the vaccine conversation that is or is not happening in our country right now. The high wire is absolutely necessary viewing and content, if you're interested in expanding your knowledge on this topic.
- [Hear This Well](#) - I just love everything they put out on Facebook, and it's almost every day and super relevant resources. Awesome, awesome people.
- [Vaccine Impact](#) - Same thing. They're just synthesizing studies, synthesizing what's happening in politics and in society, and like, reporting it, too, in such a great way.
- [Ashley Everly](#) - Upcoming podcast guest, the creator of Vaccine Guide, which you can find at [vaccine.guide](http://vaccine.guide). So that's her personal page, but she shares there more often than she does on the Vaccine Guide's Facebook page. So find her. I can't believe how much work she puts into every post she does. All of those people, actually.

Websites:

- [Informed Consent Action Network or ICAN](#)
- [Children's Health Defense](#) by Robert F. Kennedy Jr.
- [The Immunity Education Group](#)
- [The National Vaccine Information Center](#)

Again, all of the links are in the show notes. Don't stress about remembering this. I'm just dropping these little audio bombs in your ear.

And then finally, the podcast that you should be listening to is [The Vaccine Conversation](#) podcast. There's over 50 episodes. They are so informative, so rational, just critical thinkers is all they are, and a medical doctor, of course. I've just learned so much. It's kind of like, wishing I could screenshot every story that person does. I wish I could share, like, every single sentence that they speak on this podcast because it has been so enlightening for me to learn from them in that format. It's hard to read this information. It gets super overwhelming, your eyes get tired looking at your phone or computer all the time. So I'm so grateful that someone out there is doing a vaccine-related podcast that I can listen to when I'm driving or packaging orders or whatever.

[1:07:33]

**Amber:** So to finish a previous thought, what is going to happen as these mandates roll out? I mean they're shooting themselves in the foot, right? Because right now with the censoring of the #vaccineinjury hashtag, which is just a symptom of the larger witchhunt atmosphere, gaslighting of parents and people who have seen vaccine injury, or been injured themselves, that hashtag is just like a surface level of how we are not allowed to have this conversation in this society.

But as these mandates roll out, which right now Pharma thinks is a big win because they are gonna make so much more money as that CDC schedule, which has already exploded in the last 30 years, since Pharma was granted liability from lawsuits in 1986, and immediately the schedule of how many shots everyone was supposed to get tripled and is just getting bigger all the time. As that schedule increases even more than it already has — which is, as you heard Kelly say, 72 shots as of right now for children before they turn 18, and most of them in their young, young childhood — what is going to happen is more and more people are going to be injured and killed by vaccines. So this conversation is not going away anytime soon.

The censorship is not going to make it go away, and the mandates are not going to make it go away. In fact, both of those things are giving more life and more power to this movement. To the movement of people who want rational vaccine conversation in the national, public sphere, who want real science done on these vaccines and real science shared with the public.

Ashley and I are going to get into the pharma-funded science when she is on the show. We want to be able to have these conversations, and we want a real look at vaccine safety. So that is not going away anytime soon, and it is in fact only going to get bigger as more people are hurt or injured as the mandates roll out. So again, Pharma is just shooting itself in the foot with these mandates. They're making it worse in the long run. It feels like a win right now, but very soon the number of people, who right now, are like "Vaccines save lives! They're safe and effective!" are very soon gonna be like, "Oh. Shit, what just happened to me? What just happened to my child?" because pretty soon just so many people that they know themselves are going to be affected by these unsafe vaccines that we are currently using in the US.

Okay. I have so much more to say, but I need to limit the time of this podcast, and like I said, I am no longer afraid to talk about this topic. I am not going to stop talking about it on this show. It's not at all going to be the main focus of this show. In fact, I think you'll love the next episode. All about poisonous plants, but... there's so much to say! Again, this is a conversation we need to be having. This is a conversation we need to be having. So I'm gonna keep having it.

Thank you for listening, and I hope you have a nice relaxing day after taking in all this fun information.

[1:11:32]

**Amber:** Okay, real quick, I didn't feel right just not having proof for that 225,000 articles on PubMed thing. So I went back to my source for it, which I'm not going to share because it's really unclear in the paragraph what exactly the 225,000 articles are about. It's definitely vaccine-related. It may be vaccines in general. I'm really not sure, but it did say 225,000 PubMed articles on this subject. So. Alright.

*(Exit Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)*

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[Closing]

[1:12:01]

**Amber:** Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find past episodes, my blog, handmade herbal medicines, and a lot more at [MythicMedicine.love](https://www.mythicmedicine.com). We've got reishi, lion's mane, elderberry, mugwort, yarrow, redwood, body oils, an amazing sleep medicine, heart medicine, earth essences, so much more. More than I can list there. [MythicMedicine.love](https://www.mythicmedicine.com).

While you're there, check out my quiz "[Which Healing Herb is your Spirit Medicine?](#)" It's a fun and lighthearted quiz, but the results are really in-depth and designed to bring you into closer alignment with the medicine you are in need of and the medicine that you already carry that you can bring to others.

If you love this show, please consider supporting my work at [Patreon.com/MedicineStories](https://www.patreon.com/MedicineStories). It is so worth your while. There are dozens and dozens of killer rewards there, and I've been told by many folks that it's the best Patreon out there. We've got e-books, downloadable PDFs, bonus interviews, guided meditations, giveaways, resource guides, links to online learning, and behind-the-scenes stuff and just so much more. The best of it is available at the two-dollar a month level. Thank you.

And please subscribe in whatever app you use, just click that little subscribe button and review on iTunes. It's so helpful, and if you do that you just may be featured in a listener spotlight in the future.

The music that opens and closes the show is Mariee Sioux. It's from her beautiful song "Wild Eyes." Thank you, Mariee.

And thanks to you all. I look forward to next time!