How Bad Genetics Makes Lyme Worse and What to do About it Transcript

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Welcome back to it. Another amazing interview today. I have a really special guy. He's up in Canada. He's what I would call. Speaking from my own experience, a serial entrepreneur, and found himself in the middle of probably one of the most amazing contributions to science medical science that will help everyone.

And it's a part of science that is very forward thinking. Today we have Mr. Kashif Khan, with us. Kashif, welcome to the line hailing from Lyme Naturally Summit.

Thank you for joining us. Oh thank you. It's awesome to be here. Yeah. So, you know, just to start off, I mean, I read your background, you've got accolades for things that you've done in your lifetime.

And I was just wondering if you could just give us a little backdrop, walk us forward, kind of how you got started and, with your your body of work, today.

And, give us a little give us a little backdrop on that. Sure. So first things first. I don't come from the industry. Right? So I'm not a clinician. I'm not a scientist.

And that's important because I fell into this through my own illness. And I find that a lot of the people in the functional medicine space that sort of truly healed, that's how they got there, because they had to be failed by the system and then learn what they needed for themselves.

And then people started asking, what can you do that for me? And that's all of a sudden how it turns into, well, this is now who I am, right? So I actually come from the PR and marketing world.

So I help to grow companies right from and in Canada, from literally the largest companies in Canada down to mom and pop shops, you know, would help them with their launches, get them going.

And in that, because we were so in tune with call it the startup community of Canada, I started investing in things and doing work for free to help these companies grow, because we were doing well in our business.

And I stumbled across, a few pieces of medical science that needed help nurturing and growing right at the same time that I got sick. So I'm 42 now, and around the age of 35, I had eczema.

I had psoriasis, migraines, acid reflux. I was depressed, like I just didn't. I had no motivation. I felt horrible, and I was sick constantly. You know, the common cold or flu?

I haven't been sick in, like, five years now. Well, sorry. Four years. Right. So, and I learned, through that where I was going to all these different doctors treating all these different things as, you know, these multiple conditions, they're all spokes pointing back down to the same central hub.

Right. So my sister, these symptoms were just my body's screaming that there's something going on the system failure internally, that one thing that was causing all this stuff.

Once I finally got to that, it all went away. I hadn't been sick in years. I don't have eczema probably around, so I don't have migraines anymore. I don't even have allergies anymore.

Literally, the seasonal allergies that I've had since I was a kid, I don't have them anymore. So. So, yeah. So how did I get to that? There was sort of peeling back the layers of the onion going to functional medicine, going through integrative docs, trying to get to the root cause.

And it was once I learned about my genetics and not your standard. And we'll talk about this. It's not your standard. What is this gene mean. What does that mean.

But truly how does the body work? That instruction manual that tells us how every cell is doing what it's doing. I started to learn what Gaps and holes, and I needed to plug that.

After 35 years of the wrong exposure environment, nutrition, lifestyle that were mismatched to me, I started to get sick. And this is why, you know, people don't typically get a chronic condition until they're about 50.

And then when you're 60, you have to. I think you spent the last 15 years of your life in treatment, that it takes that long of mismatched choices to get sick.

So I learned through my own journey, and then we built the DNA company. Literally. I walked away, handed the keys to the marketing firm, to the staff and said, thank you, you're awesome.

You keep it. This is what I need to work on it. That's what we do. That's amazing. It's like that pain to passion, right? So you had your own personal experience which drove you to your interests, and now you're putting all your energies into understanding how our genetic make up our genetic code.

And I loved how you just reference glibly root cause everybody is looking for the root cause like it's the Holy Grail when it's basically that blueprint is given to us.

You know, we just don't understand how the organize the letters yet to actually describe what we're doing. And that's why I think your work is so amazing in terms of its contribution to us, understanding more about what we're about.

The what what you just said is exactly what, our science team and consumer who led our science team, that's exactly how you put it, he said. All we've done is we're now fluent in the language.

Right? So the genetics has been known for decades. Literally billions of dollars have been spent trying to understand genetics. But what we've come down to is this sort of dictionary, a bunch of words.

But that doesn't mean that we've been able to put sentences together and speak fluent poetry through this language, which we now can, because we've what what was missing, what got us to this is it was being treated as that book of words.

This gene is this this gene is that that gene is this. What does this gene mean? Right. The body doesn't work that way. It's not 22,000 independent functions, which is how many genes you have.

22,000. It's systems. Right. There's a cardiovascular system is endocrine system. There's everything that's going on. The neuro chemicals in your mind.

They're not all independent of each other. You have to understand how they interact. So first the biochemistry. How does the body work. Tell me about each system.

Then how does each gene in each system instruct each step. Then you go from this sort of probability based, hey, you got a 80% chance of Alzheimer's. What does that give me?

That means that 20% didn't get Alzheimer's with the same genes, right? So what does that really tell me versus the certainty? So probability of the certainty of if you eat like this, if you exercise like this, if you expose yourself like this, you're getting Alzheimer's.

And here's why the 20% didn't get it. Here's what they did right or wrong. Right. So we've got it to the level. Super super interesting really. It's it's a road map. You created a map.

And so the difference between taking a left or right turn on a road could make the difference whether your trip is five hours long or five minutes long.

Right. Until you get there. Wow. Well, I find this to be so intriguing and so interesting. I had a, one of my mentors who passed, a few years ago who was one of the top nutritionists in the country, doctor Bob Marshall.

And his passion was he's an well, he was top nutritionist, but his hobby passion was basically an auto mechanic. And he said to me, Robbie, when you drive your Maserati, Lamborghini, Chevy, whatever, out of the showroom, the minute it leaves the showroom, it starts to recalibrate.

It's not different than our bodies. As soon as we're born, we start recalibrating right. The difference when in nowadays, when you need to bring your car in for a tuneup, you bring it into the shop, they plug it into some computer, it spits out what's deficient if it's a part, if it's your gas oil mixture, whatever.

And then they tune that up. And basically pretty much when you drive it out after the tune up, it's almost close to the way it was when you first bought it.

Yes. Well, what about our bodies? Where where are your missing parts and how can we get those parts and what parts are they to get you tuned up? And I really believe that there's a correlation here with what you're doing and creating that special map.

And you mentioned something that was super important. Like in the Western approach to medicine, it's everything is compartmentalized. We pull this out, we pull that out.

But it's not integrated it and we are integrated. We are natural. We are energetic bodies. We are light bodies. We're there's so many influences and systems at play in order for it to work.

Right. And so to understand it from a holistic point of view, I think is really important. And I love the fact that you guys take that, you know, take that approach to it.

So let's dive in a little bit deeper because today is the story about Lyme disease. And and why is understanding your genetic code like understanding your genetic makeup?

Why is that important to me as an individual? If I'm sick with Lyme or even a high functioning, Lyme patient, how do I utilize this information to actually, you know, put it to put it to work for me.

So it's interesting that we unintentionally got involved in the largest Lyme study in Canada. It's an epidemic here, just like it is in the eastern US.

Right. We were working with a few clinics here in our research phase. We're not a live commercial, but, up until a year ago, we were a research company. We were learning.

And so we partnered with a number of clinics and said, give us the problems to cancel. You know what? Whoever that patient is, you just can't figure out.

Let us try and figure it out. That was how we did our research. And so there's one clinic that kept sending us Lyme patients, you know, in downtown Toronto.

And we said that there's something here because first of all, we found that a lot of them were women, and a lot of them were sort of mature women. Right.

So sort of 40 plus. And we started to see over and over again. And this is not the answer to everybody, that some of them didn't even have Lyme. Right.

Some of them, like you said, high functioning. Some were like, well, it's a flu and it's gone and some were in bed. So what's that difference? Why is it that, like you said, I take my car out of the showroom?

Technically. And this is where where we're failing. When you go buy a Ferrari, every place you go buy a Ferrari,

any setting that you're getting, the same Ferrari, the parts of the same. It's been tested.

It's everything is identical. Every single one of us is different. Yet we're going down that same road. That same path. Right? It's like taking the Ferrari off roading.

I'm wondering why it falls apart. Yeah. And also our world, you know, government and even medical approaches have a tendency to homogenize everybody, to make it all the same, when in fact, we're all different.

And I think that that's again, another big, big difference in the approach that you're taking because it is completely unique to me. It's addressing who I am, you guys and I, I, I've studied a lot of things in my life, and one thing where I got really intrigued with this was about 15 years ago.

I started studying dietary habits, and I wondered why, like Kashi, if you could have a hamburger, I could have the same hamburger. We sit at the same lunch table.

I'll gain a half a pound. You know, either be the same or lose weight. Why is that? We're eating the same food. Yeah. Okay, so that's a great example.

So I'll bring it back to line. But you that's a beautiful example. So when it comes to metabolize ation of macronutrients micronutrients right. We are not the same.

And it's not an infinite number of combinations. There's sort of profiles. And that's one thing we've done differently is we're not looking at this big data, you know millions of data points and trying to figure out, you know, we're we're we've learned because we've studied people.

We've actually met, 7000 patients now face to face like this, which genetic companies typically don't do, so that we're able to put people into buckets or profiles.

As an example, when we deal with, women and female hormone issues for fibromyalgia, fertility, PCOS, we used to think it'd be infinite, but women fit into one of six buckets.

We didn't know we were going to learn that. So it went from an infinite number of solutions to like, you're always one of six genetically, hormonally.

So now we have six solutions as opposed to an infinite number. Right. But it's not one solution. It's not one size fits all. Trial and error. Hopefully this works for you.

It's going to work really great on one of those six women. Okay. On and then that's it scales down to the different profile doesn't even work. Right. So coming back to food keto diet as an example, you know, go on a high fat meat only type of diet.

There's some people that everybody in the first couple of weeks feels amazing because to get into ketosis is good. It doesn't matter who you are. The trailing affect of the next second, third, fourth, fifth, six month is where you start to see the challenges.

And I can't tell you how many people have said, well, I don't feel so good at, well, what did you change on the day you started feeling bad? Right. Let's just look at something simple.

And they would never think it was a keto diet because the first two months or two weeks, they felt great, right? They think it's something else. There's one gene that determines how well you metabolize saturated fats, literally one gene.

And if you have the suboptimal version of it, yes, to get in the horse's ketosis will still feel good, but a couple weeks into it, it's going to drain you.

It’s going to make you feel horrible and slow you down. If you also are a sort of poor insulin responder, guess what? We we know that genetically or sorry, even just medically, we know that insulin, irregularity is triggered by carbs, carb, starches, sugars.

Right. In some people. Only in some Asian people, it’s also triggered by saturated fat. So the genes of how that cascade works. And this is why I’m saying one gene alone doesn’t give you the answer.

You have to look at the whole cascade. What is the body actually doing for certain people, specifically South Asian, like Indian, Pakistani, Afghani? And you wonder why they have so much heart disease in that and that because that they’re getting the same insulin response from saturated fat as they would from sugar.

A regular person that doesn’t have this genetic profile. Right. We I can’t tell you how many vegans, first of all, genetically, there’s some people, we tell them you would be a great vegan.

You’re designed for. There’s some people, we tell them again, there’s a clinician, by the way, in California that we’re working with who came to us saying, I’m a doctor.

I can’t figure out why I’m so sick. We brought it back down to the two years ago when she started become. She was on a vegan diet, which she thought was going to help her heal right.

That was a thing because the one methylation gene you talked about before we got on the call, we were talking about meat, for which we’ll get into your anti-inflammatory response.

There’s one gene that deals with all the sort of enzyme activity of breaking down chickpeas, lentils, beans, legumes, all those vegan protein sources.

If you have the suboptimal version, you’re just going to slowly kill yourself, right? So one simple gene or cascade of genes can make things very precise.

Now let’s bring this back to light. How does what does this tell us about light? Well, why is it one person’s functioning? One person has kind of a flu.

One person is a bed. And we’re told that we looked up your MT for gene. And there’s variability in that. Right. It’s okay. It’s not so bad. And then all of a sudden it’s not precise.

It doesn’t even help me because it’s not just that one gene. Again it’s a cascade. Your methylation or your anti-inflammatory response isn’t just MT your farm.

That’s one gene, which is the most studied, but any sort of genetic test that reports back on that only is getting you back to the probability based. You’re 20%, 80%, 60%.

There’s seven genes in the cascade, right? So if you have the best MT of our absolute best, but everything else sucks upstream and downstream, can it really do its job properly.

Right. So that you have a chain one strong link and everything else is weak. Or the opposite might be true. You could have the worst MT offer and everything else is doing well.

Then. This is why there’s been a gap between sort of clinician interpretation versus what’s actually happening. And you get back to this sort of trial and error.

Well, hopefully this helps or sometimes it doesn’t help. Well, if you look at the entire cascade and understand it with certainty and precision can give you an answer.

Amazing. You know, one comment and this has been driving me crazy for at least two decades. When they give out these percentages and when they’re given from the FDA and some other agencies, oftentimes at least we’re

learning now that they're not as reliable as we would like them to be for us to have a true understanding of what's going on.

But when they say you've got a 20% of this and an 80% of that, it's like, if I'll just reverted to surgery, you go in for a surgery. And they said, well, 1 in 1,000,000 people get this reaction.

Yeah, well, if you're the one in that millions, you're getting 100% of that reaction. Yeah. Okay. Not 20% or one millionth of that reaction. You're getting 100% of that.

So understanding what you understand, your body of work is a game changer. It's the only way I can. I'm using. Dave asked for his words. Now I'm. But it truly is a game changer because.

Because it really will make the difference of you understanding what those percentages are and how you fall into that. That sort of bell curve, for lack of any other term of knowing where statistically you you sit.

And I think again, that will help all of us make better decisions as to food choices, lifestyle and even take more notice on the epigenetics. The way that our personal choices are and our environment is actually affecting, affecting our DNA and RNA and how that's expressing itself in our bodies.

Yeah. So sorry. Go back to line. I think. All right. So, tell me I'm a line patient. How do I benefit from your information? So the thing you just said, is that the key?

So the key is I could have. I can tell you about your genetics. Right. And I'll tell you, here's your risk. But if you do everything right, that disease will never express.

We're not born with diabetes and cholesterol, EMA and breast cancer. These things are all happened later in life because we've done there and when I talk about cancer, some are directly genetic.

You have it. There's a genetic condition, which means you're born with the gene gene variant. And you have something like sickle cell syndrome. You have it right.

Chronic conditions again, diabetes, cholesterol, EMU. You know, Alzheimer's disease. You're not born with them. You have to do something wrong for a long time.

Then what is that wrong thing? It's environment, nutrition, lifestyle. And it's not the same for everybody. That's where the kids first understand the genetics.

How am I wired? What's my blueprint? And like you said, the blueprint of I'm building a house. Maybe there's a wall there. No. What does the blueprint say?

Right. Don't use one thing to assume the rest, which is what big data does right now with certainty. Roll out that blueprint and let's look at the entire thing and understand from one end to the other end of the property what's going on.

Right. So I know so that environment nutrition, lifestyle load on that blueprint now tells you, okay, am I this I know what this foundation is capable of.

Can it handle six stories or three stories. And we all have different foundations in different systems. Right. Is the wall this thick or is it this thick?

As an example, my my endothelial lining, that inner lining of the blood vessels. Right. There's different qualities. Some people have stainless steel.

They can smoked all they're 100 years old. Some people have paper thin. That little bit of inflammatory, inflammatory insult will cause them illness. Right.

The same thing is looking at a blueprint and understanding that they use drywall or steel or brick. Right? It's true. And we're all made of different pieces in different areas.

So that's first is understanding their blueprint. What are you made of then knowing because you have understood the blueprint. What is the environment nutrition, lifestyle.

So you could actually handle in each area cardiovascular brain etc. etc.. They're different right? Then knowing you said epigenetics. So epigenetics we're measuring where are you today.

Genes is here's what your blueprint here's your wiring. Where are you today is based on that environment nutrition lifestyle. Lord what did you do. Right.

So this slow gene you have that you speed it up because you ate something that affect affects expression as an example. That's where you get to the net result of are you sick or not sick?

Or if you are sick, do you want to reverse it instead of treating it and we can speak to this in terms of Lyme because with Lyme, again, if you understood the reason why there's the functioning versus the in bed, which we've now understood, you now know exactly what to work on, right?

Right. It's not there's no more guesswork of just taking antibiotics to target the bacteria. We all get the bacteria. That's what causes it. But the that delta value between I'm this sick and I'm this sick, it's not a different bacteria, right.

It's our reaction to that thing. And our reaction is based on our genetic capacity to handle that thing. So for the people, let's start with the worse.

For the people that are in bed that they don't know. Why is it hitting me so hard? Methylation is a big one. My ability to deal with that inflammatory insult, right?

My body's ability to cope and fight back the bacteria made me sick. But the inflammation that it caused, that's why you have, you know, brain fog, haziness, neurological because it's neurological inflammation also, not just, you know, where you would think it normally comes.

But what if you get inflamed here that all of a sudden you get in the haze that I can't think, I can't focus that type of thing. Right. Why is it so much more prevalent in terms of, the degree in women?

It hits them harder. And this is what we've seen in our research. I don't know if if you if it's generally agreed upon, but this is what we saw. It's because women are also dealing with estrogen toxicity, which is another layer of, toxic insult.

And it's if you're already at that, here's the line. Right. Well, if I crossed this line, I'm in bed. If I stay below this line, I'm functioning. If you're already teetering here because of all the other stuff going on.

Right. Do I work in a factory full of chemicals? Am I not sleeping properly? And so I'm not recovering, right? Do I have estrogen toxicity, which we can determine genetically?

You don't need? We can literally figure out your hormonal cascade. Right. So what is it that's pushing you to that? Something that you would never think of?

We have patients for whom we found the root cause of their disease was that they golf too much. Why? They must be doctors. Well, the first one, I think I was actually a pharmacist, you know, he had he had cholesterol in me at the age of 38.

And the Lipitor wasn't helping him at all. Why? Because you're spending 4 or 5 hours deep breathing in all these toxic pesticides that make that golf course so beautiful, and you don't have the ability to clear them.

And we didn't talk about detox that we're going to talk about that. I want to do that. And the ability to do that didn't deal with the inflammatory load caused by the toxin.

You're gonna end up like him where he also has that bad quality endothelial. So he got inflammation. Body then uses cholesterol to reduce the inflammation.

And all of a sudden he's got cholesterol. And you start treating the thing that's labeled as a disease versus the root cause. The inflammatory and saltier. Right.

And so yeah so that's what it is. It's here's where you what you're capable of. And we have different levels of what we can do. Some of us are here, some of us here.

The closer you get to there, the faster you're going to be bedridden. Right? Some of us are. And most of us, by the way, are teetering on that edge, especially as we get older because of all the inflammatory.

And so we've handled. Now Lyme is aggressive enough to push you over the edge, right? So now if you know why it happened, you know exactly what to work on.

You know exactly what supplements you need to take, what detox you need to do. You know, what do you need to change in your environment? Your it may be mold in your home. Who knows what what is.

And the last thing I'll say before we move on. So you mentioned Dave Asprey. So Dave is an investor in our company. He's a he's a sort of advisor. He's been helping us, enter the biking community, which is where we do a lot of work.

And what got him, he I couldn't reach him. He was ignoring me. And understandably, he's a busy guy. And I'm sure everybody's trying to call. So I literally heard he was going to be at a conference.

So I flew down there with a saliva tube in my eye and I said, can you please spit in this tube? He's like, who are you? What do you want? I followed him around for a good hour until he agreed to do it.

I said, I promise this will change everything. You need to know this, right? So we got his results back. Dave, sort of launched. He's known as sort of the keto guy.

He's really pushed that. Right. But he's also really big in the mold community. He's really helped a lot of people in that community. And so we showed him why certain people are so sick.

Right. And that's the thing that triggered it like this. He's done $50,000 genetic tests where you what you said didn't give him as much information as we were able to give, because again, fluency, language interpreting rather than reading a bunch of words.

Right. So anyway, sorry I went off on a rant, but, you know. No, no, no, I love the direction you gave. Everything is relevant. And one of the things I want to bring you back to was you described what I call a tipping point where you're you seem to be teetering or teetering.

And then there's something that tips you over to the other side. Yeah. And it could be a issue. It could be genetics or a multi faceted, sort of challenge in a way.

Right. But I love the idea of understanding what the baseline is of, of the elements so that you can make those macro and then micro adjustments to pull you back under so that you can just keep getting stronger and better and, ultimately really, I mean, I'm not my wife says I'm corny all the time, but I, I think our goal on when we're in Earth camp, like our stay on Earth, is to find our balance or purpose and then to follow it.

And what I feel is saddens me a lot almost every day, because in our clinic, we deal with people that have chronic challenges on every from every walk of medicine, medical life.

They're being robbed of that. Like you said earlier, the last 15 years, they're going from clinic. I'm in South Florida. So here it's geriatric city and everybody spends their whole lives in waiting rooms, waiting to see a doctor or watching Oprah and reading Reader's Digest, you know, and my vision of what my elder golden years would be like is nothing like that.

And I think that the that's it's easy to get sort of pushed into that homogenous, haze of contentment or don't even or complacency, I guess, is the best word.

And there's a better way and you're showing us the better way. You should live healthy and well and strong to the last breaths. And, and and I think that you are giving us some tools to actually achieve that which is important, to have a background, a backdrop and understanding and a foundational, part.

You mentioned earlier about Dave and Mold and what we've seen in clinic is when you've got a lean patient that is basically managing themselves pretty well, and then they get influenced by mold, they get completely whacked out.

I mean, they go from functioning to nonfunctioning almost overnight, and everyone's looking for that tipping point. What was it that pushed me over? Yeah.

And that's like, I just think it could be a whole host of things. Not just one particular things, but a build up like you're suggesting. And so it's we're just winding that coil, and you're giving us the way to unwind the coil, to get back to, you know, a more natural and healthier state.

It's a precision. It's taking the guesswork out, the trial and error out and knowing upfront just you buy a microwave, you get an instruction manual. You haven't read your own human instruction manual, read everything so you can literally understand exactly how you're wired and what those threats are, even if you're not sick.

Right? Meaning that even if you have, if you still are functioning and want to know how to prevent getting into that bucket, the person that got exposed to the mold and then crossed the line to the other side, right?

So that's where you can truly understand what are your risks. And and they're not the same for everybody. There's some people that detox really well. When we were doing construction right here in this building in our office, I broke out with a bit of eczema on my eye.

Right. I have a partner. Business partner who's, Irish and Scottish, very different ancestry than me. Had no issue. He was in the room while the paint and chemicals, and there was an epoxy that was used to put latex on the wall.

Because we have a lab here, right? I couldn't handle it. So there's no the one size fits all answer is our best attempt to tell you, like you just this is what you need to avoid.

And you know, sometimes this makes people sick. Well, what if it doesn't make me sick? Or what if it. It extremely makes me sick, right? There's people are in different buckets.

So that thing just goes back to what you said of understanding that personalized blueprint, and being able to predict as opposed to wait and see. Right.

And that's the nature of what you described in that waiting room. None of those people were born with those conditions. Right. They were born healthy.

So if you understood where you were suboptimal, where's the gap? Where's the risk and what to focus on, how to eat, how to exercise, etc. for you? There's no reason for you to be in that waiting room.

If you are in the waiting room, you're already there. There's no reason for you to spend the last 1015 years of your life doing that. Why not focus on the why?

And this is the question we don't ask why am I sick? Not what am I sick with? Why? And I'll give you an example. This this will really sort of, explain that difference.

What I keep saying about genetics versus functional genomics, how does the body actually work? So everyone's heard of the Bracco G. You know, scary four letter word.

And there's women Angelina Jolie goes and gets a genetic test. And the solution is double mastectomy. Let's cut a part of you off to avoid a disease, because the belief is just like the people in the waiting room was taken for granted that I have this.

This is a part of me, you know, people that are in their 30s or 40s, like, I'm going to get sick. I just don't know what I'm going to get sick with. It's like a lottery to wait and see.

No, you're healthy. You can maintain that if you if you're not. Right. So so bracket gene, we believe that if you have this your risk for breast cancer is dramatically increased.

Now the prevention there may be some pills you can take. They're working on or you you get them a secondary. If you just don't want to have that problem.

What is the Brackett gene actually do? Does any patient ask why does it cause breast cancer? What happens in my body? It doesn't cause breast cancer. Brac has a gene editing gene, which means it's actually a repair tool that if something else is not working, it goes and fixes it.

If you have the bad version of Bracco, it's like having a bad repair person. It's just not doing its job properly. Then you start to ask, oh, biochemistry wise, so that means there's something else that's going on that's not being fixed, right? I just don't have the repair person.

So what? That's something else. Why do we focus on that? Because that's probably the cause. So then you look at the profile of the woman who typically in and around the time of menopause gets breast cancer.

Right. And we're not talking about all breast cancer. We're talking most of what we're able to deal with, whether you're dealing with autism, breast cancer, etc., there's a 15, 20% of people that have it right. Same thing with certain cancers.

There's a switch that was turned on genetically when you were born, and you're going to get it right. Same thing with autism, same thing. Then there's I wasn't born with this thing, but and this is like 80% of people and conditions.

I got it because I made the wrong choices. Right. So I'm speaking about that. Women that are estrogen dominant. So number one of three things. Estrogen dominant in that hormonal cascade.

They're just way more estrogen ized than a normal woman is. So picture Kim Kardashian right. So estrogen dominant then estrogen toxic. Every month I clear I estrogen metabolites.

When I have my menstrual cycle. It turns into a metabolite before I clear. And there's three versions. Two of them are very toxic. One is clean estrogen dominant estrogen toxic estrogen clearance.

How well do I detoxify and get rid of that stuff? If I'm estrogen dominant, I'm estrogen toxic and I don't clear it. Well, I have this inflammatory load right up until the time that I'm menopausal.

I clear it every month. I have a menstrual cycle when I don't have a menstrual cycle anymore. What is the body's response to this inflammatory insult?

It stores it in fatty tissue to keep it away from the organs and keep you safe. Where do women have fatty tissue? In the breast. Okay, right. And now when all of a sudden that inflammatory insult, that all that sensitive cellular

structure in the breast was never meant to deal with that right next to the fat, all those glands, etc., the repair person is not doing his job right.

That's the very last step. You don't even need the repair person. If you weren't estrogen toxic, if you were clearing it properly, which you can mitigate starting at the aged, or if you didn't take the birth control for the birth control pill for 15 years and had even more estrogen, or if you didn't go on hormone therapy and add even more estrogen, or take the right hormone therapy.

Right. So this is why we say that that profile again, this woman at 15 didn't have breast cancer. But the environment, nutrition, lifestyle choices led her to eventually getting there because she had that risk.

Right. So you could very easily stop reverse. You pick what you want to do with it. So that's just an example of genetics. This gene means 80% chance or something versus functional genomics.

Why is it happening? How does the body work? Where can we intervene and prevent this thing so so important? Oftentimes through our interview today you keep referencing inflammation and toxicity.

Yeah. And those are big words. And in our own studies we feel or we've discovered that basically inflammation and toxicity, they kind of travel on the same highway together. Yes.

But ultimately the reason why every single line patient out there that is listening today has any health challenge at all is because they're toxic and and that toxicity rolls into inflammation.

And it could be just what you said like cerebral or brain inflammation. Many times if it's Lyme that has migrated into the brain, because people know that it does pass through the blood brain barrier as a barricade, then you've got what's called Lyme encephalitis.

This where there might be actually inflammation in the brain or activity going on with your hormones and enzymes in the brain that's preventing you from detoxing and cascading into what you mentioned about brain fog and other neurological related challenges.

That expresses itself again in the body. Everybody tuning in to this interview, and you can't miss this one because this is incredible. The stuff that you're talking about is looking for a few things, Kashif, that we could do tomorrow.

Sure. That's going to rock my world. That can change things for the future. Yeah. You've got an amazing test. Tell me there's an easy to do what you talked about day just spitting into a tube.

Like, is this an expensive process? Is it protracted? It's. I mean, it used to be thousands of dollars when we were, you know, researching, and at that time, we were dealing primarily with, like, professional athletes, you know, celebrities, people that were going to clinics that were saying, hey, I have $10,000 make me a superhuman.

Right? Because we were in a research phase. So it wasn't so that since then, we've built an artificial intelligence platform that literally. And it sounds crazy, but it goes through 200 trillion data points to populate our reports, because that's the number of sort of thought processes we have to go through to interpret the data.

So what's making this now available is that AI does the same thinking that our scientists would have done and populates the reports. Right. So that process, it's I think it's it's like 4 or $500 type of thing for the reports.

And then there's, you know, consultation and there's reviews and there's coaching. There's all sorts of things people can do if they want to take things back into their own hands.

Right. Versus how is the doctor going to fix me? Well, you wouldn't be listening to this or that already happened. Right? So there's you know, there's more you need to do.

So, so that process is, you know, test console. And we actually, for the purpose of this summit, I believe our team

put something together that's, you know, typically it's not a package.

It's typically not on the website because we're, we're thinking about how do we specifically deal with Lyme. And that requires some behavior change, right?

That requires some coaching from on our end in terms of what to target, how to fix it. So. Well that will be shared with everybody. But one thing you touched on, the detox profile and how important that is.

Right. So and that's one of the key things we learned. So just quickly tell you about the test itself, why it's different. And then and detox is probably a good example of that okay.

So again it's not gene by gene it's condition by condition. People don't care what version of what gene they have. They care. How do you how do you fix me.

What's wrong and how do I fix it? Right. That requires recommendations, which you just mentioned. It's not just I have this week, Gene. It's that you have higher risk of anxiety because of this gene.

And here's what you need to do about it. That's the full answer right. So how do we do that? It's because we don't only understand the gene, we understand the body.

We've studied 7000 people. And I can understand what the physical trait equals. We've we've interviewed the and we've had the head medical history of these 7000 people gone, gone far beyond the gene impaired those things together in the testing we test for more.

So you mentioned snips a few times, right. That's that's spelling mistake in a gene. This letter was supposed to be a C. It's a T. So now that Gene doesn't do its job properly, well, what if a whole paragraph was changed?

If a snip is so important? And that's all we talk about. There's something called an insertion or deletion which we also test for. It's a whole other test. We have to run.

You could have a whole paragraph missing or an extra paragraph. Now imagine the implication of that on a gene. Then there's something called a copy number variation.

Our chief science officer, who actually with his team was nominated for a Nobel Prize for this work. By the way, where they determined that not only could you have a snip, not only could you have a indel like a whole paragraph is missing, you might not even have the gene.

The entire gene is missing, or you have an extra copy of it. And where is this? Highly implicit is in detox which is so important to Lyme patients. So glutathione ization, which I'm sure if you've been dealing with Lyme, you've been stumbling across this. Right?

Bluetooth ionization, my ability to sort of bind toxins and then to deliver metabolize, get rid of them. Right. I'm I'm supposed to do that. Well there's several steps to glutathione.

Where do the things enter your body. You breathe them in. So you should have this first line of defense in your lungs. You eat things. So you should have a first line of defense in your gut.

And then once if anything leak through and got past that first line defense, there should be soldiers in the blood, kind of, you know, going around, patrolling, looking for stuff, right?

In your gut and in the blood. Not yet speaking of the lung, but gut and blood. You could be missing those genes. Don't even have it. So what about all those people that I'm always bloated?

I can't eat this. I eat hummus for lunch, and I'm just not hungry the rest of the day because of the drying chemicals that we use on the chickpeas. If I eat bread in England, I'm fine.

But if I eat bread in New York, I get sick. What's the difference? The drying chemicals that are legally allowed to be used on the wheat in the US, but are not they're illegal in the UK.

Right. So those types of inflammatory loads, again, like you said, Lyme is one thing. Lyme, there's a bacteria that made you sick. How sick are you going to get.

You have to combine it with all this other stuff. Meaning if I'm missing the GST m one gene, it's called and I just don't clear toxicity at the gut. Well then all this stuff is entering my bloodstream and my if I'm also missing the GST one, which then is those patrol at the blood.

I'm also not getting rid of it. So there's going to be a lot more inflammation GST which deals with the sort of lungs you can't be missing it missing it.

But there's three different versions of it. The snip again right. So if I had the suboptimal version there, why is it some people walk into, you know, a chemical factory or makeup store with chemicals or perfumery and they get a headache, migraine, joint pain, and some people don't even notice because they're either super powered here or not powered at all.

Right? There's differences between people. So now again, if I have Lyme and I'm not powered at all here, and I live next to a factory that's throwing pollution into my my airspace, I'm going to get a lot more sick than the person that has that protection genetically.

Right? So these are the different things you need to look at. And that copy number variation tests, typically genetic testing companies don't do this.

It's a whole other test. You have to run. And all of a sudden, you know, your test scores from a few hundred dollars to a few thousand dollars because the markups are the same.

We're very blessed that we work with the Canadian government in a research research partnership. So they have a lab in Montreal, McGill University, which is well known place.

We work out of their research lab in terms of our testing. So we're able to do this. Otherwise, again, it would be many fold of the price I suggested.

So, that's why we do this. So that whole detox profile, like you said, that's kind of the foundation of cellular health, right? If you're if you're not toxic, if there's no load on your cells, they should be healthy.

And if they're healthy, they should not be inflamed. If they're not inflamed, you don't have a disease or you may have the disease, but it's expressing at such a low degree that it doesn't matter.

Right. There's one more thing I'll tell you about detox. Everything we spoke of until now is stuff sort of coming in, right? There's also toxins from the inside out.

Oxidation. What are your cells? Do they take in nutrition and they take in energy to create or sorry, they take an oxygen and nutrition to create energy.

Right. In that process of using oxygen as fuel, you create oxidants, right, which are harmful. There's some people that don't do a good job of clearing that stuff.

So that cellular process that the mitochondria, which we hear so much about the the powerhouse of the cell, right. If you don't have a good version of what's called a solid two gene, you don't clear these oxidants.

So imagine going through this process and doing something like cardiovascular activity, where you're breathing even more and getting even more oxidation, and you don't have that chimney for that fire that you're burning.

The sweat is just piling up. And imagine the load on the cells when you're 20, 25, 30, 35 and doing that for so many years, right? That's where all of a sudden, why do I have colitis?

Why do I have Crohn's? Why do I have the why all these inflammatory diseases start popping up. We can kind of predict if you have the bad detox of the gut, that oxidation, and you run on the treadmill every day, you're probably going to get colitis, right? You're going right.

So you can start to see these patterns because it all the way the body works becomes clear, not how do I treat this disease and master symptoms. And then all of this applies to Lyme because, you know, again going back to the very first thing we said, what do I do?

Why did I get it? Why am I so much more sick than that other person? And what specifically do I need to do about it? You can get straight to the answer immediately on day one.

Right now it's amazing. You know two things. You just clear two things in me. One has to do with nutrition and the potentiate in our bodies and tissues, ability to actually grab nutrition.

So historically or traditionally doctors will say, well, what are your deficiencies? You've had Lyme for so long and the line has pulled out your vitamin D and all these different hormones and enzymes that your body needs in order for you to be complete.

And so what do they do? They send a battery of nutritional supplements to you. But the but the challenge with this is that many of that is wasted because your body isn't prepared to actually absorb the nutrition that you're supplementing because of all the things that you're talking about.

All the blueprint is off. If you don't have those systems in place, then you're spending hundreds, maybe thousands of dollars on medications and nutrition and supplementation.

And yet it's basically just passing through or not being absorbed as, as it should. So I think that that is paramount for people to understand. And then what you just hit on, I think is amazing.

And it sort of reminds me of a sewage system. You you have this, the sewer in front of your house or something that's collecting all the garbage in your body.

Your body should have a way to get that out when we we, our body of work is infrared frequencies, and one of our devices is a sauna. Right, right. So everybody says, okay, you know, let's get in that sauna and start detox.

But the thing is, is that if your detox pathways like your lymphatic system or your your liver or pancreas, your filtering systems have been compromised as many Lyme patients today are experiencing, because if you particularly if you're chronic, these organs, these systems have been working overtime for many years, many, maybe even decades.

And now you jump in to sauna and to detox, and what you're doing is essentially throwing kerosene on a flaming on fire. Yeah, right. We we look to open up those detox pathways, make sure that you're pooping and that things are working.

Before we start dumping more, of these waste products into your systems to actually get to get them out, you know? Yes. So what you should be doing. So back to back to you and this work that you're doing, to help people get Ahold of you.

Kashif, what's what's the internet? What's your 800 number to also the DNA company.com. Right. The DNA company that's literally we are bold enough to say we are the DNA company because we know it better than anyone.

So that's what we call ourselves. So the DNA company.com, I know that we are going to, host, there's a lot of

people that are asking for information. So we're going to host something specifically about Lyme and how we can help with that.

And I'm sure that will be shared somehow. You know, maybe an email or something along those lines so everybody can get involved in that. And through that, that's the thing where I was saying earlier, where there's some areas where when it comes to diet nutrition by the DNA tests, go read it, figure out what you need to do.

There's some areas where we know we need to work with people, right? It's not just about here's the information which needs to be interpreted properly, and applied properly.

And that's where, we're building this sort of program for Lyme. And so anyways, we'll share that with everybody, perhaps through an email, you know, something along those lines.

And they can come listen to our webinar and learn more, and decide if it's useful for them. But I do think that regardless of Lyme or not, you know, we have a $4 trillion health care budget, 90% to spend on chronic disease, $3.6 trillion, absolutely unnecessary and preventable.

And it just tells you that we're how much we need, just like you said, about just simple thing like the plumbing. Nobody even thinks about my plumbing doesn't work.

Right. Because what the belief is, when I get sick, the doctor will fix me once. And it is, by the way, that is changing. It's more of it's awesome, but it's still we're still spending $3.6 trillion on chronic disease, which means that there's enough people that need to hear the message that you don't need to be that sick or sick at all.

You weren't. If you weren't born with something, you don't need to get it. It's that simple. If you got it, it's because you made choices that were mismatched to your genetic legacy.

You weren't doing what you were wired to do. And so you cause that inflammatory load that led to illness that got you sick. Now, if we identify the why, we can start to unpack that unraveling and bring you back.

That's the whole message, by the way. You know, we underestimate or let's say with some certain things and I can say this categorically that the body is an incredible, device machine creation that has multiple rows for bouncing back and recovering.

Right. Like many people that have chronic ailments, particularly chronic Lyme, at some point they they kind of give up. They go, oh my God, I've seen 25 doctors.

I've spent all my money, you know, it's been ten, 20 years. I don't feel any better or it's just been a rocky road and they just get actually fall themselves, find themselves falling into some form of depression.

You know, because they just figure this is it. It's not going to get any better. But that's not true. The truth is, and it doesn't matter how old you are, that we have incredible regenerator, regenerative qualities to us.

And it starts with understanding and getting the roadmap. And what you've done is you've created a map. You've actually given us the what we needed all along.

And I understand that you're still in developmental phases. What I really love about what you're doing, and especially at the DNA company, is that it's not just about putting a test out people in the Lyme world there.

They've gone to testing services to even determine if they've had Lyme and spent thousands of dollars. Right. That isn't even telling them what to do about it.

What you're giving us is, is an information that's much greater than just understanding what you have. It's what to do with what you have. That's the key here. Right?

Right. And, man, wow, this is great stuff. What you just said about Lyme, like, even all those people that are in that sort of purgatory of being stuck, of not knowing what they have, right?

They can't even get to the symptoms that you're expressing that you think are Lyme. And there's some people that are sitting here that don't have Lyme.

They think they do right? They're still rooted in the same problem. So if there's symptomology that matches Lyme, whether you have it or not, it's still methylation, anti-inflammatory, detox, all that stuff.

Right? So if you still if you work on these things, you're still going to get better. Whether it was Lyme or not. Because those symptoms you're expressing, you don't.

If you're looking for the Lyme pill, it's only going to target Lyme, right? If you're looking for the inflammation, detox, etc. it doesn't matter what's causing it.

You're dealing with the things you actually need to deal with. So that's, you know, a very important point you make because it's I can't tell you how many people we had a lady that actually got in a car accident.

Right. She was elderly. I think she was in her late 60s, and we met her two years later. She had lost mobility of her arm from her elbow to our fingertips completely. No.

Right. We she went on a custom supplement program we built for her through her clinician, which had nothing to do with this issue. She just wanted to be sort of optimal, energized, etc..

So we custom compound in our lab, supplement that spoke to her genetic underpinnings, like what she actually did. She woke up two weeks later in pain in her fingertips.

Six weeks later, full mobility. After two years of being told that this was damage from the accident, her nerves were damaged. What was actually happening was neurological inflammation, intense, intense or logical information that because her methylation was so poor, it just wasn't recovering.

It was a constant cycle of trying to get better, can't get there, trying to get better, can't get there. And so for two years, her nerves were suffocating to the point where this was numb.

So the thing that we gave her because we found genetically she doesn't methyl well, let's let's support her there. So all the methylation got supported everywhere.

And that spoke again where we started off of I got a numb arm. Wasn't the problem. The problem was this root cause system failure. Right. And the same thing is true of anywhere, whether you have it or not, you're feeling these things target the system.

Those folks are all going to kind of go away, right? Wow. What's what's really cool about where you're talking, which most of us can understand what in the world line expresses itself differently in different people.

And that's why it's a tough one, because if you're not a Lyme literate doctor, it's not even on your radar to think about, could this be Lyme? You come in as a patient and present yourself as Ms.

when it's really Lyme. So the doctor says, well, you've got these symptoms of Ms.. Because he's checked off his little checklist right. And he treats you for what you don't have.

It doesn't treat you for what you do have. Now the converse could be that you don't have Lyme at all, but you but they're treating you as if you do. You know. So.

But the point is, is that it all all those roads come back to Rome because it's still a systematic approach. So whether it be Lyme or fibromyalgia or chronic fatigue or cancer or all of the host of chronic ailments that have

skyrocketing, trajectories right now, with all the amount of money, as you pointed out earlier, that's been put into trying to understand we're not anywhere but the curve is still like that.

It's not like that, and it's not flattening out, and it's not going in the other direction. And I think that that's simply because they're they're just throwing darts at the side, trying to see what might stick as opposed to really understanding the, the, your individual expression.

Right. And that brings me back to more about what you do with your company. It's not just developing a testing service, you're actually creating a solution.

And you're also offering the coaching to personalize the personalized test to allow me to understand, because I'm a Lyme patient and I'm on my back and I'm not feeling great.

And I just took one of your tests and I can't read this. I don't understand it. And I don't understand what what do I do with this? And what you're doing is you're bridging the gap.

You're actually helping me understand what's going on for me and then creating, a road that, you know, that's individualized for me and that that by itself, is just an incredible, body of work that everybody listening, everybody tuning into this summit, everybody that comes across your company needs to understand this, and we'll do our our utmost to get that word out, because it's super important to know.

Great. And I think, just, I know you asked me a couple times how do people find out more? And other than the website, I didn't really have an answer for you.

And I did hear from our team that they were working on something that. So just to make it easy and simple, what we'll do, and I'm literally saying this on the fly and I'll make sure it gets done is if you go to the website, the DNA company.com, I'll make sure there's a link there for you to register to learn more about Lyme.

Right. So we'll go a little deeper. And so you can register there. And I'll make sure that there's something there. So that people can learn and we'll put it up there.

So if you go to the DNA dot, the DNA can become you're welcome to just to go order the test, do whatever you like. But we'll put up that thing there, right after this so that you can go learn more directly from us.

And then we'll teach you about how we work with Lyme. Fantastic. Well, we ran out of time 10 or 15 minutes ago, but I couldn't stop you because this just this information.

I could go on and on with you. We only really have a few minutes left, so I want to offer you the opportunity. If there's something that you needed to say that we didn't cover, or message you want to leave with us before we finish our interview today?

What would that be? If I, I think, I mean, you know, the subject matter so. Well, you've asked all the right questions that really drew out what people needed to know, right?

So there was this was a great interaction with you. First of all, but the key is, I mean, whether it's Lyme or not, the number one thing that I always take back from my own example, you don't have to be sick, right? You don't.

If it's a chronic condition, you and you don't have to have the worst expression of that illness, right? You should be healthy enough. Where? Like me, I haven't had a cold or flu.

And for years I used to be bedridden several times a year. I just wasn't healthy. Right? So health isn't about how do I mask the thing that's giving me pain, right?

It's about why did I even get like, how I shouldn't get sick? I'm not sick. The body is truly resilient. Like you said, it's super resilient. It is designed to fight, but once you push it too hard, when you do it, it's not supposed to do,

which is different for all of us.

Yeah. Then there's going to be a load where just can't handle you cross that. Like you said, you get into that tipping point where you're sick. So understanding all that just it all starts with, first of all, believing and knowing that you don't have to be sick, right, when it comes to chronic conditions.

And that starts with understanding your body and what would make you sick, and then focusing on the right stuff. What a big message. What a great project.

However you came to this. I'm so blessed to know you and everybody out there to know that this exists. And you know what? You don't have to wait until you become symptomatic.

What you're doing should be part of every integrative, functional diagnostic. Your your practitioner should say, hey, however you do it, like you said about that day, that's where you just spit into this little tube and let me do a test.

However, that transforms itself. Know that going in. Know that an early age. Know that at a point in your life where you where all of this your your your path to finding your bliss and your purpose shouldn't be a bumpy road.

It should be smooth. And I think that what you've created is really the, the way there. It's it's really the map that we need. And, I think we're all blessed for your ambition and your your passion towards this to, towards your body of work.

And I can tell already that you're unwavering and you work tirelessly with your crew to to know and to find, to find more answers and keep raising the bar because she's gone.

Thank you so much for joining the summit, for being with us today, for sparing us your time, for dedicating your life and your body of work to the public at large to understand more about what makes us tick inside and out.

Thank you so much. It was a pleasure. Thank you for having me. Everybody it's Robbie best in our. Thanks so much for joining us today. Please share this content with anyone that you think might benefit from it.

And we're looking forward to having you with us tomorrow for another great interview.