Introduction to Kashif Khan and The DNA Company

Hello. This can hold talk with another episode of the Peptide Summit. Today we'll be talking with, Kashif. Khan, who is the executive officer and founder of the, DNA company, where, you know, basically personalized DNA checking, your DNA and seeing how that affects the system.

Well, welcome. Thank you so much for it. For for taking the time. Oh, it's awesome to be here. Thank you. All right. And, a little bit more, About, Kashif is that, he's, this is a personalized medicine.

He's been pioneer, through unique insights in the human genome. We they've done the largest study of its kind globally. Very impressive. The DNA companies develop a functional approach to genomic interpretation, overlaying environment, nutrition and lifestyle on, the JAG blueprint to create personalized and deterministic health outcomes.

Prior to his tenure at the DNA company, he's done quite a few things. Pretty amazing. He's been involved in a number of high growth, startups where he took an active role.

Angel investor advisor, ran two successful marketing firms where his client list comprised, Canada's top earners and most in, fluent individuals, from Canada's largest company to small neighborhood businesses.

He's advised on business strategy and industries ranging from, luxury retail, technology, finance, fine arts, healthcare, tourism and real estate. So smart, renaissance man.

He's participated in over 300 million revenue in his own, retail businesses, prior to launching and consulting services to help others thrive. So is, growing up in Vancouver, his drive started from witnessing his immigrant parents struggling to establish themselves in a new country.

Inspired by an ironclad work ethic and resourcefulness. He developed and, industrious, entrepreneurial spirit at a young age. Why was high school? His peers were languishing at minimum wage.

He was, starting his first business. And it's interesting, as CEO of DNA company, he learned, you know, that his genetics and his neuro wiring, actually, that's how he was wired, is designed to be entrepreneurial.

And he has since made his mission to build the DNA company into a business as impacted, and, whose success is measured not in dollars but in lives have improved.

And I've been very impressed with with genetic companies.

Personal Health Crisis and Discovering Genetics

I think they've solved some problems that we've had and everyone else has had that we'll talk about. So, again, thank you for coming on and, and well, what got you interested?

So it was your own health that you looked at. Yeah. So as you mentioned, first of all, I'm blushing because I didn't realize how long that bio is, you know, thank you.

Yeah. So in that, you know, you mentioned the marketing business, so I did that for some time. I realized my core strength was that public relations marketing, helping people find their place, you know, in distribution and getting going.

And I, I was sick, like, I was literally my business partner used to drive me home in the middle of the day because I had crazy migraines, I had eczema, I had psoriasis, I was not I didn't look right, like you could see, like I was not in

shape right.

And I wasn't sleeping properly, which I didn't even know was a problem. You know, when a typical young entrepreneur sleep almost seems like failure. Like, no, you got to work.

Work? Oh, I know, it's like, I hate going to sleep. I hate getting up. Yeah. So, so through that, it was bad. Like, I got to the point where on a monthly basis, I was crashing, spending a couple days at home because I just.

Migraine nausea couldn't happen. You were working your butt off at this time. It was too much. It was too much. And I didn't know that. The environmental exposures that I had working in downtown Toronto, a big city, pollution, chemicals in our building, there was a manufacturing company and there was fumes coming through the vents, I didn't realize.

So in my genetics, what I learned, and this is what got me to this. The key glutathione in genes, growth ionization is your detox pathway, right. So glutathione binds on onto toxin, send it to the liver to metabolize and get rid of it.

I didn't even have one of the most important genes. So forget about what version or what snip or what variant didn't have the gene. The other one. I had the suboptimal version, and one I was doing.

Okay, so this toxic exposure I was having was creating a heavy load on my cellular health because I couldn't clear that toxic insult. And then you lead, you get to this metabolic inflammatory state where all of a sudden you think you have some kind of audio issue because all these spoke to a problem trigger, right?

So that led me to discovering myself, making myself healthy. And it was genetics that got me to the true answer, like what was actually wrong? Here's my instruction manual by a human instruction manual.

What was broken in the code right. And that's where I literally took the keys to my marketing company, handed it to the staff and said, thank you very much.

You can keep this. I found that to work on. I literally walked away. One of the company was sort of going, well, you know, the power right there. And and I really like it because it, it almost always correlates clinically.

Like someone has this problem and then you go, oh, no wonder you're missing. You know, this enzyme is very poor. You have this build up. Yeah. You can't detox.

And then you can focus on what actually you do. Exactly. Yeah. And that's the key thing about the genetics is if you're doing it right and if you're meaning if you're interpreting the report properly, you're removing all the trial and error.

It's no longer one size fits all. Let's try this. Let's try this that we actually know what to do upfront. Right. And all planned outcomes are better.

So exactly what you just said. And you tend to over treat everyone because you don't know you kind of you kind of shotgun it. I remember when I did mine, the guy says, you don't like hard alcohol, do you?

And I'm like, no, I go, I wish I did like, you know, single malt scotch. Yeah. You know, and I just I can't even smell it. It's just so funny. Yeah. But, yeah, we find it really helps where, you know, our patients.

Come on. And just a ton of supplements, and you go. You don't need that when you know that one, but you need to. Two of this one, you know. Exactly. And and I think that really helps.

And, but the problem is it's another thing is for a doctor to learn. Yes. And it is very technical. And you've got to learn a lot. You got to know for years.

So I think that's how your, your business model, helps. That's that's the gap. So what? So, see, I came from the

outside. I don't come from the space.

I came from marketing, luxury goods, fine art, that type of thing. So I didn't have sort of the blinders that the sort of biotech industry has, that this is the way we do things.

Right. I didn't have that bias. So coming in I could yeah. So I could see that it was being done wrong. You're forcing you're if you're a clinician, you're busy, your staff is busy.

You don't have time. You hardly have time for your family. Forget about learning genetics. Right. So and even if you do learn it, what does this gene mean?

Why don't you still can interpret it functionally? Meaning how do I now action that how do I apply that to diabetes or cardiovascular disease or breast cancer.

You have to be able to reverse engineer interpret it. So what we said is it only we'll get adopted if we make it easy to use. And so we sat down with our science team and literally for months and months and months built this giant algorithm.

Building an AI-Powered Functional Genomics Platform

Right. So the algorithm was what are the steps, the rule sets in the brains of our scientists that they go through when they're interpreting because they know what it means.

Right. And we built an AI platform that now does that. So when you get our reports, typically when you get a genetic report, it will tell you, you know, you got this gene, this team, this genius.

And then you got to figure out, okay, so what does that mean. What's the impact of the industry. So we say is anxiety low medium high risk. And by the way if you want to know the genetics here it is weight loss.

You know prostate cancer anxiety depression etc.. You name the big buckets of things that people are in. We've reverse engineer those genetically. Meaning how do they happen?

Why do they happen and give people that, including the clinician? Because it's so much easier to speak to the problem with the recommendations and hand recommendations.

Meaning what's solving that root cause, not the symptom masking. Right. And that's how we go about things. And we found that all of a sudden it just become very easy to use an actionable.

Yeah. Because even like we'll have a report and they have these four genes where you don't. Yeah. You know, you can learn everything about this gene, this gene, but it's how they interact as well.

So you really need some sort of computer algorithm now. And that's what we spent. So we spent two years downloading the information from our scientists heads.

We spent a year building the AI platform that can then read that information. And producer reports. And one key factor. So going back to one of the earlier thing you said, the genetic industry really is focused on solving genetic problems, meaning that this gene variant directly correlates in equals a problem, sickle cell syndrome, some forms of autism, you know, things that you're bored with it, right?

You're not born with type two diabetes. You're not born with cholesterol. These happened 50 plus because it took that long for making the wrong decisions for it to express into a disease.

So what does genetics have to say about that? That was the gap, you know, what are the choices I should make that I don't end up there? So the only reason we were able to do that, there's two things.

Or in our research, we realized there was enough information about genes. What does this mean? What does that mean? Right. We had to layer it into the systems that mirror with the biochemistry of the body.

So that was the first thing that we did was the mapping the the body isn't 22,000 independent genes doing independent things. It's a cardiovascular system. It's an endocrine system.

You know, it's a hormonal system. What is the what's the cascade for each system. So we looked at how those work. And then we figured out what genes instruct each step along the way.

We then met with patients. So we spent two years meeting 6000 people one by one by one by one by one to say, okay, this profile leads to 80% chance of Alzheimer's, but why did 20% not get it with the same profile that came down to environment, nutrition, lifestyle?

I have a suboptimal profile for which the genes are not supporting my ability to fight off Alzheimer's, but I still have to do something to trigger it.

I'm not born with Alzheimer's, right? Right. Studying those environment, nutrition, lifestyle loads that are put on the genes. And that's really the most important part because now all of a sudden we understand why these diseases happen.

And not only can we prevent them, we can also start to reverse them because fortunately it's nice. I think it's, you know, your genes aren't your destiny.

It's, you know, you can turn them on and turn them off. Yes. It's a guided with with epigenetics again lifestyle, you know, nutrition, lack of whatever, you know, replacing lack of nutrients, whatever it may be.

And, and I think that's such a problem. We, we're just getting bombarded with so many toxins and our food is devoid of nutrients. And so and they if you're genetically prone to get it, you know, or check my mom would smoke five packs a day of cigarets and she'd say, oh, well, Lois didn't get didn't get cancer, heart disease.

Well, once you die of heart disease and cancer, you know. Yep. And some people may have some protective gene that others don't. And there's, there's a perfect example.

So the the endothelial like why does heart disease happen. The endothelial that inner lining of the artery is where the inflammation starts. Right. And that's the very beginnings of most cardiovascular diseases. Yes.

It's not a cholesterol problem. Right. It's you have like cholesterol. Is your body trying to reduce the inflammation. Your body sends cholesterol there to say, hey, you have an inflammation issue because of some toxic load or something.

And guess what? I'm going to send cholesterol to actually help you. But when the cholesterol meets toxicity it hardens, it gets deposited. It. Also you have a problem that looks like cholesterol leave.

Right. But this question, the first question, there's different versions of the endothelial. There's a stainless steel version. There's a okay version.

There's like a paper thin papyrus version that you can poke right through. Right. So now the question of well, this person spoke to other 90. It had no problem this and smoked all.

She was 50 and died of a heart attack. The hardware was different and genetically determinable. And this is where we say that we can understand genetically that you have the poor endothelial, but you're not sick.

You're not born sick. Yeah, wrong. So you better pay attention and do not do things that really are needed. Because, you know, what's scary now is I'm having guys who I went to college with playing golf drop dead, have a heart attack, you know.

Yeah. It's like, damn. Yeah, know. And I'm sure they had bad genes and then bad lifestyle on top of that. Yeah, I can tell you, we actually have, one of our early stage investors is a pharmacist.

We did a sort of a early investment round when we were funding our research. And this guy was 38 years old, had a crazy, crazy cholesterol issue. And it came down to that he golfed too much, which nobody would ever think is a problem.

But what's the problem in Canada? Because we have such a long winter, especially in Toronto, the usage of pesticides and chemicals is highly unregulated here.

It's much more regulated in the US than it is here. Right? This guy like move like terrible here. Yeah, it's already bad enough. Now imagine it's worse here right?

So now this guy was golfing four days a week in the summer because he was trying to jam it in, because in the winter he didn't get it right. So four days a week, four hours at a time, he's breathing in all these toxic chemicals for which he was missing the key gene that helps you clear them.

He was also missing. Not, I shouldn't say missing, but at a suboptimal methylation pathway. They had inflammatory. And he had this week endothelial that equaled that info about inflammatory.

And so which led to cholesterol in you. Right. So all of a sudden he's on Lipitor. Can't understand why the number keeps going up. Because you're fueling the fire with those chemicals.

That's the root cause right. And getting rid of golf is what healed him. Well that's a that's a big price for him. But, or wear a gas mask or something. Yeah.

Well, even even supplementation, you can do things to support if you know where you're suboptimal.

Why Genetics Matters for Chronic Disease Prevention

Yeah. If it's ionization process is suboptimal, then support that and then keep golfing. Yeah. Right. Yeah. Yeah it's amazing. All that information is such power.

And it can be one little thing. Yep. That's just because everything's a vicious cycle and it gets stuck at like, you know, the weakest point. Yeah. And what what typical things do you find are, the most benefit or the most common that really help some people that are, that are feeling bad.

And then or what else do you find in the typical person that you can change based on their genetics? That's a that's a huge benefit to them. I would say there's sort of three answers there.

One, the easiest thing to identify and reverse is all the cardiovascular stuff because it's so mistreated in terms of what's really happening. Like we just talked about, and it's the number one killer is the number one killer.

It it happens because of all these reasons we're talking about. Right? It's more prevalent than ever before because the toxic environment, nutrition, lifestyle loads are worse than they've ever been. Right?

So that's one that it's so prevalent that it just kind of keeps happening diabetes, cluster living, etc.. Then there's two where because our approach is so unique in areas that are very great, we have really good outcomes.

And I would say the number one is female hormone health. And why? Because that's an area that first of all, the delta value between how bad the experience currently is.

Right? When they go to your typical primary care and your hormones, you're supposed to have problems, right? You're supposed to feel pain. I've heard that people typically. Yeah.

So the women believe it's supposed to be bad. I'm supposed to have bad men, you know, menstruation issues, fertility problems, horrible men. All my friends have it and they say, don't take hormones.

And I'm just like, oh my God. Yeah, yeah. If they do, they put them on birth control pills. Yeah. Exactly. Yeah. Not knowing that. Well, what if this, you know, hormonal issue is rooted in estrogen toxicity, right.

Which it causes an inflammatory load. But guess what. Giving them a birth control pill, the genetics of it, that gene is still instructing to convert all that estrogen into estrogen toxicity, the byproduct.

So you're just fueling the fire again. Right. So female hormone health I would say because first of all, the current, you know, current, sort of experience isn't the best.

And we're very precise about it. That's the one where literally women are crying, they come in their crimes. I can't believe I this many years of pain or whatever.

And there's a big flip. The other one are just a little bit more on that here. So what you'll find that there have a gene that will, tend to, cause yesterday and convert to more toxic metabolites.

Yeah. So the, the hormone cascade, is very deterministic when it comes to the genes. But in regular prostate practice it's not treated as that deterministic.

Like we're using things like the Dutch tests and trying to understand what's happening today. Well guess what. My menstrual cycle looks like this. So tell me today it doesn't mean next week or the week before, right?

The circadian rhythm of the menstrual cycle is peaks about in standard reference ranges are zero to you know like 400 know your normal. Yeah. So that day to day what's happening doesn't really inform you.

You need to understand the full cascade. So what we look at is progesterone converts the testosterone converts to estrogen. And then you create it estrogen byproduct either two for or 16 hydroxy estrogen.

But even in this cascade you may go from testosterone to DHT the manly men toxic version. Or you may clear it as a clean androgen before converting it into estrogen or any one of these steps.

You may do a little slower or a little faster, right? So there's so many variables. And this is why you have things like, you know, Kim Kardashian looks like this.

And Kendall Jenner, her sister looks like this. Right. Because they have the same mom, different dad. The genetics are so different that she is highly estrogen dominant.

So she has the curves, she has the skin, she has the hair. Kendall is highly androgen dominant, right? The cascade is different. So she looks very different.

She's thin, you know, lean muscle. So now look at those foundations and you can start to point to the diseases over here. It's like fibromyalgia breast cancer bad menopause.

Over here it's PCOS infertility acne hair loss. Right. And instead of topically dealing with all these things as independent silos, they're all the same thing.

Yeah, they're both hormone dominance and hormone toxic. And and we've really found that is if a woman comes in who is like full figured versus like, you know, athletic and you know that this woman is going to need, more estrogen.

Yeah. That grew up with more estrogen. The other person, a lot of times you're like, I hate estrogen. Okay. Just a little bit. It's got to be a balance with the testosterone and their different ratios, you know?

And that's how they grow up. And they're physiologically what, what they need. Yeah I think that's totally true. Or or you look at men where, you know, say that Gene, they're converting a lot of testosterone to DHT.

You know, they're bulky, hairy, but bald, you know. Yeah, yeah. And then the prostate issues. Right. That's the DHT also causes the inflammatory load, the prostate.

And we have men we deal with a lot of professional athletes. So I can't tell you how many NHL players. So Toronto is the hub for NHL trading. This is where all the guys come over the summer to train, right.

How many times has some clinics sent us an NHL player saying that this guy has man boobs? Gynecomastia? Why? Because, you know, performance is not recovering.

The same is the energy. So they give him an indoor gel pack or some kind of testosterone. And if he's converting it into estrogen, all you've done is given him more estrogen, even though you're getting pissed off.

So I think that's the number one thing we see is especially also that they want diabetes or obese. They put especially creams and you get upregulation of the aromatase.

They're just making tons of estrogen. Yes. So you know you can do things to block it well tend to use a combination of like nandrolone and testosterone okay.

Yeah. So a disaster in that does not convert to DHT or estrogen. And then kind of combine it. And you know, in a lot of ways to do it, it's kind of like, you know, asking five chefs the best way to make a cake.

It's six different answers.

Hormones, Detox, and Cardiovascular Risk

But, I find that and I find two women love, like, you know, nandrolone. It's it's less androgenic, right? Great for bones. It's funny, some women will drive home and just go, oh, my God, I feel so good.

Another one will come and go. I just had road rage explode. Some guy. So, it's interesting. And the genes tend to correlate with that. Yeah. So the genes are.

Now imagine there's no trial and error. We can actually tell you upfront exactly what your cascade is doing and how many problems that result. So so then going back to your question, the other area, where we feel there's major impact is more in behavior.

So mental health, mood in behavior, personality. Because again it's so great right. The clinical experience is objective. Like you're asking questions.

You're trying to gauge how does this person even perceive it. Right. Maybe they say it's nine out of ten, but it's actually four. So all of that in terms of the neurochemicals what drives personality, emotion, stress, trauma okay.

So we've decoded all of that. So when we have someone's genome in our hand, we can literally describe your personality to a tee without ever speaking to you.

Right. We understand how you do cool Brown. Yeah it's awesome. And we use this with executives for like team formation. We've users in in athletics with the teams also.

But just day to day we use it for young teenage girls that are taking an anxiety pill. They don't even know why it's happening. Right. And and how many is that? It's just tons.

Because that's medicine. Now here at least they go to the doctor. Oh, here. Take it in. And depressant, you know. Yeah. Yep. And, if we're speaking about depression, I'll give you myself as an example.

Right. So that entrepreneurial gene that you talked about at the very beginning. So what is that? Dopamine is your pleasure and reward. So you can chemical either you enjoy something or you achieve something.

A dopamine is released. You get to feel it. There's this eureka moment right. So the cascade looks like this. You produce dopamine. You have to bind it to, to experience.

Then another gene called mu. And there's a by the way, a gene called DRD d2, which determines how dense your receptors are. So to what degree you experience that pleasure reward emotion.

Oh right. You know, I've not seen that on a genetic test. You'll very rarely see that because that's again, it's not a genetic condition. So Genesis believe it's actionable.

Right. You have to study people to understand the traits, how they behave and this is why we studied 6000 people in person because we literally studied their behavior.

How did they behave and how does that correlate back to the genes? Right. So it was we and this is why you said the largest study of this guy in the world, that's what we actually did.

So now for me, dopamine receptors I have the least possible density. So the the weakest version of D2 right. There's a gene called M0 which is sort of a metabolize or breaks the dopamine down.

I have the fastest mo. Oh. So you got to be thrill seeker to. Yeah. That dopamine. Yeah. And then my Comt enzyme which is the clearance enzyme I also have the fastest pump.

So I'm feeling it way down here. And before it's even halfway through it's broken down and it's gone. So I have three outcomes. Depression because I just don't get to feel anything right.

Addiction because I go down the pleasure path and I feed it with whatever because you have to you need something pumping, right? Or achievement because I can go down the entrepreneurial path, which is unintentionally what I did.

And you probably need multiple things to write you off to do and multiple things and all. I got to keep it in check were, you know, why am I a marketing PR?

And luxury goods businessman running a biotech company, changing the way genetics is done in clinical practice when I have no background and and and I'm teaching geneticists and clinicians how to do this when I have no right to be doing so.

Right. I, you know, I, I love that and I say, you know, I don't care about someone's degree. It's what they learn or doctors or they're specialists. They start learning, you know, and they just keep doing what they've been doing 30 years ago when they're board certified and that.

Yeah. Or it's like the old, you know, joke if you got a chronic infection, don't go to infectious disease. If you've got a hormone problem, don't go to an endocrinologist or an OB.

They're just doing what they were taught in residency. It's you know, it's terrible. Yeah, yeah. We we had that experience all the time like myself again, I don't have the background or the my a piece of paper with my name on it, but just like two weeks ago, I spoke at a medical conference.

There was maybe 70 or 80, doctors in the room who primarily were focused on female hormone issues. Right. And it started off like, who is this guy and why am I here?

Right, right. Doctors. Because they don't know. And yeah, the less a doctor knows, the more adamant the right way, you know? And. Yeah. So so then I spoke and I gave the example of how we deal with breast cancer, which we can get into.

And I can tell you guys and at the end, I'm not kidding you. No exaggeration. It was three hours. I couldn't leave the room because of the questions. Three straight hours.

And I was exhausted after. But the example I gave them was, wow, you know, when it comes to breast cancer, everyone has heard about the Bracco gene, right?

And when you say Bracco, it's a scary word. It's a four letter word. You don't want to hear it. Right. And women, I don't want the recording. Then ask that same woman, what is the gene?

Do they have no idea. You know, I should get my breast taken off prophylactically. Yes. Joe. What's her name? Joanne. Angelina jolie, Angelina Jolie, double mastectomy.

Right. Because she was told that there's a gene that points to future risk of breast cancer. So what is the solution? Cut the breast off. Right. Who? Nobody asked the question.

Why does the breast cancer happen? Right. So we've already touched on this. But to complete the story, the Brackett gene doesn't cause breast cancer. It's a gene editing.

What it does is when something else is not working, it goes and fixes it, right. If you have a bad editor, you're not doing the repairs. So if you have the bad version of breakup, there's more likely that other stuff that's not going well is going to continue to not go well, which then leads to that inflammatory load that causes problem to cells, which eventually leads to disease.

So then we have to look at, well, what's not going well. Why breast cancer. Right. When you look at breast cancer in terms of demographically it's typically menopausal women on the what for the most part is not 19 year old, although you have some and it's not eight year olds all year.

So it's mostly in that menopause bracket. Right? So what happens during menopause is you stop having a menstrual cycle. You're no longer clearing that toxic metabolite.

And for the women who are four hydroxy or 16 hydroxy fast that the version, the genes that convert the estrogen into that just because you stopped having a menstrual cycle doesn't mean you stopped doing that.

The genes are still there that convert any estrogen into that, right? That's what those genes are doing. So now all of a sudden you're still producing this stuff.

Maybe not to any. And you have low progesterone. That's not protecting it. That's not. Yeah exactly. Yeah. And you may also have poor detox genes like me that are not clearing.

Right. So now what is the body do with toxic insults when you don't cleared it stores it in fatty tissue for women at that age. Right. Where do you have fatty tissue?

In the hips. In the breast. What do you have in the breast? That was never meant to deal with that level of toxic insult, all these glands. And you know, what is the breast made up, right.

So all of a sudden you get into a Y root cause, which is actionable. The Brackett gene maybe is not instructing the repair and all the damage that's being done.

And so you have a greater chance. But it doesn't cause the breast cancer. It's the estrogen. The thing that you need to get rid of is yesteryear toxicity.

That doesn't matter what version of rock are you have, right? I totally agree. Yeah. So yeah, this was the example we spoke of at that conference a couple of weeks ago.

And people were like, oh, like I've been in medical practice for, like you said, 30 years. I've never heard this. Yeah.

Well, that, you know, it's not this new science.

All of these pieces are known, but nobody's functionally built the maps, which is what we've been doing because it reminds me of. I mean, things are moving very fast in this integrative.

I hate the term alternative, whatever space. Right, right. And things in standard medicine move very slow. Right. It's like, you know, that takes on average 17 years for a proven new concept to get accepted.

Let's say you're a test, to accept as a mainstream medicine, unless it's a new drug or the sales force out there, you know, and, everything is like, look at, look, look, look, look at the ecology.

Okay, you got this breast cancer. Now we're not even going to test and see what sensitive to or anything. We're going to give you this cocktail. Yeah.

You know, no matter who you are it's like it's barbaric. Yeah. You know, and it doesn't change. Yeah. And I mean, that wave of change is now coming. It's I mean, first of all, you have sort of safety guidelines where you need, you know, evidence based your medicine coming out, which I understand takes time. But, I've had the death of evidence based medicine, and that's Guy.

I'm a little jaded with this whole Covid thing, but that's the problem is what what what came out as something that was meant to be protective ended of being sort of protective of the wrong thing, protective of better solutions entering the market.

Right. So ultimately you have stuff that we know works. You as a clinician are free to use what you think works, you know, as an example.

Mood, Behavior, and Personality Genetics

But the solution I just talked about, it's not and most people will never hear this. No. Right. It's it's criminal. Yeah. You know, and someone has their but I'll just take your best shot, you know, and then if you tell them otherwise, it's like, well, and here's, here's 50 studies.

No doctor even. No, no, no, no, my patients are different, you know. Yeah. Or or a patient. They're just they're scared because, you know, they read on the internet, they hear from their friends, they their doctor says one thing, and now this way, you got to do it. And, so it's a it's a tough time being a patient nowadays.

Yeah. Especially when you have access to so much information, but you can't take action on it because it's almost like, you know, you got you got to worry about the clinician's ego more than what's best for you, you know?

All right. Very true. Yeah. And it's kind of like I found that which I'm used to it now, but you would think if, let's say a patient's sick for ten years, doctor seeing, they have a good relationship with their doctor, but they come to us that we send them back better.

You think the doctor would be happy? You know, they're they're pissed. You know, they're they'll discharge the patient, you know, instead of going, hey, what are you doing?

You know. Yeah, but the great thing is we have this wave now of clinicians like yourself and many others that aren't happy with the status quo and are doing a lot more.

Right. So if somebody comes to see you, that's not the experience. They're going to get something very different. So it starts there, right? Somebody has to pioneer.

Somebody has to sort of have the arrows on their back and fight the, you know they didn't see it at UPS. And I think there's really something there because you know we love the genetics.

But the problem is, is you got to spend so much time learning genetics. And it sounds like you solve that problem or you have your experts, you know, read it.

Yeah. And and go through it. And, so what what again. Name of the company. How do people get it? Can can patients order it directly or. Yeah. So there's it's both.

So the, the it's the DNA company that really the DNA becomes a website. And we started off direct to consumer first because our research was done with sort of high net worth people, meaning the, the, the technology used to be expensive.

Right? We were we weren't just doing a typical, you know, you see on TV consumer tests. It's a much more in-depth process for what we do. For example, when you buy a typical DNA test, you're getting what are called snips, which are like spelling mistakes and g.

This letter was a C instead of a T, so that's one test you can run. We do that, but we also test for what's called an indel and insertion or deletion.

Meaning it's a whole paragraph is wrong. Right. So they go back with that. I've not seen a test that offers that. So that so meaning that genetic. So here's a dirty secret of the industry.

Let's get dirty. The secret is, is that, you know, there's all this concern over data privacy and, you know, my data, my DNA, etc., right? So that everyone knew that we had this jewel in us, our DNA, this thing that we needed to decode.

And it was going to fix everything. Right. So what happened was a genetic testing companies got funded in a big way and they started selling these tests.

But then later happened as investors said, this business kind of sucks because we test your DNA once. And then what? Because you need it doesn't change.

It's not like cholesterol or blood work where you have a clinic partner and it just keeps going and going. We test once that your DNA never changes, right.

So I got to find a new part. Yeah, yeah. So the new business model became all the data. Right. And how do you sell the data? You have to get mass evidence based style.

You know, let's get big numbers, data, which is study as many genes. We can find all the snips. So it's like average based pass them off. There's more you can test for than snips.

And that was the problem where you have genetic reports from this model which tell you you got an 80% chance. There's 60% chance of that. You're taking your instruction manual that's definitive and giving back probability.

Right. You're taking my cellular like my cellular code and telling me you got an 80% chance of something. Well, it's the 100% answer is actually here, right.

So that's where we got to. And that's why clinicians started to say, well, DNA is not really that actionable because the product wasn't designed for you or the consumer.

It was designed for the data buyer. Right. As an example, 23 means big funding round. Two years ago, $300 million was Glaxo, right? That's their big funder with $300 million.

And that's when you started seeing billboards all over Time Square, etc.. I like that. Right. So that's how the industry works. So now what we said is people still know that there's something here that they're not getting and they're probably willing to pay for it.

So we started with the high end. We started with, you know, celebrities, professional athletes, etc. and it wasn't it wasn't cheap because we were doing the sniff test where we were also doing the endo.

Like I was talking about meeting spelling mistake, whole paragraph missing. Imagine you're reading a book and there's a paragraph not there, right? Or there's an extra paragraph.

The implication if a snip means this much to a pharma company, what does the paragraph make right? There's also something called a copy number variation.

The whole gene is missing. Forget about a letter or a paragraph. You didn't even get the gene, or you have an extra copy of it. Now if it went well, when you mention that it was, there was a problem with you.

I've said I've never seen any genetic test report on that. Yeah, it's not for this model of collect mass data and sell it. It's not economically viable because you're now doing three separate tests for one person.

Right. And you also have to know how to interpret it. So what they do in these tests, what are the snip is they assume. So there's studies that show if somebody has this thing, this gene, this thing, this gene, they've got an 80% chance of having the missing gene.

Right. But that's still not certain. So what we do is but you're you're testing for it. Yeah. So now that allows us to be so much more actionable because we're not saying you got an 80% chance of something.

We're saying that if you have this environment, nutrition or lifestyle load, it's 100% chance, you know, and nobody can be that certain. We can predict the future, make the that.

That's a good motivator. To make a change. Right? Yeah. Because but all of a sudden the science is there. There's plenty of studies that are published to back everything we say, but we're interpreting it better.

We're putting the package together in terms of how do I pick. That's the key is trying to filter the big data. There's like, you know, when I grew up and writing a book or a paper, yeah.

If you go down to a medical library, find the damn a recent article of the books, even they're photocopy it, you know, and it's whoever had those things and people would sell their files of studies.

Right. You know, now it's bombarded with so much information, it's who can sort the information. Yeah. Is is the big difference. Yeah. And that's what we our core strength is that it's anybody can run a DNA test.

You can literally go buy a DNA machine and put it in your basement and start running DNA. Right? I had a I had a patient who got her whole genome, you know, basically done and just a line of just.

Yeah, you make code. She puts on my desk, she goes, tell me what's wrong with me. I'm like, I could spend ten years, I can. Yeah, yeah, yeah. We have.

So a lot of your audience probably knows Dave Asprey. You know, the founder of the group copy. Right. So he's actually an investor in our company. He's one of our advisors that helps us learn solutions, etc..

So why did that happen? He did a $50,000 full genome sequence. It's out of Europe and they're one of the more expensive ones. You can get a full genome sequence for $1,000 now, right.

But these guys just dive a lot deeper and give you more interpretation. He said that the reason he invested is he learned more from our 400 or $500 or whatever he paid at the time than he did for the 50,000, you know, because, again, we don't do the whole genome sequence, the 22,000 genes, because most of them you can't do anything about.

Yeah. And we're not looking for genetic conditions. There's enough people out there doing that. We're not looking

for sickle cell. What we're looking for is 90% of the health care budget is spent on chronic disease.

And for the most part, preventable. And genetics doesn't end there. So so you focus on the stuff that you can change. You can't change it. Here's hey, you got that?

Okay. Thanks. You know. Yeah. Exactly. So that's what we do. And it's, it's been an awesome ride because now all of a sudden we see the change, the outcomes, and we believe, like you said in the very beginning, this is going to sort of shift the gears of medicine.

Breast Cancer, BRCA, and Functional Root Causes

It's going to make things more personalized. Nice. And is it do you have, one test where it's everything, or do you have subsets that people want them or what?

We do the core test, we have a flagship product that comes out of the test, which we call the 360 report, meaning it covers all of what most people seem to need cardiovascular mood and behavior, which kind of drives everything, immunity and inflammatory response.

So you're detoxing, you know? Right. Diet and nutrition. So at a personalized level, how do you deal with carbs, fats, you know, macronutrients, micronutrients, even vitamins like kDa, etc.?

Fitness and hormone. So body type, acne, skin, you know, what are your hormones doing? Not quite the, health concerns yet, but more the lifestyle and body type.

Right. And then the last one is sleep. So chronic sleep. What are the what is it in the genetics that are driving you to either not sleep well, not be able to fall asleep, or I fall asleep, but I wake up in the middle of the night.

Right. And we've we've kind of cracked the code and all that stuff. So that's the core product that people get. But from there we have coaches that can drill further.

And for the clinicians that are listening, we have coaches that can work literally for you and your patients. And this is a big part of what we do is, like you said, it needs to be made easy.

So instead of us trying to teach 500 doctors how to do this, we're saying we already have a team that knows it so well, they we will package it up. So it's your team, your client calls, they're going to answer with your clinic name and they're going to work for you because we know that's what you need.

And now all of a sudden it goes from the six systems I talked about to the hard core, like prostate cancer, breast cancer, you know, fibromyalgia, fertility, anti-aging, you know, career planning, all the big buckets that people want to talk about, the coaches that can dive deeper and from the same test, interpret more.

Yeah. So that's how we do things and and where they see patterns and go, hey, this is you got a big problem here where if you just try to read it and learn it here and it's it doesn't come across well with patients either when they know you don't know.

Because there's just so much to know that you know, this. I mean, our chief scientific officer always says that the problem with data is data is damn right you need to know what question to ask it.

So even the reports that we give, we're giving what people, what we think people need for the most part. But ask us a question and there's going to be more information that's not in the report.

Right? We know how to take that question and sort of ask the DNA for the answer. Right. How to interpret. Yeah, know that I love that and didn't tell me more about the study that you that you did.

So what we did was we started with female hormone health. We trickled that into cardiovascular, and then we

branched off into other things. So we said that going back to the evidence based model, we're not trying to get a drug.

We're not doing this to work with health care or FDA. We're doing this to truly figure out how to best help people. And we figured the only way to do that is you have to go into one, meaning that each individual person is a separate study.

If we truly want to take what DNA was meant to be personalization, why are we personalizing it and creating an evidence based study of this works on 7 or 10 people, right?

So that's what we did differently. We self-funded it because, you know, when it comes to those types of studies, you don't fit the mold. That's not how research is done.

Well, we're not trying to reach that outcome, looking for a different outcome. So we self-funded we had some investors. We had some clinic partners that worked with us that also got involved.

That doesn't sound cheap either. No, we I mean, we we we don't you know, it was 6000 people, right? So we dove in and some of it was paid, some of us paying for it.

Some of it was clinic partners. We worked with, for example, like the US military or the black ops, Special forces, PTSD, trauma, who should actually be deployed in active combat, who can actually pull the trigger.

That's huge. I kind of took a dive into that because I had to give a talk and I'm like, damn. Like with chronic illness, PTSD is a big part of that. And, and we've reported where that how and why that happened.

There's a couple different paths to get there where you can tell who would like to get PTSD before they have it. Yeah. Before they go out with certainty.

It's not like a maybe we can tell you for sure. This person is wired for PTSD, right? This thing. What? How much that could help the military. Yeah, yeah. And we've done that with.

So we haven't done it on a big scale. We've done it in research. Meaning it was just the black ops Special forces. And then we, you know, so we tried to work with different communities.

So some athletes, some executives, some, you know, stay at home moms that have fertility issues. Right? We tried to focus different like a diaspora of different stuff.

And that allows us to get this and a one where now anyone that calls us, we've kind of seen it before. Right? The context is very important. You know, the the safe mood and behavior profile as a student, as a dad, as an executive, three very different contexts in terms of how you're going to behave.

So we have to understand what gets triggered by that load. And that's that's why we did this. And a one research, which is very unique. Genetic companies don't do this because their intention is how do I discover something about this gene, which then becomes very valuable to the farming industry?

We're not trying to do that. What we're saying is, how do we become valuable to people and become their quarterback, right. That's what we're trying to do, is carry everything that are selling.

You know, you know, they may not you know, they'll take your name out of it, but they're selling your data, you know. Yeah, that's what it is. Yeah. Yeah.

Yeah.

The DNA Companyu2019s Testing Model and Research Approach

I haven't had a chance to use your, to use your test, but everything I went through on my dam, they're doing it using it different. And it's it's all of the problems that we were having with it.

Yeah. Yeah. So that's, that's what we did is we literally interviewed, we spent one month interviewing 60 different clinicians of different sorts to literally ask them, what is your problem, right?

Why don't you use genetics in practice? And so we didn't say, here's what we make. Go sell it. You said, what do you need? And we'll go make that. So that's what we did.

Try to put the square peg in the round hole. Yeah. And because we know this this tool is so powerful whether for the consumer or whether for a clinician if it's not usable was not easy. Right.

And I would actually give the credit to one man. There's a gentleman, named Jason Tackler who was a chief digital officer for Rogers, which is one of Canada's big telecom equivalent of your AT&T.

Right. The Rogers here. So he he was our patient. His son, has behavioral development issues. And so he loved what we did. But it was a deep clinical like our scientists were with it working.

He said all you need to do is make this easy to use. That's all that's missing, right? He said that's your biggest problem. And so literally we did that for the next year.

We funded the AI and the from the platform. We interviewed a bunch of doctors saying, how can we make this easier? We interviewed consumers and said, how can we make this easier?

And we're there now, right? So that's what we did. Nice. Impressive. Impressive. So if, doctor, a patient wants to get to find you again and order these kits, where would they go?

So we had the DNA company.com. I would suggest that, you know, if it's a clinician, contact us and we'll help you. We actually, even though you don't need it, we have training.

There's tons of video and resources. And even if you just want to learn, forget about whether you want to be testing or not. If people just want to learn.

We have tons of, educational, like we have a full course that we built for people to learn functional genomics. So if anyone wants to go there, they can.

Yeah. So the DNA becomes the website. And from what I understand, for the purpose of the summit, there's a special offer, you know, that's being offered.

And that will be, I'm sure, shared somehow to everybody. Okay. Yeah. So I was going to I was going to put you on the spot and say, hey, is there a special deal for the summit?

Yeah. So, in fact, I think there's another there's like a webinar that's explaining that. So we'll share that with everybody. And if they want to, I can listen. They can.

And whether just to learn, we invite you just to learn. You know, we'll dive deep into a couple things. But if you also want to participate and work with us, we're happy to work with you.

Sounds great. I think you got to solve the, a major problem in this industry. And, so I'm going to go in order of our, our clinic. And first of all, I'll do it all myself and, see on why I'm so crazy, but, But, Yeah.

No, it's it sounds great. Congratulations. And, if you guys been in business, how long have you. So we informally started the research in 2017, and we ended up, formally, like, incorporating in 2018, where we put investor money into the company, and we just worked 24 hours a day for three years.

And here's where we're at, you know, nice, nice. Congratulations. You obviously know your stuff. And, really enjoyed, speaking with you and learned a lot.

So, it's nice because I, I think I, I know what's missing in our genetics test, too, so. And that that's what it is, you know? So, I'll be, I'll be ordering some and maybe I'll.

I'll call you when I get my results back, and, yeah, we'll we'll dive deep and figure out what's wrong with you, and take a while. Think so? All right.

Well, well, well, thank you so much. I think this fits right with, you know, it's a it's a peptide summit, but all these things could go together. You know, they go together, optimize, you know, until you know what's wrong.

Yeah. And if you're going to be going into peptides, which is a great thing to do, understanding the personalization of it, like, what do I need? Why do I need what's going on hormonally.

What's going on up here? What's going on with my skin, my head? It's all genetically driven. So now all of a sudden when somebody is working with you, it can just be so much more effective.

You know where to focus. You know, it's making process smoother. It's it's, you know, it's a win win for everybody. And that's a and I mentioned that we're able to take people off of things that, you know because doctors don't know this.

You tend to shotgun or trial and error. Right. But with this now you know okay, here's your problem. Here's your problem. And you can get from point A to B much quicker.

And then that's that's the key. Or you don't miss that thing that you've been stuck on. Why is this patient getting better. Right. And you know oh my God they can't they can't metabolize this.

So they build up this like you know. So you've probably heard a lot of great a lot of great cases. Yeah for sure. Yeah. So great. Well thank you again.

And look forward to working with you. More and, and, just checking everything out. So appreciate appreciate you taking the time and, and being a sponsor of the summit.

So, Thank you. It was a pleasure. Thank you. Great, great. Thanks a lot.