Podcast Intro and Guest Introduction

We live in a very toxic world in general. I'm not saying people are toxic because I love people and we all have this hope, right? But chemicals and the pesticides and I mean on and on.

So again, and everybody's unique and they have their own trauma. I believe me, I'm a spoke in the wheel. To make your nutrition simpler. And we start from there and then we can hone in and perfect things even better, right?

Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey guys, and welcome back to the My MD Unscripted podcast. I'm your host, Dr. Clint Carter, And I am excited to be joined today by Kim Ressler.

We met back in December at A4M and it's taken this long to get together and talk, but she is the founder and CEO of SNP Neutrogenomics. After spending a decade of struggling with her own health stuff, I'm sure we'll get into, she finally just sort of stumbled onto the power of nutrient, to her genome, her DNA, helping, you know, figure out the right and the wrong things to do.

So that's basically what we're going to be getting in today. I cannot wait. That experience. led her to build a company called snip, which is, you know, a snip is what they call a section of DNA that has a, has purpose.

So it was, that's super cool. And then her, her whole goal is to make personalized DNA based health solutions accessible to you guys and the doctors who take care of you.

so with. out further ado, Kim, why isn't healthy working for more people? Because I think there's so much information out there and everybody comes to me and their labs look normal and they're trying to do everything right.

And it's just not working. They feel like crap. they don't look like they want to look. So tell us, introduce yourself properly and then let's get rolling.

Thank you so much, Dr. Clint. I'm so delighted to be here. But you want me to answer that question first, I think. So why is healthy not what everybody's looking for?

I mean, it's because ultimately, this is like you and I, Doctor Clint, we're different, We need different things.

Why Personalized Nutrition Matters

We're not looking at ourselves at the foundation. And we are 99% alike, even though you're a male, and a female, right? But the way that we age, And those very, very key heavy-hitting genes that may be more prominent for you or you may have variants on aren't mine and vice versa.

And so when we don't know, if you think about it, and I like to kind of laugh and joke about, you buy a $20 blender, even a 20-dollar blender you get an owner's manual.

Did you got an owners manual when you were born? I wish I had an odorous manual when my kids were born. I

know, right? So I think that's why one person, it works beautifully for one.

And the next person sitting here going, well, I'm going to try that. We're throwing darts. Not looking at our own biology first. Yes, DNA is very complicated.

It can be confusing, but that's the ultimate goal of what we're trying to do is simplify that and put you in the driver's seat of your own owner's manual.

You take, I mean, use your genetic information as your superpower for better healthy aging. So that's, I mean, it's complicated, but it as personal as it gets.

So, how did we get here? Tell us a little bit more background on how this all came about. How it all came about. Well, admittedly, I didn't develop the science.

So we will start right there. My background was tax law. I used to train tax attorneys. Okay. just a few weeks. Anyway, I was pregnant with her. They saw something interesting in my blood work.

On the outside, behind the mask, was that person that was healthy. I moved my body. We ate really clean. Everything I thought was right. But they saw some interesting things in the bloodwork.

And off I go to an endocrinologist while I'm pregnant. after the delivery of my daughter is really when everything started happening. It was the fatigue and it was a terrible sleep.

And I was still in the endocrinologist office all the time. I Okay. So ultimately, I had gone undiagnosed, misdiagnose for 11 years. And after five years of being in an endocrinologist office, and still the symptoms just kept compounding.

Again, it started with I never felt refreshed after sleeping. I didn't sleep well at night. Then came the gut issues. It was just like things were just keep layering, layering and I was like, light switches were turning off.

I was still doing, I went vegan. I did a complete Ayurveda diet. For I, was doing crazy cleanses. Okay, let's try this and let' try that. Health and wellness is a journey.

It's not an event. And it doesn't have to be perfection either. it has to consistent small steps. This is what I'm all about. It has to be simple so that you can adopt it and make it part of your routine.

It can't be these hours and hours of these different things. I was doing PEMF one time, five days a week. Oh, no way! I mean, I, was trying to do anything and everything.

That's everything, yeah. To feel better. In 2014, a girlfriend of mine and I were talking and she says, my son's been diagnosed with ADHD. And she said, and, I refuse to put him on medication.

I think it's genetic. And so light bulbs started going off in my head, right? Anyway, I was like, you have to keep me posted. Well, that leads to the story of her spending $10,000 in nine months on the methylation pathway.

And we'll talk about methyltion more. It's basically the master switch, turning on and off everything.

Kim Ressleru2019s Health Journey and Discovery

In reality, who's got 10 grand in nine months to spend to understand that you need the bioactive format of folic acid, which is fortified in breakfast cereals, store-bought breads, et cetera.

And when you've got these markers, you can't convert it. Well, let's just go back to then they also saw in his genetics that gluten was not his friend.

They took the kid off of gluten, they addressed his methylation. which in reality, I don't believe you can just address the methylation, especially as people that are older.

We have to address other things, oxidative stress and inflammation. But anyway, night and day, different kit. So at the time we had moved out of state.

I live in Southern California and we'd moved outta state so we didn't have the doctors available to me that she was seeing. In the meantime, I was sitting there spending $300, $400 a month on adrenal gland, fatigue supplements, PMF five days a week, like I said.

Nobody was addressing me at The Root though, right? Anyway, we come back and my husband says, when are we going to start that process? Okay, remember I have four children, one had just graduated from college, moving to San Francisco, wanted just going to their senior year of college.

One a freshman year college and we were building a house. I said, timing's not right. We can't start this process. It's time consuming. it's expensive.

And two days later, I got the blessing that this technology literally landed in my lap. Do have a, have partner in this business. He's silent. He had bought the technology from a group of doctors and scientists from the Human Genome Project.

He basically advanced some things, he built machines that could make it so that we could actually do this for scale, very cost effectively, and I fell in love.

I literally fell in love with genetics and nutrigenomics and I dove in. I talked to every geneticist I could, every doctor I couldn't, everybody that wouldn't listen to me at the time going, there's nothing into that.

But the reason I did is I tried it on myself. Remember I said those light switches turning off? It was one by one. Those light switch were coming back on.

And it was the energy. It is the amazing sleep. So many things. By the end of four months, which is a red blood cell cycle, I just was like… Wow, this is really amazing.

I didn't even know. This was 2018, just so you know, before I launched SNEP. And I don't know until 2020 what my underlying conditions were. Well, it didn't matter.

You had the light switches. Yep. And so in 2022, I needed to make a shift in an edit. I said I need to up-level the product. Right after COVID, because nothing else was going on during COVID technically.

Yeah. Well, and you know, that's a, I mean, great place to just talk about the fact that that the universal experience of everyone who's somewhere between aging, inflammatory, sick, just not feeling themselves.

And then it just becomes, and as the provider, as you know, the doctor in the room, it's like, hey, what should we try next? It's a trial and error, educated guessing, What worked for their best friend already, those kinds of things.

So, I mean, that's. To a large extent, that's kind of what a lot of medicine has always been, right? Like this, having a cheat code or any sort of insight.

broke into my practice a while back, most practices, if we're going to use gene testing, we are going use it mostly, unless we testing a specific gene here and there.

We do it for like drugs. Like, okay, which drugs should this patient not try or try? And then we get that, you know, You know, you get some information.

We tested their whole gene, genome, we just only were given that little bit of information, which, it was all I could

handle at the time anyway. But to go from sort of confusion and chaos to clarity is a fairly attractive story.

And you took, expensive, cumbersome, you know, out of reach tech. And, and by 2022 had made it more refined and more available. So what's next? What's the next.

Well, I mean, we need to impact a lot of people. I've had geneticists that'll look at this that actually do gene mapping. so, And we haven't got into truly explaining what Neutrogenomics is.

Yeah, We haven' t got that far yet. But, I mean, as science progresses, we want to keep progressing. I had a geneticist once who does genetic mapping, and then she does the nutrients.

She looked at me and, with this mouth drop, she goes, do you realize what you have your hands on? And I have to smile and I said, yes, i do. And she says, no, you don't think you do?

She said I do this for a living. You have just simplified it. You are so, I mean, she was like, it's 95% correct for 100% of the population. The other 5%, it is not that it isn't.

It's that I may have to do a little bit more because they're really sick or they have a condition or whatever. So do I believe that all the time? Again, we live in a very toxic world in general.

I'm not saying people are toxic because I love people and we all have this hope. But chemicals and the pesticides and I mean on and on. So again, and everybody's unique and they have their own trauma.

Believe me, I'm a spoke in the wheel, to make your nutrition simpler. I don't believe in, the 70 supplements, in 100 supplements that some people take, but I believe we need the inputs that our body says it needs, what our biology says.

So, we start from there and then we can hone in and perfect things even better, right? So, I guess the next question is, what was 95% right for 99% of the people, right?

Like, so let's get into what we're talking about here. Neutrogenomics, that's a big word, you know? Let's break that down. What exactly are we talking here?

So, nutrigenomics is a study of nutrition based on your own genes. So let's start with your blueprint. Your blueprint is your DNA makeup, right? So Dr.

Clint, how tall are you? I will call it six foot. Okay. I can't take you from six-foot and suddenly make you a seven-foot person, Right? Please don't.

What color are your eyes? Blue. Okay, I can't take your eyes and so I'm getting to a point here. I cannot take and make your eye another color. Those are non-actionable genes, okay?

But science has proven and they know that we have what we call actionable genes. Genes that impact heart health. our body's ability to detox, methylation, our immune response, or inflammatory response.

Things that impact our mood, are cognitive function, etc. Right? All of these systems of the body and they're highly actionable and their nutritionally actionable.

And that's where Neutrogenomics comes in. Understanding APOB, main gene protein component of LDL cholesterol. Do you have variants? There's very specific plant-based nutrition that I can give you that can help optimize when you've got genetic variants to make that gene function optimally.

What Nutrigenomics Means

You're this young person and suddenly you've got this high LDL and you're going, why? Well, I can see that. And

there's a gene called the P01 gene. It's how you detox that bad cholesterol.

There's very specific nutrients that can help and support that, and then it leads to also giving you dietary guidelines of, hey, this Mediterranean diet would probably be best for you if this is an area you struggle in.

Instead of you guessing, guessing. So that's what nutrigenomics comes in to do on key heavy hitting genes. And that the ones we look at. We look and we formulate specifically on heavy-hitting genes that impact us in aging.

So, you know, your body works, God gave you your DNA, and then DNA makes RNA, which makes proteins which do things. Some of those proteins are structural.

Blue eyes, six feet tall. handsomely bald, those kinds of things. The bald actually, you probably could have actioned on, action went out in my twenties, but that's too late.

But the idea is some of those things are structural things, so you make bones, make muscle, whatever. So much of what those proteins do are processes, are how things get done, not nouns.

but verbs, they're doing genes, their doing proteins. And then those processes that they are involved in, whether it's attaching a methyl group to a B vitamin so that your body can use it to make energy or if it is taking something that you body doesn't need any more of, bind to it and get rid of it, like detoxifying things, those process need certain nutrient, we'll call it vitamins or, you know, micronutrients.

They need things. That process has, your car needs gas. Your car also needs oil. You car, also, needs water. All of these things are necessary to make the car work.

And then so often we're just guessing at what kind of gas and what kinda oil and how much water and you know, all the things to make this thing work. And then there's also, so there is genomics, which is your genes that God gave you, and then not all your jeans are on all of the time.

Right? So, and this is not for you. This is for the audience, obviously, but the idea is that you can adjust which genes turn on and which jeans turn off based on what you eat.

Whether you exercise or not, whether you're making healthy choices or whether your stress to the max, or you are sleeping at all. And so the ideas is we're just, so much of what we are trying to do, what I try to with my patients is guessing at How to turn on the right genes, turn off the wrong genes.

Help them have less inflammation, help them detox better. Is there a supplement that might help? And so what you've got, if I'm understanding correctly, is based on probably a cheek swab or some level of fairly non-invasive DNA collection technique.

You get their DNA, you know, foundation, the structure, and then focus on the genes that are verbs that're doing things. And then figure out what do they need, what does their genes need that maybe my genes don't in order to make these processes work right.

That is absolutely accurate and I've never heard anybody talk about it, like nouns and verbs, but that is perfect. I love it. Well, I hadn't thought of it until you talked about the fact that you can't change how tall I am.

And I was like, yeah, that's a, you're stuck. So the problem with genes for me as the doctor is that it's so much information. And I did have my genes.

It was also in that same room with us in December at A4M as it turns out, but he did my DNA and he focused on some of them, But there was just so much.

Like I need to listen to it like five times and I needed to make a list and you start somewhere. But what I think I'm hearing from you is this is like.

sort of ready for the consumer to make actionable steps. Tell us how SNIP, the company, actually works. How does this come down to a patient level? Okay, patient level, first and foremost, it's a simple cheek swab.

We do swab left and right, completely HIPAA compliant, right? Password protected portal for the patient to log in. I'm interested in the actual snip that has all of the science behind it that tells me if you've got these markers, you know, artichoke extract and, these nutrients have been clinically, scientifically validated to optimize when you got markers here.

So we start with that. Our DNA reports are written at a sixth grade reading language. I'm not comparing you to the population. This is what science has proven.

Right? I understand some people want to see the polygenic risk score information, how it gives them, but what does that really give you? Right. Then yield out from that information.

We test 103 actionable genes. Okay. The custom compound on 22, we can make upwards of 3 billion different formulas. It's literally we then, so we take it and we literally custom-compound for the individual, either into a powder format or a veggie kept format product.

Its whole food based. So it's plant-based nutrition, vitamins, minerals, micronutrients in the right format, in dose that science has said will optimize the gene.

Wow. And it's made just for the individual. Wow. So that's a lot of combinations. I mean, there's lot people out there with a lots of variants in all of these.

And then that a's lots genes. from a lot of different people and you're able to make, I mean, you've got more combinations than Sonic on drink flavors, on how you are going to get, and when we're talking about taking a few capsules a day, what does it look like in practicality?

In practicality, what it looks like, it's 7.5 grams, two scoops of powder. It's raw, unflavored. That 7 point 5 grams equates to 10 veggie caps. So somebody could split it up, five morning, 5 lunch, three, four, 3, 2,2, whatever works for them in their lifestyle.

Nice. Yeah, for me, I would just take all 10 in one gulp. I've been practicing. Cause you know, we're in the world of supplements, right? I got lots of supplement plus a couple of medicines.

You know I can just do the whole thing, just one drink of water go on in my life. Just proving it's possible just to make my kids mad that they get pissy about one capsule at a time.

Oh, see I, can only do two capsules at the time, two, then two. I haven't been chewing food since the nineties. I just go. So ER doctors don't have time to chew.

We eat on the run.

How SNIP Works for Patients

But so I love that they get one product ready to go, it's not saying, Hey, you should go get these five things. And you might look at these two different companies and you've got one products ready-to-go based on genetic code for that individual.

I think that's one thing that has so many people confused of reading other reports. It's the dosing. I will show you. Yes. It literally looks like, I mean, can you see that?

Yeah. Yeah, it's made just for me based on my own genetics. Nice. One jar. That's it. And again, it's not this miracle. It's meant and intended to be the end all be all.

If you've got specific conditions, et cetera, that you, hey, let's say, well, I'm not going to your amino acids. I've not that, okay? I got simple Omegas, but I am not the complex Omega.

So my stack is two things. My customized and my complex omega. That's simple, right? Well, and you know, it's not a replacement for exercise. It's a not replacement, for a balanced diet.

it is not placement for stress, you handling your stress well. Is not the replacement of sleeping well, but it probably going to help all those things.

You know? Right? That would be great. I don't know. So now the skepticism kicks in. Its too easy. Right? Do you get that a lot? That it's like… We've been talking about using DNA and taking care of our patients for a long time.

I can't wait till it gets here and it just tells us what they need. And this is kind of like weirdly close to that of, hey, here's a supplement that's going to help their, help them detox the toxins, helping them make the energy.

You know, cause if you get someone with, you know one of the most famous snips sections of DNA is the MTHFR. I think a lot of lay people have heard that, especially because if you try to say it as a word, it makes a cuss word which is fun.

But it's about whether you can methylate and make energy. So now you need to take a bunch of B vitamins. Then you hear, okay, well, you cannot take too many B-vitamins.

And especially if they're not methylated and what do you do with that? And then you get this buildup. Even on the few things that we're relatively familiar with, It's still tricky.

Like you said, the dose is built in. And it's built into 10 capsules a day. Most of them, most, I will go on a limb, say most of my listeners already take 10-capsules-a-day.

Right? Between B complex and vitamin D and, which some of that may not, so like you probably might still need a vitamin-D. Like I mean, i don't know what's all in all of this, but I I've got 8,000 IUs of vitamin D in my product.

For me, that's mine. Again, it depends on your genetic variance. I am that person. In my younger years, they were like, why do you keep getting sick? And I was like finally.

It wasn't standard and it's still not standard to test your vitamin-D levels. It's mind boggling to me, mind-boggling. Vitamin D impacts over 6,000 biochemical pathways in our body.

It is our mood, it is, our immune system, It impacts so many things. Metabolism, thyroid, sleep. everything, right? Okay, low vitamin D levels are related to all cause of mortality.

Right? I mean, it just is. So but nobody ever stand it. I means, you it's that request. Well, my vitamin d levels were in the teens that when they and so But do you know, even back in, that was much years ago, nobody ever said, oh, you need to be taking it.

They didn't, I mean, Oh, she's just low. Well, now I know my genetics on it and I, know for me to keep, we all have our own where you want to, keep your range.

Right. And it's very, um, and you'll read certain blood work says 25 to 50 is normal, 25, to 70 is, normal. Then, then you step into the functional space and they want you 70 to a hundred.

Yeah. You understand there's the fight on that. Right. For me, I like to keep my levels around 70. Okay. That's me. Um, uh, for me to my level's around, 70 I need 8,000 I use daily.

You know what? I have about the same, the requirement. I would love mine to be around. 70, typically end up closer to a hundred because. It doesn't come in 8,000 and 7,001. It comes in 5, 000s and it comes 10s.

And so I'm just, you know, I take 10's four to five times a week. Depends on how I fill up my little pill thingy with all my things, like an old person, but they're all supplements.

But I still, y'know, still playing the game. If I just had one scoop, they had the exact amount every time. Even vitamin D would be simplified. That's, man, that's fun.

Okay, go ahead. No, go ahead. I just want to say, I think the thing is, again, this isn't just this magic pill, but it is you at a foundational level.

And I'll give you a very specific example, because you were talking about, is this too good to be true? Last year, a personal story. My daughter came to me.

She's got compound heterozygous on her MTHFR. So she's gotten both. She has a slow COMT. You know where I'm going, right? She is a worrying child. An overachieving, high achieving child, she had traveled out of the country three different times.

And she came to me and she said, mom, my stomach has not bothered me for a long time. she was prepping for ACT, SAT, you know, the stress level, junior year, all of that.

Well, we also know that she has a marker that, she grows more of the bad bugs in her gut than the good bugs. And she had developed, again, I am not going to be an H.

pylori protocol. She had a nice H pyrori colony. And so I worked with a provider that understood her customized formula, and we overlaid a H.

Skepticism, Supplements, and Real-World Results

Pylori protocol, making it very simple for her because there were other things she needed to do. In about three months, we got her back to doing really great, no antibiotics.

Her GI map showed that she would not react to any of the antibiotics, they wouldn't do well for her anyway. So we knew we had to do it naturally. And then you said, is it too good?

There's a very well-known doctor who said to me, he swabbed with us and he got on the product. He was on a product for about six months. he said, Kim, I had to stop taking it for two or three.

I just wanted to see. And he goes, it is crazy. It's night and day difference and it's so simple. So, again, when I see somebody that might be struggling with the customized, the majority of the time, is something underlying.

Maybe it's mold, maybe they've got way too many heavy metals, whatever. But guess what? The DNA also, if you dive down through the DNA, it can tell you in all of our reports, hey, If you're still really struggling with detox, consider these, you are requesting these labs from your provider.

I want to empower, do you know all those years? I didn't know the questions to ask. And now I can empower. your patient to come to you and say to You, I'm really struggling here.

I was reading this about me. Should we consider this test instead of throwing darts again at all these different tests because testing is expensive too.

So now, now we put them in the driver's seat. We've helped them to help you to guide you for them saying, Hey, this test, and now you can, I mean, then you, can you as the provider can say, Oh my gosh, yeah, let's, do that.

Let's figure that out. And then if they are, there may be a protocol or something else that they need to add in that You get to guide them. What just happened?

That relationship between you and your patient, in my opinion, grows stronger because that's one thing that really, really weakened with me of all the guessing and all of the providers is, oh, this one, you need HRT.

I needed HR T at 40. They weren't looking at anything else. The hot flashes and night sweats were through the roof. Guess what? I didn't need H R T, but you understand.

Right, right. Well, you know, and it takes, I guess it's going to take a certain kind of provider to be able to have the patient, because, we did our Christmas episode and my nurse, Lexi, was like, all right, naughty or nice, patients Googling their symptoms before they come in.

And I was, like nice. Let's go. You're going Google it anyway. you might as well talk about it. We're direct primary care, so I've got an hour to go over it with you anyway, Let's figure out where your concerns are, what information, because I like to tell patients that have anything interesting as far as like a diagnosis when they come to me.

I'm like, all right, well, let's start with the fact that you're probably more of an expert in that disease process than I am now. I'm going to challenge you on that real fast because I want to get up to speed real, but if you've been studying and talking about and in the weeds with your XYZ condition that I see once every two years, you're better at that than I am.

But let's do this together. At the same time, if your patients have their genome and they have this information like, hey, what about this? A doctor with a little bit of time and a bit humility ought to be able to take that and run with it.

And get to the root cause faster. Right, it's not a challenge to your, you know, omniscience. It's information for you to use. All right, here's a tool.

What do you want to do with that? You're the craftsman, do something with it. And in the direct primary care world where I'm at, Time's on my side and humility went out the window years ago.

When I started direct primary care after burning out in the ER, I didn't even really want to be a doctor anymore. And then we went with, well, if I give everybody an hour as often as they need, everyone's going to feel great.

I just couldn't. People feel like crap. And then my mentor was like, when are you going to get into hormones? And I'm like I don't know, but I am not the weirdo for being the concierge doctor in my little town.

Like this is, I already look sideways at me. And as I started opening doors, that opened doors into functional and peptides and all the things I didn't exist because I was a residency trained family medicine dude that did ER for 15 years.

So what do I know? But then it was like, okay, well now we can all agree. I don't know anything. So let's go. Let's figure this out together. But having a tool like this is cheating.

We have to keep learning. We Have to Keep Learning. I think I love to educate about genetics, but I Love to learn what I don't know, right? There's there's so much more and and I Think that's the beautiful part of it and i think we are in a time and a space the NIH says by 2030 Gold standard and care is going to be personalized.

How are we gonna get there? That's not that far away, by the way. I know it's crazy. Yeah, I think that's great. It's not a one-stop shop. It is not everything, but it's the best supplement strategy that we've ever had, it sounds like.

There's disease modification strategies that are going to be useful for the big research centers and all the things that, you know, how are we going use this to regenerate livers on people, all those, totally different questions, but how so much the majority of the population is trying to do all the right, not the major.

Patient Empowerment and Closing Remarks

The majority, the people that we see in medicine on our side of defense, on the wellness, uh, functional, taking

personal responsibility from a healthcare side to the fence.

The majority of the people are doing the best they can with what they got between them and AI and Google and their doctor and the supplement rep and that, and, uh, YouTube channel and you know, the podcasters, those darn pod casters.

Um, you they're doing, they best thing they've got, but to have something like this, I think this is, um, long overdue. So I don't know. Thanks. No, this sounds awesome.

Yeah. Thank you. It's been fun to hear the results. I mean, and we've seen it. We've see really amazing things happen with histamine response and food allergies.

And the body, we were made to heal. Yes. Well, that's the whole functional medicine approach is get the stuff out of the way that it's keeping your body from healing itself.

Really. And then, but the question is what, what's in the, which thing, and how do I do that? And it, you know, man, mental health, exercise, sleep, stress, healthy diet, all the things, this is going to help all of those things.

The way your DNA works is gonna help with all those thing. I'm really kind of, this is really fun, man. Kim, thank you so much for coming on and blowing, blowing probably several people's minds that are, that're going to hear this.

And, and, um, how can people get ahold of you if this the kind thing that they think they're missing? Uh, our website is www. SNIP, S-N-I-P, nutrition.com because nutrition now makes this too hard to spell.

That's yeah. Yeah. Good luck. So SNP Nutrition, and we've got a YouTube channel filled with providers talking about all types of, what's important to you, Dr.

Clint, might not be important me, right? I mean, because we're all so very unique. So there are so many stories of whether it's sleep and mood and mental wellness, all kinds of stories, inflammation, et cetera, that can be listened to because it is, it lies in your genes.

Who knew? We all kind of thought it did, but this is fun. Kim, we'll get as much of your contact info as we can in the show notes. People can reach out to you, find you.

Go to the website and get this process potentially started or at least educate themselves up on what it would take. Man, thanks for coming on. I think it might be a fun addition to our practice.

Like anything else, probably start with the tough cases and work to everybody once it does its thing. But this is really fun. I'll be reaching out and figuring out how to point people to you the best.

Thanks for coming on the show and keep it up. It's great. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep on going. Until next time, stay well, Stay curious, And never stop pushing for better.