Introduction and Guest Background

Okay. Good morning. Good day. I should say this is Doctor Pollack, and this is the PMF Healing Summit, as well. Again. And today, I am very fortunate to have an interesting person doing very interesting work.

And as a former family physician, holistic physician, I'm fascinated by that work. And I've been following some of that DNA work for a few years. So today I'd like to introduce Kashif Khan, who owns a company called the DNA company.

But I'm not going to introduce him. Let me have plain his background, how he got to where he is now and, his journey and, and then explain where we are today and what we could do with what he provides us solutions to a lot of problems.

Thank you for having us here. You know, it's a it's a pleasure to share knowledge. And as we've been out there talking about what there is to sort of glean and learn from the latest science in genetics, we're finding it's really impactful.

So it's exciting to join you guys here. In terms of background, I personally didn't come from the space. I wasn't in the PR and marketing business. So I was helping companies grow, and I got pretty sick.

Not only do I get sick, but other members of my family got sick. I was in my sort of mid to late 30s and I started to get, you know, psoriasis on my knuckles.

I got eczema to the point where I couldn't open my eye. I had migraines, you know, I had, acid reflux, digestion issues, all this stuff. When you go through the medical system, people probably already know what I'm about to say.

Who was listening today? They all get treated as separate, independent, siloed problems, each with their own prescription and resolution and separate doctor.

Whereas if you really get to the root of it, they're all the same thing. You know, your the auto immune responses, the psoriasis, the sort of detox failure and body's screaming for help with the eczema, you know, the migraines which are associated to the same thing.

There's number. I mean, I could spend an hour just talking about this, but one of the big things it came down to was the building that I was in, or my office building.

My business partner used to drive me home when I had these debilitating migraines, and he didn't get them right. I got them, and what I found was there was a manufacturing company downstairs in the basement that was putting these toxic fumes into the air.

It was literally the circulation of the air. And I was breathing those in and it was making me sick. But then I asked, well, why is it my business partner having these migraines?

So it's only me. And that's when I dove into genetics and found, first of all, I was underwhelmed by genetics. I learned not much. I was told he got an 80% chance.

That's 40% chance that I was like, what is it, 80 or is a 20ft? Like, why is there a difference between you tell you, my genetics are so accurate and precise, but you're still only telling me 80%.

So that intrigued me. Then I started to land on and I'll sort of close with that because then, you know, we got we

have we got a lot to talk about. But what I found was there were certain genes that I was actually missing.

Forget about what version of variation, literally. This human instruction manual we have, I had a page completely torn out. Several pages. In fact. And those were some of my key detox genes.

Growth ionization, that ability to bind onto a toxin, set it to deliver, to metabolize. I didn't do that process. And so no surprise that the same toxic insults in the air that I was breathing it in cause an inflammatory load to me, that led to a debilitating migraine regularly.

And my business partner, who wasn't missing these genes, had no issue. That's what really opened my eyes. Were personalization as possible, root cause as possible, you know, identifying the why versus what.

And so I literally walked away and said, I need to bring this to everybody. I had handed the keys of my business to my business partner and said, thank you, it's yours.

I found what I need to work on, and it's been a few years and we've dealt with thousands and thousands of people now change many lives. And in our research, and now we're coming out to share with the world that it's possible to get into the root cause by reading your sort of human instruction manual.

And you started this work in, I believe, in British Columbia and Canada. Yeah. So, we were I come from Vancouver. I was, grew up there, and we rooted ourselves in Toronto because one thing we found in genetic research that was a big gap was ethnic diversity.

So most of the research is done on Western Europeans and very specifically Western, you know, even even when you go east in Europe, the data isn't useful anymore.

Right? It's just that those nuances make a difference.

Functional Genomics and Personalized Health

And so Toronto is such an ethnically diverse city, but, also ethnically sort of separate that the Italian neighborhood, there's the Chinese neighborhood, there's this was very easy to work with different populations and learn so that we can benefit everybody. That's why we based ourselves here.

Waterfall. Waterfall. So you started the DNA company. You went down this journey. You found out about the the, the DNA effects, and you said then you started doing the research at.

How did you get to the point of, developing this company? So we it started off as me healing a few other friends and family members. Then it started off saying, you know, there's a couple scientists that were very key to this Doctor Monsoon.

Mohamed, I would say, is the sort of founder or pioneer of the functional genomics movement, which is genetics is, hey, you got this version of this gene, you got an 80% chance Alzheimer's.

That's genetics. Functional genomics is why did 20% not get it? What were they doing right in terms of environment, nutrition, lifestyle, meaning it doesn't end at your genetics.

You've been given this. How is this deck of cards, this genetic legacy from your parents? Here's this version of this gene and this version of this gene.

Your body doesn't work as a bunch of independent genes. There's systems as we know. There's a cardiovascular system, a hormone system. There's your neurochemicals, your brains.

We already understand how those things work. So first the genes have to be mapped to mirror those systems. So it's as per the context of the body, not a bunch of independent genes, which is how you get a typical genetic report.

That's not how the body works. Second is once you've got that functional map, here's the cardiovascular system step by step, with each gene instructing each step, you then still don't bring it to certainty until you ask the environment nutrition, lifestyle questions.

Because I could have the worst cardiovascular profile. But if I grow up on a beach in Aruba eating fish out of the sea, sleeping properly with no stress, I'm not getting sick, right?

The person who has a bad cardiovascular profile is just going to get sick faster. But they weren't born with diabetes or cholesterol, MVA or breast cancer or fibromyalgia.

All of these things happen later in life as you have the wrong exposure, mismatched and misaligned to your legacy that you're not capable of dealing with.

And that's what leads to this inflammatory disease. So the research we did was that we we we spent three years studying 7000 people. It's the largest study of its kind in the world.

And we understood that there's enough data out there about genes. There's enough scientists and lab studying genes. We need to study people, because if we can't answer the question of what were those 20% doing right, we're not helping anybody.

We need to learn for the 20% and implant those habits and the 80%. That's health care versus sick care of let's just mask this disease. So that's the research we did.

So, that brings to mind the concept of epigenetics. Yes. Right. So that you have your genetics, you can't really wish yourself to being having female genes. Yes.

Right. Correct. Probably not. Not not maybe there are some people who might be able to do that in the world. Yeah, those are pretty rare individuals. Yeah. Okay.

But most of us can't. So that genetics is fixed and we probably presumably have those kinds of genetics as well in terms of our operating systems in our body.

And then on then we have another form of genetics that we most that's only relatively newly known to people. Most people are not even aware of this. And that's epigenetics.

So tell us the difference between genetics and epigenetics. So your genetics think of it literally as an instruction manual inside you have 57 trillion cells in your body.

Every single cell has an instruction manual in it. That's your DNA. So that code is telling your cells exactly what to do now based on the cell. Is it a heart cell is a deliver cell.

It's accessing different parts of the instruction manual that we still don't understand how that happens. That's the miracle of the body where that precision and, you know, brilliance.

We as humans can't reproduce that. Right? So that's DNA. Epigenetics is if I tell you that based on this instruction manual, like myself, I missing a page of the manual.

There's a gene called GST one, which helps as the traffic cops and the blood collecting toxins to get rid of them. Right. Glutathione binds all of that oxygen.

Makes it easier to clear. I don't have that page of my instruction around this is completely gone. So I don't do that process. So even then, no problem.

Until the epigenetic load of too much chemical exposure, running too hard and creating oxidative stress. So internal oxidation and free radical activity, eating foods that are laced in pesticides or drying agents and chemicals.

I can't clear this stuff. So the epigenetics is what is the environment, nutrition, lifestyle choice that load on the genetics. And it's in two fold. One fold is your capacity.

Like the thing I just talked about is just I don't do that, process. So I shouldn't make these choices. Then there's other choices that actually affect the gene itself.

And you mentioned thought, like thinking yourself into switching from male to female. So thoughts can actually alter your epigenetic expression. There's a, the study done that, the trauma that impacted the, Jewish population that were in internment camps actually affected the genetic legacy that their children inherited.

Right? So the methylation capacity is actually different and aligned to the trauma that was during that period of a few years. It was such a high degree that it affected the genetic expression, and it affected what genetic legacy their kids inherited, because what our genes are instructions.

So you pass on to your kids what they need to deal with and cope with. And this is why I said, you go into the over ovaries, into the eggs and into the sperm, right?

So when you're when you're reproducing and you created that effect in your body, that education of the sperm and the ova was passed on, passed out exactly right.

But not not the same as being a male or a female. Yeah, right. That that will take many, many, many, many generations of we generate. Yeah. So so that's the we look at epigenetics in two ways.

And this is where you need to look at all of it to truly be certain about what you're prescribing to yourself. One is what am I doing today in my environment nutrition and lifestyle that are either matched or mismatched to my genetic capacity.

And you have to first understand your genetics to know what those choices are. Second is how am I affecting my DNA? The actual and the foods you eat can turn switches on or off something you know, all the time.

Yeah. And and we don't even know we're doing it. You know, there was a one last thing. I'll say that there was a study in the UK a century ago where women with breast cancer, they used to feed them blueberries until they turned blue to cue to cure them of breast cancer. Why?

Because it affected the expression of the toxic estrogen, the pathways, the genes that led to the estrogen toxicity. So that's again an example of turning a switch on or off with food.

That's genetic expression. Here's a gene you have. But here's the thing that makes it work harder or faster or slower. And then you change the expression.

So that's how we that's how we look at it. Well, even with epigenetics and genetics, I think even let's call it the fixed genetics. Epigenetics is flexible genetics.

It's adaptable. Right. This is why we have these arguments about environment versus nature versus nurture. Yes. Because we're really talking about epigenetics the flexible genetics.

But even fixed genetics you could push it as well. Yeah. Or you could stress it to a point where it can't do its job. Right? Right. Yes. It's not even epigenetics.

So for example, with sex with gender, if I started bombarding a, a male with female hormone, even though the genetic expression is to produce male hormone right through the through the genetic DNA process, you push that process by other factors as well.

And that's not just epigenetics. So even even immutable genetics, it's not so immutable. Yes. Even forget about female hormones. Even if you give a male male hormones, if you don't understand the net genetic pathway, I'll give

you an example.

We had a hockey player, so I'm in Toronto and this is the Mecca of hockey training. In the offseason. All the players come here to train and we deal with a lot of their trainers and coaches.

Helping with performance. So we have had several cases now where players have come to us and they don't recover the same. Their energy is in the same.

So they're their coaches and their trainers give them what's called androgen gel packs or testosterone gel that you put on your stomach. And you wear this pack and your skin absorbs it.

And the thinking is your testosterone is low. I'm going to give you more testosterone. Logically, that makes sense. But genetically, the the system of hormone metabolizing is progesterone, converts to testosterone, converts to estrogen, then converts to an estrogen metabolite, and you get rid of it.

Men and women do the same thing. Men do this daily. Women do it monthly. That's the difference. The difference. And the other difference is biologically, the way we're designed.

The levels are higher and lower in these buckets, right? Men are more androgen, more testosterone. Women are more estrogen. Right. So if you have the men, of which there are many that converts progesterone and it's a source strong, but then has a very specific version of a gene that quickly converts that testosterone into estrogen, which many men do.

And those men will have a nice head of hair, nice skin, but they may be a little thicker, and it's harder to see their muscle. Well guess what? When I give you testosterone, your genetic instruction is to convert it all into estrogen.

Right? And so we literally had these hockey players coming to us with gynecomastia with men boobs because of their because when the testosterone levels didn't go up, the answer was give them more.

Yeah. Yep. Yeah. There's a simple example. If you understood your instructions, you already know what your body is doing and where to intervene. His problem wasn't he needed more testosterone.

He needed to block the conversion of testosterone into estrogen. So he just had more free flowing testosterone, just like his peers. It was a simple fix.

Now you find out whether you have that pathway. Yes, I know exactly how my hormones work, and I'm optimized for that. When I the way I work out, the way I eat, I don't actually take any hormone therapy.

It was suggested to me because I'm now, 42 and I trained regularly, and I was told to stay in shape. At your age, you have to take hormones. I don't, and I'm in better shape than most guys are.

The gym that are half my age. Because I understand exactly what to do. Because you did your own mapping. Yes, exactly. Yeah. Well, let's talk about your mapping process.

Sure. So, you know, one other area where we look at not quite epigenetics, but aligned with that thinking is context, meaning that there's the epigenetics of the choices you make, environment, attrition, lifestyle, which is going to affect whether you get sick or not.

There's a there's a choices of putting that load on your genes that actually changes the way the gene works. That's true. Epigenetics. What other thing we've learned by studying the 7000 people is context effects, especially when it comes to mood and behavior.

The way your neurochemicals fire, the outcome changes. And I'll give you I'll use myself as an example. So I mentioned or I don't know if I mentioned, but when I was sick in my late 30s, one of the problems I had was depression.

There was days where I just didn't want to get out of bed, and I didn't know it was depression at the time because I felt like, you know, I must I'm a strong guy.

I'm an entrepreneur, I like I couldn't get depressed. It felt like this, you know, mental thing, but it felt like it. But I didn't believe it. And that's not just because of the weather in Vancouver, in Seattle, right?

No, I, I didn't realize until I left Vancouver that there was other possibilities. I didn't have to be great. You know, so, I what what was actually going on there was the dopamine pathway. And this is where you're going to understand that context can change the outcome.

So dopamine is the chemical that allows you to feel pleasure but also reward. Right. So I ate something tasty or I did something good at work. Pleasure reward the way that you experience dopamine.

There's a gene called D2 which determines how dense the receptors are in your brain. How much do you actually bind? So what degree do you feel right? Next step.

And this is why you need to look at it functionally the actual pathway not here's your dopamine binders. We're done with dopamine. No there's several steps in the process.

And you need to understand all of them to take it from that 80% to 100%. Second step is there's a gene gene called Emil, which breaks the dopamine down.

Once you're done with that experience, you're supposed to get back to normal. There's different speeds in what you do that. Then there's a gene called Comt, which produces the enzyme which clears neurochemicals, hormones that it aids in methylation.

So it's a it's like a broom that sweeps things away. So I have the lowest density of D2 receptors possible. So I feel things way down here. I have the fastest man on the fastest code gets right of too fast.

Yeah. So I feel it like this or it last that long. So I have three potential outcomes. And by the way, I've been through all three depression because you just don't feel addiction because you go down the reward path and it's like, wow, this feels I feel human. No.

And I'm going to do more and more and more or achievement because you go down the reward path. And whatever you did yesterday at work wasn't good enough anymore, and you got to do more and more that warrior mentality.

So again, why all three and why a different parts of my life? Because of the context. When I grew up in Vancouver, we grew up in extreme poverty. My dad was very ill, which is partly what led me to work on health.

Genetics, Epigenetics, and Context

I've always it's been in the back of my mind. I don't want to end up like my father, who passed away in my late teens right? So in that context, in this poverty, my friends came to me on my birthday and said, hey, I have something for you.

And it was something illicit and illegal. And I took it. And that's when the addiction started, because that sense of pleasure, which I very rarely felt, I went down that path.

Right. What ended it? When my father passed away, I had to start working and taking care of the family. And so that entrepreneurial spirit kicked in the same pathway which gives you reward, I'm sorry, gives you pleasure, also gives you a reward.

And when I started to feel that sense of achievement, of I made the sale, I made the deal, I earn some cash and I'm taking care of the family. And I bought my mom a car, and now I bought a house.

And just more and more and more. So I went down that reward path. At a certain point, I had a business partner, as I told you, and I started to feel like, hey, I've kind of made it.

You know, I don't really need to work that hard anymore. So I stopped trying and my business partner was also kind of running the business. I was more the idea guy, the visionary that was.

And he was he was running things. So the bulk of the work was on him. I got depressed because I wasn't getting that sense of reward, and I also was avoiding the sense of pleasure because I knew what that did to me.

So my third option was depression. I didn't want to get out of bed in the morning because there's no point, right? So now the same exact genetic pathway led to three very different outcomes because of the context.

And this is where when you're dealing with things like depression, addiction, etc., it's one thing to deal with with it by masking the thing that you've labeled.

The other thing is to understand why is it happening? And the why is it you have a mental health issue, you have a context issue. There's been many studies that have proven that even if you take animals like rats and put them into an addictive context, like feed them cocaine, literally, but then you give them a sense of community and another form of pleasure over here.

They slowly move away from that and into this. That's been proven scientifically. If you give them another context where this isn't all there, that they're the only choice, then their expression changes, right?

So and this you could speak of this in most chronic conditions, which is why you don't have to have a chronic disease. You're not born with it. You shouldn't have to have it.

So that's fascinating. No, that begs a question in my mind what you're describing. There are lots of companies, as you said. I don't know if there are lots, but there are many companies that do that give you a genetic profile.

Right? Right. So you get this right out of what? Your genes are too high to low, you know, whatever. So how do you how does the DNA company differ from the other companies in terms of what you do?

Yeah. So this again came back to my personal experience of genetics didn't work. It was for it. There was a few things you were you're given a report on each gene, this gene.

You got this version, this gene. You got this version, this gene, the. Now, if I told you that what we just spoke about, about the dopamine pathway, if I told you about each three genes in three separate stories, I wouldn't know what I know.

Right? You would just kind of 20% chance here. 30%. No. Well, how does the brain actually work? And now tell me what genes drive each step. You need to look at it as per the human map.

So that's one is we took all of the genes and we mapped them to mirror biochemistry. Here's how the dopamine pathway works. Here's all the serotonin pathway works.

Here's how cholesterol image works. Here's all the female hormone cascade works. Now which gene instructs each step because that's what genes are there.

Instructions. So that was one. The reports that you get from companies are usually gene centric, which is why they're hard to use. The second thing is it's you.

There's too much interpretation required. Right. And this is the big thing that I found. I would say this is the biggest thing, that we that we did differently was we said that when you get a genetic report, the story of what's possible is a wow.

But the experience is always underwhelming because you can't get the same level of wow factor holding this report in your head. Try to interpret it without being a PhD versus what the PhD told you you were going to get right, because you need to interpret each one of those genes.

And okay, you had this low version of the dopamine gene. What does that mean? I just told you it can mean three very different things. That's the interpretation. Right?

So what we did was we said that in order to make this useful for people, it has to be super easy to use, which means you have to eliminate the interpretation.

So we do is what do people want to know what's wrong? How do I fix it in the context you already think, which is not this gene, this gene, it's anxiety, keto diet losing 10 pounds.

Here's the things I'm actually worried about. Talk to me in that language. So the reports we produce are broken up into six systems, which is the way we believe people need to receive information cardiovascular diet and nutrition, hormones and body type, hair, skin, all of that stuff.

Sleep. So why can't you sleep at night? That's a really interesting one we should talk about. Immunity. So cellular health, which is so related to EMF, which we haven't even touched on yet, but that innate cellular health.

And then, sorry, I'm missing something. Which 1 a.m. I missing? We talked about. Sorry. Hormones. Hormones, right? Correct. So. So now, with this, though, each of these are broken.

Oh, sorry. Mood and behavior of the brain. That's the way. Right. So now, if I take one behavior example, we don't give you a motor behavior report. It's broken up into addiction, anxiety, procrastination, neurotic tendencies, you know, high functioning anxiety, like, oh, there's all these here's the things that you actually understand.

And then at the very end, there's the genes. Because, by the way, if you also want to know why we're saying what we're saying, here's the information.

But really what you want to know is why do I have anxiety? What do I do about it. What are the recommendations? Supplements? Environment, lifestyle? What do I actually do for me based on what my anxiety looks like?

Not a general. Here's the anxiety pill. So that interpretation required building an artificial intelligence platform that thinks the way we think. Our scientists and everyone that was involved in our research, we extracted all those insights, plug them into this algorithm, and now the reports are as if I'm sitting there talking to you and interpreting it for you versus you looking at all this data like, I don't know what to do with this and stuffing it in a drawer.

Right, right, I get that. Been there, done that. Yeah. Yeah. Right. That's critical. So actually that's sort of metaphor that comes to mind. And what you are describing is buy a car.

Yeah. Well, I want, I want a V6 or a V8 or I want that automatic transmission. I want, safety brakes, braking system. So we have you want these things, you can buy the car.

You have no idea how it works. Yeah, right. And then you test each one of those parameters that you chose to have in that car. Right. But if it doesn't work too well, but you also learn what you can't do with that vehicle, right?

Compared to another vehicle. That is such a perfect metaphor. You know, it's like I have a Ferrari. I'm not saying I have a Ferrari, but imagine you had a Ferrari at the office parked in your garage.

You're like, wow, beautiful vehicle. It's it's incredible. Masterful engineering. It's one of the nicest vehicles ever built. What if you took it off roading?

It would fall apart. Yeah, right. Meanwhile, cars can go off roading. You can buy an SUV or a Jeep. You can buy a Hummer and drive up a mountain. So the statement that cars can go off roading isn't true.

But the statement that the the the genetic makeup of a Ferrari is not matched to the choice of off roading is very true. And this is where precision takes it away from what's right for me.

What am I wired for? What am I designed for? And that's a perfect example. The same. By the same token, try and get that Jeep to race the Ferrari on the track.

So I'm going to do so well. Right? Right. So this is exactly what we're saying genetics can do for you. Yeah. That's that's critical. So with your genetic mapping, people have a much better sense of understanding for themselves how to make functional, how to make changes in their lives relative to their behavior.

Right. So essentially what you're the goal is to adjust your behavior, whether it's diet, lifestyle, you know, nutrition or, you know, if there's one thing to be true about your genes, but if you don't know what to do about it, you're still stuck.

So the whole point is from the 7000 people we studied of those that were healthy, here's the choices they made with your profile, your hormone profile, your brain profile, your cardiovascular profile.

Based on what we see, here's the choices that you should make to maintain good health or the problems that we saw. And I can give you an example. So cardiovascular disease touches 50% of Americans, you know.

So it's a good example to use in terms of chronic disease. So an example of what not to do based on what we've seen over and over and over again, we saw a high propensity of golfers, people that loved golfing like and beyond your once every couple of months, but like regular daily golfers and cholesterol issues, which you would think, why do we even talking about here?

Right. So we start to unpack. Well what is that connection between is an expression. What's going on. So genetically we can determine what quality of hardware you have.

Most cardiovascular disease doesn't happen in the heart. It's usually in the arteries around the heart, right? The calcification, the plaque buildup, cholesterol, maybe all that stuff.

So we can determine of the arteries in basically your entire vasculature, the inner lining that's called the endothelial, the inside lining that the blood actually kind of touches and flows through.

What quality do you have? Is it resilient or is it paper thin. We can determine that genetically. So now park that for a second. Now suppose you had the bad quality version.

Suppose that. Then we can determine, like myself, how well you detoxify. So airborne gut. There's different ways things enter from your lungs, from your gut and from your skin.

That's how things enter your body and your mouth. Yeah, it was a guy. Yeah. Right. So now we can determine how well do you get rid of that stuff and protect your body from the inflammation that would have been caused by that toxic insult.

So suppose you don't do that so well. So now you know, you have these free flowing chemicals, free radicals, different things in your bloodstream wreaking havoc.

Then there's your methylation system. And a lot of people listening today probably are familiar with the gene, which is known as the methylation gene.

But it doesn't end there. This is where a lot of people get it wrong. That's one gene in a cascade. This is why we're saying that to map the system, there's 6 or 7 genes from beginning to end.

The supporting characters of this far star that we know about, there's also 42. There's empty RR, there's you know, there's a bunch of stuff going on with you.

You got the best offer, but everything else is horrible. You're not doing a good job. Right. So methylation that response to the inflammation being caused by the toxic insult.

It's causing irritation and inflammation. So if you have the bad quality hardware and if you are able to deal with the toxins and if you have bad methylation, well then toxic exposure is going to lead to inflammation.

If you're golfing in Canada, where because we have such a long winter in certain cities, they're allowed to use crazy chemicals that in most of the states are illegal in most of Europe is illegal.

Then you're for four hours at a time, 3 or 4 days a week, breathing in all these chemicals and pesticides that your body doesn't have the ability to clear all of a sudden causing inflammation here, which your body can't fight because your methylation isn't so good.

And this is not 2 or 3% of people. This is a big percentage of people. By the way, the profile that I'm talking about, which is why 50% of people end up with cardiovascular problems.

So what is the body's response to inflammation in the endothelial lining? It will actually deploy cholesterol as a hormone to reduce the inflammation and repair that damaged tissue.

Right right right. And then the cholesterol meeting toxicity, it actually hardens and it gets deposited. It becomes hard to move. And that's the beginnings of this cholesterol even.

And you wonder why, you know, take it back 100 years. It wasn't the problem that it is today. We didn't change. We're not different people are it our context change the environment, the chemical usage changed.

It's constant in everything we do, right? The stress did change. The sleep changed everything. Our choices changed. That's why there's so much more cardiovascular disease today than there was 100 or 150 years ago.

And the same applies to cancer. Exactly. It's the same. Exactly the same. Like all the influences that come at us that our bodies can't handle. And it straws on a camel's back.

Right? Yeah. How many straws you need before the gavel can't walk anymore. That's exactly it. All you have to do is cross that threshold, you know. And covet is a good example of that. Of that.

Why are some people, you know, asymptomatic, symptomatic and in the ICU? Well, Covid doesn't put you in the ICU. Respiratory inflammation or cardiac inflammation is what gets you there.

But some people were at that tipping point already. They were metabolically very unhealthy. And you had this very powerful catalyst that takes you over the edge quicker.

So those straws that you stack up over time, like you're suggesting, you know, this is why most people get their first chronic disease at the age of 50, because it takes that many years of making the wrong choices before you got yourself that sick.

And then by the age of 60, the average American has two chronic diseases, right? So and this is why people that have metabolic health issues, which you can resolve, these are choices that lead you there.

Something like a viral infection like Covid will get you over that threshold, that tipping point faster. It's just multiple straws at the same time. Yeah, it's cumulative burden everybody has to deal with.

Exactly. All right. Now that we know that you have to be smart to do all of this. But you don't have to be too smart. Yeah, right. All you need to do is to do the test right and you're not on it.

You don't provide the interpretation and your reports, right. But you also provide support. Yeah. We have there's some people that say that, for example, I need to lose 10 pounds and I'm stuck.

There's a plateau, right. Or my mother had breast cancer and I want to know and I want to avoid it. So for those people we built a coaching programs where they can here's your here's your information, here's a report.

And you can self-serve, do well with that. But if there's a particular goal, we found that it isn't enough to just say, hey, let's get on a one hour call and figure something out. We need to.

The biggest thing is what you mentioned earlier the habit change. It's one thing to know what's right or wrong. It's another thing to actually change your identity and start doing that as a habit.

And we found that that takes nine weeks. We've studied this. So you're probably familiar with doctor B. J. Fogg. He wrote the book Tiny Habits. Right. So when we got to the point where the AI was built, the reports were doing a good job and people are getting it from information.

DNA Company Approach and Health Profiling

We said we need the information to stick, because if people don't have outcomes, they're not going to believe that we actually help them. And that has nothing to do with the information that has to do with the behavior change.

The science of how do you actually get people to do this stuff? So we actually work with doctor B. J. Fogg for a whole year, and he took all of our reports and said, here's how you implement habit change for this problem.

Here's how you teach people what habits to avoid for this problem. Here's how you recommend supplementation for this problem. So now all of a sudden, we built these coaching programs that take it from information to sort of instruction, like let's implement this stuff.

And so it's not a need or necessary, but for so for anyone that has a particular outcome they're seeking, this is why we put this all together so that you can actually get them.

So what do you what what do people access and what do you offer and what do you charge for these services? So we actually, for the purpose of today, we've put together.

Oh, so our website is the daily company.com. But if you add a forward slash p above, you know, we wanted to thank you for having us here and offer something to all the guests.

So I know that there was a sort of a discount built in for today, which typically if you're going to a website, it's retail. We don't typically discount, but for the purpose of the day, again, thank you for having us here.

So we plug that in there. So the DNA company.com/p f p m I've just a conference and you'll get redirected at, at checkout you'll see a discount. So we wanted to offer that today. So that's the testing.

Once you have the testing and you have your reports in hand, there's a whole ecosystem you can enter of. What are the right supplements for me, what are the right coaching for me?

You know, what foods am I meant to eat? You know, what am I supposed to exercise? And there's so much you can do. And that's where if you choose, you can continue to work with us.

And this is a big part of genetics, kind of the dirty secret. You hear about privacy and data security. And I don't want to give up my DNA because I'm going to.

So I don't know where it's going to end up in the government's hands or some police report somewhere. Right. DOJ is going to have it. Yeah, exactly. And this is what the problem with the genetic industry is, because I only need to test your DNA once it ever changes.

Unlike bloodwork and other types of testing, it's not a good business because I sell you on test once and we're done. And this is why the genetic industry became a data selling industry.

And this is why the reports don't serve you, because they're not designed for you. They're designed for the buyer of the data. You're paying $300 for a test.

Well, the buyer the data is paying $5,000 per head to own that data. So they're designed for what that person wants. You know, a couple of years ago, I think 2019, 23 and me was funded $300 million by Glaxo SmithKline.

You wonder why, you know, why did they give them $300 million as an investor? What did they see as value there? And this is why that whole question of data privacy and security exists.

So what we said is that if we could be the company that provides the best insights, if we do what you intended, which was here's my DNA, go mine it and tell me everything I need to know.

That's what people actually want. Then we know if we do that properly, people will continue working with us on other things, coaching supplements because we're now matching what they actually need to their genome.

And so that's how we do things very strictly. It's in our consent. We don't sell data. It's all aggregated at all. We don't really have access to it anyway.

But that's key and important. So so that's what the general journey looks like. But it's really up to the person to say, here's what I need to want from my DNA.

And we will do that for the it's a journey for sure. It's a journey. Yeah. Right. Well, just like our genetics is a journey exactly where it takes us through the whole process.

So they can ask they can get their report, they can purchase a report separately. You don't have to do anything else with it. Or you can then do various levels of coaching or support if required.

Yeah. As the person is interested in accessing some of that self-directed or to what extent is it coaching related? What I would argue that if you had the report in your head, you can you can do what you need to do because the recommendations are built in.

Right? So when it comes to for example, let's like let's talk about PDM amp. We haven't even talked about that yet. Right. So when it comes to cellular health it needs other help.

What do you try to do when you get peer PMA? If you're trying to rejuvenate the cells, make your body more resilient and healthy, better communication between cells that sort of mitochondrial flourish, the flourishing of the mitochondria.

Right. So we can actually identify the particular gene side. Two, that determines how well your mitochondria. We are clear that cell from free radical activity, that oxidation which is the main threat to cellular health.

So as your cells are taking in oxygen and nutrition to create energy, which is what they all do there, that conversion of oxygen to energy leads to oxidant on the other side.

And a oxidant is a toxin. So that same thing that gives you life is slowly aging you and killing you in that. Can that conversion process the genes for two is supposed to help you clear those free radicals from the cell.

It's kind of like you have this fireplace and there's a chimney that's supposed to draw the soot out. But what if you don't have the chimney? What if you had the bad version of this auto gene?

And now again, combine that with the epigenetic choice of I run five miles a day where I don't sleep properly, or the things that would lead to oxidative stress, and then all of a sudden you have this load of oxidation that's soot piling up with the cell and that cellular dysfunction, which is exactly what EMF would help with.

Right. So now we could identify who is the person that not only wants it, but needs it, right. You need to be doing

this there because genetically you're not match to the world you live in.

You know, you were designed to be living organically in some farm somewhere and not breathing at any nonsense and all, although most people that never survive past 35 or 40 anyway.

Yeah, okay. For because I'm pestilence, because of wars and famines and floods and you know. Yeah. That's also that's also true. So they lived you know, they lived healthily up until that point.

Essentially chronic disease wasn't a factor. Right? Right. So, so this is where you can be very specific about even your PEF and as a therapeutic need, like literally there's some people that need it.

And then if you layer on top of that, you know, the systems that interact with each other, what if you have this poor side to the poor, relationship with oxidation, but you also had the bad guys like mean, you also don't cleared of the little oxidation that you send out into the blood to get rid of you.

Also, don't get rid of it. So it's like a compound effect and you can start to look at things a little more functionally, right? As well because because accumulative too, even though you make the changes that you should be making, you don't know to what extent you're succeeding either.

Exactly. Right. And so down the road you find out I didn't do enough. Yeah. And that's a point relative to the genes. You have the good let's say you have the good genes and the bad genes, or you have enough of that gene, or you don't have enough of that gene.

Right. So you can not only help to support yourself by removing the factors that make things worse for the genes that you don't have enough. But on the other hand, you could also do more to benefit the genes that are that are positive for you.

So it's a seesaw. You actually need to be doing both to get the maximum benefit. The other point I'd like to make relative to what you were saying, too, is that we're a complicated we're onions.

So this is where the coaching and support that your company offers are critical. I think, and having been a functional medicine doctor for years, you see this all the time.

People need to come back and visit you regularly. And they're all there at one state today. And then a month later or so on that somebody dies or somebody got Covid, or they had a motorcycle accident or whatever.

Some other event happened that changed the trajectory of their life at that time. They have the genetic map, but at the time that they got it, at the time that they got the counseling that they needed, that's what they did at that time.

Now you have new factors. And then so how do you adjust for given the genetics, how do you adjust for the new factors relative to the genetics? Right. Correct.

And we've literally done this work. We've literally done the work of I'll give you an example, an executive who retired and said, my goal now is to climb Mount Kilimanjaro.

That's what he came to. It wasn't a health concern is like you have my genetics. Up until now, I've been trying to work with you to stay cognitively sharp and emotionally.

So he had some genetic issues in terms of neurochemicals, which caused him to be sort of a drama queen and, you know, aggressive with people. So we had to coach him through that stuff.

And here's why you do this stuff. Here's how you're there, okay? Because of the brain work. He said, well, okay, I'm done with that now. Now I need to be in peak performance for this.

And how do I do that? How does how do people do that? How do I do that? So we work with him on that. Then the

process for him was very specific, and I can tell you that there's certain women where we have to tell them that based on their monthly menstrual cycle, there's certain weeks where they should be heavy lifting, there's certain weeks where they shouldn't even be training because there's so much more prone to injury.

There's certain weeks where they should be doing more yoga and sort of low intensity, long duration, and their genetic map speaks to their hormone metabolized version.

And we've done this with Olympic athletes. We've done this with, the, the U. S. Olympic team, where there's certain female athletes where exact same training for 2 or 3 of them and one of them just isn't flourishing.

She has a skill, but she can't get the muscle. She can't recover as fast, she gets more injuries. So we then look at what is counterintuitive, but we look at the hormones.

Well, what does hormones have to do with being an athlete? Everything. Right. So we start to show and we've done this work literally with Olympians. You can't train like those people because that this person was genetically blessed where they recover quickly.

They're detox cycles, they're on antioxidant cycles, they're anti-inflammatory cycles are powerful. So part of the reason why this person is a great athlete is not because they're a great athlete.

It's because they were able to train harder than anyone else. Right? They were able to push their body harder than anyone else because they recover so well.

So your challenge is, yeah, you can lift as much weight, you can do it, but you just don't recover. You need 2 or 3 days break in between. So they're getting a compound benefit of their training.

So we have to teach this person how to turn those dials. So what is it. Here's my DNA. And there's two things. Either the load I put on it or the capacity I create for it.

Meaning here's what I'm doing to myself, which is either good or bad, or here's the supplements or food I'm eating that can increase capacity. So here's where I'm at.

You either have to reduce the capacity of load or increase capacity of ability to deal with it. Those are your choices. Yeah. Fortunately, you have to have trainers who understand that complexity because a lot of traders said, here's how I train. Yes.

And then you got to do it this way, period. You. Exactly right. So you have to match the genetics to the trainer. Yes, the trainer needs to do mapping as well.

So I know what the trainers know. Genetics are I guess complicated for sure. Yeah. And this is where we find the self-serve reports are the easiest way to go about things.

Because then you're armed with the information. It's in there. You don't need anyone to interpret it for you, you know? And it's hard for a trainer to argue with DNA because that's it's who you are.

So I think the key thing going back to training and athleticism or performance, the key is that it's got to be individualized. Right? Right. It has to be individualized.

But anybody is let's say the same thing happens with food. You should only eat a mediterranean diet or you should only eat a keto diet or, you know, etc..

Well, it's not going to serve everybody that can actually harm a lot of people if they do that. Yeah, I can tell you. I mean, I actually can't tell you the number of how many people we've had to tell them that the day they became vegan is the day they got sick.

And not everybody. There's some people that we tell them that, yeah, you would actually do really well as a vegan, but for the most part, we tell people that it's not going to work for them.

This is a very specific methylation gene called for two, which deals with a few things. It deals with B12 metabolism, but it also deals with the enzyme activity required to break down things like beans, lentils, the groom's chickpeas, the core protein sources for a vegan.

Right. And if you're not doing well, you wonder why. You know, a couple years into it, all sudden you have gut issues, a brain, brain fog, twitching. Yes. All that stuff. Right?

Because you just you weren't designed for that. That's a big choice to make. That's a huge choice to make. And just to go at it as like, trial and error, that's a pretty significant choice to make that humans have been eating meat for since we can remember.

And I'm just not going to do it. And this is all I'm going to eat. I you would probably have good cardiovascular health. You know what you're going to be, you know, doing well there.

But there's a lot of other stuff like hormones, neurochemicals, inflammation that would just add up and cause major problems. So same thing is true with the keto diet.

There's some people where we tell them that you are a great fat fat metabolism. You were designed to run off of fat as fuel. There's some people where you tell them this is going to put you in the grave, right?

Like everyone that gets on a keto diet feels great in the first month or so because you get into ketosis, your brain feels amazing, your body feels amazing.

It's a couple months into it where if you are genetically not designed to be a fat metabolism, you start to feel bad. You know? And that compound effect over time, it's horrible.

So yeah, you can get very specific on diet and nutrition and tailor and take the guesswork out. Stop watching YouTube videos of what everybody also doing.

What do you need? It's in your DNA or in. So I think that's a that's a point. That's an important point to make, which is that we have philosophical systems, we have belief systems, right?

We spiritual systems, whatever they say, this is what you should eat, right? This is how you should live your life.

Diet, Average vs Individualized Care

And the problem is, is that scientifically based, we tend to get those philosophies and those belief systems for, basically some sort of matter of fact, maybe a small amount of facts, but not all the facts. Right?

And therefore you drive everybody into that fact system, right, where it's flawed in the first place. Now, unfortunately, with what you're doing, we have a lot more evidence.

We have a lot more data than to be able to say that you could be much more specific to yourself on what you need, and you may have to abandon these other positions that you had that you thought were the right way to do things.

For sure, you did that average one size fits all. Yeah, it worked on a few people. I remember in any of that type of reporting, all the person that's reporting to is looking for is that I worked on 6 or 7 out of ten people.

They're not looking for something that works for everybody. They're saying that, well, the majority did well. So this is what we're going to recommend.

Why are 40 million Americans diabetic and 90 million pre-diabetic, like 30% of the population? More than 30% is

metabolically unhealthy, which is rooted in the food they eat.

Right? Right. It's the choices are wrong. We're not taught the right stuff about food. And I can't tell you how many people we talked to that way. We say something as simple as, you know, don't eat that fruit because it's laced in pesticides and you don't detox.

They're like no strawberries or healthy. They have no clue, no clue what's actually going on. Right. And so that education that's required, whether you have your DNA in hand or not, just to go research of what how food is processed.

I had to learn a little bit about that. And, you know, open up your mind. You can resolve a lot of things without personalizing. Forgot about even the personalization.

Personalization will take you to the optimal, the best potential. I do not. Not right there. Get you there faster. Get you there faster. Right? Simple thing.

You know, about three weeks ago I was having a headache at night, which I haven't had in a long time. I've cured myself of migraines. It wasn't quite a migraine.

It was like a minor headache. Kind of a wait. It happened three days in a row. I was like, what is going on here? This is this is this is. I know enough now that I'm doing something wrong.

So I started to look and I realized that I had bought this drink. It was a carbonated sparkling drink, but it had stevia in it as opposed to sugar. Stevia was great. There's no problem.

So I thought, is this it? Because I'm drinking this thing with my dinner? Because I was excited that I found this no sugar and zero calorie tasty sparkling beverage.

Because I like sparkling water right? And then I read it said natural flavors. Right. I said natural flavors. I think there's something going on there.

And then I remembered reading about this that what is natural flavor mean? It means that it's extracted from an animal or a plant. So it's natural, right? That's what that means.

But what it doesn't list under natural flavors is the 50 to 100 chemicals it took to process that thing from the plant or animal into the product that they actually put into the food, so that processing the chemicals that were used, there's no requirement to list those.

All you have to list is natural flavor, which sounds great, right? But so that I literally was triggered on day one as I drank this thing and I got this minor headache.

Day two got worse, D3 got worse. And that's when I started to investigate what's going on. And it was came down to that and the day for I didn't drink and I was fine, right.

Because there's so many chemicals used. And this is what I'm saying, that even if you just go do some research without personalization, you should personalize and know if you have the capacity to do that.

But just start today with like learning about what you're putting into your body and how dangerous a lot of these things are. They were completely unaware of.

And just because I said natural flavor doesn't mean it has other stuff in it. Exactly. Yeah, yeah, it's literally if you go Google Natural Flavors, you'll find that there's up to 100 chemicals used to process one, and none of them are required to be listed.

And and what what residual amounts of those chemicals are still in that natural flavor. Right. Exactly. And all you

need is parts per million or parts per billion.

Cause a problem? Yep, yep. And you're ingesting it that that's what you're actually consuming. Since you're a philosopher, I can tell your philosophy.

I've got to ask you a question. Sure is. Is there such a thing as average? Wow. So what? Here's an interesting thing we found. So when we started looking at genetics, we originally focused on female hormone concerns because we partnered with a clinic that was dealing with breast breast cancer patients.

And we thought we said, let's, let's focus on one thing and do one thing right and then start to sort of scale that out to other stuff. Right. So we partnered with this clinic that 80% of their patient population was women with breast cancer.

So we thought, okay, female hormones, we're going to start working on it. What we thought was there was going to be an infinite number of genetic profiles, because we're all different.

What we found after going through hundreds of women. And this was completely unintentional, that the hormone pathway women fit into one of six buckets every time.

So between hormone dominance, you know, testosterone, estrogen dominance, hormone toxicity and clearance, we were able to then start to see the trend that women always fit into one of six buckets.

So there wasn't an infinite number of genetic profiles. There were six. Now, if you start to augment that with cardiovascular and other things, then you become more nuanced.

And that turns into probably 60. Right. But the hormone pathway itself there six the middle two are typically optimal and don't need anything. Right. Those are the women that don't have hormone problems, of which there are some out there that have a good menstrual cycle, don't have fibromyalgia, and menopause was smooth and okay, as long as they're epigenetic, everything else is right.

Yeah, exactly. The outside two kind of have the same problem with just the more the outer person has a worse version than the inner version inner person of the same thing.

Right? Right. So now all of a sudden we go from an infinite number of profiles to six women, and the middle two don't need intervention, the outside to do and the outer most just need a higher dose of whatever the thing is than the inner one, because they have a more extreme version of that problem.

Right. So I don't think that there's an average where you can say, here's what everybody should do, right. But I do believe that there are profiles that you fit in, which is how you make this easier.

How how do you take, you know, this, it's me, me, me, me to how do we create solutions that are actually matched to people's genomes? Well, we also we went from infinite number to really there's only two products needed.

Your middle two limited on anything. The outside two need something. The outer two just need a higher dose in the inner two. So we came down from infinite number to two products.

Right. And I'm not saying that that's the same for every problem. But it's pretty close. So the average of one is not the solution, but finding the profiles and then putting yourself into them.

Then all of a sudden all your solutions are tailored to you. And I believe that it's a more personalized average, if we could say it that way. Well, the fundamental concept of average is based on, collecting a number of different measurements.

Right. And then finding out what the average is. So you take the number and you divide it by the number of people you evaluate. And that's the average.

So who actually sits on the average. Right. Who is actually average. So the problem is that most people are not average as most people are other numbers that numerically become on average.

So the reality is that almost nobody is average. Exactly. Yeah. The average is the middle number. But that doesn't mean anyone is that number or that it's the right number for you.

Right? Yeah. Right. Yeah. And that's the big problem. This is why any medication out there, 2 or 3 out of ten people feel amazing. Three out of ten feel like, yeah, it's kind of okay.

And for three out of ten it's actually adverse. Like it's a problem. It's a disaster. Yeah, it's exactly what. All right, well let's go let's go into the reason that we're here, I guess, in the first place, which is the IMF summit.

But this is a journey as well, right? We have to go through this journey with the DNA talk discussion and then talk about how do, how does therapy fit into the DNA and what are the first things we discussed is the whole concept, the theme of the kind of magnetic fields.

Right, right. And there are basically two kinds. Well, there are three kinds. One is called a static magnetic field, which we're really not going to discuss.

Static magnetic field is like a fridge magnet. It's just it's there. It's our always magnetized. It's not very. And then you have the varying kinds of magnetic fields and the one that most people are concerned about.

When you talk about health and getting healthy and being healthy and staying healthy. And that's EMF, right, as a category. So EMF stands for, electromagnetic fields.

Now, just because it says it's EMF doesn't mean that it's there all the same because they're not. Right. So you have two kinds of emfs. Basically, you have pulsed magnetic fields, which are the kinds that we're talking about, where we're using them for therapy purposes.

And then we have what I call environmental magnetic fields, same same letters. Right. They're environmental. They're not designed for human use. Right, right.

Humans get in the way. Yeah, right. They're actually in the way. So get out the way here all the way. Use a cell phone, but get out of the way. Yeah. So they're the microwaves.

They're the artificial synthetic magnetic fields that are not along the nature typically. Or if they are known to nature, they're extremely low intensity low exposure rates.

And so on. So now with Emfs this is artificial. And the key distinction with emfs is that they're very low frequency. But the frequency is confusing to people because frequency means it's it's very like this.

Are power lines or frequency. Yes. Radio signals are frequency are television is frequency.

PMF Therapy, Cellular Health, and Healing

So that's that. Those are frequency systems that are basically broadcast to the environment, just like radio, TV waves. Yes. They essentially go out to infinity.

Theoretically. The pmfs, however, are created by current flowing through a wire. Okay. That's a natural law of physics where you have a charge flowing.

Then it produces a magnetic field perpendicular to the flow of the charge. Call that the right hand rule. So the figures are the the perpendicular flow.

That's the magnetic field. And my thumb is the current flowing in the wire. Now that current is what we call closed

loop. It opens, it collapses opens and collapse always goes back to neutral, always goes back to the source.

Emfs are broadcast out in the environment. They go off to infinity. They don't go back to the source. So that's called open loop at P, and that's our closed loop.

Very few people talk about that distinction. So if you have a wire that's designed to treat you and you put that wire on an arm or an elbow or shoulder or a painful area, that magnetic field is going like this into the tissue in and out and like, like emfs in the environment, they penetrate into the body.

Pmfs don't, don't have wavelengths. Correct? Yeah, right. It's just a pulse. And that pulse that has a certain pulse rate. But that pulse means it goes into the body completely and back out, in and out.

The body does not stop a magnetic field EMF, however, because of the wavelength. So if you had an EMF that had a wavelength that was longer than, say, three meters, the length of a human body, that wavelength will go through the body, right?

But our environmental magnetic fields that we're worried about are extremely short wavelengths, which means they're absorbed. And because they're absorbed, they can affect DNA for sure, right?

They can disrupt DNA molecules. They can disrupt the proteins that the moment that the DNA makes. So they do their damage is done by virtue of the fact that it's absorbed and it causes heating and it breaks apart, breaks apart chemical bonds PMS don't have that function because they don't get absorbed.

They go completely through the body. Right. All right. So that's a big distinction. So then how do you use Pmfs then relative to DNA. Now that we have that concept, how do you use a relative to what you are doing with DNA?

Well, what we've learned is that so what are we trying to sort of gain from p p of exposure is it's all rooted rooted in cellular health. So what we've learned is that the mitochondria, just like how you're talking about the signaling, the mitochondria are more than what people think.

They're not just your energy production, section of the cell, which is it is what they do. So they're producing that ATP, the energy, they're also the communication, hub of the cell and communication external meaning that responding to what's happening in the environment, warning the other cells, making sure that the body is aligned to the context.

And if you have EMF exposure, which is, like you said, being sort of absorbed into the body and disrupting the cells, then you have destructive communication, you know, the cells that what what are your mitochondria trying to do?

They're now responding to another source, another load that they were never meant to, and another stimulus, another stimulus. Yeah. And that all of a sudden affects everything else.

There's a new focus or a new priority to deal with. And then the actual need or priority is not being delivered. Whereas with peer pressure you don't have that challenge.

So if you're approaching sort of, you know, PMF in a healthy way, which is what it is that all of a sudden you can gain the benefit of cellular function being improved without the disruption to the DNA in the body.

Right. We talked about epigenetic expression. If you're doing it the wrong way with e m sorry, then not only is the communication all messed up because your mitochondria is not responding to this new stimulus, as you said, that you know it was never meant to.

It has been disrupted and ignoring other priorities, but it's also causing damage. It's also unraveling DNA and proteins and aging you faster. You know what?

What is aging? It's literally the unraveling of the DNA, right? It's this spiral that kind of unpacks. And the faster you do that from various reasons, primarily rooted in sort of cellular health, you age faster.

That's why the skin starts to sag and the hair changes color because you've unraveled that. Unpack the DNA and the instruction isn't good and tight anymore.

Right. So p m if you you, avoid all that because to your point, body's not absorbing it. It's not. There's no relationship between, that communication.

And with the cell, there's no reception on the other end of the screen. It's straight to healing. So what we believe and what we've seen over and over and over again, and I would say one of the key differentiators in terms of how we think about genetics, genetics isn't you're born with something.

And let's turn that switch off. That's true for genetic conditions. Something like sickle cell syndrome. You're born with that. You have it. And one day there'll be a genetic therapeutic that can turn that switch off.

But then you don't have it anymore. You're not born with diabetes, cardiovascular disease, etcetera, etcetera, etcetera. You acquire. Yeah. This is and this is why we think professor useful important because what you're doing is you're affecting cellular health.

We know whether you talk to a natural path, an MD, you know, an optimal like it doesn't matter who you talk to. Everyone agrees that disease is rooted in inflammation.

That's one thing that we don't argue about what inflammation is rooted in. That question often doesn't get asked because we don't in the medical world, doesn't have the right toolkit to even deal with it, even if they knew the answer. But.

Right. So if you take that acute care toolkit of you broke your arm, go to the hospital, I'll fix you. And we do a really good job. But that same modality is applied to chronic disease.

Wait for it to happen and I'll fix you. Which is only the check mark of success. Is that whatever you're complaining about, the pain point is gone. But we have never asked why you had it to begin with.

This is where all of a sudden we know it's rooted in inflammation. What is inflammation rooted in cellular health? Poor cellular health? If the cells have this load and burden, they get inflamed that metabolic inflammation throughout the system.

That's exactly where F can come in and resolve that inflammatory load. Because if you are that person, like I said, that has the bad sore to for whom running or poor sleep or whatever is going to cause oxidative stress.

So the mitochondria is under a threat that a typical person isn't. Or like me, you don't detoxify well, so the chemicals are causing a problem. So you have a threat that for another person isn't, then you need some form of intervention.

What is that intervention? Well, if the problem is that the cells have a load and they're going to be inflamed, which that will lead to disease, which disease just depends where your weak cellular lead.

It's the prime example of root cause medicine. Now all of a sudden, whether you look at it medically, genetically, whatever you're dealing with, the reason why you're going to get sick and you can now prevent or even reverse.

If you have a chronic condition, you can reverse if you deal with the root cause. So that's how we look at it. It's the disruption of signaling right?

That's one big key thing. When we look at the way the body works in biochemistry and then getting to the root cause, cellular health is the reason we get inflammation information is the reason we get disease.

So if we have a tool that can reduce cellular lower load, then we're reducing inflammation, which means we're preventing disease. So yeah you're absolutely spot on.

Thank you for that. So I think one of the key benefits of pmfs is to reduce inflammation. But it goes beyond that. Right? I had a three year old child.

I've told this story many times from Vancouver. Okay. Who cut off the end of her thumb and a doorjamb? Oh, and the father called me. Fortunately, before the surgeon had added.

Right. So I told. I told the father, have the doctors reattach that piece? I just saw it back on again. Yeah. The three year olds have amazing healing capacity, so.

And if it fails, it doesn't matter. You're back to where you were before anyway. It's unlikely to cause a problem where she's gonna lose her hand. Yeah, right.

And you can intervene quickly if that starts to look like it's happening, I wouldn't expect it to. Then when you start a therapy right now and a half to three hours a day to the thumb.

So it has to be portable magnetic system. 12 weeks later, she's regrowing her nail. Incredible, right? She has a genetic capacity to heal. We gave the body the stimulus that it needed to accelerate the healing process.

You if everybody just left it alone, put it back on again and left it alone, there's a chance she could have done it on her own. Yeah, but we provided the body with a stimulus, with more stimulation to get the DNA doing what it was wanting to do anyway.

Yeah. Right then. Bingo. She accelerated. So DNA is important for the healing process. So magnetic fields and stimulate the DNA to do their job of regeneration.

Yep. Right. So they provide more fuel and energy, ATP and everything else that you need for the DNA to be working. Right. As the DNA doesn't have enough energy to go to, start the regenerative process going.

Right? Right. You still have you're still limited. I mean, you fracture as a fracture. It's going to take X amount of time to heal. It's not going to heal by blinking.

What? Right. Exactly. Yeah. The genetic machinery has to unfold. The proteins has to build new. No tissue has to reduce the inflammation that's there.

Again, there's a process that has to go through and it's going to take whatever time it's going to take. Yep. This is why it's so healthy. Because you're not adding a new process.

You're just supercharging an existing process. So you're not adding a pill or something that's changing biochemistry. You're saying the body is already healing.

Accessing the DNA Test and Closing Remarks

Cellular rejuvenation is a thing we do. All you're doing is fueling that fire and making it happen so much faster. That's why we have the book. We have our new book called Supercharge Your Health with therapy.

There it is. That's right. You said thank you. I didn't coach you on that either. So yeah. So basically what we're doing is we're amplifying the genetic material now, Emfs can do genetic damage.

E. M. S. can actually, in the right dosing, heal to. But the problem is it's very hard to titrate and control the dosing with emfs. Yeah. In fact there used as we were discussing earlier, they're used in medicine to actually destroy tissue.

You do that on purpose, but it's controlled destruction of a wart or a burn or, you know, or a lesion of some kind. And that's done by people who know what they're doing.

So I don't recommend that you do that yourself. I was on the, coast to coast show in the middle of the night one time, and, this guy calls in and he says, I have a microwave oven, and I, I bought a hole in the side of the microwave oven.

I have a lesion on my arm. I could be putting my arm up against the microwave. See? Say, I got handle that laser is okay. Yeah. Do not try. You did? Yeah.

No kidding. Well, this it was creative. It was creative. But we had to dissuade him from doing that or dissuade anybody else with doing that. I. Well, Kashif, I am really amazed at the information you've given us.

I learned a lot myself. And again, tell people how they can access the tool. Yeah. Anyone that, wants to explore the test. Don't buy retail for the website.

We've set up a special link for anyone that's listening today. So the website is the DNA company.com/pmf. So the DNA company.com/proof. And when you get to checkout it will put in a discount for you.

We want to extend that to anyone associate in respect to your time. And thank you for for joining us and listening.