Introduction and guest background

So what we said is that if we can 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. We're strictly, it's in our consent. We don't sell data. It's all aggregated and automated. We don't really have access to it anyway.

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

And we will do that for them. This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Today's episode was previously recorded on the Pain Solutions Summit that I hosted.

Good morning. This is Dr. Pollack and this is the PMF Healing Summit. And today, I am very fortunate to have an interesting person with 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 explain his background, how he got to where he is now and his journey, and then explain where we are today and what we could do with what he provides as solutions to a lot of problems.

Thank you for having us here. You know, 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 this space. I wasn't in the PR and marketing business. I was helping companies grow.

And I got pretty sick. Not only did 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 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's 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.

The autoimmune response of the psoriasis, the sort of detox failure and body screaming for help with the eczema. you know, the migraines which are associated to the same thing.

There's a 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, 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, into literally the circulation of the air.

And I was breathing those in and it was making me sick. But then I asked, well, why isn't my business partner having these migraines? 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, hey, you got an 80% chance of this, 40% chance. And I was like, what, is it 80 or is it 20? Like, why is there a difference between you're telling 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 this because then you know we haven't got a lot to talk about what I found was there were certain genes that I was actually missing Forget about what version or 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.

Personal health crisis and genetics discovery

Glutathionization, that ability to bind onto a toxin, send it to the liver 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 caused 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 where personalization is possible, root cause is possible, you know, identifying the why versus what.

And so I literally walked away and said, I need to bring this to everybody. I 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 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 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. Even when you go East in Europe, the data isn't useful anymore. It's just that those nuances make a difference.

And so Toronto is such an ethically diverse city, but also ethically sort of separated. There's the Italian neighborhood, there's the Chinese neighborhood.

This was very easy to work with different populations and learn so that we can benefit everybody. That's why we based ourselves here. Wonderful. So you started the DNA company, you went down this journey, you found out about the DNA effects.

You said then you started doing the research, and how did you get to the point of developing this company? So it started off as me healing a few other friends and family members.

Then it started off saying, you know, there's a couple of scientists that were very key to this. Dr. Mansur Muhammad, 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 of 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 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 the 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 can 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 cholesterolemia or breast cancer or fibromyalgia.

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

And that's what leads to this inflammatory northern disease. So the research we did was that. We spent three years studying 7,000 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 in labs 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 from the 20% and implant those habits in 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? Right. Probably not. Maybe there are some people who might be able to do that in the world. Yeah. Those are pretty rare individuals. Are you tired of living with chronic pain?

Medication only masks the symptoms, but real healing starts at the cellular level. I'm Dr. William Pollack, the leading expert on PMF therapy. Paul's Electromagnetic Field Therapy is a science-back, drug-free solution that helps reduce pain, speed up recovery and improve overall health, right from the comfort of your home.

Take advantage of an exclusive 10% discount on DrPaul's.com PEMF systems. visit drpawuk.com, that's D-R-P-A-W-L-U-K dot com, to register and claim your savings.

This limited time offer is available only to registered listeners. Don't miss your chance to experience the benefits. Terms and conditions do apply. Don't just manage pain, transform your health.

Visit drpawuk.com today and let's get started on your healing journey together. So that genetics is fixed, and we probably presumably have those kinds of genetics as well in terms of our operating systems here at Bayh.

And then we have another floor of genetics 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 yourselves exactly what to do. Now based on the cell, is it a heart cell, is it a liver 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 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'm missing a page of the manual. There's a gene called GSTT1 which helps as the traffic cops in the blood collecting toxins to get rid of them.

Right? Glutathione binds out of the toxin, makes it easier to clear. I don't have that page of my instruction around, missing, 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 jeet itself. And you mentioned thought, like thinking yourself into switching from male to female.

So thoughts can actually alter your epigenetic expression.

Functional genomics and epigenetics

There's a 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 are genes? They're instructions. So you pass on to your kids what they need to deal with and cope with. And this is why I sent you into the ovaries, into the eggs, and into the sperm.

So when you're reproducing and you created that effect in your body, that education of the sperm and the ova was passed on. Passed on, exactly. But not the same as being a male or a female.

That die will take many, many, many, many generations of fathers. So that's the way 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 foods you eat can turn switches on or off. Something we all stay time. Yeah, and we don't even know we're doing it.

You know, there was 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 cure them of breast cancer.

Why? Because it affected the expression of the toxic estrogen 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 the 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 look at it. Well, even with epigenetics and genetics, I think even there, 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. Because we're talking about epigenetics, the flexible genetics.

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

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

And that's not just epigenetics. So even immutable genetics is 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 and off season. All the players come here to trade and we deal with a lot of their trainers and coaches on helping with performance.

So we have had several cases now where players have come to us and they don't recover the same, their energies are the same. So their coaches and their trainers give them what's called androgen gel packs with testosterone gel that you put on your stomach and you wear this pack and your skin absorbs it.

And the thinking is your testosterone was low. I'm going to give you more testosterone. Logically, that makes sense. But genetically, the system of hormone metabolization 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. And the other difference is biologically the way we're designed, the levels are higher and lower in these buckets, right?

Men are more androgenized, more testosterone, women are more estrogenized, right? So if you have the man, of which there are many, that converts progesterone into testosterone, 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 and so we literally had these hockey players coming to us with gynecomastia with man boobs because of their because when the testosterone levels didn't go up the answer was give him more so it'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. 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 train regularly. And as 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 at the gym that are half my age, because I understand exactly what to do.

Because you did your own mapping. Yes, exactly. 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, nutrition, lifestyle, which is going to affect whether you get sick or not.

There's the choices of putting that load on your genes that actually changes the way the gene works. That's true epigenetics. One other thing we've learned by studying these 7,000 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 thirties, 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'm a, I'm a strong guy. I'm an entrepreneur. Like I couldn't get depressed.

It felt like this mental thing, but it felt like it, but I didn't believe it. And that's not just because of the weather in Vancouver and Seattle, right?

No, I didn't realize until I left Vancouver that there was other possibilities. It didn't have to be great. 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.

So I ate something tasty or I did something good at work, pleasure at work. The way that you experience dopamine, there's a gene called DRD2, which determines how dense the receptors are in your brain.

How much do you actually bind? So what degree do you feel? 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 called MAO 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 which you do that. Then there's a gene called COMT, which produces the COMT enzyme, which clears neurochemicals, hormones, and aids in methylation.

So it's like a broom that sweeps things away. So I have the lowest density of DRD2 receptors possible. So I feel things way down here. I have the fastest MAO and the fastest COMT.

It's running up too fast. Yeah. So I feel it like this, and it lasts 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 now 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 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.

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 within 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 pleasure, also gives you reward.

And when I started to feel that sense of achievement of, I made the sale, I made the deal, I earned some cash, and I'm taking care of the family, and I bought my mom a car, and now I bought a house, 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. 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, and 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 was 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 isn't 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 their only choice, then their expression changes. You can 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. That's fascinating. 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 give you genetic profiles.

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

Yes, so this again came back to my personal experience of genetics. It didn't work. There's a few things. You're given a report on each gene. This gene, you got this version.

This gene, you got this version. Now, if I told you that, well, we just spoke about the dopamine pathway. If I told you about each three genes in three separate stories, 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 that we mapped them to mirror biochemistry here's how the dopamine pathway works here's all the serotonin pathway works here's how cholesterol emia works here's all the female hormone cascade works now which gene instructs each step because that's what genes are, they're instructions.

Context, mood, and behavior pathways

So that was one. The reports that you get from genetic companies are usually gene-centric, which is why they're hard to use. The second thing is there's too much interpretation required.

And this is the big thing that I found, I would say this is the biggest thing 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 hand, trying 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 have this little 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 what 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? And that's a really interesting one we should talk about.

Immunity, so cellular health, which is so related to PM, EMF, which we haven't even touched on yet, but that innate cellular health. And then, sorry, I'm missing something.

Which one am I missing? Sorry? Hormones. hormones right correct so so now with this now each of these are broken up oh sorry mood and behavior the brain that's the one so now if i take mood and behavior example we don't give you a mood and behavior report it's broken up into addiction anxiety procrastination neurotic tendencies you know high functioning anxiety like there's all the here's the things that you actually understand And 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.

plunge 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 dirt.

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

Yep. Well, I want a V6 or a V8, or I want that automatic transmission. I want safety brakes, braking system. You want these things. You buy the car, you have no idea how it works.

Yep. Right? Yep. 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. No, I'm not

saying I have a Ferrari, but imagine you had a Ferrari.

If your Ferrari's parked in your garage, you're like, wow, beautiful vehicle. 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 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 like, what's right for me? What am I wired for? What am I designed for? And that's a perfect example. By the same token, try and get that Jeep to race the Ferrari on the track.

It's not going to do so well. So this is exactly what we're saying genetics can do for you. Yeah, 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.

So essentially, the goal is to adjust your behavior, whether it's diet, lifestyle, nutrition. There's one thing to be told 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 7,000 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 beyond your once every couple of months, but like regular daily golfers.

And cholesterol issues, which you would think, what are we even talking about here, right? So we start to unpack, well, what is that connection between, is it 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, all that stuff. So we can determine of the arteries, in terms of basically your entire vasculature, that inner lining that's called the endothelial, that 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. And 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. 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 MTHFR

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 six or seven genes from beginning to end.

the supporting characters of this MTHFR star that we know about. There's also FUT2, there's MTR, MDRR. There's a bunch of stuff going on, which you can have the best MTHFR, 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 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 and most of Europe is illegal then you're for four hours at a time three four 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 two or three percent 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? And then the cholesterol meeting toxicity, it actually hardens and gets deposited. It becomes hard to move. And that's the beginnings of this cholesterolemia.

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. Our context changed.

The environment, the chemical usage changed. It's constant in everything we do. 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 the same. Exactly the same.

Exactly. All the influences that come at us that our body can't handle. And it straws on a camel's back, right? Yep. How many straws do you need before the camel can't walk anymore?

That's exactly it. All you have to do is cross that threshold. And COVID is a good example of that. Why are some people 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 have 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? 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 this, but you have to be too smart, right? All you need to do is to do the test.

And you don't provide the interpretation in 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 build coaching programs where they can, here's the information, here's the report, and you can self-serve, do well with that.

How the DNA Company reports work

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. The biggest thing is what you mentioned earlier, the habit change.

It's one thing to know what's right and 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 Dr. BJ 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 were getting information, we said we need the information to stick because if people don't have outcomes, they're not going to believe that we actually helped 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 worked with Dr. BJ Phlog 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 anyone that has a particular outcome they're seeking, this is why we put this all together so that you can actually get there.

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 put together, oh, so our website is the dnacompany.com.

But if you add a forward slash P-E-M-F, 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 go to our 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 dnacompany.com forward slash PEMF, PEMF, just like conference.

Uh, 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 food am I meant to eat? You know, 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… I don't know where it's going to end up in the government's hands or some police report somewhere.

If you know Jay 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 never changes.

Unlike blood work and other types of testing, it's not a good business. because I sell you one 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 per test.

Well, the buyer of 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 years ago, I think 2019, 23andMe was funded $300 million by GlaxoSmithKline.

You wonder why? 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 debt privacy and security exists.

So what we said is that if we can 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. We're strictly, it's in our consent. We don't sell data. It's all aggregated and automated. We don't really have access to it anyway.

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

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

So they could get the report, they could purchase the 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 a person is interested in accessing. Is some of that self-directed or to what extent is it coaching related? I would argue that if you have the report in your hand, you can do what you need to do because the recommendations are built in.

So when it comes to, for example, let's talk about PEMF. We haven't even talked about that yet. When it comes to cellular health, innate cellular health, what are you trying to do when you get PEMF?

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 this particular gene, SOD2, that determines how well your mitochondria clears itself 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, that conversion of oxygen to energy leads to oxidant on the other side.

And an oxidant is a toxin. So that same thing that gives you life is slowly aging you and killing you. And that conversion process, the gene SAW-2 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 the SAW-2 gene?

and now again combine that with the epigenetic choice of I run five miles a day or 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 PEMF would help with, right?

So now we can identify who is the person that not only wants it but needs it. You need to be doing this therapy because genetically you're not matched to the world you live in.

You were designed to be living organically in some farm somewhere and not breathing in any nonsense. Although most people never survived past 35 or 40 anyway.

Because of pestilence, because of wars and famines and floods. Yeah, that's also true. So they lived healthily up until that point. Essentially, chronic disease wasn't a factor.

So this is where you can be very specific about even your PE of F 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 sawtooth, the poor relationship with oxidation, but you also have the bad GSTT like me. You also don't clear it 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. Because they're cumulative 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. Yep. That's a point relative to the genes. 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 of, but on the other hand, you could also do more to benefit the genes that are positive for you.

So it's a seesaw. You actually may 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 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 at one state today, and then a month later or so on, somebody dies or somebody got COVID or they had a motorcycle accident.

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, the time that they got the counseling that they needed, that's what they needed 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?

Right. 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 that you have my genetics. Up until now, I've been trying to work with you to stay cognitively sharp and emotionally sound.

He had some genetic issues in terms of neurochemicals that's 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 your neurochemicals of your 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?

Not as how do people do that, how do I do that? So we work with him on that and 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 they're 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 metabolization. And we've done this with Olympic athletes.

Personalized health, diet, and performance

We've done this with the US Olympic team where there's certain female athletes where exact same training for two or three of them. And one of them just isn't flourishing.

She has a skill, but she can't get the ripped muscle. She can't recover as fast. She gets more injuries. So we then look at what is counterintuitive when 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 this person was genetically blessed where they recover quickly.

Their detox cycles, their anti-oxidation cycles, their anti-inflammatory cycles are powerful. 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.

They were able to push their body harder than everyone 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 two or three 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 capacity of load or increase capacity of ability to deal with it. Those are your choices. Yeah, and unfortunately you have to have trainers who understand that complexity.

Because a lot of trainers say, here's how I train. Yes. And that you've got to do it this way, period. Exactly. Right? So you've got to match the genetics to the trainer.

The trainer needs to do mapping as well to find out what the trainer's genetics are. It's complicated. For sure. Yeah. And this is why 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, it's hard for a trainer to argue with DNA because that's, it's who you are.

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

It has to be individualized. And anybody that's saying the same thing happens with food, you should only eat a Mediterranean diet, or you should only eat a keto diet, et cetera.

Well, it's not going to serve everybody. That can actually harm a lot of people if they do that. Your body was designed to heal, but illness, chronic disease, stress, injury, and time can slow that process down.

What if you could restore your body's natural ability to recover, recharge, and feel its best? The key to healing is giving your body the energy to repair itself.

PEMF therapy does exactly that. Recharging your cells, improving circulation, reducing inflammation and helping you function at your best. For decades, I've studied this technology, worked with hundreds of medical professionals and helped thousands of people reduce pain, regain energy and take control of their health.

However, not all PMF devices are created equal. No one size fits all. We offer personalized consultations so you can find the right device for your needs, backed by real science and trusted results.

If you're ready for a real solution, let's talk. Schedule a consultation at drpauluk.com. That's P-R-P-A-W-L-U-K dot com. Because real healing starts at the cellular level.

Yeah, I can tell you. I mean, I actually can 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.

There's a very specific methylation gene called FAT2, which deals with a few things. It deals with B12 metabolization, but it also deals with the enzyme activity required to break down things like beans, lentils, legumes, chickpeas, the core protein sources for a vegan.

And if you're not doing well, you wonder why, you know, a couple years into it, all of a sudden you have gut issues, brain imploder, brain fog, joy, singing.

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, 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.

Same thing is true with the keto diet. There's seen some people where we tell them that you are a great fat metabolizer. 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.

When you get into ketosis, your brain feels amazing. Your body feels amazing. It's a couple of months into it where if you are genetically not designed to be a fat metabolizer, 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 guest workout.

Stop watching YouTube videos of what everybody else is doing. What do you need? It's in your DNA already. So I think that's a, that's a point. It's an important point to make, which is that we have philosophical systems.

We have belief systems, right? We spiritual systems, whatever they said, this is what you should eat, right? This is how you should live your life. The problem is it's not scientifically based.

We tend to get those philosophies and those belief systems for basically some amount of facts, maybe a small amount of facts, but not all the facts. And therefore you drive everybody into that fact system, right, where it's flawed in the first place.

Now fortunately 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 can be much more specific to yourself and 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. That average one size fits all.

Yeah, it worked on a few people. And remember, in any of that type of reporting, all the person that's reporting to is looking for is that it worked on six or seven out of 10 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? The choices are wrong. We're not taught the right stuff about food. I can't tell you how many people we talk to that when 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 are 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 how food is processed, and to learn a little bit about that, it'll open up your mind.

You can resolve a lot of things without personalizing. Forget about even the personalization. Personalization will take you to the optimal, the best potential.

Not only that, it'll get you there fast. 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 my salt club migraines. It wasn't quite a migraine. It was like a minor headache, kind of a weight. 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 is 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, 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 does 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, day three got worse. And that's when I started to investigate what's going on.

And it was, came down to that. And that day four, I didn't drink it 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 that we're completely unaware of.

And just because it 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 a hundred chemicals used to process one and none of them are required to be listed.

And what residual amounts of those chemicals are still in that natural flavor, right? Exactly. All you need is parts per million or parts per billion cause a problem.

Yeah. Yep, and you're ingesting it. That's what you're actually consuming. Since you're a philosopher, I could tell you're a philosopher. I've got to ask you a question.

Sure. Is there such a thing as average? Wow. So 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 cancer patients.

And we said, let's focus on one thing and do one thing right, and then start to sort of scale that out to other stuff. 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.

Average vs individualized medicine

So between hormone dominance, you know, testosterone, estrogen dominance, as 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 genocropiles, 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's 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, menopause is smooth and okay, as long as they're epigenetic load.

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? 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 two do, and the outermost just need a higher dose of whatever the thing is than the inner one, because they have a more extreme version of that problem.

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

Middle two women don't need anything, the outside two need something, the outer two just need a higher dose than the inner two. So we came down from infinite number to two products.

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's, 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 you're finding out what the average is. So you take the number, you divide it by the number of people you evaluate and that's the average. So who she sits on the average.

There is actually average. So the problem is that most people are not averages. Most people are other numbers that numerically become an 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. And that's the big problem.

This is why any medication out there, two or three out of 10 people feel amazing. Three out of 10 feel like, yeah, it's kind of okay. And for three out of 10, it's actually adverse.

Like it's a problem. It's a disaster. Yeah. That's exactly why. All right, well, let's go into the reason that we're here, I guess, at the first place, which is the PEPF summit.

But this is a journey as well, right? We have to go through this journey with a DNA talk, discussion, and then talk about how does PMF therapy fit into DNA.

And one of the first things we discussed is the whole concept, the theme of the kinds of magnetic fields. 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 there. It's always magnetized.

It's not varied. 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 EMFs.

So EMF stands for electromagnetic fields. Now, just because it says it's EMF doesn't mean that they're all the same, because they're not. So you have two kinds of EMF, basically.

You have pulse 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 letters.

right right right 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 frequency is confusing to people because frequency means it's very like this.

So our power lines are frequency. Yes. Radio signals are frequency. Our television is frequency. So those are

frequency systems that are basically broadcast in the environment, just like radio and TV waves.

Yes. They essentially go out to infinity, theoretically. The PEMFs, however, are created by current flowing through a wire. That's a natural law of physics.

When 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 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 and collapses, opens and collapses, always goes back to neutral, always goes back to the source.

EMFs are broadcast out in the environment. They go off to infinity. They all go back to the source. So that's called open loop, and PMFs are 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 EMFs in the environment, they penetrate into the body. PEMFs don't have wavelength. Correct, yeah. It's just a pulse. And that pulse 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. EMFs, 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.

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 DNA makes. So their damage is done by virtue of the fact that it's absorbed and causes heating and breaks apart chemical bonds.

PMS don't have that function because they don't get absorbed. They go completely through the body. So that's a big distinction. So then how do you use PMS relative to DNA?

Now that we have that concept, how do you use it relative to what you are doing with DNA?

PEMF therapy and cellular health

What we've learned is that, so what are we trying to sort of gain from PEMF exposure is it's all 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, that 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 disruptive communication.

You know, the cells that what your mitochondria are trying to do, They're now responding to another source, another load that they were never meant to.

Another stimulus. Another stimulus. Yeah. And then all of a sudden affects everything else. There's a new focus, right? New priority to deal with. And then the actual need of priority is not being dealt with.

Whereas with PEMF, you don't have that challenge. So if you're approaching sort of PEMF in a healthy way, which is what it is, then all of a sudden you can gain the benefit of cellular function being improved.

without the disruption to the DNA in the body. We talked about epigenetic expression. If you're doing it the wrong way with EMF, then not only is the communication all messed up because your mitochondria is now responding to this new stimulus, as you said, that it was never meant to and is being 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 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 and unpacked the DNA and the instruction isn't good and tight anymore, right?

So with PEMF, you avoid all that because to your point, the body's not absorbing it. There's no relationship between that communication and what the cell is.

There's no reception on the other end of this. It's straight to healing. 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, et cetera, et cetera, et cetera. Yeah, and this is why we think PEMF is so useful or important because what you're doing is you're affecting cellular health.

We know whether you talk to a naturopath, an MD, you know, an ophthalmologist, 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 the medical world doesn't have the right toolkit to even deal with it even if they do the answer 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. The metabolic inflammation throughout the system.

That's exactly where PEMF can come in and resolve that inflammatory load because if you are that person like I said that has the bad saw too for whom running or poor sleep or whatever is going to cause oxidative stress so their 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 will lead to disease, which disease just depends where you're weak cellularly, it's a 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 destruction 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.

Inflammation is the reason we get disease. So if we have a tool that can reduce cellular load, then we're reducing inflammation, which means we're preventing disease.

the right So I told the father, have the doctors reattach that piece, right? Just throw it back on again. But three-year-olds have amazing healing capacity.

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 going to lose her hand. Right?

And you can intervene quickly if that starts to look like it's happening. I wouldn't expect it to. They always start a PNF therapy. Right. An hour and a half to three hours a day.

To the thumb. Low-intensity 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. 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.

Yep. but we provided the body with a stimulus with more stimulation to get the DNA doing what it was wanting to do anyway. Then bingo, she accelerated.

So DNA is important for the healing process. So magnetic fields then stimulate the DNA to do their job of regeneration. So they provide more fuel and energy, ATP and everything else that you need for the DNA to be working.

The DNA doesn't have enough energy to start the regenerative process going. Right. Right? You're still limited. I mean, a fracture is a fracture. It's going to take X amount of time to heal.

It's not going to heal by blinking once, right? Exactly, yeah. The genetic machinery has to unfold the proteins, has to build new 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. And 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.

Selling their rejuvenation is a thing we do. Adding a pill or something that's changing biochemistry. You're saying the body is already healing. Selling their 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 Supercharger Health with EMF therapy.

There it is. You said it.

Closing remarks and access information

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.

EMFs can actually in the right dosing, Heal too, but the problem is it's very hard to titrate and control the dosing with DMFs. In fact, they're used as we were discussing earlier, they're using medicine to actually destroy tissue.

You do that on purpose, but it's controlled destruction of a wart or a burn 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, he says, I have a microwave oven.

And I bored a hole in the side of the microwave oven. I have a lesion in my arm. I'd be putting my arm up against him without me. Did Nick try to? Yeah, no kidding.

Well, at least he was creative. He was creative, but we had to dissuade him from doing that or dissuade anybody else from doing that either. 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 tools. Oh yeah, anyone that wants to explore the test. Don't buy retail from the website.

We've set up a special link for anyone that's listening today. So the website is the dnacompany.com forward slash P E M F. So the dnacompany.com forward slash P E M F.

And when you get to checkout, it will put in a discount for you. And we wanted to extend that to anyone that's listening today and respect your time. And thank you for, for joining us and listening.

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