Introduction to Genetics and Personalized Medicine

Welcome back to the conversation. In this interview, I'm talking to Kashif Khan. Welcome Kashif. Pleasure. Good to be here with you. Again and again.

I love having these interviews with you on genetics. So that's what we're going to cover today is really about genetics and not getting stuck in one size fits all information now for for people who don't already know you, you are the author of The DNA Way.

You're a two time TEDx speaker. You're a celebrity longevity coach and founder of the DNA company. And that's where personalized medicine is being pioneered through unique insights into the human genome.

And you have a different way of approaching the human genome than pretty much everyone else I've ever talked to, which is why I keep inviting you back and back and back again.

So thank you for being here. You ready to dove into this one? Yeah. Let's do it. Okay, well, we'll we'll answer some questions today. We'll take a look at my genetics as well, because that's always really fun to talk about what you found when you looked into mine.

And can you start off by sharing how you know this in this in this summit, we're really talking about root causes of chronic inflammatory conditions. And we're really highlighting toxins, nutrient deficiencies, infections, all the things that are underlying inflammation and chronic disease.

And can you start by shedding some light on how genetics determines one's susceptibility to these things? Why is it that one person in a household will not be affected by the mold?

For example, and somebody else just their health falls apart and they completely lose who they are. Why is that? So what you just said is my forever pitch, and I might sound biased, but for all of these problems that people are trying to solve, that's where we start, is like, well, if you're there's so much great information that people are going to learn with what you put together here, all these amazing speakers, all this amazing information.

If that one thing you listen to is you at a biological level, it is going to work. Incredible. If that's not you, you're going to be like, this sucks.

This didn't work. This guy doesn't know what he's talking about, the challenges. It probably did work for whoever he was trying to solve the problem or she was trying to solve it for what?

Well, I think the starting point is we know that the genome instructs all cellular function, every little job that your body needs to do for making hormones or clearing toxins to fighting inflammation.

There's a gene that prescribes how efficiently that job is done. Now, if you know how to read the instruction, you know where the biological failures are, which job is not being done properly, or in some cases, like for example, with you, I can point out one place where you don't even have the instruction.

Forget about how well you do the job, and we'll use this as an example to paint a picture when it comes to detoxification of the gut. There's meant to be a primary first line of defense that is driven through the glutathione pathway.

And people here are probably already familiar with good advice on this master antioxidant that helps you clear nonsense in your blood that you don't want.

That causes inflammation. Your gut is missing a page in the instruction manual, telling it to prevent those things from entering the bloodstream, which means ten people at a table eating a meal.

You're the one complaining about bloating, gassing, crap if you're not really diligent about what you're eating, the packaging, the pesticides, the chemicals that could be your why, your priority, your area of focus for someone else, it might be an entirely different issue.

It could be the airborne inhalation based. It could be hormones that they're making that are toxic. It could be their lack of mitochondrial function, which is also you.

By the way. It's ironic that I spent my career helping people with gut and energy and mitochondria energy production. We tend to learn and teach the things we need the most, right?

This is exactly it. When it comes to the root cause of medicine, the things that truly heal, not maintain a condition, but get rid of it. It comes from people like you having to heal themselves and it becomes your big priority.

The gut is everything. Mitochondria is everything. Because we're you. For you, it is right. It truly is. So that's really in a nutshell, what we're saying is, if you understand this instruction manual that every one of your 50 trillion cells has inside of it, you know where to prioritize, where to focus.

There's some stuff you need you can just ignore. There's some stuff that will be massive y. And you have all the experts here telling you how to do all those different things.

How Genetics Shapes Chronic Disease Risk

But this is how you personalize it to you by knowing what's happening in your genetics. So now we know why one person may be more susceptible to another because they're literally missing instructions or an instruction manual altogether in their genetic programing.

Now, can we talk a little bit about specific genes or genetic markers that are actually linked to people developing chronic disease? And I know in my own tests there's a few like like heart disease.

For example, if I don't do something, I'm going to be in big trouble as I age. So we know that the top killers are all rooted in inflammation, right? In fact, 14 of the 15 top killers in the U. S.

are all rooted in inflammation. And the other one, which is actually the number three cause of death, is medical error, which is also rooted in inflammation because the doctor would have screwed up if he didn't have information to get you there in the first place.

Right. So what we're saying is there's inflammation, which is why these toxic insults, something causes a problem. Now, what triggers first, why do you get this information?

And I get it as in the context of dementia, you get it in the context of cardiovascular disease. There's the actual foundational hardware. And this is where I believe Jack has got things wrong with that, where we're typically in.

Everyone here is probably familiar with the APOE gene. It's one of the most spoken of, you know, the dementia gene. Chris Hemsworth was just on this documentary where he was told the other 8 to 10 times elevated risk of dementia because he has one version of the gene.

That's the wrong version. If you have both bad versions of the 17 to 25 times risk now, what do you do with that information? I have an elevated risk of a dementia, which is going to give me the anxiety that's going to cause dementia.

That's really all I've done to myself. That's genetics. Functional genomics is okay. I now know this is a priority hardware failure. What does APOE do?

It's responsible. The transport lipids move cholesterol around your body. If you don't have a good version of the instruction you don't efficiently transport.

Which means that if there is a site of inflammation for which your body is then using cholesterol to mitigate and solve the problem, you may not likely do that so well, which means plaque buildup, this amyloid plaque in the brain.

Question number one is, why did I have information before getting to that? This is a very disease centric approach. We're already talking about the disease context of dementia versus inflammation itself.

So for some people, it's it's always the same pathways. Is it my gut? Is it what I read? Is it the hormones? Is it my mitochondrial function? Is it a process, another detox process called glucose ordination?

Is it my methylation, which is this anti-inflammatory response? It could be. It's something as simple as not being able to metabolize B vitamins properly and micronutrients that support anti-inflammatory pathways and the genes on those being turned up or down.

So it's this kind of doubling up of, in your case, 9 to 1. You are one step away from having the worst possible genetics when it comes to the quality of your cardiovascular hardware, very specifically the inner lining of the blood vessels, the endothelium, yours is paper thin, right?

Highly, highly prone to inflammation, not resilient whatsoever. Meanwhile, you're not sick. You weren't born sick. And most people that develop cardiovascular disease don't develop it at 15. You know, they develop later in life when your mitochondria starts to deplete.

And the threshold of my body being resilient and fighting versus this disease manifesting, there's a line that gets crossed and it also at 55 everybody gets their first chronic disease.

That's kind of the American average, right? Yeah. So, yeah. So in your case, you have this really, really bad quality hardware. It's very evident in your genome that the gene that determines how resilient this endothelium is, you have one of the worst versions.

So that means the priority for you is to not have inflammation here. We then have to go look at why would inflammation happen. We all. But that's not the only title to turn to remove the insult.

It's also support this. I know the hardware is bad, so what can I take? There are products out there that like arterosil amazing supplement that supports endothelial health, and omega-3 boosting your nitric oxide levels. Understanding of hypertension.

So all of a sudden, all of these inputs also become a priority. You're solving problems that are personalized level, you're preventing disease at a personalized level or if you have a disease, you're reversing it at a personalized level.

And all of these things we're learning about, they're the Silent Killers we can pick apart. Which one do I need to actually prioritize? Which is a problem for me.

And I think people's minds are exploding right now. So. So you've already spoken into, you know, this APOE gene. What is the one called for the heart.

9P21. 9P21. So I know people are scrambling to look at maybe they're 23andME or something else they've done. Can you talk about why that test is different than a DNA copy?

So that's genetics. Genetics is this gene means this. This gene means that singular meaning. To truly answer the question, you have to be more functional.

Meaning, okay, step one is my APOE is off, which you can learn through a 23andME report. Now what are the sort

of the defenses that are working so well that would lead the inflammatory, inflammatory threats to cause me a problem?

Those genes typically are reported on, and I'll tell you why they. Are not reported on. Often not in a genetic test. The reason is because genetic tests are not truly designed for the end user.

It's kind of a dirty secret of the genetic industry, which is your DNA never changes. So the business model sucks because you get your test done once and it's over and that's your DNA for life.

The car you've been dealt. And so all of these genetic testing companies became data selling businesses for recurring income. Right. To satisfy investors, which means the test is not designed to give you the best insights, is designed for the person you're paying three or four or $500 per test, the data buyers being 5 to $10000 for your data.

So who's that product really designed for? It's a yeah, it's a mass data collection tool which reduces accuracy. And the way those tests are built, they're about snip or spelling mistake collection.

Each gene has a minor spelling mistake. We collect that, we provide it to the data buyer. We also need to look for what are called insertions or deletions, meaning if a spelling mistake one gene is off or one letter is off, what if there's a whole paragraph missing or there's an extra paragraph?

APOE, Cardiovascular Risk, and Functional Genomics

It's duplicated. Imagine reading a book the difference between there and there. And you can pick any one of the many there's right or a whole paragraph missing.

And imagine now if several pages are missing, a copy number variation don't even have the gene like for you in the stem. Want the gut protective gene.

You don't have it. Forget about what version. So those require additional testing, they're separate tests. And now that's just step one. Step two is in order to enter this cardiovascular puzzle, it's not just 9 to 1 nine two.

One was just a red flag that was a priority. You have bad hardware. We now need to functionally interpret the actual biology of what triggers this for you.

You also make toxic estrogens. Remember, we talked about this big problem also, which means in that menstrual cycle, that monthly cycle, progesterone convert to androgens, which then convert to estrogens.

Every woman does this every month and in that last part of the month, you then convert that estrogen into a byproduct before clearing it. And there's three potential buckets you can fill.

One is great, two are toxic, and you go into this middle toxic bucket, which means another source of information, which is why you see 80% of dementia cases are in women.

Why cardiovascular disease for men? You kind of live with it. For women, you die from it, right? The impact is much more significant because of the internal cause of inflammation, which is a monthly dose that's being given.

If you don't understand all of what fuels this right, you can manage. If you do understand what feels it. So having said all that, you have to think puncturing red flag cardiovascular disease.

Meanwhile, you're not sick because you're doing everything right to not cause the information to this bad hardware. Yeah. And the way I understand it is with the estrogen pieces, I can take bioidentical hormones, but I better have a way to help my body clear it and get it out of me so it doesn't build up and be toxic.

And you can also be more specific on what you take. So as an example, the most common prescribed form is

estradiol because it's the most potent estradiol directly gets converted by the SIP, one by one g into four hydroxy estrogen, which is the toxic version that you make.

So that would fuel that fire. So you may decide to, yes, upregulate detox or support the job that your body doesn't do, but also take a less potent version like estriol, which doesn't convert into four hydroxy estrogen.

You may get less benefit out of it, but there's no red flag, meaning a lot of. Right. It's kind of like somewhere is a middle road, so you can personalize it.

We're constantly making choices when it comes to our health and wellness. We're just saying we can personalize all those, get them right. Yep. So this is just this absolutely illustrates your point of personalized medicine.

Now, we did touch on that. Most genetic companies are collecting data to sell it, but DNA companies very different. I want you to have an opportunity to speak into that because people are thinking, well, I'm never going to give my DNA if it's just sold.

Yeah, well, so me coming from the outside, I don't come from the industry. I'm not a scientist clinician. I just a guy that was sick. They use my genome to heal myself.

And this is where you find sort of the best functional innovation happens is when somebody truly found something and then they want to share it with everybody.

And so I realized that even in my healing journey, the genetic tests that I use didn't work. They didn't give me any answers. I didn't have a rare genetic condition.

I had chronic conditions and I had five of them, by the way, and I don't have any of them anymore. So I then learned I needed to reinterpret the genome.

And so that data isn't what the data buyers want to begin with. They want mass mass data collection to build pharmaceutique because there's 22,000 genes that make up the human genome.

We're only testing for 92 of them. Yeah, because a lot of it is noise. First of all, genetic conditions you can get. You probably already know you have it.

If you have sickle cell syndrome, you probably know, right? We're talking about disease, aging, performance, sleep, libido, hair loss, the big problems.

And they are not a direct genetic cause. They are functional multiple, multiple. So just like we talked about with the, you know, cardiovascular disease could potentially be a hormone disease.

How are those connected inflammation causing bad hardware to be inflamed. Right. So it has to be more functional in nature. So we look at core systems which are moving behavior, everything about the brain. How are you wired? How do you think?

How do you perceive the world when it comes to healing? How do you actually comply and get the job done? Everything about doing nutrition, Harry metabolize, macro micronutrients, everything about sleep.

You're not going to heal if you're not sleeping properly. And I remember we had to fix your sleep also, right? Everything about hormones in that cascade immunity, detoxification, inflammation, and then the chronic disease markers.

Once you've understood all of this, you can then apply it to the chronic disease markers. You know how your body works. So that we had to make a conscious choice to be the health care company as opposed to the data selling company.

So the test we build serves the customer, not the data buyer. Right. And so what you would say to anybody who's done a 23 and me, because your DNA doesn't change, you should if you want this type of application of what to do with your genetics, you'd want to redo this type of test because it's testing for four components that are not tested in a 23 in me and it's like kind of comparing apples to oranges.

Yeah. I've even had people say, well, I've had my whole genome sequenced, right? So everything's there. And when we look at it, it's not there because they don't there's still what is data collection?

Some of the genes are actually assumed. They literally don't even test for them. Right. They just make an assumption based on algorithms that are decently accurate.

But they're still not. If it's your genome, it should be 100% certain, but there shouldn't be any guesswork. So, yeah, this is so and the other thing is people should realize that technology is not where people think it is.

You know, when you test that massive amount of data, go to five different companies, you might get five different results because the more you test, the less accurate it becomes.

And that's why we very intentionally brought it down to what actually matters in a functional pathway setting. So from a functional pathway, you know what my most favorite part of my test was?

When you talk about, you know, how to make lifestyle choices for yourself. And I want you to talk about this because it was my most favorite thing. I found out that there's a good reason that I'm not a runner because cardio, cardio exercise, I can't recover from it and I should be lifting weights instead.

Like this was music to my ears because I always thought something was wrong with me because I couldn't run the mile at school and I couldn't run track and the recovery was terrible.

And I'd go out and try to start a jogging habit and I feel like crap. So what was happening there? Side two is a gene that determines the efficiency of your mitochondrial function and is a sort of cofactor that for hydrogen peroxide synthesis.

And these two things go hand in hand. So every time you breathe your cells at the mitochondria, combine the oxygen with nutrition to create energy. And in that process of using oxygen as fuel, you create a byproduct called oxidant, which is a free radical, a toxin.

And you have this amazing fireplace, but there's no chimney smoke. It doesn't go anywhere.

Why DNA Testing Must Go Beyond SNPs

So it's just building up on the cell, meaning that the more oxidative stress you put yourself through, you're all of a sudden creating more oxidant, which is choking the cell prematurely, aging you, degrading the cell, damaging and oxidizing your DNA, which also ages you when you when you put yourself through that the recovery time is so much greater because your cells are struggling to get out of that, you know, massive load that you just put on to it.

So yeah, we would definitely say to someone like you the combination of your mitochondrial function with your bad name could be true. When we talk about the cardiovascular, hard work equals cardiovascular disease.

If you have the habit of oxidative stress, which means, you know, cardiovascular activity or sleep over or under, eating over, stressing yourself, all of the things that lead to oxidative stress.

So you should be and even your hormones, by the way, your hormones speak to resistance, training, weightlifting. You're designed for it. Yeah. And ice level flourish.

When I lift weights and do strength training, I do great. My body loves it. Yup. And now if you always make the right choice, always imagine that. Never screwing up, never having to guess.

And you're always making the right choice. How good are you going to feel? How much extra I mean, how many extra years are you going to have? Right. Versus kind of guessing or some more often than not making the wrong choice because we're doing the right thing.

Like even being here, everyone listening and watching, you're doing the right thing, right? You're taking your health in your own hands. You're taking control.

You know that you can go beyond a prescription and do better. So that's step one. Now, take all of what you're learning here and what resonate just like with you.

It resonated. Running sucks, it is horrible, but for some people that's not true. For some people there are literally designed for wired for it and that's the best thing for them.

So in all of these choices, every day, there's a way to always make the right choice. This has been so insightful. So, you know, we're coming to the end here of our first part of our discussion.

And Kashyap, I want to thank you so much for joining us for this talk on genetics and to our audience. I hope you found our conversation insightful and helpful.

If you're a summit purchaser, stay right here because we're about to dove even deeper into this discussion with cash if if you're not. Click on the button on this page to get access to a continuation of this conversation and many others, and get the tools you need to reclaim your health.

If you're watching this continuation of my talk with Kashif, thank you for being a valuable member of our community and we are going to dove right back in.

So Kashif, could you you know, we just got done talking about my exercise and what my body likes to do. Well, let's totally switch gears here. And can you talk about what you're seeing in clinical practice?

What are some of the big things and threats that we're seeing in what you do and how you help people? What have you noticed sort of trends? There's this.

I mean, you mentioned in the beginning my book that I put out this year, the DNA way, and there's a chapter in there about the canary in the coal mine, and I'm talking about our children.

And why do I say this? Because all of the defenses that we have, they also have, but to a lesser degree, and they're underdeveloped. So something like, for example. MF You know, if I take that one thing, we see the outcome in children dramatic and drastic, which means it's also hurting us.

But we don't know because it's not that that deep of an outcome. So why do I say this? If you take the the the cell phone data, the safety data, the research in the United States was done in the 1980s.

It hasn't changed since then. And it was done on military men that were over six feet tall, who skulls are four times as thick as a ten year old child.

And you have a child that's on their phone all day, all night, you know, iPad in hand, phone in hand, etc.. And when it's done in hand, there's still Wi-Fi in the home.

There's still Wi-Fi at school, you know. So the threat today, the general theme of what I what I want to say to people, what you ask is the threats. Today, we are not wired for our genome, thinks that we are still cave people.

The defense is we have our wired for someone walking out of a cave, plucking a plant out of the ground and killing a moose. Well, I'm a Canadian. That's why I said mouse could be something else.

Depends where you live. Right. So maybe it's. Maybe it's bison here. In the. United States. So now we're not doing

that. We are in the most toxic environment any human has ever lived, and especially if you live in the United States when it comes to food imports, chemicals, etc..

Since the 1970s, 144,000 chemicals have been added to humanity, and a majority of that is in food. So why do I say all this? Because what we're talking out and what you're talking about and the good work you're doing to bring this to everybody, it's not really optional.

You have to think about your health differently. You have to realize that it's not. It's no longer about I live my life and if I get sick, the doctor will fix me.

The threat is far too great and your body is not wired to cope with it. So you have to have to have to have a maintenance plan. You have to have an annual detox plan, a gut plan and a lymphatic plan, and a lymphatic plan.

And your body can cope with all that. But of what's going on and this is what we're seeing in practice that, yes, based on someone's genetic profile, the outcome is different, the recommendations are different, the threats are different.

But everybody's coming in with a problem. Right. We're not seeing that. We haven't found that super person that is coping well and that they're just doing everything right, even the best of the best.

I personally, indirectly work with, you know, professional athletes, Olympians, celebrities who have the best of everything and they are not doing well.

Right. The threat level is too high. And I just I underline this because you have to have to have to think about how you manage your health differently.

You have to be doing something. The threat is to like you do. And, you know, I talk about this a lot in my community and in my programs and people, you know, they want to do a two week thing or a three month thing and be done.

And truthfully, in three months, we can lay some good foundation for you to be able to actually get toxins out of your body. We can open the drainage pathways, we can solve some gut issues.

We can get the mitochondria online. We can start to solve this. But here's the message I want everyone to hear is it doesn't end. So once you finish that, you're on to the next thing and a maintenance schedule.

And some people it takes, you know, 12 to 24 months to get their health turned around. You lived into it. You got to live out of it. And then you you bring these genetic factors into play.

Exercise, Mitochondria, and the Right Training Style

If you're stuck, it may be because there's something in your genetics that is causing a block for you. But I mean, if and I will be completely honest with you, we plan on keeping going strong with our detox and our gut protocols and supporting our mitochondria for our whole life.

This is a lifelong change that we're making in the way that we handle our health and the health of our loved ones. I mean, you want to talk into that for a second.

Well, let me give myself as an example what were my five chronic conditions? Gut issues, depression, neurochemical issues, migraines, horrible, horrible migraines, eczema and psoriasis.

By the examined psoriasis were the first to get fixed. Some of the depression issues took a little longer because I had to understand it wasn't a disease.

It was actually my superpower. I was actually meant to be like entrepreneurial and reward seeking, and I just stopped trying. I built a business, some level of success, and I just stopped working.

So that led to my default setting, which is depression, right? So now why do I say this? Because I experiment on myself and I want to understand, here's how I feel.

Good, right? Here's this line in the sand. How close am I to bad health? And I can tell you the best of us, the best of us, we're constantly teetering.

The line that's also it's very easy, much easier than you think to get better. And it's also very easy to get sick. You have to be constantly mentioned maintaining, what did I do?

Well, I haven't had eczema in years because I know what causes it. I would just like Laura. I'm missing the gut detox gene. Don't have it. So certain foods trigger an inflammatory response.

For me, that's not the only reason. That's one of the reasons I also don't deal with gluten well. I also don't deal with certain inhalation based chemicals.

Well, right. So I've been careful with that stuff and I have had clear skin, no issues. Whereas at the point I started I couldn't open my left eye. It was sealed shut from eczema. Right.

So in the last month it was my birthday a little while ago and a friend took me out for lunch and the place where we went had amazing bread, which I don't eat.

And I said, What the hell? I'm going to try it, right? Because it was amazing and I did it. Then I thought, You know what? I don't feel that bad. I want to see what it takes to get sick again.

I'll go through a little bit of pain. I want to see what it takes. I stopped taking my detox supplements and I stopped taking my gut support supplements and I kept eating bread and sugar.

It took three weeks and I now have you might be able to see it here, eczema on my eye. And I think a big a big eczema spot on my arm and my head feels a little not foggy, but almost like there's a weight, right?

It took me three weeks of having the wrong habits after five years of clean bill of health, somebody that talks about having a lower biological age and their actual chronic illogically.

Right. That's how we're teetering. Not only because of the sensitive sensitivity of our biology, but because the threat is so potent. You know, the potassium bromate and the bread and the chemicals and the drying agents for the wheat and all of it is so potent that if you're not careful with your habits, it's so easy to go back in the other direction.

So the maintenance, yeah, let's get better. But you're not done. Just like you said, right? You just got yourself back to where you should have been. Now you have to maintain and that never ends in today's reality.

Very different reality than Grandma and Grandpa lived it. Very different because of those, you know, 140,000 plus chemicals that are now on our planet.

And I mean, you're not in the U. S., you're in Canada, which is a little bit better, but it's still a developed country and you still are exposed to quite a bit, you know, with all of this kind of doom and gloom, let's shift and talk about good things.

We talked a lot about what's wrong in my DNA. Let's talk about why I'm super human and let's talk because let's give people hope, right? Because you're going to find some really cool stuff about yourself that you can be proud of on this test.

And also, let's talk about how knowing your DNA really does empower empower you and your health to make health. This isn't decisions. So let's shift to how this works in our favor.

When it comes to the wiring of your brain. And this is one of the first things we talked about.

Clinical Trends, Environmental Threats, and Lifelong Maintenance

You literally are designed to do what you're doing. But keep in mind, this is a context thing, because if you weren't doing this, you may have felt bad.

You could use words like anxiety, depression, burnout, but because you're doing exactly what you're wired for, you're thriving. And what am I saying? Your brain is wired towards this like sort of bingeing propensity that I'm not really interested, but what I am interested, I'm gone.

Like it's six, seven, 8 hours of like diving in that allows you to think deep right your body, enough brain derived neurotrophic factor. It's this gene that speaks to neuroplasticity, your brain's ability to develop new neural pathways.

So yours is off, which clinically people would say, oh, greater risk of dementia and Alzheimer's, but you're doing things right that would not lead to that mood and behavior wise.

It's more like you give things a lot of meaning. You know, things are important. So take your bingeing propensity and combine that with the work that I'm doing means a lot, which is why you come out with amazing stuff, right?

When somebody is working with you as a patient, they're going to feel that. They're going to know that. And that's why people there's a demand to work with you, right?

Because of the outcome. It's there. Your serotonin response is also completely dysregulated, which again, based on the context, good or bad, the bad is people might say you're a little irritable, easy to frustrate you.

Like, stop bugging me, stop making that noise, stop taking your table and the pencil that your pencil on the table, I can't focus. Right. But it's also this innate superpower.

What's happening is because your serotonin serotonin receptor is far too short, it's hard for you to bind enough to respond appropriately for whatever stimulus is happening.

So whether it's good or bad news, you're kind of under or over responding all the time, both outwardly what people perceive and also how you're perceiving the thing.

So it leads to people thinking like walk on eggshells, let's be careful how we say things right? Not as our drama can respond is more like looking at you and getting a response, right?

So that all the what drives that is because you can bind enough serotonin. Your brain is coping by not prioritizing stimulus. It's trying to respond to everything because it's confused.

Like, what's the what's the priority here? What are we focused on? So when you were young, that might have been called ADHD. When you're focused on what you're good at, it's actually hypertension.

You're in this path of bingeing because of your dopamine response, right? You take deep pleasure in what you do and you focus. You give things a lot of meaning because your brain drive neurotrophic factors off, so your mood kind of leans towards there's a lot of value in meaning here and you're seeing every little detail and nuance as you're sort of going down this path.

So that bundle, again, is an innate superpower in the right context, which is exactly the context you had, but mismatch that to go work with a team on brainstorming, you know, that's a disaster waiting to happen, especially if they're on a low level.

I work well. I work well alone. Yeah. Yeah. So it's like you're designed to be a subject matter expert. Yeah, right. Not a global traits. You can go learn the thing.

The first step, you're probably going to stumble and fumble and look like you don't know what you're doing. But once you figure that thing out, you're also going to master that where somebody like me works at kind of 80% level on everything, right?

Give it all to me all at once. I don't care. I'll shift gears from legal to accounting to marketing, and I'm never going to be the master of that, but I will do a pretty good job and enough to satisfy the need.

Right. But I can handle it all. So we call it a quick start. You're crazy. I think that that is what it is. I am a starter. I'm an entrepreneur. I will bring the idea to the table, I'll get it going.

And then I need to build a team to execute it right. For you. It's like, give me this and leave me alone, right? I know what I'm doing. You don't let me do it.

Yeah. Right. But, but it leads to amazing outcomes. And so just understanding that about yourself, imagine what happens in relationships. Imagine what happens with your children and imagine knowing who you are in the relationship, whether it's family or whether it's work right?

Whether it's whatever you have to interact with, whether it's patient and clinician. Right. We find that different clinicians are very good for very different reasons.

You're good because of this reason. Some other clinicians are good because they can shift gears and they can work on multiple things. And also, you know, that innate wiring, understanding that is kind of half of solving most problems.

Yeah, I would describe myself as deeply committed, focused, you know, loyal and yet focused and committed like that. That's it. Yeah. And your genome speaks to it, right?

Yeah. That's interesting. I'm sure people are listening right now going, I want to know that about my brain. That's why I found so fascinating the first time we went over my test results and it's like you knew everything about my brain and how I operate.

I was like, This is weird how do you know this about me? So now keep in mind, everything I just said is not academic genetics. In fact, the geneticists listening here will probably say, how does he know that?

Genes don't tell you that. So again, coming in from the outside I could see as and this is usually what's required you have this amazing science academics and Jack's created this they created this amazing bit of research that needed an innovator to come in and apply it somewhere.

And what did we do? The gap was geneticists knew a lot about genes. Clinicians knew a lot about disease. They never talked to each other. So the research that was needed was I spent three years with a bunch of clinicians studying 7000 people, one by one, including interviewing them and understanding their behavior.

So when we knew that the map was off and neuroplasticity was a problem, how does that change your mood out? Don't change your behavior. And when we consistently saw the same thing over and over again, this biochemistry matched the behavior and it made it started to make sense.

We see these trends and buckets of people fit in and now we can speak to them with confidence because we've done it 7000 times, right? Yes. So let's speak into giving people some hope now and how this empowers them.

So having this information empowers them to make better decisions because it can feel kind of bleak when when you know, you think of, gosh, I have to do this healthy stuff the rest of my life.

You mean if I if I start eating gluten and, you know, stop taking my supplements, it's only going to take three weeks for my eczema to come back. So let's talk let's let's let's end this with with some big empowerment for people.

So the body or the body is seeking this homeostatic place, like, get me to good health. The terrain should be healthy, right? Head to toe. Let's get the cells thriving, remove inflammation, whatever the source is.

And then you can choose to not have disease and to extend your life. Like truly, the day you die can change based on your choices, right? So the question of maintenance, I did something extreme which I forced my bed myself.

Exactly the thing that I know I'm not supposed to eat right. I removed the exact protection that I know I'm supposed to have. So I wanted to see the results.

And this example is important because it shows you, even if you're at your healthiest, the threats are so significant, right? The threats are so significant.

Three, four weeks you're into it. But the good news is you can know exactly what the threats are. We know here it's not one size fits all. It's not trial and error.

It's not let me go watch the next seven YouTube videos until finally something works for me, right? I was this morning speaking to a mother of an autistic child who has spent tens of thousands of dollars, literally 30, $40,000.

Nothing's worked. And she knows her child wasn't born that way. So it's not innate, like a genetic condition. Something happened around the age of two and we can assume what that something was, you know, and a couple of things happened and her child changed. And the thing with her, she's done a lot of stuff.

She's done oxygen treatment. She's done she was thinking what stem cell she's done parasite cleanses. And where we got to was you had the right attitude.

You're doing things right. You just didn't find that one thing yet. Why? Because you're just trial and error. You're there's nothing wrong with your intentions.

You've you're doing the right, functional stuff, but you don't you haven't even figure out what problem you're supposed to solve yet. You're not solving the problem of autism.

You're solving the problem of some biological failure. And if you resolve that very specific thing, all these symptoms go away. They unravel themselves.

And if I use another example of another autistic child, we just work with whatever we find. We found that here's this perfect storm of vaccinations right at that point, the child is receiving heavy metals.

Well, that's a problem.

Brain Wiring, Superpowers, and Behavioral Traits

Why isn't every child autistic? Because not every child is missing that exactly one gene, which is a primary detoxify of heavy metals in the blood that removes them and helps the child do that.

Now, if the child starts to feel the fevers and the negative outcome of these jobs, which is typical, right, and now there's over 80 of them on the mandatory schedule.

The next step is Tylenol to deal with the fever. Right. And the intention of the parent is great. The intention of the doctor is great. The science is not understood.

The active ingredient, acetaminophen, requires your glutathione pathway to be metabolized, the same exact pathway that your child needs to get rid of the heavy metals.

And if a child has a copy number, variation is missing that gene they cannot deal with the Tylenol. It's whatever glutathione available is being used for that, which leaves nothing for the heavy metals and all of a sudden you have

this massive inflammatory insult in a child who is underdeveloped neurologically, who then experiences neural inflammation, which leads to literal damage, which equals a phenotype or an expression of a disease that we call autism.

We don't know what else to call it. It's brain damage, right, is one example, many, many examples of what leads to this spectrum and is why we call it a spectrum.

You can't quite put your finger on it right now if that child also has poor methylation. All the information just been caused by what we just described.

Methylation should kick in to fight that inflammation. And if they don't do that well and they're not taking the right version of B12 and they're not taking the right version of folate or colonic acid or folic acid or whatever their genes are calling for.

They're also not fighting the inflammation. So it persists. And that longitudinal inflammation leads to this ongoing damage, which then finally equals something.

You can come back from. There are ways to reverse and fix. And that's what I was talking to his mother about this morning. But that's a perfect example of if you don't know and you do, the one size fits all, why is 66% of the United States on a prescription drug right now?

Why do we have a $4 trillion health care budget of which 90% is spent on chronic disease? Completely optional diseases do not have to happen. Right. But if you do know if you if you know exactly what's going on in your biology, which piece is broken, what needs to be addressed, these things shouldn't happen.

If that mother knew that about her child, that the growth hormone pathway is nonexistent. So not only do I need to pace these vaccines, but I cannot add Tylenol at the same time.

And I need to support within this little system glycine, selenium, precursors to glutathione out to support the detox of those heavy metals. That problem wouldn't have happened.

It's really that simple, right? And it sounds oversimplified, but it is. It's here's broken biology. I need to add things and I need to remove things to maintain the health that I was born with.

And if I stop doing that, my body's going to change. That's where illness starts. And you make it so easy. It sounds so what I heard here in in the beginning of this talk about the autism is there was something that turn flipped the switch that turned on inflammation in the body that it's almost like the genetics were set up and ready for it once the toxin came in, whatever it is, a metal a, you know, an over-the-counter medication like acetaminophen, Tylenol, that that switch was turned on.

And now now the child has symptoms, now the adult has symptoms or whoever it is that's getting the exposure. Yeah. And that could be that child story.

A different child has a different story. Right? Very different reason. There's some we're now seeing this thing called late onset autism that didn't like, you know, late teens. Why?

Because all of a sudden in specifically boys when they're overly androgen is so testosterone, which is a beautiful hormone also. So it inhibits your ability to fight inflammation, which is why we were seeing these young athletes dropping dead of cardiac arrest in the last year or so.

You know, why why is it specifically happening with like 18 to 22 year old boys? Because their peak testosterone production and they you know, the adrenaline.

I'll give you another example since we're on it, I'll just get right into it. So you've taken a certain medication. That medication has caused damage to your cardiovascular hardware, right.

Inflammation, cardiac inflammation. And I think we all know what medication we're talking about now in a young man, you're you're seeing these athletes at peak performance on the field dropping dead or having cardiac arrest. Why?

Because when you have, it constricts your blood vessels, that peak adrenaline. And we don't all deal with adrenaline the same way genetically. We can determine that some of us are less efficient at that.

So far less efficient. You have this adrenaline response and you're constricting blood vessels in the context of an 18 to 22 year old boy who's at peak testosterone production, which is an inhibitor of anti-inflammatory response that equals cardiac arrest.

And it all started with a damaged cardiovascular hardware from that, you know, endothelial inflammation caused by, you know, that certain protein that's being inserted.

Right. So, again, everything, everything, everything in health and wellness can be personalized because not everybody fits this profile, but some people do end up never have taken that big.

Yeah. And that's why some people do fine and some people don't. Yeah. So this has been enlightening. Very enlightening. Now you you have some new, exciting stuff that you're doing.

Not only did you are you the founder of the DNA company and you're the brain, you know, you thought this all up in your brain and your quickstart entrepreneur and hired the right people to do it.

But now you're doing something really fun, which is you're actually working closely with clients. So tell our audience what you're doing and how they can get a hold of you.

Autism, Toxic Exposures, and the Need for Precision

So yeah, I mean, we got to the point where this company is built, established and my entrepreneurial brain gets bored, like what's next, right? And the thing that was most rewarding for me was actually working with people.

I never thought I would be in a position where I'm sitting in front of patients and like talking to people. That was not the plan. But the more we get out there and speak, whatever I've done corporate stuff and group stuff, or literally 10 to 500 patients sitting there, and I find that to be the most rewarding part of what we do.

And I never get bored of that. Never. It's the first thing that I've been able to stick to with all my ADHD response. And so I thought in terms of our company, we actually hired this new CEO.

I'm not the CEO anymore to run this business, and I now am working on group coaching because it's something that I truly want to do. And so it's something we can share with everybody.

You know, I have a couple of programs. People work with me on an annual membership I work with, like celebrities and athletes and stuff that, you know, for them, their health is their career, you know, so they have to focus on a heavily and then I also do a group sessions with people and there if you go to my website, there's something that we do.

But I think for this community I'll create something special and we can share, you know, the code on that, whatever that is, so that this group can come together at some kind of discounted price.

I haven't even thought about what that is, but together, since. We're making it up as we go, let's make the code BIORADIANT as in Bio-Radiant Health. My company. So BIORADIANT Bio-Radiant, whatever that whatever we come up with when you go to your website and click in to Bio-Radiant, there'll be something there.

So what's the web page to go to? So it's kashkhanofficial K-A-S-H-K-H-A-N Official So kashkhanofficial.com/BIORADIANT And now I have to make up something to give you.

Yeah, we're going to do something. It'll be there. Right. And I'll make sure that whatever my regular program is, it will be something. You'll be happy with what you're thinking.

There, I'll set something up amazing. So people can get they can get DNA testing, they can get support from you in some way. Group program. That's like what we're going to dream up here, right?

It's going to look like this DNA test. And then we're either and I'll I'll talk to you about this. What's either going to be a full day or a one month like once a week type session where we're going to go through the entire genome beginning to end as if I'm sitting there working with you one on one and we're going to have a lot of live Q&A.

I think the most valuable part about this is the Q&A, which is bring your personal issues to the table, right? So we're going to go through each section, the brain, diet, hormones, which for women specifically is such a big area that we have to work on sleep, you know, cardiovascular diseases, Alzheimer's, all this stuff.

Working with Kashif Khan and How to Get Support

We're going to go through every single piece, leave no stone unturned. And for each area, we're going to open up Q&A to make sure you can ask a personalized question.

And it's going to be as if we work one on one in this group setting. I can promise you life changing experience. What about people? So I know people are already thinking they're like, I already did a DNA test.

I have the results. I've done it because they've been around me in my community a long time. They've been around the summit world a long time. So somehow it will help you to even bring your test results and do it.

Yeah, it's just so same thing where? So the DNA test and the report you get, there's certain things we're allowed to say and certain things were not based on the FDA.

So the report gives you what we're allowed to hand over to a consumer. We do have clinical services. We're medical doctors, naturopaths, whatever level of intervention you need.

So in a group setting as an education context, I can say a lot more, right? So there's a lot more that we know that we're not allowed to hand over to consumers.

So you will get that sort of deep dove as if we had this one on one clinical session. Amazing. Oh, my gosh. So good. I can't wait for this. Yeah, it's going to be good, Kashif, always it is such a pleasure to talk to you, to hear just how you break down really complex concepts into such easy ways to understand.

I'm sure everyone listening is just having a sigh of relief that this isn't actually hard. This is simple, and there's a simple way to do it. And now, thankfully, you can actually guide people through it, which is amazing. So, so that'll be kashkhanofficial.com/BIORADIANT.

K-A-S-H-K-H-A-N Official That's that's where we will put all this to remember to do this. I mean at the time that we're filming this, this is going to air down the road.

So we'll have to do that. So thank you so much and thank you for your contribution to the world. And I'm so glad that you're a quick start. And like this brainiac who needs to shift from thing to thing, because if you weren't like that, if your brain weren't wired like that, we wouldn't have DNA company.

And that's really executable. Meaningful way to look at genetics. No, thank you. And I don't think I'm ever going to stop, but it's a lot of fun, so I'll keep going.

It is. It is. Well, until next time, everyone take a care and make sure you go. Find Kashif's website Bye now.