Q & A Genes, Why You Are the Way You Are

Episode 79: Q & A Genes, Why You Are the Way You Are with Dr. J Ann Dunn

Gregory Anne: Hey, hey everybody who's here with us live and will listen later. This is Gregory Anne Cox and I have J, Dr. J Dunn with me from my Happy Genes. We are here to answer questions about gene testing and all that indicates from a possibility of aging well and being healthy in the moment both mentally and physically.

And one of the reasons, and one of the couple of questions I've gotten is who knew that knowing about our gene profile could actually help us if we have anxiety or depression, any kind of mental health issues. So Dr. Dunn, thank you so much for being with me again. Good to have you.

J Dunn: Thank you so much for inviting me back.

I appreciate that, Greg.

Gregory Anne: Yeah. And I want you to tell your story, which is why you started a company, because I think it, for people like myself, until I met you who can't really understand this relationship between better mental health and what my gene profile says, just tell them your story cuz it gives people hope.

J Dunn: Yeah. Thank you. So I'm a, I'm a chiropractic physician and I won't go into why, how I, and why I got there. But I was practicing in New Mexico for over 30 years doing natural medicine, doing kinesiology or muscle testing and chiropractic and emotional work and functional medicine.

I had a lot of, lot of different tools in my bag and had a very successful practice there. But there were some things were bothering me about there were three things. There were three things that kind of drove me toward starting my practice, and one of them was my father dying at 55 of lung cancer, which, you know, was not, not a mystery.

He did everything he could to get lung cancer. But his best friend who was doing the same things, ended up marrying my mother and living another 30 years doing those same things. Smoking, drinking, not exercising, you know, doing nothing healthy. And you know, back then all, all you can say about that was.

That's gotta be genetics, right? They're doing the same things and one, one person lives longer than the other. And then my own personal story, which was that I I've been dealing with depression my entire life. Some pretty heavy duty depression at times. Most of the time I would, you know, I would put on a, a happy face and get through the day.

But and not a lot of people knew that I struggled with it, but I, but I definitely did, and it was lifelong. And chronic fatigue syndrome. I, I was struggling with chronic fatigue syndrome as well and couldn't seem to fix myself. And so, you know, I had

all these tools in my bag and I was fixing a lot of other people, but I couldn't seem to get on top of those two health issues for me.

And then actually the fourth thing was that There were certain people in my practice that no matter what I did, I could not get anywhere with, I just, they just didn't respond to anything that I did therapeutically where most people would respond. And so, again, you know, in my head I kept thinking this has to be genetics or there is a missing piece really was.

Was my thought about it. You know, there's something missing. We're missing a piece here. And so I was looking and looking, and then one day I kept hearing this word, or over a period of time I kept hearing the word methylation in natural healing and also in, in alopathic medicine or, you know, not traditional medicine, but what we call modern medicine.

I was hearing that word methylation and I didn't know what it meant. And so, I started Googling it and took a deep dive into trying to understand what that was and it's, it was biochemistry, which not my favorite topic, . In fact, I failed chemistry twice when I was in college, and so I was like, oh my gosh, I think I have to hit the books again cuz it was one of those things where I got through biochemistry by memorizing things and spitting it out and moving on, but, As I started to look into this, I got, I got really amazed at what I found, which was answers, which were answers to those questions that I had been asking.

I was googling a methylation and I got this video by a guy named Richon Conan Berg. And he was dealing with, he was working with biochemical pathways in the body and using nutrition to balance it, but based on genetic information. And so I was like, oh, wow, this, you know, it was one of those things where you get goosebumps, you know you're on the right.

And so I was like, oh my gosh, this is it. And so I swear I spent most of the day on the couch writing notes watching this video, and oh my God, oh my God, oh my god. And so, all right, I gotta go back. Gotta study biochemistry, gotta look into this genetic thing. I got my genes tested through 23 and me, and put him through a, you know, a software program from a.

An online kind of program that was free. It was called a genetic Genie. At the time, I only tested for 30 genes, but one of the genes that really popped out at me was the

vitamin D receptor, the vdr. And I have a genetic variant there for, for those of you that don't know what that means You get your genes from your parents.

You inherit one gene from mom and one gene from dad. And that's a blueprint that tells your body how to do something, how to make something in your body. And so the code that I inherited to make the vitamin D receptor was the wrong. Code. So it's from both parents. And so that's what we call a homozygous variant.

So it's as if you had the wrong recipe for making chocolate cake and you tasted it and it tasted terrible when it came out . So I started to, to look into that. I Googled it. What is the vitamin D receptor? What does that do? And it, at first glance, it made sense to me because, , I always struggled with my vitamin D levels.

They were always really low when I had blood work done, yet I could take all the vitamin D in the world and it didn't budge, it didn't. So that's what happens is that vitamin D receptor not working correctly. I can't absorb vitamin D. And so as I looked into it, and as I looked at the studies, one of the first things that, that I ran across was a study that showed that when you have the vitamin D receptor variant you're highly susceptible to lung cancer when you smoke.

So that was number one. The second thing I found was it activates your immune system. So when you, when you absorb vitamin D, vitamin D is very much involved in how our immune system functions. And so in order to make T cells correctly, which is kind of our first line of defense in the immune system, you have to have vitamin D.

And so You're, you're not gonna be able to fight off infections. So that was clue number two. I was like, oh, Epstein bar virus, which was, you know, my source of chronic fatigue syndrome. Makes sense. And the third thing was that it governs how your body makes dopamine and serotonin. And those are brain chemicals.

Those are our happy hormones. And so I started, you know, I was like, well, okay. Good. Now what , what do I do about that? And so I kept, I kept digging and, and what I found were this concept of co-factors or co enzymes. And so when, when you take the right nutrients for a particular enzyme, Or a receptor, it changes the confirmation of that receptor or that enzyme.

And so I found the co-factors for vitamin D, vitamin D receptor, which are K2 and vitamin A. And when I started taking K2 A and D, bam, my depression was gone

and lifelong depression. And I was like, I think this is happy I've heard about it. , I really had never felt it, you know, I'd had moments of like excitement or, but my set point was always down here, so if this is normal, I was always struggling, you know, kind of to get up here.

Now, this is where I live in Happyville and it's. It's because I'm taking the exact right nutrients for my genes to make my genes work correctly or make up for a variance that we've inherited. And so that was my first clue that I was like, wow, I've been looking for answers for over 35 years, 34 years.

Nothing had ever worked and this worked instantly. And I went. This is good. This is really good. And I had a lot of patients, you know, that were willing to try those patients that I hadn't been able to get anywhere with. I started working with them in this way and putting 'em on cofactors for their specific genetic variants, and they were getting well left and right.

I mean, I'm talking about tough cases too, like autoimmune. All kinds of, all kinds of conditions that are very, very tough to, to work with. We're responding. And so that, that really sparked me to go around the country, teach doctors how to do this. As I saw it working incredibly well in my phenomenally well.

I was like, I gotta share this. I gotta go teach other doctors how to do this. So I was traveling around the country for about five years, different cities, teaching doctors. And that, and I got a little worn out , so I thought, well what if we created a software program that could do this? And so that's where My Happy Genes was born and that's where the name come from, you know, comes from is my Happy Genes.

Cuz that's one of the first things we saw when we started working with people's genetics was their brain chemistry changed very quickly. And so I got real passionate about that. Not only because it really helped me, but because I saw it help so many other people, especially with mood disorders. But it helps, it helps so many other things besides mood disorders, but that's one of the first things that we see change in very quickly.

That's, that's pretty astonishing. Like you found the nutrients, you took them, you were better after 50 years. It's like unheard of astonishing. Yeah. Yeah. And so that, that did kind of get my attention. And so it's a new paradigm. It's a different paradigm rather than saying, oh, you're depressed, you know, we have, we make

up stories, you know, so here, here's my, my physical state is like depressed because I can't make serotonin and dopamine correctly. I didn't know it was genetically, I just thought it was my attitude and I'm thinking, oh, it's because my dad was mean, or I had this trauma when I was younger or what, you know, we make up stories to kind of Yeah, for sure. Yeah. To fit our physiology instead of going, why is my physiology this way?

And when you change your physiology, Your attitude changes. And so absolutely. It's like a, a huge paradigm shift. And so it's been a difficult thing for a lot of people to understand. You know, I don't get it, but once I show them the biochemistry and their genetics, like, look, you, your brain can't even make serotonin and dopamine. You've been trying to bolster yourself up. Either you've been trying to meditate and relax and learn to breathe, but it's your physiology, not you, that's doing that. It's a real shift in thinking that that's gonna take a while for people to really understand.

Gregory Anne: And my understanding of the drugs, the SSRIs that are given for depression and the anxiety, whatever those drugs are, Xanax and stuff.

They don't necessarily help everybody and they don't necessarily even work that well for the people that they work in, right? They're not a cure all.

J Dunn: They don't cure anything. They really kind of try to make up for what your body isn't doing. They prevent your body from breaking down serotonin instead of asking, why isn't your brain making serotonin?

Right? Yeah. The much better question. And they create all kinds of side effects and they down regulate the production of serotonin ultimately in the brain. And so it does do some semi-permanent changes to your brain. To me, it's not a good choice, especially since we know we have a better answer.

Yeah. For, for most people. And you know, it's not to say that there aren't people that really need antidepressants and Yeah. Right. It's life threatening. But I think they're just much better answers. And I've just seen it over and over, so it's fascinating.

Gregory Anne: It is. And somebody wrote in and asked, is this, I think I must have mentioned it in an email.

They wanted to hear about addiction, like the same hormones in the brain allow people to become or more easily become addicted. Can you talk about that?

J Dunn: Yeah. It's one of my favorite topics and it has to do with dopamine cuz that's our reward hormone or neurotransmitter. It's really a neurotransmitter.

And there we have different receptors for dopamine and different parts of our brain, and where you have a variant, Which of those receptors you have at variant in, can determine what you're more likely to be addicted to.

Gregory Anne: Wow.

J Dunn: So certain genetic variants will make you more addicted to opioids. Some will make you more addicted to cocaine, some to smoking, some to gambling, some to sex. And there's another one.

There's a genetic variant associated with entrepreneurial tendencies, but it's also associated with workaholism, you know? And so when I first started working with this it's interesting you should ask about the addictions, cuz that was a real surprise. I had a patient come in and she brought her niece in and said, is there anything you can do?

She's addicted to methamphetamines. And I said, I don't know, this was early days of working with this. And I said, I don't know, but it makes sense to me because we're changing the neurotransmitters. We're working with brain chemistry and we're working with methylation and, I don't know, methamphetamines, methylation, oh maybe there's ation,

And so I said, let's try. And she had two little girls that she would often leave at home alone and go off for a week and do meth and just be gone. She didn't wanna do that. That wasn't her choice, but she was highly addicted to methamphetamines. First time she tried it, bam, she was hooked and. I said, well, let's, let's try.

And so she was willing, and we put her on a methylation program and, you know, I heard from her about a week later, she said, I don't, it's weird. I don't even crave it doesn't even sound good. I don't crave it anymore. I was like, okay, we'll see. Yeah, with addicts you kind of have to go. Okay. It's nice , we'll see.

And a year went by. She got her kids back. She got a house, she got a job. She was doing great, and then she got off her supplements and she went right back to methamphetamine. So it was like, the production of dopamine is very much dependent on certain enzymes in the body.

So when we flood the brain with dopamine through the right co-factors, it kills the craving. we're not looking for that dopamine hit as much. There it is gonna take some willpower too. It's not to say it's going be complete, but her family called me up and said, don't let her run out of her supplements again.

Well, we'll pay. And she went back on the program and got back off the methamphetamines has been, I'd say 10 years now.

Gregory Anne: Oh, wow.

J Dunn: And I just got a notice from her that she's getting married. I just saw her on Instagram and I was like, yes, she looks good. She looks happy and she's got her kids.

And you know, life is good. That's a hard one. Methamphetamines is most addcitive.

Gregory Anne: Is it the most? More than Coke or a cocaine?

J Dunn: Yeah. So I tried it with a heroin addict and it worked. I've tried it with alcoholism and it worked. That's not just, this isn't a study .

Gregory Anne: Right, right.

J Dunn: These are anecdotal cases, but I would love to do a study on this because it was so dramatic and with such really difficult, addictive kind of things.

So, And sugar. Sugar's the other thing, you know, I've had patients call me up and going, I don't, it doesn't even sound good anymore. What'd you do, ? So,

Gregory Anne: I know a lot of people would love that because all of our best intentions, and especially as we're heading into the holidays, we don't wanna eat a lot of sugar, but there you go.

And then you wake up, you know, a week and a half, two weeks later and you feel like crap and yeah. Cover. And you know, I don't even know what that's, I know on, you know, having read books, I know what that's doing inside. I don't think we actually even feel the damage that we're doing. We might feel puffy or tired or, you know, cranky.

J Dunn: Our body's going, what? Yeah, like, what the heck happened?

Gregory Anne: I don't eat Cheetos anymore for that reason. .

J Dunn: So the interesting thing is, again, if you can think of those cravings as a symptom, something's outta balance. I'm craving sugar instead. What's the matter with me? I'm craving sugar and this is the part of the compassion piece that is really important to understand.

It was, you know, for me it was like understanding that my depression wasn't a bad attitude. It was biochemical imbalance. And same with sugar cravings. And you know, I've, I had a patient one time that was incredibly overweight and. Long story short, it turns out she was binge eating sugar at night, especially at night, like a whole package of Oreos.

And she called me up about a week into the program and said, doesn't even sound good anymore. And she's crying and she's like, I thought it was me. I thought it was my lack of willpower. And, and it wasn't. And it just, that's when it hit me. It's like, oh, wow. And we judge, we judge people like that. We go, just put the cookie down.

Go for. Right.

Gregory Anne: Go for a walk after dinner, stop sitting and watching Netflix. It's, yeah. Yeah.

J Dunn: And that's, that's valid. But a lot of people can't, you know, it's so powerful. Those, cravings are so powerful.

Gregory Anne: And that's one of the things in that perimenopause, menopause, you know, estrogens all over the place.

J Dunn: Yeah.

Gregory Anne: Cravings especially because then we start getting sleepless or poor sleep. Right. All of these things add up to the brain going, sugar, sugar, sugar. I need sugar. And it's really hard to not give in. I mean, even if I have a night, like last night, I didn't sleep all that well and I made myself tea before I got on this call, and I saw the banana blueberry bread that I had made the other day and I was like, oh, let me just have some.

There's nothing wrong with having that, but I knew to just have a little Right. But my brain, I could have eaten the whole small loaf and it would've been, oh, I feel so much better till then I would've wanted to go to sleep.

J Dunn: That's true. Our, our lack of sleep does create more sugar cravings, cuz we're trying to get that energy, you know, we're trying to make up for the energy loss of, of not sleeping.

Gregory Anne: So we've kind of segued into lifestyle, speaking about the brain, chemicals and things. Before I met you and saw what your company does, lots of companies offering nutrigenomic profiles. Profiles that will tell you what you should eat and shouldn't to feel better to be healthy, this and that.

But when you do lifestyle, the report that people can get through your company, you do that, right? You probably shouldn't need eggs cuz there's a gene snip or whatever.

J Dunn: Yeah.

Gregory Anne: But in the big picture, like you said, it's not a cure all and then people really have to take this on, you know?

Okay. Let's just say if you told me I could never eat another piece of cheese, I'd never speak to you again, then I'd try, but I would probably still eat cheese.

J Dunn: We wouldn't be friends anymore.

Gregory Anne: Not anymore, no. Okay. But, so I guess what I'm getting at, we get the information on something, like if you don't do this, you are headed for a stroke.

I'm getting on the program for whatever that is. But like you're getting a little inflammation cuz dairy doesn't agree with your system and I don't feel so bad.

What if we don't take the advice and do anything? I mean, it doesn't necessarily mean we're gonna croak five years earlier, does it?

J Dunn: I like that medical term. Well it's a really good question and because in my practice, most of the people I would tell to stop eating something they'd say, mm-hmm. . And they'd go right out the door and they'd eat it. It's like what it was, it was a very low percentage of people who would follow my instructions.

And so I'm like, okay, well let's think of a better way to deal with this. And what I realized this is kind of going down a different pathway, but what I realized was you react to a food because of something. So for dairy, it could be that you don't make the lactase enzyme. Mm-hmm.

Or it could be the casein or it could be the low magnesium, the high phosphorous levels.

And so there's lots of different reasons why you might be reacting to dairy. So I like to fix it. I like to tweak your body to where you can tolerate dairy, cuz you're not gonna stop eating it. Let's make it so it doesn't disturb your biochemistry. Yeah. And I had much better results when I started doing that and not to say, okay, go out and eat chocolate cake at every meal.

This is fine. Just take this supplement and you're fine. But within reason, I wanna know why. Why you're reacting. That's a better question than stop eating that forever and ever. And people do get stuck on this like, well, I can't eat gluten. Well, there are certain genes that are associated with your inability to do that.

However, avoiding gluten, there's a pain in the butt and it's hard, you know, it just sneaks into everything. And so, I would rather work on your tolerance of it, and you do the big chunk of, I'm not gonna eat that bread, but you know, if it sneaks into a gravy over here, I'm not gonna freak out. You know, my body tolerate that.

So with the program that we create, it increases your tolerance of all those things, even though the sliders that we give you say, oh, this is not a great food for you, you can have some, but the, if you take the supplementation, then your tolerance is gonna increase. So that makes a lot of sense.

Gregory Anne: And it also makes it more doable, I think, for people.

Yeah. Let's work on what the problem is, not just deprivation. None more can't eat this anymore.

J Dunn: Right. So with the diet and lifestyle, we give them broad brush strokes, stay low on the dairy, don't do it every day, and do your supplements and then you're good. So. Mm-hmm.

Gregory Anne: Now I wanna talk about supplements for a minute. I do these little podcasts where I just do a thing , they're about 15 minutes and one of them was, don't be hating on supplements because I believe that supplements manufactured well safe, the right amounts of everything that you need prescribed in accordance with some information, not just like, I go and I buy stuff at gnc.

Yeah, but. How, I don't think you can answer this, but what is it with people that say supplements are just expensive urine? I mean, I, they do things right? You're telling me they change people's reality, their day to day life is improved when they have certain supplements based on their genetic reading.

J Dunn: Yes. Both are true. So yeah, if you take Centrum that is expensive urine, it's not that expensive. But I do see. As a chiropractor and I taking x-rays, I would see Centrum going down the canal.

Gregory Anne: the big pill that doesn't get digested.

J Dunn: Right. Yeah. And coming out the other end and it's like, okay, that was a big waste.

And a lot of people think they're doing the right thing. And there are a lot of products out there that are poorly manufactured. that have a lot of chemicals and excipients and heavy metals in them. You know, not healthy. So yeah, you, it is a, it's a landmine out there. Getting the right kind of supplements is important and the right ones for you.

So physician lines. I always stick with physician lines, and they're only available to health licensed healthcare providers. So they are, every batch is tested for heavy metals, chemicals, pesticides, and label claim. So if it says it has vitamin D 500 iu, It has 500 IU in there. There, there are people overseeing the quality and the efficacy of the products.

So that's, I would highly recommend people stick with physician lines, you know, talk to your chiropractor or your whoever licensed healthcare provider that you work with and get access to. Those, the physician lines, cuz that's, you're gonna get much more for the money than if you go to CVS or even the health food stores. They've done a lot of studies where they pulled, let's say St. John's Wart off the shelf and it only had 10% of what it said it had in it, plus mm-hmm.

Gregory Anne: or it had 200% of what it said it had in it.

J Dunn: Right.

Gregory Anne: There's a great company called Consumer lab dot com.

J Dunn: Yes. I love them.

Gregory Anne: And they take t hings off the shelf or your company can send things to them and they test for everything.

And every week, I think the subscription for year is like $29 is very inexpensive, but you can get basic information without even being a member. They're really a great resource for people.

If you're, somebody says You should probably take these supplements, check them. And you at least feel good about the fact that you're taking what the label says.

J Dunn: Yeah, yeah, yeah. That's good advice. I think that's great. But here's the other piece of that. So let's say you have a genetic variant in what's called the GAD gene that requires higher than normal levels of selenium,

and you have a genetic variant in another gene that would require lower levels of zinc. So and then you need more magnesium, so getting your exact, your nutrients dialed in exactly the way it should be is tricky. And so that's what our software does for you.

It looks at, you have this gene, it's not just one gene, one nutrient, but it looks at the interplay of these genes and says, okay, this is the right nutrient for you in this dose. For instance, B6 can be very dangerous for some people and for other people, it is that it's nirvana, you know?

Yeah. So it's just so individual and it's been fascinating working with people's genetics over the, over the last eight, 10 years. And seeing the variation, it's never the same. It's never one size fits all. Even with things like turmeric where people say, oh, everybody has inflammation. Everybody should take turmeric.

Not if you have an MAO variant, because it will slow it down and it'll cause a backup of certain neurotransmitters will be bad. So there's never, there's no one thing other than water. Maybe in air, say air, that everybody should should do. It's just so variable. It's just fascinating. And same with foods.

Gregory Anne: No, sorry. This is so interesting. In terms of who might be afraid to get a genetic test. We've talked about this before. I was like, no way. I'm getting it. And then things are looming out there. And I think your point was, these weren't your words, but you said it's only looming if you don't

take the information and use it to make sure that the expression, we should probably talk about that gene expression versus I have this gene or this variant. Right. Knowing what we have working for and against us or potentially against us is great information, especially as we're getting into the last third, let's say, of life because things go wrong more.

I mean, I hate to admit it, but the body is it breaks down in certain ways, and if we can give it some support so it doesn't break down as much or in the ways that would be devastating, like Alzheimer's or cancer or diabetes, I see now that that's so valuable. And when you're talking about supplements, I take probably eight, 10 supplements a day.

Sometimes I don't take them all every day, but I have this formula in my head about why I do what I do, and I've worked with a doctor. I'm gonna get my test back and you're gonna say, why are you taking that? You don't need that. Or, that's screwing something. I know you are. Or, or maybe you won't. Maybe you'll say like, don't change anything, but at least I'll know rather than guessing.

I always say test, don't guess. This is one place where I haven't lived my own advice .

J Dunn: Yeah. You're, you're tiptoeing into it. I think you're kind of getting it. But so there's two different concepts you hit on there. One is genetic expression. So, you know, when we look at things like the BRCA gene, let's say, or You know,

different genes that can be related to the expression of cancer, they are turned on or turned off, and that's what we call epigenetics.

So they can be turned on by the environment. So let's say you're exposed to radiation and chemicals and pesticides and heavy metals, that can cause a gene to sort of express and become a problem. In the case of brca, it's actually a deletion. So you don't have the gene that can repair DNA damage, and so DNA damage can just kind of go unchecked.

And so That's, that's one concept. So methylation itself, when we turn on methylation, it actually puts a little, like, bubble around that gene and keeps it from expressing or turning on. And so that's kind of cool when you, and one way that you can kind of see this in action is, when women are told to take folic acid when they're pregnant, We're told to take that to avoid birth defects, and what we're doing is we're turning off the expression of genes that can lead to spina bifida, and other neuro tube defects.

We've known this for, you know, long time that taking folic acid prevents birth defects, right? We know that kind of scenario. That's folic acid leads to methylation. It's one of the pieces of methylation, and so we know that it actually turns on methylation, turns on DNA repair and turns off the expression of certain genes.

We've known that. So that's true of a lot of different of genes that can express if you're methylating correctly, then the cancer promoting genes are turned off. The cancer preventing genes are turned. So everything is kind of working correctly in that category. And then the other kind of gene are the genes that I've been talking about, the ones that govern your biochemistry, the ones that are deep down in the cell where how we, they govern, how we detox, they govern how we repair.

They govern how we break down histamine. We make neurotransmitters and we break them down. So that's happening at the cellular level. That's different than a gene that is associated with cancer. But when you talk about aging, What happens as we get older? Why are we exhibiting signs of disease as we get older?

And often that comes from damage to the mitochondria. The mitochondria, these little organelles inside our cells that govern how we make energy out of our food. They are highly susceptible to environmental damage, radiation, chemicals,

pesticides, prescription drugs, can over time damage mitochondria, and they don't have the ability to be turned off by methylation.

They can't put that little cloak around them. Highly susceptible to damage. And the more you damage your mitochondria, the more other genes are gonna just not work well. Like when I talked about my vitamin D receptor essentially I was born with about a 70% reduction in my ability to absorb vitamin D.

If my mitochondria goes down, that number's gonna go even lower. So my ability to absorb vitamin D, my ability to detox will be lower. My metabolism slows down, I gain weight, get tired. Can't think straight. That all happens when the mitochondria is damaged and almost everybody I know, everybody I see has mitochondrial damage.

You know, cuz we can't get away from heavy metals, chemicals, pesiticides, you can't get away from 'em. Now our ancestors could. Yeah. In our environment it's game over. And so what we have designed into our program is first off we look at the mitochondria. Do you have genetic variance there? And when you take the questionnaire, do you have symptoms of mitochondrial damage, which are, fatigue,

weight gain, sugar cravings, blood sugar imbalances, those are all high cholesterol. Those are all symptoms of low mitochondrial function, that's the first area we addressed. All right, well if we address that, then a lot of the other enzymes that we've been working on are gonna fire up and we won't need to add other supplements up here because the production of energy ATP at the cellular energy is happening and it requires less supplements in other categories.

Does that make some sense or did I?

Gregory Anne: Absolutely, and I'm glad you mentioned in your program what you do is, because we didn't say that somebody gets a test, they get a report, as you mentioned, quickly. Sliders are on, let's say a scale from one to a hundred, you're a 65 or a 32 on different. You also do an intake form so that the person in the moment that they take the test, how are they experiencing their body and their environment and everything else?

So that informs they work together. Genetic information works with the profile that the person gives you of themselves.

J Dunn: Yes, and that's critical because just because you inherited a genetic variant doesn't mean it's expressing, you know, as you said, it can be turned on or turned off. So we wanna know what is expressing and then we correlate that to the genes you inherited and the biochemical pathways that we've seen genetically have been impacted the most on your reports.

So it's a triangulation of information and nobody else is doing that. There's no other program that does that. Or looks at it through the biochemical lens. They're all looking at, okay, you have this gene, you take this supplement, you know, and it ends up being a lot, you know, big old list.

Gregory Anne: Yeah. Yours is more nuanced.

J Dunn: Yeah, it's very specific and so you don't end up taking a lot of stuff. You take the exact right stuff for you and the exact right amounts for you. So it's just like, bam. My program is five, six supplements. That's it. And it keeps me, my mood is stable, my energy's pretty good. I mean, most days I do have my, you know, I'm here, but I'm not down here anymore.

I like living up here better.

Gregory Anne: So we have another question. You mentioned BRCA and cancer cells and the question was long, so I'm gonna shorten it a little. We all talk about brca, we know breast cancer test.

When the report shows up, is there, like the breast cancer possibility, the pancreatic cancer, what is the cancer profile or information that I might get this person wanted to know if they ordered your test?

J Dunn: That's a really good question, and we're not real specific on that because, like for instance, the V, the VDR that I've been talking about highly associated with lung cancer, pancreatic cancer, breast cancer, colon cancer.

I dunno, there's a bunch of 'em. So I can't say which one of those am I gonna end up with or not end up with. But which ones do I have higher risk of. All of them. And cancer. It's gonna be a little controversial, but I just read a book called Tripping Over the Truth, that was really awesome.

And it had to do with the mitochondria is the most important aspect of whether a cancer is gonna occur or not. So you, you're born with a BRCA gene. You don't have breast cancer when you're born, right? Right. It's turned on somewhere along the way. And so why? And it's almost always because the mitochondria has been damaged and it's allowed, and or the methylation is low and it's allowed that gene to express.

So you, to answer your question, you get a slider that'll say free radical pathologies, where's your risk on there? And so, you know, it could be 20, 50, whatever, but it won't say, oh, you're. , you have a high risk of pancreatic cancer, right? We can't get that specific on this test. I think that medical doctors can run some very, if you're wondering, test colon cancer, they can do some very specific tests on that.

But I look at what are the genes that would turn on a cancer or turn off. I'd rather look at that than one gene. BRCA gene. If if it's deleted, that doesn't mean you're gonna get breast cancer. And I think cutting off breast tissue is a little shortsighted. But that's just my personal opinion on.

I don't mean to color other people's opinions on that. I honor people that are afraid because it's in their family and they wanna be proactive. I get that. However, for me I think the best policy is to prevent it from happening. And that's by getting your biochemistry balanced so that you can tolerate, you can detox those heavy metals, chemicals, pesticides, your mitochondria has turned onto the maximum and you keep your metabolism high and it keeps your brain sharp.

And, those things that would hit us normally as we age, they're not gonna have as big of impact, you know? I heard that we all die. I wasn't sure. Is that true?

Gregory Anne: I'm counting on you to come up with something there J. Oh, speaking of J I did tell people in one of your emails that you would tell the story of why your, that your real name is J,the letter J. Yeah.

J Dunn: We bonded over the, over the funky name. Yeah, that is my real name on my birth certificate. I just got the letter J My mom wanted to name me Jackie after, or no, Jan after her best friend. And my dad wanted name me, Jackie, after my mom. So they just decided to compromise and gimme a J.

It gets kicked outta computers. Just Jay,

Gregory Anne: that's, anyway, I love that story, having one of those names. I love that story.

J Dunn: Do you get that a lot? What's, what's the Greg Gregory thing?

Gregory Anne: Yeah, when the Johnny Cash Song came out, which is the boy named Sue, Every time I went to an all girls school, but there were those times when you'd like go hang out with guys dances and things.

Say, what's your name? Gregory. They'd all say, my name is Sue. How do you do? Oh my Stab somebody in the eye.

Somebody else wants to know her name is Angie there an insomnia gene?

J Dunn: Yeah, yeah, there definitely are. There's one especially called the A A N A T and it blocks the conversion of serotonin to melatonin.

Oh. So it can definitely cause some issues cuz melatonin is sort of super important for getting into a, a sleep state, so Yes, yes indeed. That's just one. There, there are several.

Gregory Anne: And so taking melatonin might or might not be the answer, that's the end path of the pathway, right?

So better to resolve this issue over here first.

J Dunn: Oh dang, Gregory, you get it. , you get it. The other one is that comp gene. I think you and I have talked about that. The C omt, gene codes for that enzyme that breaks down stress hormones. So for people that can't get the adrenaline out of their system, they're not gonna sleep well.

So that's the other big one, they have difficulty shutting it down. Their brain just never stops, you know?

Gregory Anne: Does that mean each little cell is flooded? Is that how it works with adrenaline?

J Dunn: Yeah, well that enzyme needs co-factors co-factors that are minerals, so higher levels of magnesium and calcium and just like a mineral blend. And iodine can sometimes help too, that it just upregulates that enzyme that breaks down all the stress hormones. So they're gonna need higher than normal levels of those

those things. And methylation, cuz it is. C OMT stands for cata methyl transferase. So it needs a methyl group in there too.

Gregory Anne: So you got that biochemistry lingo down though.

J Dunn: I see that just rolled off my tongue there didn't it?

Gregory Anne: So one other question. Do you have coaches within your program or who helps with all of this information?

J Dunn: Yes. Very, very good question. We, so when I was teaching all around the country, I have over 500 doctors that understand these concepts and can coach people on them. So when somebody goes in and buys a DNA kit and it asks, do you wanna work with a practitioner and say, yeah, we'll find you somebody.

Right now we're, we're in the process of setting up a referral network on the site, but I have a whole list of people all over the country that, that understand this work and are practitioners. So I can hook people up with a coach.

Gregory Anne: Yeah. That's great. So if somebody, just explain to people the different kinds of reports, cuz I know we have an option when we get the test.

Tell people what that is about.

J Dunn: Yeah. Thank you, Greg. So when as a consumer you can go in and you can buy the DNA test and it comes with that mood and personality report, but it also, that mood and personality report at the bottom gives you that whole gene table. We have over 576 SNPs that we're looking at, and those are just single nucleotide polymorphisms.

They're areas where you could have genetic variants. So that's all comes with the price of the DNA kit. You also have the option to buy the diet and lifestyle as a consumer. To get the other three reports you need to be working with a practitioner because we were cautious about, I don't, I don't know what medications you're on.

I don't know if you're on antidepressants. There could be some contraindications for you personally that we couldn't program into the software. So I wanted people to be under the care of a physician when they go over the supplement report. To make sure there aren't any contraindications there.

And and when they go over the health report, which is the third report, it goes over, your health risks, autoimmune disease, cardiovascular, covid risk, endocrine system, female hormone imbalances, eye issues. It's a huge list of different health issues and I wanted people to be under a physician's care as I go over that, cuz some people get a little scared.

Gregory Anne: People might get freaked out about some of the information you see.

J Dunn: Yeah. They don't understand. You're looking at a risk, not a definite it's not a prediction.

So so we want them to be under the care of a physician as they go through that so that they can understand it a little bit better and have it explained to them. And then the fourth report is the biochemical report. So we look at energy production pathway or the mitochondria.

We look at nitric oxide pathways. We look at brain chemistry pathways, detoxification, histamine and allergy pathways, methylation pathways, immune system. So we look at those differently. And to most consumers, most, not all, it would be. Ugh, I don't understand. What am I looking at? So

Gregory Anne: Most of us failed chemistry and didn't even try biochem, we wouldn't know what to do with those things.

J Dunn: It's a bit much if you don't know what you're looking at. But it's funny how, how quickly people kind of gro it, you know? And I get it. It's like, oh, makes sense.

Gregory Anne: Especially when you can tie a symptom to something on there.

J Dunn: Yeah. Yeah.

Gregory Anne: And you, you mentioned it earlier, but it needs a little bit more of a, a moment. The blaming ourselves or being blamed by society thing can now be taken off the page. Right?

J Dunn: Yeah.

Gregory Anne: We always blame ourselves. I don't know a single person who doesn't say I'm a lazy so and so, or I'm, you know, scattered.

I'm too this, I'm too that. And or people, like you said, will say, just stop eating. Just get off the couch. Just stop spending your money. You know? And it's not necessarily who, like we don't choose to be this person that we're now condemning. I don't think.

J Dunn: Yes. Yeah, absolutely. And I'm pretty passionate about that. I'm writing a book called Genetic Compassion about that because it is, it's a huge paradigm shift.

I saw it with grouchy people where we would put 'em on a program and they turn into the sweetest people. I saw it with over eaters and it would turn off addicts. Like you said, it's a symptom. A cause.

Gregory Anne: Well, it's not a character flaw.

J Dunn: Yeah, a character flaw. That's a better. And that's gonna take a while for people to understand because it's so deep in our unconscious to blame, blame ourselves or blame other people for their character flaws. And it's really a symptom. So it's taken me, it took me a while to, to get that when I first started practicing.

I was still thinking of people that way, but I saw them change and I was like, what is happening here? This is cool. This is really cool. So, yeah. When people crave, there's a reason, when your cholesterol is high, there's a reason, when you're eating wrong there's a reason. When you're not able to exercise, there's a reason.

That's another one is some people you'll say, go exercise. What's a matter with you. Right? I can't, I could not, when I had chronic fatigue syndrome, I could n't it would exhaust me. I would be down for two days afterwards and it's just like what?

Gregory Anne: I've heard that, and it's so common for practitioners, maybe in the Western medical model to tell people with Epstein Barr and chronic fatigue to just get up and walk, put your sneakers on, and you know, do an extra lap.

J Dunn: Yes. And they don't understand. They can't understand. I have a friend who's got her husband, his name is Fred, and he's like, superhuman. The man can just go and go all day long, never gets sick, never has any of bad days. And I call it the Fred Factor. It's, and he's the kind of person who has no sympathy for somebody who has a bad day.

You know, I wanna bottle Fred Factor, but I also want him to experience a bad day one time. So he feel that cuz it's, it's a real thing, you know? It's, it's real.

Gregory Anne: I wonder what his profile is, genetic profile. Is there a really a Fred factor that makes him intolerant for other people?

J Dunn: Low oxytocin for one, that's fun to see them turn around. I had one practitioner who she, boy, I just kind of dreaded talking to her. I'm gonna get an earful. And then I put her on a program, she did the My Happy Genes thing and started on a program and she called me up and she's like, I'm stunned.

She said, I, things don't get to me anymore. They just roll off my back. And I just, I feel so different and she just is one of my biggest practitioners now because she felt it. She didn't know she was being grouchy, but you know, other people around her said, oh my gosh, you are so chill.

Gregory Anne: That's so interesting.

J Dunn: Yeah. So that's kind of cool.

Men can get in on this stuff too. .

Yeah, it's, I think it's harder for them to admit they have anything wrong, up to the very end, I'm fine.

Here's the other interesting thing. The higher testosterone levels, the lower their oxytocin.

Gregory Anne: That makes sense if you think about the type A bro marketer, ceo,

J Dunn: And you know, you can see why that would be advantageous to our ancestors, right?

They want to be able to go into battle and do things without getting too bogged down with the fact that they were killing people. You know? Yeah. Oxytocin is our bonding love hormone. It's how we connect with people and testosterone is the exact opposite, so. So yeah, men have a lot less empathy

for that very reason. But also, just this, the stigma too of talking about our feelings. I love Brene Brown. I think she started a revolution of let's be vulnerable. And the more we do it, the more I think it'll give men in our life a little more.

I bet our listeners have some of the best open, interpersonal relationships cuz you can't care about your physical health and aging without caring about your emotional health. And so therefore we wanna be better with the people around us. And I think our family members are very lucky.

Yeah. And this, back to that whole, the vulnerability and the compassion thing.

When you realize that it's probably not your fault, you're more gonna be more likely to talk about it too. My patients would come back in and they'd say, I think my COMT is off. I've been very anxious lately. You know, it sort of like creeped into their language.

They, you know, it's like, I'm anxious, not because I'm an person, but because my chemistry is off, I think I need help there.

Gregory Anne: And that's a good point that it's not gonna be a static thing, right? You correct for what is today, right? And then you might have an illness, an injury, a prescription drug that you need a little bit of tweaking some things, right?

So it's ongoing, that's another good reason to have a practitioner is to be able to say, my COMT is down. I'm not right.

J Dunn: Yeah, so you can go back in and retake the questionnaire after a month or two months or whatever. See where you are now and it'll recalculate your, your supplements.

Gregory Anne: And unlike a blood test people. The genetic test gets done once because your genes don't change.

J Dunn: Yeah. Thanks for mentioning that.

Gregory Anne: Well, I don't wanna keep you forever and this has been really great and I have gone through the questions that were sent in, so if you would like to leave us with your closing thoughts.

J Dunn: One other thing on our test, we test for 675,000 snips. Just as a comparison, with 23andme, they test for 40,000. So we are, we're way above and beyond that. If people are wondering, what's the difference? And, they're reporting more on where'd you come from and what are your major, genetic health risks.

Gregory Anne: You guys are the more secure place to get a genetic test.

J Dunn: Yes, yes, yes. Thanks for mentioning that. Yeah. The only thing that goes to the lab, they never have your name, any information about you. All they have is the barcode on the DNA test that when you get your little box, barcode, and that's the only thing that goes to the lab. They don't know who you are, so then they destroy your sample after 90 days. There's no chance for your information to be sold. Your DNA is never connected to who you are. We're very passionate about that. Then you can, you know, once it comes back to us, you can delete it off our website at any time.

So yeah, that was one of the reasons we wanted to go to a private lab is for that very reason, cuz some of the other over the counter genetic testing sells your data, which it's a little scary,

Gregory Anne: what scares me about that is with the way the government's so crazy. What if they could line up a gene snip with somebody's eventual heart disease and cut off their insurance because it's a preexisting condition?

J Dunn: That's a something.

Gregory Anne: That's a something. So you might wanna think about where you're getting your gene test done.

Yeah, very much so.

And the website is my Happy genes.com.

J Dunn: Yeah, and there are a bunch, if you go on YouTube, you can watch some videos if you wanna learn more, you know about if you're into biochemistry, if you're a biochemistry nerd, or if you just wanna get a kind of an overview of what I've been talking about on YouTube.

You can Google my name and you'll see a bunch of different videos there. But yeah, just again, reiterating that that genetic compassion piece, because it's just so important. Hopefully you get it and maybe you can just kind of think about yourself that way as you go through your day,

like, why am I so tired all the time? Or why am I grouchy all the time? Why am I depressed? It's not you. It's your biochemistry the majority of the time. And there's something you can do about it. There's hope for that. And it isn't expensive. It isn't crazy. It isn't dangerous or toxic, but can be very specific for you and just turn things around.

It's a very different concept. It's gonna take a while to get it into people's brains, but you know, a little bit at time.

Gregory Anne: These things sort of catch fire when people start seeing results, they're already using gene testing to design chemotherapies or certain drug protocols.

Right? Yeah. So I think for the wellness piece you're right, it will take a while, but I'm hoping it won't be too long.

J Dunn: Yeah. For the understanding of, you know, what we started with, which was that your genes can affect your personality and your, brain chemistry. It's a big deal.

Gregory Anne: Thank you so much once again, I appreciate you being here and

J Dunn: yeah, it's always fun to hang out with you, .

Agreed. Agreed. So peeps, thanks for joining us. We will be back once a month. We're gonna do the live q and As and Send me a note if you have somebody you'd like me to interview, I'll see if I can wrestle them up,

Everybody. Take care. Be well.