Episode 3 — Mymee

I think what I did was I left as a disempowered patient. But I became an empowered human being.

Welcome to "The Cure for the Common Company," a podcast series looking at innovations in the world of employee health and well-being. Steve Blumenfield and Lindsey Conon, from Willis Towers Watson's Health and Benefits Practice, are talking to entrepreneurs and industry leaders who break new ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

Hey, Mette, great to see you. Thanks for joining us.

Thank you for having me.

Excellent. Hi, everybody. Welcome to our podcast. I'm Steve Blumenfield from Willis Towers Watson, Health and Benefits.

I'm Lindsey Conon, same place.

And we are joined today by Mette Dyhrberg. Mette is an economist turned diagnostician and the founder and CEO of Mymee. Welcome.

Thank you so much.

And thanks so much for being here. To start us off, I know that you've got a fantastic personal story that goes back to how you founded Mymee and what it is. So would you mind just taking us through that story to start?

No. Yes, so I was in the unfortunate situation that I got my first autoimmune condition when I was 14, spent the first half of my 20s in and out of the ER in our hospitals, not really understanding what was going on — and then the second half of my 20s collecting disease labels and drugs. So, by 30, I had six autoimmune conditions. I was heavily medicated. And I was setting out to be a chronic patient for life.

Wow.

And then one day my doctor's team called me and told me they had great news. And you probably set your expectations a little high. But, upon arriving at the hospital, they proceeded to tell me I wasn't going to quote, unquote "die" in the immediate future, which felt hugely disappointing.

Bonus.

Yeah, exactly.

Yeah, I didn't know that was the bar.

[LAUGHTER]

I remember — it was actually funny because we were just discussing this the other day. I don't know if I had thought about this or if I actually said it to them. But I thought to myself, I am a CEO of a company. If I go to my board of advisors and tell them we're not going to go bankrupt in the quote, unquote "immediate future," I'm pretty sure I would not have a job.

Yeah, that doesn't qualify as good news at that moment.

Never mind great news. So that was sort of the starting point. And then I had the audacity of asking them, what are we going to do about my process? And my doctor didn't even flinch or anything. He immediately said, we're happy with your numbers. And —

Wow.

It led me to a few conclusions. One, I was more naive and optimistic than I had any reason to be because my situation was more dire. But it also, as an economist —

They should know. Your name is Dyhrberg. I mean, it's in your name.

[LAUGHTER]

It actually pretty much is very fitting because I had my first diabetes scare when I was less than a year.

Oh my gosh.

So it actually did come with birth. But, apparently, we are now in a situation where, in my situation, I just felt it was extremely unacceptable. And today I'm sort of grateful that he was so determined to mention numbers because, for me, that was completely unacceptable.

I have always sort of relied on numbers as a security mat for everything. I'm a little autistic with numbers. And I love numbers. So I decided that I needed to have some sort of control.

I left the hospital that day knowing I wasn't going back. I left the hospital. And I called my mom.

I remember I was standing outside. And I called my mom. And I said, I'm not going back. And she goes, what are you going to do — like you have to find another doctor.

And I remember saying, this one, I had high hopes for. And he was clearly not going to be able to do anything. So I'm sort of on my own.

And I think what I did was I left as a disempowered patient. But I became an empowered human being because, in a sense, when you have all of these doctors at your disposal — and, in my case, my surrogate father had access. So I had the best of the best — you also just lean on them for everything. And, in a way, that moment, responsibility was back on me.

So I didn't necessarily think that I could heal myself or anything like that. I just needed some control. So I actually started tracking calories, which makes no sense at all because, 15 years earlier, I had tracked calories in another situation. And clearly that didn't work at all for me.

But it just says something about not knowing at all what I was doing or where I was going. I grabbed the only thing that I —

And you defaulted to numbers.

Yeah.

And it gave you a sense of control.

Exactly. So it was sort of the control aspect at first. But then, because of the way my brain works, I very quickly started seeing causality between what I was doing and how I was feeling. And then I started taking my notes from my little notebook into an Excel spreadsheet. And then it became clearer what was going on. And then I built the —

[INTERPOSING VOICES]

So, when you talk about clearer, what was going on? Do you mean in terms of how you were feeling and what you were eating? You started to notice —

So I was a little bit more obsessed than that. I tracked everything. So I tracked what I ate, what I drank, peeing, symptoms, bowel movements —

In and out.

Yeah, basically.

In and out and all activity, basically every function of your body.

Exactly. And my joke back then was that I was doing Toyota health, just in time.

Oh, like Toyota manufacturer.

Like Toyota, like the car manufacturer —

The Kaizen —

They use —

--Approach of —

Yeah, exactly. And they use input and output. And it's process optimization in that realm of small iterative just-in-time loops. And that was sort of how I started out with —

So really it was little mini cause and effect studies of everything.

Totally — AB testing

Yeah, that's brilliant.

And this is how Mymee was born. So, essentially, your Excel spreadsheets and yourself was the first iteration of what Mymee is. Can you tell us a little bit about what Mymee is?

Yes, so, obviously, I was the n of 1. And we've then been through several iterations. And now we are digital therapeutic. And a lot of people don't even know what that means. But it's essentially, instead of the drug pharmaceutical, it is a digital replacement or adjacent to a drug.

So, for most people, what that means is that, in our case, we are a diagnostic and treatment platform. It allows us to understand and detect the triggers that is setting off people's immune systems. And then we are able to, through behavior change, help people actually and eliminate and reverse the disease symptoms.

Mette, could you just take us through the member experience — becoming exposed to and then using Mymee?

So, when a member signs up for Mymee, they'll schedule a call with somebody from our team, who will walk them through what the 16-week process looks like, what they should be expecting, and help them set up the app. And then, for the next five days, they will do what we call baseline tracking, snapping a picture of everything they eat. And then from that first week onwards, you will meet with the coach weekly.

The first time, it's about an hour. We will go through, what does it feel like to be you? And where are the goals and gaps? What are you hoping to obtain by being a part of this program? And then the goal is that, by the 16 weeks, to actually have obtained that goal.

And it's a small iterative feedback loop, where you are self-reporting data less than three minutes daily. And then, once a week, you talk to a health coach for about 20 to 30 minutes. And, through that process, we are able to identify what it is that would be beneficial in behavior changes.

And it's a slow process. So you're not going to be told to change 10 different things overnight. It could be that one week you are asked to drink more water, the following week you are asked to take one thing out of your diet. But, again, the thing that is being asked of you is something that we've seen in the data. So we are basically just reflecting best practices and according to your own system.

So a few of my colleagues here, when we have introduced you to a few of them and said, hey, Lindsey, can you tell me what Mymee means? And I'm like, I don't know. I assume it's some Danish word.

But maybe let's ask Mette. So, Mette, where did you come up with the name Mymee? What does it mean?

So the idea originally was to create like a Tamagotchi. Remember those Japanese eggs? So the idea was that we were going to be able to actually, as an iterated feedback loop, keep ourselves healthy. And so Tamagotchi being Japanese, we thought, we need something that sort of sounds Japanese.

And Mymee sounded a little bit like miming. And the idea was that technology was going to be miming you. So Mymee was like — it's like a mirroring of myself. I don't know if you have ever noticed that our tag-line is like know myself. It really came — we come from patients.

And I think today still I believe patients first. And I think it doesn't just benefit the end user. It benefits the payer. It benefits our investors.

It benefits everyone because, in the old days, we had this idea that product was king. You had to be 10 times better than the competition. But, today, you really have to be 10 times lighter. And I think the promise of Mymee is that we can find a way to take a very complex problem but, instead of requiring a complex solution, we can, through a very simple intervention, actually allow people to help themselves. I think the biggest part about Mymee is that we give people back the ability of being in control.

And we say that our program is 16 weeks. If you're fine after 10, we'll kick you out. If you are 16 weeks in, and you are still struggling with feeling like you are in control, even if you might be — if your own emotional sense is that I'm not there yet, we'll give you a couple of weeks because it's imperative for us that — I'm going to use a road analogy, but — you go back on the road, that you can keep the car on the road. Sure, you might skirt the guardrails once in a while. But you need to understand what it takes to keep the car on the road.

You've been in the ditch. That wasn't cool. And we want to make sure that you're the one behind the driver's seat. And you determine at what speed you're going to move forward.

And it's really fascinating to hear you describe that because, a few years ago, a lot of healthy food apps came out. And there have been, for as long as there have been refrigerators, frozen foods, and other kinds of meals. Go on this diet. Go on that diet. And it's a fad industry. And, with these kinds of things —

There's no such thing as a good and bad.

Yeah, that's true, absolutely true. It's a great distinction right there. But it's very hard for people to get value in their lives on those things. But, with a few simple additions and tweaks, you turn what people should be doing for themselves into something really valuable.

So I just want to distinguish between a diet solution and having accountability to somebody who cares, being put into a group that knows you can now have control. And then you can take the simple tools that really are so easy to do, yet so insanely hard to do consistently and discover yourself because there's an algorithm tracking it, a coach helping you stay with it. And you can change your life.

So I have a few questions for you. So, number one, I've heard you say autoimmune conditions quite a bit. And can you tell us a little bit about what some of the conditions are that fall within autoimmune?

I was diagnosed with Crohn's at 12. And so it was a whole new world to me to understand about these conditions. But they're very, very common. And so can you provide a little bit more insight into what they are, and what some of the common names are for those conditions, and how they're typically treated, if not with digital therapeutics?

So, just overarching, the fundamental is that, instead of looking at where your body is being attacked, we are fundamentally looking at why.

Why.

And I think, to your point, if we know somebody who has breast cancer and prostate cancer, its still cancer. And, fundamentally, those two diseases are more similar than they are different. But, in

autoimmune disease, because of the way we've categorized them and looked at them, we've actually made them more different than similar.

So what we are doing is actually just going back to basics. And, instead of looking at the complexity of the fact that they are attacking the body differently, we are going back to the core, which is the body gets confused and attacks itself. Is there any way that we can understand why it does that? And, if we can actually reverse engineer that process, we can then eliminate the person from having those symptoms.

The typical diseases are rheumatoid arthritis — so joints. And it's like psoriasis or other eczemas. That is skin inflammation. It's MS, which is nerves, and a lot of other diseases. You mentioned Crohn's yourself — so the digestive tract is one of the places where we see a lot of inflammation.

What's your favorite magazine?

That would be Wired magazine.

OK. So, five years from now, we're in the future. What is the title of the cover story about Mymee in Wired?

Mrs. House Solved the Autoimmune Riddle.

Wow, Mrs. House — you're referring to House, Dr. House.

Yeah.

Nice. All right.

For employers out there, how do they know if autoimmune conditions are an issue within their population? I've reviewed medical plan reports and pharmacy plan reports for years upon years. And there's not always a category for autoimmune. So how do they know if this would be something that would impact their population? It's not an area we've been talking about, like diabetes or cancer. It doesn't have that same sort of prevalence.

So, for starters, they can't look out of, let's say, a factory floor and see it, which is probably the biggest differentiator. Like, if you've got cancer, you can typically see somebody who's not feeling well. But it is impacting the self-insured employer.

And what they can do is they could look at data like specialty pharma drugs like Humira, for example. There is a lot of drugs that are particularly used for autoimmune diseases. And we see the spend of those go up pretty high.

There's a lot of different ways to slice and dice the data. In our case, when we work with self-insured employers, we generally get data. And then we actually help the employers see the size of their problem. A lot of times, self-insured employers, as you said, are not really aware of the size of the problem. And, once we actually start digging in the numbers, it's pretty terrifying I think for most people to see how big of a cost driver it is.

One of the things that we loved about Mymee and about your story, the success of your story, was the especially medication issue, that this is just a massive spend to employers. They have no doubt or question that these drugs are helping their members. That's not the issue.

The issue is whether or not, for some subset of those members, there is a different approach entirely than leaning on a medication, which is the only thing in the toolkit for many. And one of the insights we thought that Mymee brought to this whole challenge or set of challenges is really that slow look that's not a clinician looking at a specific area to find an answer, for which they may not understand the whole problem — but rather the ability to go through and really get at the why. Tell us a little bit about how you get at that why with a number.

So, actually, there's many different ways around it. We typically actually try and meet the patient where they are. A lot of patients have been undiagnosed for many years — so, even just talking to them in their language, listening to their story around how they got the diseases, or how they didn't feel the way that they wanted. And then we actually start an iterated process, where it took me 16

months and a lot of crazy to get to a reversal of my disease symptoms. I've been drug and symptom-free now for a little over eight years.

Congratulations. That's great.

Thank you. But we could never enforce that on anyone else. And we are fully aware of that. So what we have is a 16-week protocol.

And that 16-week protocol, we take the patients through a process optimization of their body, where the established system blood work might give an indication of what's wrong. But it's a snapshot in time. You go see a doctor once a quarter. And you get these snapshots. But what we are doing is actually looking at what is going into producing the condition, the lifestyle, the environment.

So, in our process, it's a high level, an app for self-reporting. It's a dashboard to guide the health coaches in the process of shepherding the clients. And then it's computational algorithms. So it's actually taking that raw data that we get and run these processes to ensure that we understand what is it that goes into producing the problem.

And I think a lot of people, when they get asked about if they would participate in a program like Mymee, they get very fearful around, and I could probably never drink red wine. I could probably never have a hamburger or a slice of cheese ever again. And that's typically not what we see. We actually see a lot of people having reactions to —

To white wine? It's really the white wine, not the red wine?

Yeah, and it's — you don't have to be fearful at all because you could never drink anything.

[LAUGHTER]

Certainly, if you drank or ate nothing, the problem would solve within a short period of time.

It would be a full resolve. And that's actually how we close cases.

[LAUGHTER]

No, but it's actually really interesting because you and I have talked before. And I've been surprised at how complex these conditions are, but sometimes how simple the solutions are. You've told me about members that weren't drinking enough water. And so dehydration led to headaches, which then a whole chain reaction.

You've told me about patients who had to cut out broccoli from their diet. And that started to reverse their symptoms.

I knew it when I was a kid.

I know. Or kale — so, when we talk about people tracking what they're eating, what they're drinking, can you talk a little bit about some of just the simple changes people have to make? It's not hugely onerous. You're not asking them to do an elimination diet and remove everything that they're eating. It's actually a very simple action.

Exactly. And I think actually that's the biggest advantage of our program is that my personality is such that, if you tell me not to do something, I'll be thinking about it until I do it.

Have you met my husband?

Same school — at least, train of thought. So that basically means I would be unable to do an elimination diet. But I'm also now aware that, even if I had been able to complete an elimination diet, it wouldn't have helped me because my trigger is chicken. And it's not one of the big six. Right?

Right.

So I think what we fundamentally do is we actually let the person's own data drive the process. And we actually then decide, from what we're seeing in the data and the causality to their symptoms, that it would be a good idea to take kale, or broccoli, or hamburgers, or whatever it is that we see as the

triggering event, out of their diet. And the hamburger was a joke because we've actually never had anyone be allergic to hamburgers.

Thank goodness. This is America, after all.

I know — and praise of the American soil here. So, no — but I think, in general, what the biggest thing about it is that people, when they hear data and program and self-reported, they sort of freak out because they think, oh, my God, these people are nuts. We are. But it's not what we enforce on you.

So we actually have a protocol that's tailored to the individual. The app gets an iterative change week by week to where you are on the protocol. So the language is not clinical. It's your own language.

If I want to understand your pain, I'm not doing low, medium, high pain, which is so subjective. I actually talk to you and figure out that it feels like achy joints. Its mobility issues. I can't get out of bed — because every patient knows when they can't get out of bed.

We also have RA patients where we've never tracked any joint pain because their pain was constant. And we had to find alternative symptoms to —

To measure by.

Exactly. So I think the biggest thing about it is actually to make sure that people understand that the work effort, or the load on them, is really low. It takes less than three minutes a day of self-reporting for us to get enough data to actually make an impact.

Can you take us back to your own experience? When and how did you have the courage to give up medication? So you go through this discovery process, which you then later turn into a process and create Mymee from. But, at some point, you had to make some decisions, or had to have some help to make some decisions to cut off those six meds and to re-engage in whatever parts of life you were not engaging with. So what was that like?

So, in my case, I wasn't on six meds. I had six diagnoses.

Six diagnoses.

I was medicated like Priscilla, Queen of the Desert. I was on a full cereal bowl of pills. So, for me, it actually was a little bit different in the sense that I think, if I had only been on a biologic drug and my doctor had told me that this is very scary and you should really be very afraid, I probably would never have gone off it. But I didn't know anything.

So I am an economist, who has applied, essentially, a process optimization to my own body. I'm treating now my body as a closed circuit computer system. I'm debugging it by looking at the processes.

And I'm just curious about how we can help members come to that same moment in their lives. And does Mymee do something to help that?

Yes, so Mymee is basically the iOS of autoimmune disease. We're the one stop where you can come and have somebody shepherd you through the process, hold your hand, decipher all of the information out there, but also really relate it back to your body, and thereby tailoring the solution to you. The biggest praise we get is when people get to the other side of the program and they say, this wasn't life-changing.

And you're sitting there going, OK. And then they pause. And they go, it was life-changing. But it wasn't like a diet, really hard to stick by and —

So what they mean was it didn't hurt in a life-changing way. The result was life-changing. But it didn't — I thought I was going to have to cut out a massive part of my life. Turns out, I just stopped doing this.

Yeah. And I think that's actually what our target is — and that I think is what is confounding to most people is that it's almost like Mymee looks like it's magic in a box. But then, when we say what we do, then people are like, all the magic just went away. Really?

You just solved their constipation. You gave them some water and took like two things out of their diet? How is that magic? Anyone could have figured that out on Google.

Except no one did.

Sure, except there was like 100,000.

And, as a patient myself, as I came of age, because I was diagnosed so young, when I hear your stories, I really empathize with some of your members because it seemed like a similar journey. And I wish a program like yours had been around then because I think it would have made the process I went through much, much easier.

And that's actually what we hear over and over because you and me are not solo instances. We are one of many people who've done it for themselves. But we typically get people saying, oh, my God. I just spent seven years on this. And you could have done it in like three months.

I have had a different condition that I cured [INAUDIBLE] myself because the doctors wanted to put me on some meds that didn't work. There was really no solution aside from now you'll just be on this forever. And this just can't be right. And you search the web. And it literally — by the time you get past all the ads and all the junk and all the stuff that sounds terrifying, you have to experiment, or you have to find, be lucky enough to stumble across the right thing through hard work.

And it ended up being, in my situation, exactly one of the examples you had — water consumption and too much dehydration that was having an impact on my body. And I could have easily lived on medication that would have caused other problems there, but instead was able to do that. But that is just huge. So I want to just step back to the moment where you said it wasn't life-changing. It wasn't a big deal.

My life would have sucked in many ways because of that. And your life would have sucked. And your life would have sucked and did suck, for a [INAUDIBLE], if you had to live with that med or just miss it and then have this [? cushion. ?]

People die from little things every single day. So you're being very humble in the way you say that. But the impact is actually massive of very small things.

At 27, I couldn't walk up a flight of stairs. And you were in a position where I had a job. I was the right hand of a CEO of a big company. And, thankfully, he was very understanding.

But, if you think about just the fact that I had to figure out ways to make it up that staircase with a client in tow — so I found out that, about a third of the way up our main staircase, I would introduce the shoe department. And, voila, now we're talking about that. And I'm getting my breath.

Then, another third of the way up, I was introducing them to our beautiful new showroom. And then we could take the rest of the journey. I don't think anybody understood that, if they had asked me to go from the bottom to the top, I would have fallen back down because it wasn't possible. But —

But you could have used the elevator, too, in all fairness.

But you could essentially put all of these things in place that hides from your surroundings that you are sick. But it takes energy. So, as an employer, you might not see somebody as being sick. You might not even recognize that that person is spending 20% of their overall capacity on hiding, or navigating the space. And I think that's actually a part of why, when you asked earlier, how do I, as an employer, see if I have a problem, we tend to always go straight to the dollar amount.

How do I, in a spreadsheet, see this? And my answer was, you don't see it by looking over the floor because a lot of times it's hidden. And that's what autoimmune disease is. Because people are struggling silently, doesn't mean that their productivity doesn't go down, their absenteeism, presenteeism. Everything is affected.

Or that there isn't a massive cost. There is.

Of course.

These diseases are some of the most massively expensive diseases. I think you told me once before something that I thought was really powerful, that if you add up all of these diseases and their treatments independently, that you have, arguably, in some cases, the top medical spent. It just hasn't been looked at that way.

So I think, with digital therapeutics, or any solution that an employer is offering to their members, they're always really interested in learning what graduation rates are, or adherence rates, or just, in general, positive outcomes. Can you tell us a little bit about Mymee's outcomes?

So we actually see that 90% stay with the program. Everybody gets an improvement in quality of life, reversal of symptoms. And what we see generally is actually that people are very pleasantly surprised with the fact that they don't feel that it's a heavy burden going through the protocol.

The idea is that it's a lightweight introduction of things. So we never ask people to do a lot of different things simultaneously, which is both, in the testament of people actually sticking to it, it's not too hard. But it also is why they can keep it on. If you can't create a sustainable change, then you haven't really won in the long game, particularly as a self-insured employer. You want to be able to have people go through a protocol and be improved and then stay improved.

Let's say it's the next level. Do you have any statistics to report? And I know you're a young company. But do you have any statistics to support what percent of people then achieve certain types of outcomes, whether it's a percent to disease progression, or stopping progression, or off of medication? Do you have any kind of statistics like that?

Or anything around when you talk about improvement in quality of life — what does that mean? Can you make it tangible for people to really understand?

We've done randomized control trials. And we can actually, in data, prove that we can reduce fatigue, which is the main complaint for a lot of autoimmune patients, by 85%. We can see that we can take chronic pain down by 50, compared to control. Overall health, which is quality of life, we have a 34% improvement across all autoimmune disease.

And what we see in general, when we are talking about quality of life, is the difference between being able to go to work and rejoining the workforce, or being able to come home from work and actually cook dinner for your family. It's, a lot of times, the things are very concrete. You have a condition for so long. And, over time, your husband or your children take over more and more of the tasks around the house because there's absolutely no bandwidth left.

I remember I had a woman a couple of years ago that said, when I come home, I can't pick something up from the floor. And she goes, never mind myself. And, if you think about that statement — she was a cashier at Walmart. And, when she got out of her job, getting herself home was such a big task that it wasn't always possible. She would have to get somebody to literally pick her off the floor and get her home.

Wow.

So, in a case like that, the quality of life improvement from being in that position to then slowly being able to pick up something from the floor, pick up your child.

You're regaining your life.

One day, she said, I picked up my children. And I said, great. And she goes, no, no, you don't understand. I don't pick up my children from school.

And I said, OK. So when was the last time? She goes, I've never picked them up from school.

Wow.

And I said, how old are your children? And they were 7 and 9.

These are wonderful case studies. And they took it to heart. Do you have any hard dollar yet results about costs of disease burden, or the disease burden, or reduction medication spend, even some examples of that?

Yes, so generally we promise a 30% reduction in our expend. But we see, on the end of one case level, we can, in some cases, save the self-insured entity hundreds of thousands of dollars. So it really comes down to, right now, we haven't had enough time.

We need another, I think, eight months before we will have hardcore dollars across larger populations. We are currently working with a company that, based on all the n of 1 cases we have, will produce data on, not just the reversal of disease and the reduction in actual cost, but they are also calculating cost avoidance because what we see is that we're not just getting people better. We are actually also canceling operations and stuff like that.

And we know that you are early stage. And we should mention for the audience here just how early stage. I think, when we have been talking over the last couple years, that we know you pretty well. You were pre — certainly, pre-revenue and really pre-clinical trial and no employer clients. Where are you exactly today in your build out?

So, today, we've come quite a long way. Just knowing you guys, apparently, rubbed off, and in very good ways, is probably it.

We met, I think, in 2013 or 2014. It was really, really early.

Yeah. For me, it was a passion project for a long time before it became an actual job.

And how long as Mymee been an established company?

So the entity that we have now was formed in early 2017. But I've been drug and symptom-free for eight years. And we've pretty much worked at it for as long as that.

Ever since.

We are in a place now where we have both payers and self-insured clients. And we're actually going from having just the Mymee core to also having what we — currently the working title is Mymee Care. But it's like the maintenance portion, where people can actually — once they've gone through the protocol and they've reversed the disease symptoms — stay on a protocol where they might talk to somebody once a month. But what we see is a lot of payers are actually —

Stay on the wagon.

--extremely interested in making sure that they are providing that service to their —

It's much less expensive to maintain at a lower cost than it is to have the disease pick up again.

Exactly.

You can intervene and maybe —

[INTERPOSING VOICES]

And also what we have found is actually that we can typically actually predict who will be having issues. And I think it's one of the things that we've actually — every coach that works for Mymee has reversed autoimmune disease for themselves. And a part of the reason —

Do you give it to them when they start to make sure they can reverse it?

Yeah, it's like the plague. We make sure.

[LAUGHTER]

Every day, eat here.

What else are you learning from your patients, as you bring them through the program, that's helped you tailor the protocol? Because you were an n of 1. I may have a different experience. And people with autoimmune conditions are very — their experiences are very different. So what have you learned from your patients?

So I think, every time you take a person through the program, the ideal is that you learn a little bit more. And then the accumulated learnings of a lot of n's makes it easier and easier for us. So, as we are taking autoimmune disease patients through the protocol, we now see that, if you have RA, for example, or rheumatoid arthritis, you are typically out of the program after 10 to 12 weeks.

If you're a lupus patient, you typically stay throughout the full 16 weeks because there's brain inflammation. But, in the beginning, everybody was staying full programs. But, as we are understanding better and better, we can actually make that a shorter and shorter feedback loop.

And we're actually thinking of one particular girl who had been a diabetes patient. She had had a faulty pump installed. And when you are giving the wrong doses of medication for a couple of years, it was a pretty rough patch. On the other side, the pump gets taken out. And she was afraid of taking insulin because it was sort of like this thing completely outside of her control.

And what we found was actually that she had a rasp on her voice exactly 13 hours before she had ketoacidosis, which meant that, instead of being on carbohydrates all the time, we could actually use hydration insulin and carbs whenever she would have the throat issue. So, in a way, we were able to, not only reverse her ketoacidosis and her blood spikes, but we were able to give her for the first time this notion of control. It's actually like the driving analogy actually came from her because she had been a diabetic patient from three. And at this point she was 28. So she had been a diabetic for 25 years.

And she said, when I show up at Mass General, I basically deliver my A1C. And, if that number is off, they look to me for the reason why it is. So it's almost like, if it's fine, OK, go away. If it's not, then you must have done something wrong. You must have done too much sugar, or too much this, or whatever.

That's because the patient knows so well.

Yeah. So she said, but now I'm actually — let's call her Susan. Now I'm Susan, who has diabetes, whereas before I was my A1C. And the change, the fact that she was able to so clearly articulate that, hey, I'm actually in the driver's seat — I am now this person who just so happens to have this issue — is a very different thing.

What you are talking about is what I've gone through and what I felt and what I've analyzed. And I didn't realize there could be a whole group of potential survivors.

It's not a whole group. You've got hundreds of thousands of members —

Probably, I would say millions.

— in this hidden club of yours.

Yeah, this is a big club.

I just don't — I just —

I think one of the things that I sometimes think about — and you asked earlier, who is it that's getting these diseases? First of all, it's over 90% of women. If you're black or Hispanic, it's more prevalent. If you are low wealth, it's more prevalent. And every autoimmune disease have different prevalences.

Scandinavia has more MS than other countries. And I actually think, when we get much better at figuring out the lifestyle and environmental components, there will be very clear things like, when you are in the northern countries and you don't get any light, that the D vitamin and other things actually have a big impact. When it comes to nerves, there's all this stuff that we don't know. The one thing that we do know is that 77% of the immune system comes down to lifestyle and environment.

That's just an enormous statement right there.

Yeah, and I think one of the things when I was doing some research on biologics — and it was understanding too that, for certain conditions of autoimmune classes, biologics aren't nearly as effective as they could be, versus adjusting lifestyle conditions.

Yeah, I think they say that, especially the pharma drugs, works in about 30% of the cases for long-term treatment. So people actually cycle through different drugs. So they are on a certain drug for a certain period of time. And then, once that stops working, or their liver numbers or kidney can't handle that drug, then they circle it on to the next thing.

It is amazing how we humans are responsible for so much damage we do to our own bodies. Yet it's so hard to stop. It really is amazing. And your company is in the business of helping those people to get control and actually do that.

I think one thing that I sometimes think about is that a lot of us have gone through years where we were being told it was all in our head. And we primarily see women. And we have literally every day somebody state that, I was being told it was all in my head.

And one of the things I think women use as sort of their guidance in life is their intuition. And, if somebody tells you that you can't trust what you feel about yourself, you're putting that at risk. So I almost feel like, if we talk about women's superpower being their intuition, you are actually stripping people for much more than their health when you're telling them that it's all in their head. So, to sort of loop that back to what you were saying, being sick actually has a lot of other ramifications than just your actually diseased state.

It really is dehumanizing and so disempowering to hear someone say what really should be translated as — I can't help you. I don't know. But, instead, they're putting it on you.

You don't know. You don't understand. Get your pretty little head out of here. Or you wouldn't get this.

It's not that complicated. Maybe you don't understand — maybe because you've been with me for 10 minutes, or you've been looking at your computer the whole time and haven't really heard me, or you haven't got enough information. You don't know. But we have systems and experts put in place.

This isn't just the medical profession. But this lack of empathy and understanding puts it back on the person who has the problem. And that's just not acceptable. So I applaud you for that empathy and ability to help people, meet them where they are, and then help them through this tough time.

And I think what we oftentimes see is that patients come. And, within like 30 minutes, we ask them, are you sure about your diagnosis because everything you've just said just does not point towards that diagnosis? And people typically say, oh, no, no, no. I'm pretty much sure I'm misdiagnosed. And I'm like, yeah, because all of your symptoms is around your eyes. And everything that you're telling me that you're diagnosed is around your gut.

And they say, it was because, when it all happened, I had a lot of gut issues right around that time. And you'd say things like, so when was that? 15 years ago. But nothing has ever been corrected because you now have a label. And you have a drug that fits that label.

Boom.

And then, boom, you are on a fast track. Now you are on a Greyhound across America. And there's no stops.

So, talking about animals, if your company was an animal —

That's a transition. Where did we have a — I don't think we were talking about animals there.

Greyhound — greyhounds are dogs.

We were.

We were talking about animals.

Shame on me.

So, if your company was an animal, if Mymee was an animal, which animal would it be? We already talked about — let's put aside Tamagotchis. What type of animal would it be?

It would be the centaur.

All right. Why?

Half-human, half-horse — it's sort of like Mymee is powered by algorithms, which provide the —

Is that the horse or the human part?

The horsepower.

Oh, horsepower.

Are you calling me a horse? But it's delivered through human coaches. In reality, we have this perfect mix of science and technology, and then the human behavior change on the other side.

But I also think that centaurs sort of symbolize the unbridled chaos, which actually is perfect if you think about it because it's patterns and data that the human creates in the day. And it would be totally chaos for the human brain to sort of wrap itself around — unless it's your human brain. But a lot of people wouldn't be able to decipher it alone. And so we leverage machines to analyze all of this complex data. And then we can detect the trigger in the chaos.

So it's like a cyborg-centaur.

Exactly.

Wow, this is getting cool. If you were a god or goddess, or mythological creature — which by the way, a centaur kind of is — but is there another answer? Would you give an answer for if you were, or your company was a god, goddess, or mythological creature?

Being Danish, it's easy. It would have to be Thor. He is the god of thunder. And Mymee is fierce.

All right.

With that, I wanted to thank Mette for joining us on the pod today. It's been a wonderful conversation. And just thank you so much for joining us.

Thank you. It's always good to be around the two of you. I think people can hear from the tonality that we are all enjoying ourselves.

So thank you for making it in the pod today.

Thanks for being here.

Awesome. Thank you.

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