Opening on Chinese Medicine and Pulse Diagnosis

400 to 500 years ago, it became a critical central part of Chinese medical diagnostics. Yeah. Yeah. And so that is a big piece. And then the single most important and the hardest to learn aspect of doing Chinese medicine is feeling pulses, right?

Let me tell you kind of a fun story. I just really curmudgeonly dock. on my table and he was coming in for some orthopedic problem, right? Yeah. But I would feel his pulses and he said, why do you always hold my damn hand?

I said, actually I'm holding your wrist and I'm feeling your pulses. He goes, you mean my pulse? I said, no, you feel for a pulse. I'm feeling nine different positions on each wrist.

And then there are 27 different pulse qualities and we're kind of creating this matrix. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned to direct primary care freedom fighters on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the Fightcast. Hello y'all. Welcome back to the My MD Unscripted podcast.

I'm your host, Dr.

Podcast Introduction and Guest Background

Clint Carter, and I make a living, I think, off of patients that find me who say, I feel junky, but my doctor says that my labs are normal, so now what?

Right? Am I just getting old or what's the deal? And so. I would like to start today's episode with the question, what if the reason you don't feel well, even though your labs are normal, is because you're nowhere near your personal health sweet spot.

And I am stealing that term on purpose. We have with us an awesome guest, Dr. John Needers, Doctor of Acupuncture and Oriental Medicine. So, you know, traditional Chinese medicine trained that brings, he kind of blends hands-on, energetic, Eastern medicine with modern functional lab testing and really helps people get to what he calls the sweet spot of maximum health.

And he has books as well. So we'll, we'll get into all of that. I love the East meets West and I can't wait for you guys to meet him. So Dr. John, thank you for coming on.

Give yourself a proper introduction and let's get rolling. Well, I thought you did a pretty good job there. I've been doing traditional Chinese medicine.

Well, I actually started in the mid 70s or early 70s doing Tai Chi and Qigong. And my teacher was a master herbalist, so I started studying herbs with him.

And then I took a little hiatus because I had a wife and three kids. And so I actually ran a real estate company for a while and so pretty far away. But then things, you know, moved around and I finally got to go back to acupuncture

school in the early nineties.

And just fell in, and I was already in love with acupuncture because I had experienced it myself. I'd experienced traditional Chinese medicine from an herbal perspective, from a Qigong perspective.

So I knew what I wanted to do. I just had to open enough time to actually get back to school. How did you end up with Tai Chi and all of that at the beginning in the first place?

Well. Serendipitously, most of the people, now today, a lot of people know that they want to go into acupuncture and Chinese medicine. You know, they just, you know, it's like they have many paths to choose.

But at my age group, almost everybody got into acupuncture and Chinese medicine because they had some condition that wasn't getting fixed, wasn't getting treated well in a Western biomedicine.

And so they were desperate. And so they reached out for other things, right? Well, in my case, I had been a high school athlete. I was a jock and you played four sports in high school and two of them pretty well, the other two really badly.

Right. And so. I went to UC Santa Barbara to school and became a total couch potato. I went from being incredibly engaged, playing sports every single day to going down there, pretty much just drinking beer and eating bad food.

And then someone convinced me to get up and play a rousing game of ping pong. I blew a disc in my back playing ping pong. Doesn't seem possible, right?

Yeah, that's what I would do. I was bent over at a 90 degree angle. They carried me into student health. The doc said, yeah, I'm pretty sure it's you've blown a disc, but here, go get another opinion.

And I went in and he said, actually, you blew two discs. I don't know how you did that, but you're definitely going to have to have surgery because otherwise in a few years, you won't be able to walk.

From Back Injury to Acupuncture and Tai Chi

And so. I was ready for the surgery and I came up here from Santa Barbara and most of my friends honestly were jocks, bright guys, but I mean, many of them went to, you know, Stanford, Harvard, Yale, et cetera, but at heart they were jocks, right?

I had one friend who was just this very erudite guy. He was like the president of the chess club, the president of the physics club, right? And I don't even know why we got along so well, but I'm over at his house and I tell him about my back and that I'm going to have surgery.

And he says, well, why don't you go try acupuncture? Now this is 1971. Yeah. And I said, what the heck is acupuncture? Right? I had no idea. And so remember in the old Kung Fu TV show where they'd stick needles in people.

I said, do you think I'm nuts? I'm not going to let someone stick needles in me. And he goes, oh, so you're going to let a surgeon take a scalpel and carve up your spine.

And in the 70s, of course, we weren't as advanced surgically as we are now. And so that would have been tough. I said, well, you know, I don't really have anything to lose.

So I went to this Chinese guy who's very well known, more for his Tai Chi and Qigong and painting, an amazing painter. And so when I went in and I talked to him and he said, oh, you don't need surgery.

You just, I'm going to change your diet and you come and do my Tai Chi class on my Qigong class. Within a year, you'll be good as new, probably six months.

And I said, well, oh, okay. And the last thing he said to me, and I'm going to do a very poor accent. He looked at me and said, one more thing. No sex, even with yourself for six months.

Right. And it's like, what? It's like, okay. I was desperate. Right. So I, I listened to them. That was a good chance for you to push that guy off right there.

Right. So I started doing Tai Chi and Qigong and I wasn't a great student. He was a real taskmaster of a teacher. And, you know, I was kind of plotting through it.

And then around 1980. I happened to be driving down Telegraph Avenue, which is a main street in Berkeley. And there was a martial arts school that had no curtains on the windows.

It was just all glass. And they were doing stuff I'd never seen before. And on the sign, it said World Martial Arts Champion 1978, Peter Ralston. And so I said, you know, I'm going to stop.

And they said they did Tai Chi and a few other things. And I said, I'm going to stop and check this out. And I went in and the assistant teacher from my other school was there studying.

I said, oh, there's something going on here. But they were doing Jingyi and Bagua, which are two other, what are called internal arts, but they look way cool.

Very cool stuff. And I said, okay, I'll, I'll try this for a while. I then became an apprentice and was there for 12 years. Eventually I started, it was rigorous training, more emotional even than physical.

And so I stayed there and trained a lot of the apprentices, then started co-teaching the free fighting class, which was light contact. It wasn't like MMA is now.

It was really more, you know, shadow boxing and things like that. But it was really, really awesome. And so the bottom line was I'd never had the surgery and knock on wood, I'm 74. I'm one of the few people I know with no back pain at all.

Zero, right? And then fast forward a few years from that and I started getting debilitating pain in my gut, right? Literally I'd be walking down the street and it felt like someone stuck a hot poker in my belly and I would go down to the ground.

At that point in the early seventies, I was playing poker for a living and I was up in Reno and my dad came to visit the only time he ever came to visit.

And we had breakfast and all of a sudden that pain came back and I started sweating like crazy and I was going into anaphylaxis. So he rushed me to the hospital up there.

They said another 10 minutes. I probably wouldn't have made it. but they didn't really have a diagnosis. You know, they did the testing that was available then, but they kept me from dying.

That was wonderful of them. And so I went to a GI specialist here and again, this is in the mid seventies. So they didn't have a lot of the testing available that they do now for gut related stuff.

And I said, could it be celiac disease? And he laughed at me. He said, are you kidding? That's one in 25 to 30,000 patients. And he just totally blew me off.

And I said, you know, I came back and he said, well, we're going to do surgery. I said, oh, thank God, you know, what's wrong. He goes, no, it's exploratory.

We think you may have a tumor in your small intestine. And I said, let me think about this. I'm going to go see my Chinese doctor. And he just really laughed at me at that point.

So I went back to this Chinese guy. Now this is mid seventies before You know, gluten and wheat became a big issue like it is now. Although in Chinese medicine, it's been a big issue since about 1200. And so I go in and he said, oh, yeah, you can never eat wheat again.

and you can't play in the casinos anymore." He said, because the off-gassing from all that furniture and the carpets, you're getting so much formaldehyde.

And he said a bunch of other stuff that I didn't understand. But I got off-gassing and I got gluten. And it turns out I don't have celiac disease, but I did have a pretty significant problem with gluten at that time.

I can now eat it. I don't eat a lot, but I don't have any obvious reaction. Right. And we run the wheat zoomer test on people, which is testing for like 28 different potential problems.

So that kind of convinced me that there was something to it. And then what really made me turn the corner is my dad, I went back to visit him. He was in North Dakota.

He had lived out here for quite a while, but he said, ah, you kids don't pay attention to me anyway. So I'm going to go back home. Cause he was from North Dakota.

And so I went out to visit him and he was so weak, he could barely get out of his chair. So I drove him to his doctor's appointment and the doctor said, well, Herman, you have throat cancer and it's pretty advanced.

It's going up around toward your brainstem. And he said, so I thought you said you weren't a smoker. My dad said, well, I'm not. And I smoked a little bit in Korea, but you know, not since then.

He said, well, I don't understand this. And I said, He's been chewing tobacco since he was 12 years old. And the doc said, yeah, that's exactly where the cancer is, right?

Where that would land. So anyway, he's in this little 200 person town of McCluskey, North Dakota. And while he was gone, I'd learned to play guitar.

Gut Problems, Gluten, and Early Chinese Medicine Insights

And so the first day there I'm sitting in his backyard and he was on the very edge of town playing some songs. This town is so small, it has like a one block, one and a half block long business district.

I'm walking down the street and this woman who had to be 80 years old, Clint, she steps right in front of me and she goes, now who are you and what are you doing here?

And I said. I said, I'm John Needers, I'm Herman's son. I thought you might be, and I heard you sing pretty darn good, right? I knew I'd better watch my P's and Q's there, right?

But it was just such a miracle. I started playing for him and started feeding him and, you know, making all sorts of smoothies and different things for him.

But people in town got word and every night we get 15 to 20 people in there having little hoot nannies, right? And within two weeks, my dad was up dancing.

That's just that little bit of lifestyle and love made that much difference. Came out here. I took him into the acupuncture school. I was not in school at that time and they gave literally the most horrific smelling herbs ever.

And I've smelled a lot of really bad herbs cooking in my life. We couldn't even be in our house. But he was feeling better and better and better. He went to a reunion of his army buddies.

My sister drove him up into Oregon. Then she drove him back to North Dakota. And the doctor said, well, Herman,

this is amazing. That tumor has shrunk by about 50%, but we're still going to do the surgery.

So he did the surgery and he died from the surgery. And so that was a big turning point for me. It's like, I didn't have the authority, right? Right. Or wouldn't take the authority to talk him out of it.

But that really flipped me. That was kind of the final, a nailed, if you would, that got me to go back to acupuncture school. So that's what got me there.

That's quite a journey, but I mean, wild. For those of us and also me in this category that aren't super familiar with traditional Chinese medicine, like what is an assessment?

How is it different? The patient walks in. What is the experience like? Well, You have a great reputation, right? I've read your stuff and talked to people about you.

And I'm sure with your experience, you watch people walk down the hallway, walk into your office, and something's already clicking, right? And we do kind of the traditional things that would be more Western in terms of looking at their facial color, looking at their eyes and things.

And then I do a lot of assessment of their fingernails and hands, which again is really a Western thing, but very few doctors do that anymore. And I'm looking for about 10 or 12 different things that can clue me in to whether they're throwing little clots, you know, do they have splinter hemorrhages?

Are there discolorations? Are there Bo's lines or Terry's lines all these things that give you a clue and So I'll kind of start off with that and then I do the more traditional Chinese aspects I'm looking at the tongue which Western medical doctors used to do a lot because in I know because in the 50s I used to watch Saturday morning comics and And on there, the doctor would tell Donald Duck to stick out his tongue, and he'd stick out his tongue with a big overcoat on it.

And you go, oh, you have a coated tongue, right? And so we're looking at those things. And in traditional Chinese medicine, they have identified certain zones on the tongue that correspond to different conditions in the body.

And then the color and the texture of the tongue will tell you a lot. But to me, The single most important thing are the sublingual veins, the two veins on the underside of the tongue.

My mom used to say, the eyes are the windows to the soul. Well, to us, the sublingual veins are the windows into the cardiovascular system. I can tell if people have been exercised, they'll come and say, oh yeah, I've been exercising.

I look at their tongue. Yeah, don't lie to me. Right. Or if they're on blood, if they go on blood thinners, you'll see that these big purple veins just completely disappear.

And so we have herbal treatments that we can, you know, get the blood. to keep from hypercoagulating, right, and forming a rouleau. And then also the proteolytic enzymes, natalkinase, you know, seropeptase, et cetera, to get rid of that stagnation under the tongue.

And to me, that's a really critical thing. More and more, I see Western-trained medical doctors talking about sticky blood, things like that. Malcolm Kendrick had The Clot Thickens, which book I really enjoy.

That's great. Yeah, and so going to starting that well in Chinese medicine that started about 1800 years ago and about four to five hundred years, four to five hundred years ago, it became a critical central part of Chinese medical diagnostics.

Yeah. And so that is a big piece. And then the single most important and the hardest to learn aspect of doing Chinese medicine is feeling pulses, right?

Let me tell you kind of a fun story. I had this really curmudgeonly doc on my table and he was coming in for some orthopedic problem, right? Yeah. But I would feel his pulses and he said, why do you always hold my damn hand?

I said, actually, I'm holding your wrist and I'm feeling your pulses. He goes, you mean my pulse? I said, no, you feel for a pulse. I'm feeling nine different positions on each wrist.

And then there are 27 different pulse qualities. And we're kind of creating this matrix. He said, well, what the heck can you tell from that? I said, well, I can tell you have gallstones.

He said, you can't tell I have gallstones. I said, okay, whatever. And so he comes back two weeks later. He goes, I have gallstones. I said, yeah, I know.

You want me to get rid of him? He said, you can't get rid of gallstones. I said, is it okay if I try? And he said, yeah, whatever. So I did some treatments and he comes back in about a month.

He said, my gallstones are gone. I said, yeah, I know. But he still never believed that I could diagnose it or treat it, right? There just was no space there for that.

Yeah. I admit that the way that we're trained, there's no space for that kind of stuff. There really isn't. That's, that's awesome. I love that. One of the things with, um, with the pandemic, you know, we're seeing so much dysautonomia and POTS and POTS, you can feel in the pulses instantly because the, in almost all cases, there are many different causes, but in more blood deficiency, we'd call it in Chinese medicine, you can barely find a pulse.

It's deep. And sometimes you can't even, you can tell someone's alive, but you can't even put a quality on it.

Pulse Reading, Tongue Diagnosis, and Functional Testing

Right. usually not always but the aldosterone levels low so they're not holding enough sodium in so they're not attracting much fluid so they're actually slightly hypovolemic and you can feel it in the pulses instantly so it's a huge advantage right to be able to do that.

And so we'll do all of that in my office. I have a scribe that will take notes, which has really, really changed my practice in very artificial ways. It's amazing how much easier life is.

And after that occurs, then We'll take them across the hallway. We'll do a raglans or orthostatic hypotension test. We'll do, you know, I'll check their gallbladder.

We'll look for a few other things. Check the bottoms of their feet because people get melanoma there and they never look there, right? Yeah. And we'll palpate the saphenous veins on the legs and look for hair growth patterns that may be a little different or where the hair is, you know, disappearing.

And so we know there's a problem there. And then I'll listen to their heart. listen to their bowel sounds and then we'll do some acupuncture and then bring them back over and give them a short synopsis and I'll make my lifestyle and supplement or herbal recommendations for them.

And then we follow up with an email because they're never going to remember half of what we say. Once again, even the scribe comes in so handy, right?

It's all written down. You just trans, yeah, it's great. Yeah. So then we'll come in in the morning and I mean, I usually get in about, it's about six 30, my first patient, six to six 30, my first patient's at seven 30.

And so then she'll put it up. I have a frame TV so she can just put it up on the TV and, you know, she's already got everything on there and I'll just make a few corrections.

I'll tell you, made my life easier. Makes it work. What does the, you know, you hear about the energy, the energetic

component to like the Chinese medicine strategy.

What are you, I guess that's more on the acupuncture side of things. More so, although the, there are over 10,000 actual formulas that you would find in a textbook.

And it's really fast and then you can mix, mix and match, right? And so. You can do pretty much what you do with drugs just on a much lighter scale. I mean, if someone has a urinary tract infection, you know, urethral burning or a little bladder, I treat them.

If they come in with a kidney infection, they're going to the ER, right? Or to see their doctor, because they need the big guns to knock that out. And then we do things that help keep them from getting that again, right?

So that's, the herbal part is fascinating. I was working two jobs when I was in acupuncture school. Herbs were my hardest subject because I'd done a lot of touching, a lot of body work and energetics.

So an acupuncture point is wherever it is, right? And it has qualities and things you look for, but herbs float around. They've got Chinese names. You know, you've got all these weird categories and I just couldn't stay awake.

And so once I graduated, what I would do, is I would have patients come in, and I started out with a one-room office. And so they were behind a screen.

I'd do all my diagnostics. I'd set them, I'd lay them on the table, and then I'd get all my textbooks out. And for 45 minutes, I would study like crazy to find the right formula for them.

And then when the college that I had gone to opened a night program, I started teaching all of the herbal classes. And as you know, the best way to learn something is to teach it.

And so that's where most of my learning really came in. There are six levels of single herbs and then six levels. of was, and then one class in herb drug interactions.

And I taught each of those classes every year for several years. So got familiar with it. Yeah. It's also torture to teach a subject that you're not a master at, right?

Oh my God. Yeah. I just knew I was always a couple steps ahead of them. Yeah, that's it. That was fun. Where does, where did functional medicine kick in?

You start doing Zoomer testing and some of these other things. Yeah. So in 1999, I'm going to call her a friend, but I didn't like her very much, but we worked together.

We studied for the state board together, but she begged me to do this class with her on a weekend. And it was on leaky gut, right? Yeah. And you know, in 1999, if you said leaky gut to a doctor, you just got laughed out of them.

Oh yeah. Yeah. Out of everywhere. And so I said, okay, I'll do this class. Well, it was taught by a guy named Jake Fratkin and Jake had been doing functional medicine for a while.

and had written the book on traditional Chinese herbal medicine and patent formulas and was voted the acupuncturist of the year a couple times. So bright guy.

Yeah. And within hours, I was just blown away because we didn't get exposed in school to stool testing and saliva testing at that point and urine testing and all the magnificent things that you can do.

And it's like, And what I loved is both approaches were really first do no harm, right? And they fit together like a hand in a glove. If you do the Chinese bike.

You got the strengths and their weaknesses match up, seem to match up really well. Oh, it's, it's brilliant. It's

fantastic. And so by the time I got out of his weekend class, I was a true believer.

Yeah, I was a true believer. So I picked up everything I could, finally went to get my certificate in functional medicine.

Herbal Medicine and the Move into Functional Medicine

And like I said, it just, it's beautiful. I love, you know, so at our clinic we do, you know, I'm a classically trained family medicine doctor, a recovering ER doctor.

And so opening this clinic and spending time with patients and begrudgingly admitting that individuals are different, you know, in the ER everyone's the same.

I don't care. And then now we've got functional medicine and, you know, just sort of like that. You know, I tell my story of like, I couldn't fix all these patients even though I was giving them an hour of my time every time.

And it was just because they had normal standard labs, but that was it. And I couldn't figure out what else was going on. They were exercising and they were eating what seemed healthy to me at the time.

And then I got into some bioidentical hormone replacement and I opened that door, right? And that door led to a room full of doors of all these cool things like functional medicine and all these things I had no idea existed.

They were all a punchline when I was in, in med school and residency and ER work, right? It's just like polar opposite of who I was when I was ready to quit medicine altogether in the ER.

And I just like, I like the journey that you went on is just so beautiful from, from being young and someone wanted to cut on you in like college age in your, you know, back surgery all the way you are.

But I also hear that like around age 72 or so, there was yet another turning point. Yeah, I fall into and at least fell into the category of being too cocky.

And so I took on as well as my practice and I was teaching, I became the president of an acupuncture school, which was the most thankless job I've ever had.

Oh my God. It was a nightmare, but we were able, it was my mentor's school. So I was, he asked me to do it and then he passed away. So I felt kind of honor bound to do it.

I said, I'll give you three years. And we, you know, fortunately completely turned the school around and became very successful, but it took a big, big chunk of my life force out.

And I didn't really pay attention. You know, I just wasn't paying enough attention. I went in and my A1C was off the charts. I mean, it was over 11. And it was like, holy crap, that can't happen to me.

Right. After all, I'm me. Right. And I had Afib for about 40 years, but I was able to control it with herbs. And then I had one incredibly stressful weekend, the Afib kicked in and I wasn't able to control it.

I was in, Trader Joe's is a big market out here, and I was in Trader Joe's with Katherine, the co-author of our book, and I passed out just standing with a shopping cart.

She said it was the funniest thing. I don't know how this could kick in while I'm actually falling unconscious, but I fell perfectly. I've got to think it was all those years of martial arts training.

That's what I'm saying. Yeah. In fact, I'm laying on the ground and the only reason I knew I'd fallen is that there was a jar of hummus staring me in the face.

And I knew that wasn't quite right. Right. So, you know, I was being a child of the fifties and playing lots of sports when I was in high school, you jumped up.

Everything was okay. Yeah. I'm fine. You know, it's like they had a trainer on the sideline, so I don't think he had any medical experience. And you'd get your bell rung is what they called it.

And I come to the sideline and he'd go, okay, who's the president? Abraham Lincoln. And he'd hold up four fingers and say, how many fingers am I holding up?

I go two. And he goes, yeah, you're good. Get back in the game, right? So that's still my mentality. So I hopped up and they said, no, we've called in an ambulance.

You're going to ER. I go in, so it's a small town emergency department, but this was the busiest night I'd ever seen there. There were 11 rooms. They were all full.

There's this young doctor who looks like a deer in the headlights. I mean, he's just so overwhelmed, but there was this one ancient nurse that would take him by the arm and walk him to a room and say, okay.

This one probably a stroke, right? And so they did, you know, they did imaging on my brain to make sure there was no bleed and they did an EKG and I'm sitting in the hall because there's no rooms for about six hours.

And finally, I see this young physician's assistant come up and talk to the doctor and she shows him the EKG strip. I mean, I don't know what's mine, but it's an EKG strip.

And they looked at each other and then they both looked at me. And then they looked at each other and a doctor shook his head. No. And so I said, okay, I guess I'm good to go.

Right. And so they discharged me with no instructions whatsoever. So I get my records the next day. found out that I was in atrial flutter at 288 over 72, which could certainly have been the reason I passed out.

Personal Health Crisis and the Sweet Spot Concept

Who knows? But they didn't tell me, they didn't say a thing. Now I understand that they're busy, right? But they could say like, Sir, we've got your EKG and there's a slight abnormality.

We recommend you see your cardiologist. We really can't go into it right now. But I did see my cardiologist and found a great guy and he said, I think you need a catheter ablation.

And I said, yeah, you're the doc and you know what you're doing. So I agreed to that. So I had the catheter ablation. There were more problems than they realized going in.

So I was under anesthesia for longer, I think, than they anticipated. But they sent me home. Next afternoon, I'm watching a movie, really horrible movie with my son and my wife, and it's getting harder and harder and harder to breathe.

And I don't want to go back to the emergency department, but finally it's like, all right, you got to take me in. But they took me to another hospital where I know they have a good cardiology unit.

So they took me in and Clint, I got to tell you, it was the weirdest thing. One of my favorite musicians was a guy from the seventies named Warren Zevon.

And he wrote a lot of hits for other people. And he's the guy who did werewolves of London, but he did some other great stuff. And before he was dying or he'd been diagnosed with lung cancer.

And finally went in the dock said, yeah, Warren, you're just about done. And so he got all his musician buddies, you

know, Bruce Springsteen and all these performers in there, and they did one last album.

And one of the songs, it goes, the shadows are falling and I'm running out of breath. Keep me in your heart for a while. And I kept singing that over and over, hopefully under my breath, but all the way to the emergency room.

So they determined that I had pneumonia and was in congestive heart failure. So they then. hooked me up to everything. I got great medical care. It was fabulous.

I have a special place in my heart for nurses in general and had some great nurses there. But then they said, okay, you're good, go home. So I left and did high sensitivity C-reactive protein and all these other tests and found out I was a mess, total mess.

Right? So then I had to really dig in. And while I was laying there in my hospital bed, I had this realization, you know, it looks like I'm going to make it this time.

I'm really fortunate, but my job isn't done yet. I have not fulfilled my purpose. And so I really really contemplated what my purpose was. And I said, okay, I'm giving myself four months to completely turn this around.

And so I did a deep dive into everything heart issues. Although at that point, my heart was once I got rid of the inflammation. My heart has been very regular ever since and that's been a little over four years.

Yeah. So that's great. But I'd gotten really weak, very, very weak. I could barely stand up out of a chair. My blood sugars had been bad. I had high blood pressure and you know, that whole myriad of things that goes together and got very weak.

Yeah, absolutely. I remember my, my teacher saying, yeah, you don't want to start down that slippery slope because you go really fast, right? And so, you know, Catherine, my co-writer, would bring her dog over at 5.30 in the morning and then leave her dog with our dogs and then we'd go to the gym five days a week.

And it was a slog for a while. It was hard. And then I did a couple more deep dives looking into more potentially effective workout regimens and some supplements that, you know, as well as my herbs that I thought would help.

and started doing that and within four months on every exercise except one, I doubled my strength. And so one of my messages is for old people like me, you're never too old as long as you're alive to really, you know, get that stuff turned around, right?

I mean, in fact, I remember after four months, I'd never done weightlifting when I was in high school. I had really strong legs because I was running all day every day, but I didn't have a strong upper body.

And so I remember at about the four month mark, my son came up to me and said, dad, you have deltoids. This is crazy. When you can impress your son, you know, you're like, yeah, yeah.

You, especially an adult son is like, wow, look at you. Yeah. No, I have a 20 year old son and he's it. Yeah. If I could impress him with my physique, that would be something.

Wouldn't that be? Yeah. That's for sure. Yeah, for sure. One of the things is, um, some days I have my son will scribe for some of my returning patients and it's been great because he would never listen to me about health stuff before.

And now he asks me all the time because here with my patients, right? So that part's been really fun. That's very, you know, those are so, those are such rewarding times.

Okay. So I don't want to let you go get too far. I think this would be a great time to talk about, you know, the sweet spot series maybe, and just talk about the difference between a normal range and an optimal range and kind of how do you approach that?

Cause you know, my understanding is we're talking about good old fashioned Western labs, you know, with this stuff. So give us some of that. And, you know, one of the things.

We belong to a couple of co-ops and like we get a CBC, I think for $5 and a Camp 14 for six or seven. And why not run them more often, A, right? Uric acid, which I find is the driver of so many problems, including a lot of my problems.

I had horrible gout and a few years ago I had kidney stones, but my doctors never really ran my uric acid. And so I check it every three months, right?

And so what prompted the book, is there was a woman that had been taking my classes and wanted to write the book with me. And we were a horrible match for that because we're both geeks.

She's very bright. And every time we'd get together, the one thing that didn't happen was writing. Okay. And so 12 years. And then finally I said to Catherine, I said, cause she's very disciplined.

And I said, Catherine, you want to write a book with me? And she said, sure. And so she did all the boiler plate, right? You know, what does low calcium do?

What does high calcium do? Et cetera. And what I did is I. reviewed hundreds and hundreds of research studies and really then picked out graphs, right, that were very expressive of this.

It's like hemoglobin A1c, right? The sweet spot is from 5.0 to 5.2 to 3. And of course, doctors don't get concerned until it's 5.7. But also, as you know, most of these are U-shaped curves.

And if it's low, if it's 4.7, that's equally as dangerous as having it too high. MDs tend not to notice it. Some classics, one of them was ALT, right?

That test was, I think, created about 80 years ago. The group that created the test set the original values in the low 40s. And now there's test creep, right?

One of the labs that people use here says ALT is normal up to 63. Others say 42. Well, the- Yeah, mine are all 50. Yeah, in the labs, yeah. Okay. The inflection point in men is actually 21. At 21, mortality risk starts to go up.

Now, it's not horribly high at 30, but it's much more dangerous than people think. You know, if you're up in the 50s or up to 60, that's, I mean, when you look at the mortality tables, it's horrific.

And then the other thing is a lot of our labs will say it's normal from zero to 40. Well, if you've got a zero, that is not a good lab, right? If you're not dead, you're probably close.

That's correct. You're in cirrhosis or even cirrhosis has more than zero.

Lab Ranges, Optimal Health, and Clinical Examples

That's crazy. Exactly. Exactly. And so, so what I did is. just analyze all of this research and put it in the book. And that partly came around because I was looking from functional medicine courses that I'd taken and kind of comparing it to Western medicine and kind of saying, well, you know, this is obviously better.

And then I asked myself the question, John, how do you know? I took the Western levels as gospel, and now I'm taking the functional medicine values at gospel.

Maybe I should research it myself. Now, what I found is the functional values that people have been using are pretty doggone good, but you do see some little glitchy things here and there.

And so the first test or the first book, the sweet spot was again, because the sweet spot is the lowest mortality risk

on that U-shaped curve. So that's the sweet spot.

And that's where you want to be if you want to be healthy and live a long life and healthy life. So the first one was on the chemistry panel, a Chem 14. The second one that just came out is on the CBC.

And then the next one is on my personal experience of nearly dying. And then the one after that will be thyroid panels, things like that. Yeah. Man, that's so cool.

I like, I'd love, you know, I'd love for someone like you to do all the research and tell me what the sweet spot is, right? Like that is super valuable.

I am not, I'm a, you know, low detail. I just, I'm a big picture. Give me the data. I trust you. I believe you. Let's go. But that got me into a, that got me into a situation where I couldn't fix people pretty quick because I was just taking my, standard residency training, which was very good, but it was all based on what insurance reimburses and what the levels are that, you know, the big pharma has told us that the level should be tight.

You know, too much of that. Right. And so I love the functional medicine has been fun because the ranges are so more narrow or they're They're just different and, you know, thyroid and trying to keep it on the right side of the bell curve and all these other sort of strategies.

Well, like, thyroid's a whole nother topic because all I was talking about. Oh yeah, we can talk about that in a week. Yeah, that's a totally different discussion.

That one I got mad about when I finally learned how to handle a thyroid correctly. The dominant emotion was anger. I was like, this isn't hard. And it's obvious.

Why was I only taught TSH and levothyroxine? As if there was nothing more to the thyroid. Or maybe T4, right? But out here, like the biggest HMOs will run TSH, occasionally T4, but they never run T3, ever.

No, we don't want you to feel good. Whatever happens, don't feel good. Yeah. Well, you know, talking about labs, the, uh, one of the ones that surprised me a bit was white cell count, which, you know, typically somewhere between 10 and 11 for most labs, right?

Yeah. The inflection point is 6.0. That's where mortality starts to go up is at six, which kind of shocked me actually. Yeah. Yeah. I, you know, I would say most of my folks are in the lower half of the range, but if I see someone at an eight.

Yeah. Yeah. What do I care? You know, or calcium, right? I had a patient the other day who had consistent, uh, serum calcium in the 10.3 to 10.5 range.

I finally said, look, I'm going to order a lab for you. I'm even going to pay for it, but we're going to test your parathyroid hormone. Yes. You know, she's got a parathyroid tumor and they were just kind of ignoring it.

So, and she was going to be, she's going to be osteoporotic and yeah. Yeah. Yeah. And calcium is one that I, somewhere in my training, even in my Western training, it was kind of beat over, I was beat over the head with, if you get an abnormal calcium, whatever you do, don't ignore it.

Right. Because if it, if their kidneys work and it's too high, you'll pee it out. And if you're bone, if you've got bones and it's too low, your body will steal it from the bones.

So it should always be in range unless the parathyroid or the system is breaking somewhere. But normal, you know, is well, 10.5 is the high end for, I think for me in my, in my current lab.

So I would not have picked up on that parathyroid tumor for sure. Yeah. That's great. Well, you know, it's, it's the advantage of being old. You're still a young guy.

Hey, I need to hang out with you more. That is awesome. I've seen, I don't know, 70, 80,000 patient visits. So, you know, you see these things that repeat.

And I had a couple patients early on that I didn't.

Blending Eastern, Western, and Functional Medicine

check their parathyroid hormone in a really timely fashion. And then it's like, oh boy, I really messed up there. You know, and you look back and you feel bad, but you do the best you can.

Well, I mean, it was technically high normal and we just kept saying, we'll recheck that. And it just kept dragging on, you know, that's. You know, it's a fun that the art of medicine brother and to be blending the arts of medicine like you are between functional medicine, Western medicine, Eastern medicine into sort of this beautiful dance of the three has been fun to hear about today for sure.

Well, one thing you should check out. Check out bio-well, B-I-O-W-E-L-L. And one of the fun things here in my office is I'm a totally, totally a geek.

I mean, four to five in the mornings when I do my research. Catherine is a total geek, but from a different angle. And my wife is the acupuncturist for the San Francisco 49ers and teaches sports medicine all over the world.

She's going to Barcelona soon. And she's a total geek. And so I'll wake up and watch her watching dissection videos, right? And I'm looking at something else.

So we get to share all these things and it's very, very fun actually. Well, the poor, intrepid, sad, terrible Dallas Cowboys could probably use a good acupuncturist.

They need a lot of other things, probably a different owner and general manager, but that's another topic for another day. Yeah, some defensive linemen would be good.

Yeah. Gosh. Oh yeah. Well, don't get me started, brother. That's a whole nother. But you know, when I was growing up, the 49ers were like the bad guys, you know?

The 80s were a great rivalry. Now I'm like, I love watching the 49ers. Fun to watch, good scene. 1972, I think it was, it was the first year that the 49ers made it to the NFC championship game and Dallas was in it.

They were playing at Kizar Stadium, which is now too small to use as a high school stadium, basically. Right. But that's where the game was. And two of my friends and I stayed up all night to get tickets.

No way. There were people throwing up all over us. They were all drunk. And so we got these tickets and the 49ers lost. It was horrible. Well, you know, Hey, we're going to take all the wins we can get and we'll go back to the sixties and talk about it.

And our rings, we'll talk about it because we didn't go and get anything anytime soon. But Hey man, Dr. John, thanks for being on. That was such a great.

I mean, so much information, such a great story. Can I say one more thing? Yeah, please. The reason to check out that bio, well, I started on my, we're all geek story, but Catherine just bought a device, which I have no way to verify it at this point, but I have read the guy that invented it, this Russian guy, brilliant biophysicist, brilliant.

And I know a woman in Berkeley who uses it and she's one of the most brilliant people with that I've ever seen. She locks people in a completely dark room and measures photonic levels, right?

Like if you get a yoga meditator, the top of their head, she said, looks like a halo. There's so much energy coming out and you get, you know, someone else and they may be a photon every once in a while popping out.

The same way with their hands. And she's even measured which hand positions are the best. And she likes this device. So that's what got me interested.

But what it does is fascinating if it works. I don't know. We just got our first report back, but it gives a report Jerry Tennant did a book called Healing His Voltage, and he measured the voltage across different organs and found that each of them has a specific voltage that it tends to work the best at.

Okay, well, he's taken that idea and he's put the Ayurvedic measurement of chakra, the chakra levels, and he's taken traditional Chinese medicine, meridian levels, and he's put it all together in one report.

Oh, no way. At your leisure, check it out and see what you think. It is really a trip. That would be a really fun entrance for someone in sort of my line of work, right?

Western with a functional at best.

Where to Find Dr. Needers and Closing Remarks

That'd be such an interesting journey towards all of the wisdom that Chinese medicine and Eastern medicine has had for the last millennia. We get people that really want the hard science and we get the people that are way off over here somewhere.

And so with the way to kind of bring it together, so I'm pretty excited about it. Like I said, I just saw it today. I can't wait to, yeah, that looks like a fun, that'll at least be fun to look into, man.

Well, if people need to get ahold of you or want to follow you or learn more, what's the best way? The best place is thebalancingpoint.net. That's where all of our educational stuff is.

And then of course we have the doctor's talks videos out there, but thebalancingpoint.net has all of our stuff. Perfect. That is great. And your podcast is called The Balancing Point as well.

Yes. So look him up, podcasts, go to their website. Man, thank you so much. This has been a pleasure. It's been great. I'd heard great things about you and I'm going to stand behind them for you.

Well, I tell you, you know, as long as you don't get to know me any better, then you can continue to believe all those wonderful things. I tell people, they say, oh, you know, I was talking to someone about you.

I said, as long as it's not my ex-wife, we're good. Right? I love it, man. Thank you so much for being on. All right. Thank you. Bye-bye. Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep them going. Until next time, stay well, stay curious, and never stop pushing for better.