Podcast Intro and Guest Introduction

If you can fix your background, optimize that no matter what you come up to in the forefront, be it a heart attack, diabetes, a broken leg. If your backgrounds set, you're going to recover and get all that other stuff out of the way quicker, better, faster, easier, stronger.

You're listening to the Lifestyle Medicine podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the Well, welcome back to the Lifestyle Medicine Podcast.

I'm Dr. Ivan Rosilko, and we are powered by Access Medical. Your doctor's not checking your labs, they're not your doctor. And today we have a special treat for you.

We have Dr Willie, who is a former bodybuilder and has one of the best title books I've ever heard of. What is your Doctor Look Like Naked? So before we get into anything else, tell me how you came up with that name and what that book is about.

Sure, sure. Yeah, it was a long time ago. It was before what we now call functional medicine was more, we called it more anti-aging medicine. Then it went to rejuvenation medicine, then regenerative medicine and then longevity medicine weren't functional.

But I've been doing exactly just a bunch of names. I had been do that for, well, I'll give you even a little more history. I was doing my residency at the Mayo Clinic in family medicine I realized that no one is asking anyone about exercise.

No one's talking about what's crossing their lips. It just wasn't part of the medical history. And so I started a project to get people to add exercise and diet into the social history of The Past Medical History Review.

I was just absolutely amazed at the pushback I had. Can't tell you how many times, Doc, I heard, that doesn't matter. Give them this drug. Right? I mean, you and I, so I wrote that book, What's Your Doctor Looks Like Naked?

Origins of Functional Medicine and the Book Title

with the intent of telling people about what we now call functional medicine. So there's all about female hormone replacement, male hormone replacements, the importance of exercise, preventative medicine, and then it outlines a number of dietary strategies using what I call an isonutrient diet.

33% carbs, proteins and fats that people could build. The name comes from the fact that I wanted people to realize that you're your doctor. So what do you look like standing in front of the mirror without clothes on?

And that's hence the title. What does your Doctor look naked? Yeah, and again, that's the biggest thing people don't realize, you know, people come to a physician in their time of need, they need to find their hero.

And if you walk in, their overweight, the smell like cigarettes and they're just a slob. I mean, slow dancing, I'm glad you brought that up. Again, back in the nineties, holy cow.

This is before, wellness medicine was even a thing. So, kudos to you for being on the core part of that. What made you, in your career, because you've even been doing this for a long time now, what kind of stimulated that push to get away from traditional medicine and the actual efficacy of actually treating patients the way they actually need to be treated?

You know, it's from a personal experience, Doc. I grew up in Colorado, Brinkfield, Colorado outside Denver, and I

spent a lot of time at National Jewish Asthma Center.

Uh there because I had bad asthma as a kid and that's back when they were oh, we had crazy drugs like theophiline Which should be outlawed. I mean we have all these I was on so many silly drugs for my asthma and It occurred to me when I Was about 14 That what I ate was causing more asthma attacks Than even the cat or horse next door.

It was food related And that triggered me into, okay, I need to understand more food related topics. So I went down, hopped on my bike, took my albuterol, head over to the library in our local town and started reading nutrition books.

And at about the same time, my dad bought me a gym membership to a local gym called Newell's. That's essential because I was about 80 pounds. At age 14, I was tiny and he's like, well, you need to put something on you, boy.

I mean, he would tie a tight string to my toe when it got windy in Northern Colorado there, because I'd have been gone. And so I started lifting weights.

Really started tuning in on the importance of protein in my diet, avoiding the processed foods, and literally took myself off I can't even remember how many drugs there was doc, but I took myself off all of them and realized that if I, if wanted a pizza was a nice thick crust, I was going to have an asthma attack that night.

And just that depends where you get them that pie from, you know? Yeah, right. Right. So, and so I started lifting weights. I had a guy named Tom slider who also competed in the USA.

Back in this is 84, 85, helped him write his diet. And he taught me how to lift weights.

Personal Health Journey and Early Interest in Nutrition

And then I never turned around. I said, I'm going to be a doctor and I'll talk to people about eating right and exercise. I love that. It's personal experience.

You know, a lot of people you see back and they want to make money or I want To save the world, which again, both are great in their own which way, but kind of not feasible, you know what I mean?

Like, so to sit there and say, I'm going to translate a personal Experience into which is kind Of what i did. And the funny thing is, for me, i never wanted to be a doctor.

I was a hockey player, born and bred, and I just happened to get a medical school out of high school, went that route, And I said, You don't have to Frank Sinatra and do it my way.

So I kind took the aspect of nutrition and all that kind stuff I Was using in both the the actual hockey, translated into bodybuilding, into modeling.

And I was like, you know what, I think this is the most important part of medicine. It's not so much the medication, it's about the actually lifestyle, which is diet, hydration, stress reduction, and sleep, Which are the important things out there.

Absolutely. Yep, It is so missed and it is still missed to this day. I can't tell you how many patients I have come in, coming on, 12, 13 different drugs, one drug to prevent the side effects of the drug they just got.

And no one talks to him about what's crossing your lips or how much are you moving. It just blows me away. I was just talking with one of my patients about how important your stomach is when it comes to your immune system.

Your immune systems house from your gut and your immunity system is your second most expensive machinery in your body. So if that's going haywire, you are out of luck.

You know what I mean? You've got all kinds of stuff going on. Again, the food sensitivities, leaky gut, dysbiosis, candida, I can go on for hours. It's like I'm sure you could about what you eat in so many different ways.

Oh, amen brother. I have a little speech I give my patients about the the connection between your gut health and the immune system. Like I take a pen and I draw my arm Go to in my say, I'm in the mouth down my esophagus down My small intestine and i come out the other side forgive the visual And I tell them because this is a tube.

It's a two but it's outside your body So the good lord and his infinite wisdom put 80 of my immune systems around this tube So if your guts off your immune, system off, your new systems off forget it.

Everything's off Yeah, no, it's true. It's so intertwined and interrelated, but we're such a boxed-based medicine. You have kidney problems, see the nephrologist.

If you have a heart problem, you see a cardiologist. No, we need lifestyle medicine, Doc said. Wait a minute. Let me look at everything, but let's start with the basics.

Yeah. And that was the first thing I came out with in tune. Like, there's a reason I have lifestyle medicines as my Instagram handle. I mean, it's not now.

It's I don't even know how much that handle is worth just because, when I was doing it, There was no such thing really, especially where I wasn't practicing.

And now there's a lifestyle medicine doctor in every clinic, which is what I like now. I'd like to see that aspect of people understanding that medicine should be free.

Hydration, nutrition, exercise, those are the things you can do. You don't have to go and pay peptides and hormones and IDs and stem cells and that kind of stuff.

And I think it's the actual truest form of it. But I thing a lot of physicians are so caught up with the idea of, I want to start prescribing peptide and exosomes and this, that and the other, they miss the basic forms of medicine.

Do you see it as well in the industry right now? Absolutely, my friend. Yeah, everyone's an expert right now on peptides. Everyone's enough, sir, on hormones.

I guess all you need is a weekend course and a few thousand bucks. But yeah, they're still missing the main point. And I have a book I haven't released yet.

It's called Background Check. and it talks about what your background is. My background are based on five tenants from a different book of mine called Obtainable.

And they are in no particular order. The HPA axis effect, the cortisol on the body, gut health, hormonal health. the role of toxins and the roll of oxidative stress or senescence.

And if you can fix your background, optimize that no matter what you come up to in the forefront, if your backgrounds set, you're going to recover and get all that other stuff out of the way quicker, better, faster, easier, strong.

So that background. Yeah, exactly. It is so important so missed Why do you think that is I honestly and I hate to sound like conspiracy theorists.

Lifestyle Medicine, Gut Health, and the Limits of Boxed Medicine

I think it's a monetary system that we're built on It's all built On drug sales and surgical supplies, right? And and i don't need to be negative or or say anything against it because i'm i've very very for Reactive medicine if I break my leg, i'll not going to go see my chiropractor.

Right. So I think it's very important, but I. In Western medicine, proactive medicine is considered wellness exams, which are absolutely the most useless things in the entire world.

It's just paperwork and box of checking. And unfortunately, again, I apologize. I don't mean to be offensive, It's based on the almighty dollars, not based upon a person's health.

It is the ultimate recession proof industry. People are just off of PPE and gloves and masks, which aren't even medicines. We're making millions of dollars a month on it.

So imagine what a pharmaceutical industry does and the influence they have. You have the revolving door policy of the HHS. You have the usury fees with the FDA, you have, or the drug companies sitting there sponsoring CMEs and medical schools.

I mean, it is a factory producing robots that the more you think inside the box, the robotic you become and the less physician you truly are. And I always tend to joke that, The more specialized a physician is, I'm a so and so specializing in this, this and this.

The less of a doctor you've become, because you look at such a small little piece of the human, and yeah, You might be amazing at it, There's so much more affecting it.

You know what I mean? Yeah. Oh, totally. I, yeah, you nailed it on the head with that one because the super so specialists tend to get all the, well, they get the money and they could, uh, They get to credit for a lot of stuff when really it's what's going on in the background.

That's causing this or, or why it gives us the reason why this is happening. And that's, what you should attack and approach not. just putting a bandaid over whatever else the specialist wants to put it on.

Bandaid-over-a-hemorrhage is what I say. So how do you personally attack it with your patients? So I use an acronym. Well, let me back up. I like to, I have a very detailed history taking session with them.

None of my appointments are less than an hour. And I've spent four or five hours or some patients really trying to get to that background understanding and where they're coming from to help them figure out some of the whys of their autoimmune disease or their cancer, their metabolic dysfunction or they are cognitive dysfunction, whatever.

Um, and, um, based on that, then order the appropriate set of labs from Access Labs. Thank you, Access. Great lab panels those guys provide. Very detailed.

A lot of tests, most doctors don't even know or understand because they've never been exposed to what these other tests may implicate. And when you read labs, it's so important to use labs to confirm or deny your diagnosis.

They should never be used to make your diagnoses. By running the right set of labs and understanding the patient first, Understand the patient first. Ordering the appropriate labs for them and then not necessarily using whether they fall into the normal range because those are, tend to be this big if you see how wide my hands are.

There's an optimal range and it's important to understand that this lab may tell me to look at this, lab which tells me look, at the lab and this is due to the whole world of research.

We remove the observer. In other words, I see these labs What did the patient say? We remove them because that's part of this scientific method. Remove the observer, it limits bias.

Well, wait a minute, I need bias because it's her labs. I needed to hear what she's thinking. And so her thyroid panel may look perfectly normal with the normal limits.

Maybe TSH is a little high, free T3 is little low, RT3's high. But she is giving me symptoms of hypothyroidism. Treat the patient, not the lab, but the labs should be used to confirm your diagnosis.

And part of the reason for that is, is in the scientific method, which we are all trained, if you've done any sort of research, the rule number one is remove the observer, right?

Limit bias. Well, I'm dealing with a woman sitting in front of me to telling me she has hypothyroidism. Her labs may look normal or within these normal limits that we've already agreed with are probably not.

The best. And if I remove her just to look at her labs, oh, you're fine and send her out the door. I've totally missed even a subclinical hypothyroidism that I could really help her with.

And then she's going to help everything else is going start getting better. So I think that's where labs are so vital, but they really should be used to confirm your diagnosis.

Listen to the patient. If they match up with the labs, then you have a diagnosis. No, for sure. I think the most important part about it, I always like to tell my patients, the diagnostic testing part is almost just as important as the intake part.

Knowing everything about what you're putting in your mouth, both alcohol, food, cigarettes, whatever it could be. What's your night like? What time do you go to bed?

All this different stuff. is a diagnostic lab in and of itself, which people don't really understand. The physicians tend to just breeze by that. And it's a situation where that intake form, like you spend an hour with your patients, is probably the most important hour that you will ever see that patient.

Background Factors, Labs, and Treating the Patient

I mean, getting that full download of who they are. That's why I love what you do. What I do is we look beyond just the lab. You have to see the actual person or the observer, as you said it.

So kudos to you on that one. Oh, you as well. Thank you. We're rare breed there, brother, because So many, I see so many patients, my old receptionist, she used to call me number seven.

And I asked her once, said, why do you call my number 7? She goes, cause I keep track. You're usually the seventh doctor people come to when they're absolutely run out of doctors.

Okay. I'll take that as a compliment. That's true. And it's funny, I joked to my patients as well saying I'm a doctor of last hope. I mean, they go through all the regular things.

All of a sudden it was like, nobody can figure it out. It's like well, let's run this deep lab or why don't you just tell me what you think is wrong. You know, all of the sudden you find some subtle thing that's been overlooked, that has been so miniscule that could just change this person's life exponentially, but nobody has taken the time to listen or be like let us take a look at actual in-depth labs, not that light dusting of CVCs and CMPs.

Totally. Yeah, labs are so cool and there's so many things you can do now and look for and see and compare to and correspond with the patient's history and they're so powerful.

But we're not, and you could probably attest to this doc, we are not necessarily trained in that. I don't know about you but my pathologist in medical school said this is the CDC that tells blood count.

This is a CMP that tell what your liver and kidneys are doing. Okay, there's my lab training. Bye. Exactly. But you'll spend a full week on Crestor. You know what I mean?

They will just hammer Lipitor and everything into your system. And again, that just kind of shows you I get medical schools. They're there. There are good leaders, I guess you would say, who can put up with enough and you're going to go with it.

At the end of the day, it's almost propaganda-ish. I'm not knocking Western medicine in any which way. No. But you have to look beyond the curtain. You have pull that back and see the actual wizard in Oz here and be like, yo, there's something more to medicine than just looking at this and prescribing whatever the insurance covers or the drug companies shoving down your throat.

Yeah. And we're also, unfortunately, labs are used irresponsibly, I believe, by a lot of my colleagues because they tend to treat the numbers. They don't treat patients.

And that's why I say we need to listen to the patient, treat the patients and use the numbers to validate what we're doing. rather than just treating numbers.

True. A lot of physicians now are just testing things that they have no clue how to treat too. And that's also a problem. You know what I mean? Stay in your lane.

If you don't know how treat a thyroid, don' t test it. Test it and refer out. if you know not how t treat food sensitivities or heavy metals, okay, test i, but don t sit there and just shoot in the dark and be like, let's do this IV or whatever it could be.

you're gonna do more harm to the patient or you leave a bad taste in their mouth for the rest of us who actually know we're doing. Yep. Exactly right.

Yeah. So, so you, you've been in this industry for a while. How have you seen this progress over the last 20 years? Oh, that's a great question. I would say, uh, the awareness is great.

And that took a lot of beating up, a a, lot a beatings for me and fellows as old as I am doing this for so long. For example, I can tell you the day in 2002 when the women's health initiative came out and they outlawed cancer, Uh, estrogen.

Crazy. I criminalized estrogen. And then the next 10 years I spent trying to decriminalize estrogen with my patients and stuff. So part of the progression is more and more people are becoming aware of importance.

When I first moved to the small town I live in in Southeast Idaho, Doc, I was right in clomid for men's hormone replacement and I had to deal with the Board of Pharmacy and the board of medicine with that.

I could only imagine. Because the pharmacist was like, this is a fertility drug. Yeah, you use it to increase testosterone too. Anyway, and then I had a number of other doctors also complain about my practices and guess what?

They're all my patients. go figure right I can tell you how many times I prescribed testosterone to a 90 year old woman who is completely anemic and they're like why are you doing this I was like well lo and behold testosterone the side effect what we want is rhythm point which then causes red blood cells plus she gains weight bone strength is better a b and c and just like Oh, okay.

I get it. So it's just, it, just it it kind of batty to see, I mean, for how long you've been doing this for, you got a lot of nonsense going on for all those years.

started this 16 years ago. And I, mean I was in South beach. It was this, was under a microscope and wow. To see that pivot from about I'd say COVID and all of a sudden now I went from being this like weirdo cowboy doctor to being like, wow, guess he knew what he was doing.

You know, It's crazy to how that perception changes overnight. Yeah. Yeah. And the same thing with peptides. I mean, people, peptide are popular now because of the internet, but I think we were using Victoza in 2007, 2008 for bodybuilders prior to the show.

Oh, yeah. The GLP ones are not new and a lot of them are peptidized. But I've been writing the growth hormone-

releasing hexapeptides like samoriline since 2010 and 11. So the progression of other people jumping on board and saying, hey, I want to understand this.

Progress in Wellness Medicine and Common Overprescribing

aspect to this person's health, but it still starts with that background, the basics. Okay, let's first see what you're going to do. Let's talk about your eating.

Lets talk how much you move. And then I can use all these other things to optimize that. Make you feel better, so you can move more. You move, you eat better.

All right, now we're on the right path. No, for sure. For sure! Well, what do you think in the wellness industry over your last 20 years has been the biggest bump?

Or I guess you could say, was it a specific hormone, specific to being the peptides release, IVs getting more popular, exosomes, stem cells, ozone? What do see being in best modality that's been included the last twenty years?

Yes. All the ones you do. Great answer. All of the above. Yeah, they are such a range. I mean, there's what 500 medical peptides and there there is just such range of uses for them.

But again, it goes back to get rid of that cookie cutter and listen to what this person is saying to you and then use appropriate modalities, be it ozone or exosomes or central drive connective tissue peptide supplements.

oxygenation procedures, red light therapy, whatever. There's such a huge list of what I call modalities and potential extras that we can use. Seeing that progress to answer your earlier question, that's probably the thing I've seen the most is the acceptance of some of these things.

But it's also that a lot of doctors want to learn. I teach a lotta doctors how to do this type of medicine because they realize, man, I'm not helping anybody by giving them Crestor.

I mean, they're finally getting it. And that's to me is so neat to see. It's kind of like, well, thank you. Thank you for finally listening and actually taking care of people.

Yeah, exactly. You know, efficacy is a big thing, not just, you know cramming things down somebody's throat. For sure. Well, so I don't know where to get into this one now.

So out of all the Western like the focus is antidepressants crest, I mean, lipid or all this other kind of stuff. What would you say the most overprescribed modality is going to be antidespressant is gonna be heart medication is it going be liver?

I'm like, what do you think the old most overdone medication by traditional doctors is that patients don t really need PPIs, H2 blockers, and NSAIDs, hands down.

And I can back those up. I remember when Omiprazole, Prilosec, first came out. This is 1990, I want to say 94, 96, somewhere in there. and I remembered the drug rep coming and talking to us and saying, now don't ever write this for more than 30 days because it can prevent the absorption of minerals.

We know it potentially can cause stomach cancer, all this stuff. And now those PPIs are over the counter. Everyone's on them. If you want to talk about the importance of gut health with overall health, well, that just whacked it.

PPI is gone. H2 blockers gone, help them lose weight, use some zinc carnosine for their reflux. I mean, there's so many options besides PPIS. Thank you, I'm not on a PPI.

If you look at all the drug-related deaths across the world, NSAIDs are at the top in relationship to side effects. And NSAIDS, what do they do? They destroy the gut.

They hurt the kidneys. The decrease the ability of the muscles to grow. So if you take ibuprofen before you go to the gym, well, that was the use of session.

Those are just so over-priced and those truly are a bandage. I've heard doctors because patients have told me, tell the patient, this is going to fix inflammation and it'll get better.

He's going fix the inflammation with something that limits the production of inflammatory molecules, but it doesn't change the problem. Yeah. So those would be, I would say those are, would you be my top ones that are way over prescribed, way, overutilized and cause way more damage than they do benefit.

No, for sure. For sure, so now when it comes to your, your hormone replacements, are you prescribing things like testosterone and women? Are you going after things?

Like the, these, uh, secretive gods for a growth hormone IGF one, or are, you tackling all those different angles? Yes, sir. Yeah, I have a book called The Tea Club.

It's about male hormone replacement. And I Have a Book called the Tea club for Women. All about testosterone use in women and the importance of it. I've been doing that since the 90s.

Love it! Because the Importance of It is so, it's so obvious. The problem is, and especially you understanding this coming from a bodybuilding world that I came from, testosterone equals anabolic androgenic steroid.

And so people have this misconception that they're one going to look like the East German women's swimming team if they take it. I wish I was like some of those girls are massive.

You know what I mean? Oh my gosh. Yes. Yeah. So I've, I I'm taking care of a few IFB pros and oh my Gosh, like to tell you story stock, but it's not appropriate for the recording.

Hormone Replacement and Peptides in Practice

That misconception really limited women's ability to get it easily unless they saw someone like me and a couple other guys around the country that had no qualms whatsoever given women testosterone.

And if you think about it, Estra test has been around since the 80s. And that's a high dose methylated testosterone, which destroys the liver. Yeah. Why don't we use one of these other methods?

I mean, as you know, doctors, what eight different delivery systems for testosterone and women and just find the right one. Use the, right dose, use therapeutic and physiological dosing and the problems.

I'm a huge fan of that. As far as the growth hormone-releasing hexapeptides or growth-hormone- releasing peptides, I love them. I think growth hormones is such a missed hormone, even though in the anti-aging world, it's considered the god, but regular doctors don't understand.

This is one of my favorite things to talk about is the energy pathways in mitochondria. The role of growth hormone with beta-oxidation, oxidative phosphorylation, the ADP to ATP, NADH, all those, those are growth-hormone dependent.

And when you replace or increase own production of their growth horn with these hexapeptides or peptides, you are changing the energy pathway. You change the pathway of a cell.

Now the cell is functioning better, making better proteins, the nucleus is working, cell membranes communicating with other cell membrane. And you start healing people.

On all levels, all metabolic dysfunction goes back down to the mitochondria and those energy pathways. Sorry, I got a little excited there. That's probably more than you wanted from that question.

No, man. I get just as excited about the ATP oxidative phosphorylation as well, my friend. You can nerd out when you understand everything about it. It's funny.

The thing is I think a lot of physicians lose or miss out is they don't understand the basics of biochemistry. NAD and NAH, FADH and FAH2. Nobody talks about the younger brother of NAD, you know, I mean like just because it produces two versus three ATP's I will just focus on ATP or an AD.

It's it's like time out man. Get some riboflavin in your system. Your FAD goes up now. So that's a big part, You know also how important auction is the the electron transport chain how oxidative phosphorylation burns family.

There's so many different like intricacies that if you would just sit there and spend a week on it, you could sit and match peptides and nutrients and hormones to not only mitochondrial health, senescent cell clearance and then everything else that comes after that.

I love you. It's crazy. Even redox reactions when it comes to iron. Methylene blue is one of my favorite things to use. Everybody's like, oh, that's for methylaminuria.

That's a word salad. But if you take a look at what methyllaminuria is, it's basically a form of iron deficiency. You sit there and all of a sudden now you've all these different iron atoms that are in their ferrous or ferric state.

If you have acidity, if you hyperglycemia, anything like that, you can use the methylene blue to treat all sorts of issues when it comes to TIBC's BNI percent saturations being low.

So now, we just found a very unique way to not only increase the oxygen in the system, but also to get more oxygen to the actual mitochondria. to produce more ATP.

So I mean like it's so unique how the body works together and it is basic biochem that nobody wants to jump into peptides and thymosing this and BPC that.

Understand how that body work and then you can understand how to actually prescribe peptide or hormones or nutrients or IVs or exosomes or stem cells or ozone, I can go all day properly.

Yeah, thank you sir. I applaud you. It's nice to hear someone else talk about this. Because sometimes I feel like I'm the only one. I get so excited about it and try to share it with other doctors, other than the ones that pay me to come visit and learn this stuff.

The rest are like, huh? I think mitochondria? Aren't those from your mother? Okay, good job. Good start there. That's as far as they go. Oh, that's good.

Well, I'm curious now. So we are coming to the end of our chat here. And I always like to ask everybody two questions. All right. First question is, for any physician who's looking to transform from the evil empire of traditional medicine, and I say that sparingly, into the new republic over here of wellness, regenerative, functional, whatever you want to call our industry, what is a good tip or trick for them to kind of prepare themselves to not only be the best physician they can, but also be an effective one?

You better be doing it yourself first. Do it, yourself, just like the old, you know, the, old cartoon of a fat cardiologist smoking, telling the guy you need to quit smoking and eat better.

Mitochondria, Biochemistry, and Advanced Therapeutics

Right. So I would say it starts with you, Mr. or Mrs. doctor out there. It starts. And if you can get it down, then take the right training, a four M or, or the Institute of functional medicine, and there's great training courses out.

There's stuff, but it really has to start with. Look the part, practice what you preach. You couldn't be more right on that one. Second question is if you're a patient now who's transitioning from that same empire over here and you've been put through the ropes again, the factory approach, nothing's working for you.

What is something that you should look at in a healthcare provider, whether they're nurse practitioner, a physician, whatever it could be, what is that something you look out in how they present themselves and in their practice to make sure that your actually getting what your paying for?

At the risk of hurting anybody's feelings, which I'm not doing purposely, I would say find someone that's been in practice for at least 10, 15 years doing functional medicine because it really is one of my favorite sayings.

And forgive me, just lost the guy's name who said it. He said, medicine's not science. It's empiricism based on a network of blunders. And so I've blundered up.

Was it Plato, Aristotle? Some heavy stuff right there. I mean, my goodness. Right. And, so that's what I would say for a patient. Don't trust the internet.

don't read a blog, don' use Facebook, Don' Use Instagram. Find a functional medicine physician, MD or DO, and make sure they've been doing that for 10, 12, 15 years and go visit them.

That is where I'd start. I love that. And nothing against my mid-levels, PAs or MPs. I just think some of this stuff is it takes complete nerds like this guy and this guys to really understand.

Once you understand that biochemistry, the background, it becomes much more obvious what we're doing with the diet, exercise, peptides, oxygenation, and the modalities.

It just makes it work better. So I think experience is very important. Oh, I love that. I loved that well, Dr. Willie, i'll tell you what, it's been, and it has been more than a delight on her.

She sit here and shoot, shoot this forever. Um, patients and, uh, physicians find you. Uh, you know what? I have a, my little clinic in Southeast Idaho is called the metabolic clinic of Idaho.

It's TMC dash Idaho dot com. And then, and people are more than welcome to email me directly. My email address is d-o-c-at-d-r-u-i-l-e-y.com, doc at drwilly.

Advice for Physicians and Patients

com. So either drwilly dot com or tmci-idaho..com is the best way to connect. All right, fantastic. I mean, make sure you guys check out his books, too.

Your doctor looked naked. It's probably my favorite. And I'm going to have to make a part two of that one just because I like it so much. Again, thank you so, much again, guys.

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we are always trying to give you good, free, fun information, especially like today's chat. and again guys, stop back anytime. Dr. Willie, Thank you again so Thank you, Doc.

It's been a pleasure, absolute pleasure. I do hope I get to talk to you soon. Yeah, rock and roll, everyone. Thanks for joining us today on the Lifestyle Medicine Podcast.

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If this episode sparked new ideas or challenged how you think about patient care, awesome.

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