Introduction and guest credentials

I was with the premed club for two years and I heard about two types of physicians, John, MDs and DCs, chiropractors. Two years. One day I at the library waiting for my lovely girlfriend at that time to get done with some homework.

And I found a book on medicine and there was four types listed. MD, DC, DO, and ND, naturopathic doctor. I read about the naturopath and I was fascinated.

I loved it. Cause my background is eat right, move as much as you can, you know, lifestyle stuff. And this is, we're talking, this was these early eighties.

and then I, read the osteopathic stuff and, I literally fell out of my chair. It was like, my goodness, that's a combination of everything an MD does and a DC does.

Hi, and welcome to The Balancing Point. i'm Dr. John Needers and i am here to make traditional Chinese medicine. functional medicine and integrative health, simple, practical and fun.

So you can restore balance, boost vitality and enjoy a healthier life every single day. Hi, it's Dr. John back again with another edition of The Balancing Point.

And I really, really recommend that you stay till the end of this presentation. We'll be on for a few minutes, but today we have Warren Willey, doctor of osteopathy.

He's got some great books out there. Fascinating titles, by the way. He is the medical director of the metabolic clinic of Ohio, which is located in Southeast Idaho.

His board certified osteopathic physician did his post-grad training at the Mayo Clinic. Yeah, very impressive. he's a founding diplomat of The American Board of Holistic Medicine and a diplomate with the American Academy of Anti-Aging and Regenerative Medicine.

who I'm going to have to go visit, I think. The American Board of Family Medicine and the American board of obesity medicine. So he kind of hits the whole gamut here.

Very sought after, so I feel very fortunate to him today. He's a dynamic speaker, very humble guy, does regular speaking engagements around the country concerning obesity, medicine, laboratory medicine hormone replacement, and other medical and fitness related topics.

Well, on the fitness, looking on Dr. Willie's site, he was a competitive bodybuilder. So he's going to know about the fitness related topics. He's an established author.

he has written a number of books, including internationally popular books. One that kind of scared me a little bit. What does your doctor look like naked?

Right? I came up with my old story about what that title means, but it'll be good to find out the truth. And your guide to optimum health and better than steroids.

He teaches physicians and healthcare providers on multiple procedure and medical topics, including injection therapies, optimal living programs, male and female hormone replacement, peptide therapy and others.

Why Warren Willey became a DO

Listeners, I'm sure you realize why I want you to hang around to the end because I've got some questions for this guy. He also writes for a number of periodicals around the country and multiple medical and fitness websites.

And the good news is Dr. Willie is still seeing patients. So that's wonderful. I have many patients who have choices, you know, within different HMOs about who they're going to see.

an MD or a DO or et cetera, right? And so why DO? I love osteopaths, by the way. Sure. Oh, I'd love to tell that story. So in undergrad school, went to Colorado State University a number of years ago.

And I was part of the pre-med club. I, was, with the Pre-Med Club for two years and I heard about two types of physicians, John, MDs and DCs chiropractors.

Right. Two years. One day I was at the library waiting for my lovely girlfriend at that time to get done with some homework and I found a book on medicine and there was four types listed.

MD, DC, DO, and ND, naturopathic doctor. I read about the natura path and was fascinated. And I loved it because my background is eat right, move as much as you can, you know, lifestyle stuff.

We're talking, this is these early eighties. And then I read the osteopathic stuff and I literally fell out of my chair. I was like, my goodness, that's a combination of everything an MD does and a DC does, and an a naturopathic doctor does.

And so I immediately, I was actually on a way to a PhD program in Southern Texas in kinesiology. And I read about the osteopathic program because if I may backtrack a little, one of my experiences in the pre-med club, got to hang out with doctors and I hangout with this one doctor, an MD, internist, really, bright guy, wonderful man.

And we saw patients all day and he goes, do you have any questions? I said, yeah, doc, you never mentioned diet and exercise to any one of these patients.

And he just looked at me and said well, that doesn't work. Needless to say, John, I no longer went to the meetings in the pre-med club. And so I started down a different path until I stumbled, literally stumbled on the osteopathic program.

At the time there was just 14 schools in country and I applied immediately, got right in and the rest is history. I just really love the balance, understanding the musculoskeletal system's involvement as a unit and organ that really helps dictate stuff we now know.

Exercise creates something called myokines, muscle chemicals that dictate almost everything we have. If you look at blue zones across the world where people are living into their hundreds plus, one of the key factors that connects those blue zone is movement, exercise, And I just love that aspect of osteopathic medicine, but I also love understanding Western disease as it's understood by Western medicine disease and understanding what is available for people from that side, But still being able to use my hands like osteopathy and manipulative therapy.

I still do. I do neuro-therapy, German acupuncture. I still use that knowledge that I was able to gain about the musculoskeletal system and its anatomy and it's relationship to the viscera and somatovisceral reflexes and visceral somatoreflexes, and how the gut and the brain work.

We knew nothing in the 80s, early 90s about gut health. if you didn't have diarrhea or constipation, your gut's okay. And we know now, boy, that's not true.

That's such a, there's so much, so many things dictated with from our guts. So that kind of a very long answer to your question there, my friend, but that why I'm very proud to be a DO.

Well, I love it. That was a really, really great answer. And I loved that you see things from such a well-rounded perspective. Now, to me, one of the beauties of our conventional medical system is if you have an internist or a

cardiologist, they get massive amounts of training.

I mean, we're talking eight, 10 years, and that's great. But of course, over that time, their vision gets smaller and smaller. Right. And Chinese medicine and what you do, we want the biggest picture possible.

Right? We want to get, you know, get the whole person and, uh, figure out what's going on there. So I'd love your approach. Okay. I can't wait. You got to tell me what does your doctor look like naked?

Absolutely. Um, if, do you have a cover of it right there? I know a funny story. Anyway, I'll skip on that story. I will just tell you what that means.

What I'm trying to imply in that what the book kind of hints to is in summary, what does your doctor look like naked is asking you who your Doctor is and it points out to the Book that it's actually you.

So we don't mean to create visions of your cardiologist speaking of such not wearing any clothes, but Who really is your doctor? And that is you. You stand in front of the mirror of your Dr.

every day. And, that's what that title alludes to. What is it? I told my wife when I was going to be interviewing you, and I tell her how fascinated I am with that.

She was with a friend out there. They kind of looked at me like, what? They said, I think what he's saying is going Should you be receiving advice from this person?

Do they really know about diet? Or are they just kind of throwing in some theory at you?

Whole-person medicine and the meaning of the book title

You want someone who's lived it. That's what I thought that meant. And then a guide to optimum health and better than stare. Are those two separate books?

What's your doctor look like naked? The second part of the title is your guide to optimal health. And then better in steroids, kind of a cult book I wrote.

I was a competitive bodybuilder for years and I still work with a number of IBFF pros and top level physique artists around the country. And this is back when I really got into it back in the 80s, steroids were available.

You could walk into any pharmacy and get steroids. And doctors from urgent cares were prescribing steroids before the 1987 Steroid Act. which ended that, made it a control three drug, but steroids and performance enhancing drugs were just prevalent everywhere.

I used to go into high schools and try to teach the athletes, don't go down this road. Don't down down road, you're messing with your hormones. You don t know what you re doing.

And so better than steroids is just a dietary exercise manual focusing on something called glycogen supercompensation. where you deplete the muscles of glycogen and then you overload them.

And that act in and of itself can put five, six pounds of muscle on anybody. So that's where that title came from. Understanding how to eat, the correct movement, correct recovery, and the right supplementation when appropriate.

is as if not better than steroids. Gotcha. So I graduated in 1969 and played four sports in high school, two of them pretty well, but I was on the 1968 football team.

Alameda is a fairly small town and the highschool I went to had a very small enrollment but we were the number one team in the state. We just rolled over everybody and now that would never happen again.

But when I left as a, at the end of my junior year, I was a starter. When I came back, got beaten out by this guy who was like a block of granite somehow.

I didn't know until 15 years later that he'd been doing steroids. Now he's had tons of health problems since then. Right. Pardon me. Yes. Yeah. So that was, this is back in the sixties.

Oh yes. Very prevalent back then as well. Yeah, I also, pulled up a sheet on your newer book, Obtainable. I love the cover. It's just fabulous. And so HPA access and the effects of cortisol, hormonal health and balance, gut health in the microbiome, toxins, and oxidative stress.

That's a lot of stuff covered there. Yes, sir. Yes sir, I call that your and I have another book I haven't published yet. It's called Background Check.

And basically what that means is your background check consists of those five tenants. If those 5 tenants are lined up and doing what they're supposed to do, whatever you're confronted with upfront, be it need for a hip replacement, a motor vehicle accident, bad diagnosis, you're going to do better when that background has been observed and taken care of.

And so those are kind of my five tenets of health. When I see a new patient, we delve into particular testing, be it serum testing be a specialized testing and help people get those five things working because then they can deal with what is out in front or in the future.

Got you. One of the things that fascinated me looking at your website, and my wife is just an avid reader for her whole life, she's also an acupuncturist.

She's the acupunturists for the San Francisco 49ers football team. There was a show called The Receivers on Netflix where they followed five receivers for different teams leading up to the Super Bowl.

And so she didn't tell us. I can't believe she kept the secret, but she was teaching an orthopedics class that weekend and she had her two assistant instructors staying at our house.

And it's Saturday night and I want to go to bed. She says, no, let's just watch one more episode of this. Let's watch just one episode. So episode eight, toward the end, there's my wife on camera treating one of the most famous interplayers.

And we, you could have probably heard us in Idaho. That's crazy. Yeah. Um, and when I told her, I went out and I said, how's your allostatic load? She goes, what?

There aren't many words I haven't heard of, but that's one of them. Any comments on that?

Better Than Steroids and performance optimization

Yeah, allostatic load is just how all the different stressors that are coming from all sides and how it affects all those five tenants, how to fix those tenants.

How it effects your gut health, your digestion. Allostatical load it's just a way to look at how much stress and disinformation am I piling on myself or being piled upon?

And then what do I do about it? So yeah, allostatic load is a very detailed, I have a great slide in a presentation I did that kind of, it's almost too busy to look at because it talks about allostat load and how the environment affects that, how toxins affects us, lack of sleep affects it, and your food affects.

73% of our diet is ultra processed. How does that affect it. Stress, you know, we talk about toxins and we forget about relationships. There can be toxic relationships that are worse than anything I've ever been around or tried to detox people with.

Um, so it, allostatic load incorporates all those different things and how it affects the body and then flip the slide and say, this is how we treat each of these to help people recover in athletics.

Uh, we used to term was always. under recovery or excuse me. Yeah. And excuse over training. The term has always been you're over-training. You're doing too much.

Having the opportunity to work with professional athletes myself, I had a guy, he's making $20 million a year as a lineman. He can't over train. He's got to do his job.

So what I'd returned it is under recovery. Uh huh. I don't care how much allostatic load you have on you. If you're not recovering, you are under recovering.

You're going to have issues with that. Let's work on recovery and I found just empirically over the years that working on those five tenants really helps people recover.

And then not only recover, but now they're ready for the next allostatic load they are confronted with. That's, that's thank you. That was a great explanation.

You know, it's interesting with athletes and my wife treats a lot of those $20 million people and more, right? One of the things that I, and I'll be sitting here in my office and she does a lotta gait analysis, things like that.

And I look up and see this six foot five, 300 pound guy walking by in his gym shorts and nothing else, because it was like, whoa, what are you doing on my hallway?

Oh, that's great. Yeah. But one of the things that I actually was board certified in orthopedics 30 years ago, but I don't do any orthopaedics anymore to speak of.

I mean, if someone comes in with a sprained ankle, I'll treat them. She's so much better than I am. I just have her do it or she's got some other people that work with her.

One of things I noticed is when I was treating athletes, football players, 25 years ago, they didn't know much about their body. Their diets weren't good for the most part.

They partied a little too much. And if I started talking about a certain muscle group, like we need to work on this, give me this blank stare. Those guys know so much, about, their bodies now.

they'll come in and they're diet planning. A lot of them have live in chefs that are doing, you know, cooking for them, but they know their, body, They know the recovery.

much better than they did 20 years ago. Yes, absolutely agree. What are my favorite sayings? And forgive me, I cannot think of the guy's name. is medicine is not science.

It's empiricism based on a network of blunders. And that has taught me over time that, you know, really experiencing things and seeing it from a clinical aspect like you do is as vital as that double blinded placebo controlled study.

And if not so, probably more powerful. That's why I love that saying. And with the internet and with influencers and stuff, people are starting to become a lot more aware of their bodies, as you said, which is great.

It makes you and I turn up our game a little. Oh my God. Yeah. My mentor, who I did my first functional medicine class with, uh, 1999. And I got dragged to it.

Right. One of my friends, I said, well, why don't you go do that? And within an hour, it was like, Oh, my god, this fits Chinese medicine, like a hand in a glove.

We're both after the same thing and we've got different tools. and if you put them together, and that was it, that I was hooked. But again, at that point, if you said, it was a leaky gut class, that was the title of it.

And if said leakey gut in 1999, doctors would just call you a lunatic, right? Guts don't leak, well anyway, so this guy, I saw him a couple years ago at a symposium down south.

Allostatic load, recovery, and the five health pillars

And I said, man, it's tough keeping up with these patients. He said yeah, I'm about three months ahead of you and you're about six months I had to them.

And if you ever stop learning, they're just going to blow right past you. Yes, that's very good. I was talking to someone the other day who, you know, of course we're getting a lot of chat GPT.

information and some feedback, you know, like, I read that this could destroy your liver. Well, once in a million times, it's not good for your livers, but you got to know the difference between content and context, right?

You're getting content. And then I go through my training and the many, many years of herbal medicine that I've taught. I said, and I seen 70,000 patients in our clinic and we've never had a problem, not one with a side effect.

Right. And so that's what they get from you is context, right? You've seen it, you've lived it. You been it you written about it and you can't replace that.

It can not place that at all. patients, the ideal team is a young whippersnapper doctor right out of med school who knows everything new and the old timer that sits in the back and goes, now, wait a minute, back in Ot6, I saw a case like this.

Yes. I love that. Yeah. My, my preceptor at the Mayo Clinic was a guy had been practicing medicine for 50 And day one, he sat me down and said, Warren, I'm going to teach you how to see patients.

He says, every patient you talk to, if you listen, they're going tell you the diagnosis. You just have to put a name on it and help them treat it. And help.

Them treat. It is what stuck the most saying that, and that was just, but he's the old guy that yeah, 50 years, by the time I got to Mayo, He had been practicing medicine.

So that guy knew. Everything. Yeah. I mean, you've got so many medical doctors now that have never seen a case of measles, right? Yeah, yeah. And other things like that, or diphtheria, these old timers have seen it all.

Another word that you used, ergogenic. Ergogenic, I think I saw that. Oh, ergo-genic. So an ergogenic aid is what I use that most likely is a performance enhancer, be it an anabolic steroids and ergogenetic aid.

A vitamin C is an ergogenic aids, something that can performance, enhance performance or function is, is that term is implying. So a lot of the stuff we do, peptides are ergenic aids.

Hormones are ergagenic aides. To be honest, methamphetamine is an ergogenic aid, right? So that's what that term implies is optimizing or increasing performance, utilizing some sort of other modality besides, oh, I guess even food and exercise could be classified as that.

But in general, it's usually a chemical, a vitamin, mineral, an herb, substance that improves the performance of either a grand scale performance like wide receiver catching a football or a much smaller performance at the level of the cell that increases mitochondrial oxidative phosphorylation.

Sweet. I love it. Well, I'm going to steal those terms. So thank you. Oh, you bet. It is interesting you said that about methamphetamine being one of those agents.

There was a, uh, think it was the history channel, but there was, a show called High Hitler. And of course it went into Hitler's drug issues. But one other things they pointed out is with the lightning, the blitzkrieg, lightning war is that those guys were all on methamphetamine, right?

And so they could stay up for three days at a time. But one of the things that pointed out is they completely lost any sense of empathy when they were doing that.

That was amazing. And then the U. S. didn't start catching up, particularly with pilots, until we invented benzadrine, Right? Yeah. They're dueling drugs, right?

Right. Yes. Well, that's a good story. You know, I know peptides have gotten very, very hot. Now we don't do injections, so I can't them. Do you, just a question, do you think oral peptide can be valuable?

I've heard things on both sides. Yeah, yes. Overall, there's some that definitely should be injected.

Peptides, oral delivery, and gut health concerns

But a lot of even the growth hormone-releasing hexapeptides like samoralin, which is a very common one, probably the most popular one as a growth-hormone agonist, can be taken orally.

One of my favorite peptides of all time, BPC157, the 15-amino acid chain from the gastric acid protein, I think works way better oraly than it does injectable.

Oh, really? Okay. Yeah, that one's quite popular now. Very popular, good one. Another one called KPV, which is a three amino acid peptide, uh, w which has a very strong anti-inflammatory.

It comes from the melanotan side of the hormone chain is, is I think better utilized orally. Some of these like the GLP ones, like Ozempic and Wygovy and Manjaro, Terzipazide and Semiglutide.

Those. Orally makes me nervous, John, because all of them have what we call permeation enhancers. And basically that means they cause a leaky gut so they can get the drug past the gut barrier.

Oh, wow. Okay. That is a bother to me. I actually had a Lilly scientist come out here last week because they have a brand new terzipazide oral. She gave me all the data that the They were able to make it a small molecule so it doesn't have a permeation enhancer.

But the semi-glutite version of that, it destroys your gut and you know better than anyone, you start messing up the gut. You have problems from toenail to hair follicle.

It just really dictates everything. So I don't like those. If they're using permeation enhancers to get things across the gut border, I'm not a big fan.

Okay. Cool. And male hormone replacement. What's your, do you do testosterone? I'm assuming. Yep. I have a book called the T club, which I wrote in the tea club 2008, 2009, I republished it in 2013. Um, that talks about not only TRT testosterone replacement therapy, but something I call TBT, testosterone boosting therapy.

And that really focuses on the type of exercise, the types of food, a few supplements, and even using some gonadotropic stimulants like Clomid, Kispeptin-10, Gonadarelin.

So it gives people options. I think if we were to look at a man's 25-year-old's testosterone today versus when you and I were 25, Doc, Their testosterone is very low compared to ours at 25. And ours was less than our parents.

Exactly. Yep. Yeah. Genetic entropy with testosterone levels, that's for sure. Wow. So I do a lot of male evaluations and stuff, but I'm probably, even though I've written the book and I lecture all over the country on male hormone replacement, I am probably the least likely guy to give you testosterone.

Because there's a cause. There's reason. Something's going on. Unless you had mumps and it destroyed your testicles as a child, or you're on a medication like a calcium channel blocker that's inhibiting the LH testicle access, there is a reason for it.

And the number one reason, John, for low T in this world, and I'm going to kind of give you a patient example. I explained to him the axis, the luteinizing hormone from the pituitary goes to the testicles, tells the latex cells to give us testosterone.

Testosterone comes back up in a feedback loop, says, here I am. So LH stays happy, testosterone levels are adequate. The number one reason people have, men have low testosterone now, and this is what I tell my patients, I say, your brain can't see your balls because your belly's in the way.

That is brilliant. It's true.

Testosterone replacement and boosting therapy

Nafle, it's insulin resistance. If your belly's too big. So the best analogy to come up with your brain, you can't see down there because your guts in the way.

Get rid of the gut and guess what happens? Your T-levels go whoop. Exactly. That's hilarious. Tell us if you do testosterone therapy, what's your preferred method?

Injection cream pellet. There's actually eight delivery systems. for men's testosterone. There's injections, which are probably the most common, most used because of insurance.

Insurance tends to cover injections. Pellets are very popular. Now, pellets were first developed in 1939. Under the subcutaneous skin, we put these testosterone pellet, and they look just as they described, look like little pieces of rabbit food.

And then they dissolve over four to six months. So men get steady state levels, comfortable. They're great for people and busy men that travel. There's topical creams and gels, which tends to work better with stuff like erectile dysfunction.

You just got to be careful around little kids with that stuff. So I usually don't prescribe that with a young father. There is buccal pads, a little sticker that goes between your teeth and gum.

there's trokies, Which are kind of like dissolvable candy. So yeah, the delivery systems are quite advanced and plentiful. We pick the deliver system based on the client, their travel schedule, do they have little kids, et cetera, etc.

Efficacy for those is very similar across the board. So to answer your question, I really don't have a favorite. I just try to find the best one for my patient.

Awesome. Thank you very much. That was a brilliant answer. You're essentially a walking encyclopedia. They were invented in 1939, right? Okay. The way I've always looked at it, John, and I'm sure you're very similar, just I can tell by your personality, if I am going to prescribe something, do something I will know everything there is to know about it because I want to do what's right for my patient.

an interview, I was being interviewed and someone said something about Chinese herbal medicine. And I said, well, there's this one fellow, Wang Qingran, and he developed a series of blood stasis remedying.

treatments, herbal treatments. And in Chinese medicine, blood stasis, right? Thick blood, high viscosity is really at one of the cores of what we want to treat, because it just causes all kinds of problems.

So then I whipped out his 10 major formulas. Well, if you can't do that, you shouldn't give the formulas, in my

opinion. Right? Absolutely. Yes. My point exactly, my friend, all drugs are poisons and all poisons are drugs.

If I'm going to use them, I better know them. Gotcha. So I have one closing question, burning question. Over the last couple months, we've had several patients and even a dog owner report on getting the best treatment they've ever gotten in their life from physicians and or veterinarians from Idaho.

What is it about Idaho? Seriously, I keep getting your feedback. We do, we have, like our, our chief, uh, um, cardiothoracic surgeon here, world renowned, Jacob De La Rosa.

Uh, We have some of the best neurologists, nephrologists in the world here too. I think it's cause there's so much to do outdoors here. John, all of us are avid mountain bikers, avide hikers.

You know, I live, have a little cabin that's 15 minutes out of Yellowstone National Park, an hour from Glacier National park in Montana. Jackson Hole's three hours away, Sun Valley's two and a half hours.

Idaho medicine, closing thoughts, and outro

There's just so much to do. So if you're an outdoorsy person, which a lot of us hippies are that went into medicine, Idaho is the place to be. Wow. Okay.

Well, that's a good explanation. Cause I was just kind of mystified. It's like, even, One of my staff's sister used to be a dog breeder and so has, you know, years and years of experience with vets.

Took her dog to a local vet up there and she said, he did an examination and a treatment that's so far beyond, light years beyond anything that she'd ever seen before.

And so the staff member, the sister said, well, maybe we should go open a practice in Idaho. I said are you kidding? We'd go broke. They don't need us up there.

We've got too many good people already. That's great. Yeah, that's why my lovely bride and I raised our family here. There's just so much to do outside.

Gotcha. Okay. Except in January and February. Then there's not much outside, yeah. So anything else you want to add? before we call it a day. No, I sure appreciate meeting you, John.

I'd love to stay in touch. And I went on your website and read a lot of stuff about you. So impressed. Uh, think I could learn a ton from you so I appreciate the relationship we've just developed and I hope we can continue.

Well, feel exactly the same way within about 30 seconds of talking to you pre-show. It's like, Oh, this is a guy that I'm going to like. In fact, Catherine, who works with me as a co-author on our books, said, oh, you're going to love interviewing this guy.

That's so sweet. Well, I want to wish you a wonderful 2026 and beyond. And thank you so much for being a guest. I really appreciate it. John, and I am so honored.

Thank you, my friend and the best to you and your family. Thank you for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with a friend, and leave a review.

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