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HORMONES • WEIGHT LOSS • WELLNESS



DR. WARREN WILLEY, DO

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I am going to be blunt. I am going to say some things that are so obvious to you, that if you could kick yourself once you learn the truth, you would. You have been told a lie for years. You have believed this lie, spent untold dollars on this lie, and even arranged your entire day around this lie. You and everyone

The cause of obesity is far more complex than the simple paradigm of an imbalance between energy intake and energy output.

around you have grown up with this lie, to the point of religious fervor. This lie has created untold guilt in your own mind and unspeakable judgment in the minds of others. You have defended this lie, even though you know deep down inside that you are being lied to. If this lie were true, we would not be seeing the obesity epidemic we see today. You would not be concerned about your clothes, or who is standing in the mirror. Stating the obviousness of this lie may surprise you, but deep down inside you know it to be true:

MONITORING CALORIES DOES NOT WORK FOR WEIGHT LOSS

Another way to state this is:

EATING LESS AND EXERCISING MORE DOES NOT CAUSE WEIGHT LOSS.

If it did, everyone who had “weight loss” New Year’s resolutions would still be exercising in April and beyond. Every person who walks around avoiding *this* food, focusing on *that* food all because of the amount of calories involved, would not be tired and fatigued. No person who tortured himself by limiting certain foods would binge on the weekend (or late at night after a hard day). If the eating less- exercising more theory were correct, we would not have the obesity problem we have today. I have never met a person who struggles with their weight who was willing to just just accept it. Every single one of them tries to eat less, they try to move more – but when it doesn’t work, they give up... Until they’re ready to try again. A vicious cycle if there ever was one.

In medicine, we are often confronted with poorly observed and indefinite facts which form actual obstacles to science, in that men always bring them up, saying: it is fact, it must be accepted.

Claude Bernard

An Introduction to the Study of Experimental Medicine, 1865

I have been writing eating plans and exercise programs for over 30 years. Approaching 20 years as a physician, my entire medical practice has focused on weight management and body/physique optimization. My experience has taught me that in most cases, individuals needing to lose a lot of fat should not be concerned with calories. **They should be concerned with hormones.** Please allow me to provide some examples that, while reading, you will likely be nodding your head yes... I knew this...

Before I get to exposing this lie, please allow me to give you some very brief background as to its revelation with me.

MY REVELATION OF THE HORMONAL ASPECTS OF WEIGHT LOSS

I started helping people with their health and body goals over 30 years ago as a personal trainer. Like all personal trainers at the time (and there were not that many of us back then!), I fell for the lie. As time progressed, as my education became more involved

and I began to understand the human body, human physiology, and the powerful effects of food on the body, I began to question this universally held belief. Something was amiss, but I could not grasp it. All the pieces seemed to fit in the puzzle, but the picture on the puzzle did not look right. Every effort to find out what was wrong seemed to lead to dead ends. This lie dominates both the medical and lay literature. I spoke with some of the world's best in this field, and they too occasionally hinted that something else was going on, but always came back to the comfort of the lie. It appeared that when these incredibly smart people questioned the lie, as I had begun doing, they eventually threw up their hands and simply accepted it, based solely on the fact that it had been accepted by those before them.

IF THE WHOLE CALORIE THING IS A LIE, WHAT IS THE TRUTH? HOW DO YOU LOSE WEIGHT?

Get Well[®]
is about
optimizing your
hormones with
a wonderful
side effect of
weight loss!

I had a very busy personal training business (and I was known for not being nice in the gym...) so I knew the exercise component was down. I wrote all my clients eating plans, and quizzed them on food continuously, so I felt 'all calories were accounted for...sir!' But something still was not right – according to every (and I mean every calorie calculator out there), all my

clients should have been losing weight - the operative word being 'should'. At the same time, I worked with a number of athletes of all levels as a nutritional consultant. Some of the athletes I worked with, including on the professional level, utilized hormones to their advantage. A number of them employed anabolic androgenic steroids (AAS) to improve performance, optimize muscularity, and develop the Adonis physique. These steroids or hormones had a powerful impact on their users, depending on a number of factors, improved their body composition, or made it more difficult to lose fat - no matter what number of calories were being eaten or burned in the gym. At this point in my career, I could tell hormones had a powerful effect - not always a good one, however.

When I got into medical school and started learning all about biochemistry, physiology, and the power of hormones in our bodies, I started trying some nutritional theories I was developing on the same people. Rather than being so concerned about exactly how much or how little they ate, I started to develop eating plans based on the effects these foods were having on the body. ***I began to realize that it was not so much the food they ate, but what their bodies were doing with the food, that really made a difference in physical attributes such as fat gain, fat loss, muscle gain, and muscle loss.*** This is when I originally developed the theory and practice of “food timing” that I have discussed in a number of my books and presentations. It was becoming more apparent to me that the timing of certain foods throughout the day was a powerful regulator of fat loss and muscle gain. This eating style was based on the metabolic state of the body, the natural circadian rhythm of the body (or how the body’s metabolic state follows the natural daily rhythm of the sun rising and setting), and when the body was stressed, such as in vigorous exercise. Food timing became a powerful means and way of eating that has helped tens of thousands of people optimize their physiques i.e. lose fat and gain muscle. **The importance of hormones and body composition, rather than calories, started to become apparent.**

In early 1997, while having dinner with a top level athlete client of mine at a restaurant, my then theory was 100% confirmed. While eating with this very large muscular gentleman and his girlfriend, he became noticeably ill right before my eyes. For some reason our food was delayed, and he seemed to take notice more than the rest of us. He started sweating profusely, his face turned white, and his speech started to slur. He got up out of his chair and stumbled outside, falling to the sidewalk in front of the restaurant. I started the whole emergency evaluation of my very large and muscular friend.

First, I made sure he had an airway open and that he was breathing. His breath was shallow and very rapid - something very

concerning. His pulse was extremely fast and his skin was hot, wet, and clammy. I asked the maître d' to call 911 and then quickly turned to his girlfriend. I asked her if he had been doing anything different, unusual, or out of the ordinary that she could think of. In the back of my mind I was concerned about drug use. He was an admitted anabolic androgenic steroid user and once any drug such as this is utilized, there seems to be no limit as to what other drugs these good people may try to optimize their performance and physique. His girlfriend stated that she had seen him inject something before each meal over the last month or two.

It hit me like a ton of bricks. I had been hearing rumors of this practice in the world games as well as the Olympics. My thoughts went immediately to the drug **insulin**. My non-diabetic, normal pancreatic function friend was utilizing insulin as an anabolic aid (muscle building aid). I felt for sure I had made the right diagnosis and therefore knew what intervention needed to be done. I had the maître d' grab some bags of sugar and a glass of water for me. By now, I could hear the sirens in the background; however, I knew we might not have that much time. I put the sugar in my hand and mixed some water with it, pried this his mouth open and started rubbing the sugar water under his tongue and around his gums and lips.

He started to respond to me rather quickly and within a matter of a few minutes, was able to drink the last sugar water. EMS had arrived by then and I told them what was going on and they injected some glucagon to ensure his blood sugars were returned to normal.

It was rather fascinating. A drug utilized by diabetics to control blood sugar was being used by a non-diabetic to enhance muscular growth.

This practice was literally unheard of in the medical world and, following this little event, I wrote the first reported case study in the medical literature about utilizing “blood sugar hormone” as

an anabolic aid. If you are interested in reading that, here is the reference:

Insulin as an Anabolic Aid? **The Physician and Sports Medicine: Vol 25, No. 10;** October 1997, Dr. Warren Willey.

When my athletic friend had regained his composure and thought process, I asked him the exact nature of his insulin use. He and most others in his sport had been utilizing insulin over the preceding year as an anabolic aid. It was well-known by this subculture of athletes that insulin is probably **the most powerful growth-promoting hormone in the body**. Utilizing insulin like this is, of course, very dangerous and deadly, as I have seen a number of case reports of athletes dying from this practice since I first reported it. But the fact was my clients experience made that puzzle I described earlier become crystal clear. The pieces of the puzzle fit and the picture it made was a beautiful scenery of colors to the eyes. The secret to weight gain, weight loss, muscle gain, and fat loss, is hormones.

Insulin in particular was one of the big guns. Insulin has two primary properties. It is very lipogenic, in other words, if your diet is not adequate and you are not eating the proper foods for your body, *insulin will make you fat*. Insulin is also very anabolic. If you're eating the right foods *at the right time, insulin improves your muscles and, thereby, helps to burn fat*.

Hormones are what control your body's ability (or want) to use fat as an energy source. Think about that! How many times have you said... "Why won't my body burn this excess fat? You've been taught the lie that the number of calories that you eat predicts whatever

Insulin plays a hefty role in weight/fat regulation and it seems that women's brains and men's brains differ (go figure) in response to leptin and insulin. Men's brains respond more to insulin and women's respond more to leptin. As a matter of fact, injecting a male rat with estrogen increases its response to leptin.

or not you'll lose weight (fat). But, hormones control your fat gain and loss, your muscle gain and loss, your brain and feelings of hunger and satiety. Hormones, not calories, dictate the success of weight loss programs and weight loss maintenance.

Let's use the next few pages to provide proof that fat gain and loss are hormone driven, not calorie driven. Let's start by reviewing arguments for calories being the end all in weight loss:

ARGUMENTS FOR CALORIES BEING THE END ALL IN WEIGHT LOSS

Exercise and Weight Loss

We have been told for years that the only way to lose weight is to *eat less or move more*. This is a calorie-based phenomenon. This is based on the lie we've been discussing. If exercise was truly the way to lose weight, I am almost certain we would not have the problems with obesity that we have today. If you look at the way health club membership and utilization have increased over the last 30 years, you would be amazed. Having grown up in health clubs, I can tell you we have slowly evolved from the "meathead" bodybuilder and power lifter type, to the soccer moms, desk jockeys and everyone in between. Health club revenues are at their highest point ever, yet we continue to get fatter and fatter. There are almost 30,000 health clubs in the US, with 45,300,000 members(1). *Forty-seven percent of adults meet the Physical Activity Guidelines each day, yet we are fatter than ever and continuing to grow(2).*

Both the medical and lay literature question what is going on. They admit more people are exercising and moving as recommended, yet we continue to get fatter. In the same breath, they also assume everyone is fat and lazy, as they continually place blame on the individual, without knowing the struggles and attempts most people are making.

Obesity rates continue to climb across all age groups, all races, all economic levels, and everyone seems to be dumbfounded as to why this is happening. Now, of interest is the fact that your purported health experts will admit that exercise for weight loss is a very difficult thing, even under the calorie-in-to-calorie-out theory. The actual amount of time and effort it takes to burn the calorie equivalent of what can be swallowed in a matter of seconds is somewhat mind blowing. I will not bore you with too many details or factual numbers. Suffice it to say that rewarding yourself with food after an exercise session, in the calories-in-to-calories-out mode of thinking is a complete set up for failure. Thinking that you can get up the morning after a night out, spent eating pizza and drinking beer, and work all those calories off is also utterly impossible. One could argue then that eating too much is the problem, not the exercise – we will cover that later. It suffices to say that you *cannot* exercise off what you eat – that is well established as impossible!

Now that this is understood, it would be very easy to suggest that none of us should exercise at all, at least not for weight loss. I want to tell you the amazing benefits of exercise for weight loss, but not in terms of how many calories it burns.

THERE IS NOT A HORMONE IN YOUR BODY THAT IS NOT POSITIVELY AFFECTED BY EXERCISE.

The brain hormones, the thyroid, the gut hormones, the fat hormones (yes – fat produces a lot of very important hormones!), the adrenal glands, and the sex hormones are all **optimized** with exercise.

That's right: the first step to any hormonal optimization program should be to begin an exercise program. That being said: all fat loss programs must start with hormonal optimization and balancing. **This is not a calorie-out issue.** You cannot lose weight directly by exercise, but you can lose weight indirectly via exercise by exercises' **ability to help optimize hormones.**

So how much exercise is needed? We first have to clarify the question: How much exercise is needed for what? Heart health? A sporting event? Weight/fat loss? How about to optimize hormones? This is fascinating, as the importance of the amount of time spent exercising is currently being argued in both the medical and lay literature. We have all grown up being told we need to exercise for **X** number of minutes a day, at **X** level of intensity. Focusing on weight loss, the amount of exercise you need is actually very brief. If we're still in the calories-in-to-calories-out belief system, then this form of exercise should do absolutely nothing. But it does do something: it causes hormonal changes in your body, changes that need to occur on a regular basis for you to lose weight.

Studies have shown that one quick exercise bout starts to change hormones from the brain down(3-22). Here is a short list of hormones that are affected in one exercise bout:

Serotonin, Dopamine, Epinephrine, Norepinephrine, GLP – 1, PYY, Estrogen, Testosterone, Cortisol, Growth Hormone, and Insulin

IN SUMMARY, EXERCISE DOES NOT BURN ENOUGH CALORIES FOR WEIGHT LOSS, BUT IT DOES OPTIMIZE HORMONES FOR FAT LOSS.

Bariatric Surgery

Part of the working mechanism of a gastric bypass is its effects on Ghrelin the appetite stimulating hormone.

Bariatric or obesity surgery has been used in the calories in–calories out argument for some time. It is felt that if one can change how many calories are absorbed by changing normal anatomy (such as limiting the size of the stomach or limiting areas of absorption), weight is lost via this mechanism. **This is actually not true at all.**

Bariatric surgery changes hormones. Prior to going into a surgical procedure with an obese patient, a

nonsurgical obesity medicine specialist, such as myself, stops all medication. This would include blood pressure medication, cholesterol medication, diabetic medication, and any other medication or chronic disease drug. This is because the hormonal change associated with this surgery is so drastic these meds are not needed almost immediately after the surgery! If it was purely a calorie absorption issue, we would require these medications until the weight was actually lost, which in some cases, may take months. Surgery changes hormones and hormones control weight loss.

The bariatric surgeons themselves have recognized this and renamed their organization a few years ago to reflect the role of hormones involved in weight loss. Their new/current name is the ***American Society for Metabolic and Bariatric Surgery(23)***, having changed from their established name (started in 1983) of the American Society of Bariatric Surgery.

If you have God given functional anatomy removed by a surgeon, and if it was simply a caloric issue, one would expect it would be impossible to regain weight following surgery. We all know someone who has gained their weight back following surgery, so let me enhance this fact by telling you how to “cure bariatric surgery.”

The American Society for Metabolic and Bariatric Surgery knows that it is the hormonal effect of the surgical procedure that causes weight loss!

This cure came from a post-bariatric surgical patient to a fellow obesity medicine specialist, who shared the story at the American Society of Bariatric Medicine conference. This sweet lady whom I’m talking about admittedly became as large as possible to keep people away from her after a very traumatic childhood experience. She was convinced by doctors to have the surgery to improve her health. After the surgery, she lost close to 350 pounds. She was lean and attractive, and this gave her great anxiety and fear, as memories and trepidation returned from said childhood experiences. So she cured her bariatric surgery. She

drank Karo Syrup. For those of you who do not know, this is pure corn syrup - a 100% hormonal stimulating drug. She gained all of her weight back, and then some, in a very short time. Now **it would be virtually impossible to drink enough calories in Karo Syrup to gain weight back** (see appendix A). But it's very feasible that if you change the beneficial hormonal response caused by the surgery by drinking a powerful hormone modulator, then yes - you can conquer bariatric surgery.

One more quick observational note with surgical intervention to change fat: Liposuction does something very interesting to a person on a proper eating plan and who has hormonal imbalance. Liposuction, particularly in the stomach area, causes a cascade of hormonal changes, in particular the hormones released by fat cells that override other hormones. One finds a new degree of leanness with an unusual ability to maintain it longer than had they not had liposuction. This again is another argument against calories in-calories out. Virtually nobody loses scale weight with liposuction (I know, I perform them) but, over time, fat loss seems to be enhanced following the procedure when proper hormone balance is present.

Macronutrient modification is a powerful tool in fat loss, particularly abdominal fat, because it changes hormones. Low fat, calorie restricted diets do not work well for minimizing abdominal fat!

IN SUMMARY, BARIATRIC OR OBESITY SURGERY CHANGES HORMONES, AND PEOPLE LOSE WEIGHT/FAT. IT IS NOT THE CALORIC RESTRICTION WE HAVE COME TO BELIEVE IT IS.

Very Low Calorie Diets (VLCD)

The fact that most people lose weight with very low calorie diets (HCG, Medifast etc...) or VLCD can be stated as an argument for the calories in-calories out assumption. Put someone on a very low-calorie diet and they start to lose weight. Let's look at this a little more closely. Yes, everyone loses weight (notice I said weight, not fat) when we drop the number of calories in our diet, but this does not necessarily imply it is a calorie issue. Once again, this appears to be a hormonal issue.

The initial weight loss with a very low calorie diet is water. The weight loss is actually water loss not fat loss. Depending on your starting size, i.e. the larger you are the more quickly you lose weight, the majority of it will be water at first.

Actual fat loss takes more time. *Hormones have to optimize to allow the body to utilize fat as an energy source.* If one were to limit the hormonally active foods, which is obviously done when one drops to such low caloric amounts, the hormones would start to change and allow fat to be utilized, but at a most unfortunate cost. As the hormones adjust to such extremely low calorie and low carbohydrate diets, the hormones cause a utilization of lean tissue, primarily muscle, to be utilized initially as it protects the fat tissue. Therefore, once again the hormones are responding to what you eat to do the following on a very low-calorie diet:

1. lose water weight, due to hormonal changes
2. lose muscle mass (and therefore lose weight), due to hormonal changes
3. slowly the hormones will adjust to start utilizing fat and therefore more weight loss will occur.

Unfortunately (yet again), as most wonderful people who have tried this type of diet will tell you, going back to "regular" eating brings the weight back on at a very rapid pace, even if calories

are managed or kept low. This is due to the hormonal response caused by food, not the calories consumed.

Let me provide you with one more illustration: using carbohydrates, a very hormonally active food, as an example:

If we're to take the recommended dietary allowances of macronutrients –

55% carbohydrates

15% protein

30% fat

Place them in a basic 2000 calorie a day diet; we have 1100 calories of carbohydrates.

2000 calories - 55% carbs = 1100 calories or 275 grams of carbohydrates

If we drop the calories as we are told to do by current common fallacy of thought by any amount, we change the effects of hormones on the body. For example: If we drop to 1200 calories (this is a typical VLCD diet)...

1200 calories - 55% carbs = 660 calories or 165 grams of carbohydrates

While you have always thought that this drop in calories caused dramatic weight changes, it is actually the drop in hormonally active carbohydrates that did the trick. It's a hormonal change that allowed for fat loss, not a calorie change/drop.

Even more powerful with some of the pre-set very low calorie diets that are prescribed by medical providers such as **Optifast**, **Medifast**, and **New Direction**, is the fact that these are little to no carbohydrate diets. So you get water loss with the change in calories and fat loss over time by optimizing the hormonal state

of the body. Once again, **it is a hormone issue not a calorie issue.** The more calories you restrict (or try to burn off by exercise) the more your body will turn to your muscles for energy. The more muscle mass you burn in a calorie restricted state, the worse you feel and the harder you push yourself to eat less and exercise more!

Due to limiting calories with traditional dieting, people are in a constant state of hunger and fatigue to prove it. Try driving your car without gas...Calories-in or how little you eat, to calories-out or how much you exercise, has failed you and that is why you have not reached your goals, have stalled, or have started to put weight back on again after doing nothing but restricting calories. The calorie theory has failed you.

IN SUMMARY, CHANGING CALORIC AMOUNTS CHANGES HORMONAL RESPONSE TO FOOD, MAKING THE ASSOCIATED WEIGHT LOSS A HORMONE ISSUE, NOT A CALORIE ISSUE.

Obesity Drugs

Obesity drugs have a number of proposed mechanisms of action. Potential actions for obesity drugs include: increased feeling of fullness or satiety, decreasing hunger, inhibiting gastric emptying, decreasing food intake, thermogenesis (fat burning), inhibiting lipid absorption, and decreasing food absorption.

Reviewing the different mechanisms of action utilized by both current weight loss drugs and proposed weight loss drugs, you will see a connection. **Every one of these actions is based on hormones.** They all manipulate hormones and hormone receptors in one way or another. It can easily be argued that all drugs mechanisms of action change caloric intake, and thereby act via calories. But once again; blindness by repetition has occurred. When you decrease calories, particularly calories from carbohydrates, you change the hormonal response the body has

to the food intake. This is what causes weight loss. The calorie restriction via the action of the drugs acts to indirectly help people lose weight, while the direct mechanism is a hormonal one.

IN SUMMARY, WEIGHT LOSS DRUGS ACT ON HORMONES TO HELP WITH WEIGHT LOSS.

One of the reasons kids are hitting puberty earlier is not because of the growth hormones used in meats as some would like you to think. It is due to the fact kids these days are fatter, particularly in the belly region, and this not only is caused by hormones, but changes hormones involved with puberty

Weight loss in the very obese

In my weight loss practice, I have the opportunity to work with some very wonderful people who have struggled with obesity their whole lives. These good people I am referring to are the severely overweight. *One way to adequately torture these good people is to starve them.* Yes, they lose a lot of water and then start losing weight, if they can maintain this state of starvation long enough. But it is not a lifestyle. The hormones start to adjust, as we described above, but the longevity and reality of this type of eating plan is far from realistic.

If it were truly a calorie issue, this would be the only thing these good people could do. Thankfully, since it's a hormone issue, there is an alternative. We start by teaching people about natural hormone release and ways to support these hormones with powerful drugs (foods). I help people know when it is best for your hormones to eat carbs, proteins and fats. Then we start reducing the hormonally irresponsible foods such as processed foods, and liquid forms of food (pop, fruit juice, energy drinks, alcohol, etc.). Then we allow **unlimited amounts** of the right kinds of foods to help fix the underlying hormonal issues.

This causes very powerful and effective weight loss without caloric restriction and its associated hunger, or over exercise and its coupled fatigue.

A majority of people that lose their weight with this technique will maintain their weight loss as long as they continue to eat unlimited amounts of **the right kinds of foods**, at the **right time of day**. They have the fuel it takes to feel good and stay active. They're losing weight, but not starving to do so. And since they are fueled, they're more likely to participate in a daily exercise program, thereby optimizing the hormones by exercise.

All this together gives them the best chance at long-term success. When you focus on fixing the hormones rather than just counting the calories (the ones going into your mouth or are supposedly burned on the treadmill), people find hope and have a much higher degree of success than calorie restriction or over exercise alone.

IN SUMMARY, BECAUSE IT IS A HORMONE ISSUE, EXTREMELY OBESE PEOPLE CAN LOSE WEIGHT WITHOUT RESTRICTING CALORIES.

Menopause

The average age of menopause in the United States is age 51 to 52, depending on who you read. Everyone's familiar with menopausal symptoms having seen a loved one, be it your grandmother, your mother, your sister, your spouse, a friend, or you go through it. "The change" happens to every woman. This change obviously involves hormones. Very rarely do I meet a woman who's going through menopause, or even the perimenopausal state, who doesn't have issues with gaining weight. If it were a calorie issue, it could be stated that all these women who say they have not changed their eating pattern or exercise program are lying. I for one, do not believe that. These women gain weight due to a change in their hormones. Changing foods to help optimize the hormones during this time in a woman's life not only prevents weight gain, but can actually delay the onset of menopause for years. At the same time, if a woman

decides to replace her hormones utilizing bioidentical hormone replacement therapy, it also will help with weight loss and weight maintenance. That's because the sex hormones are also involved in over all body weight control and optimization.

Andropause

Andropause, or male menopause, is an age-related condition in which men have a decrease in their testosterone levels. This is almost universally associated with weight gain. Again, as in the argument stated above, it's rare for eating patterns and exercise habits to change that drastically when a man goes through this time of life. A change in hormones once again dictates more weight gain. Somewhat of a dichotomy is the fact that weight gain, particularly in the belly, also lowers testosterone. A vicious cycle most certainly. The lower a man's testosterone goes, the fatter he gets. The fatter a man gets, the lower his testosterone goes.

Optimizing a man's hormones via fat loss not only helps with weight loss, but increases testosterone levels and all the benefits associated with the higher levels. And as mentioned above, if a man chooses to replace his testosterone levels via a hormone specialist, he will also reap the benefits of fat loss via the action of this hormone. Proving once again that fat and weight loss are hormone issues and have nothing to do with calories.

IN SUMMARY, A CHANGE IN THE SEX HORMONES IN BOTH MEN AND WOMEN CHANGES THE ABILITY TO LOSE OR MAINTAIN WEIGHT, NO MATTER HOW MANY CALORIES ARE BEING LIMITED BY STARVATION OR OVER EXERCISE.

Insulin Resistance and Diabetes

The chicken and the egg question is often brought up when discussing insulin resistance and diabetes. Do people get insulin

resistance and diabetes because they're fat, or does their fat cause insulin resistance and diabetes? I think the answer is yes. Both cases are true and compounding. The metabolic change to the hormones associated with improper or inadequate dietary practices per individual starts a vicious cycle of fat gain. Fat gain then causes more insulin resistance and eventually diabetes.

This is not a calorie issue. This is a hormone issue related to and associated with hormonally active foods. In this case, carbohydrates.

One does not get insulin resistance or diabetes by eating a high calorie, high-fat, moderate protein, no carb diet. One gets diabetes after developing insulin resistance from eating hormonally active foods and continuing to eat these hormonally active foods, no matter how many calories are restricted. Continuing to eat these hormonally active foods (as most diet experts recommend at a lower calorie amount) while in an insulin resistant or diabetic state, is like cutting off your nose to spite your face. It does not work no matter what type of caloric restriction occurs. Let me give you another example of an argument in which I have not had a good response from our classically trained dietitians and nutritional 'experts':

Lets say you get carbon monoxide poisoning... Carbon monoxide and its ability to keep oxygen from your cells causes' severe illness and eventually death (just like diabetes...). The treatment for carbon monoxide poisoning does not involve giving you more carbon monoxide! It involves removing carbon monoxide **completely** and replacing it with life-giving oxygen. The standard treatment for diabetes does not remove the offending carbohydrates! The only appropriate treatment and therefore potential cure for diabetes involves removing the hormonally active carbohydrates, not just treating numbers (blood sugar, HbA1c level, etc.) with drugs while keeping you on the poison that caused the issue in the first place!

IN SUMMARY, INSULIN RESISTANCE AND DIABETES ARE A HORMONE ISSUE RELATED TO HORMONALLY ACTIVE FOODS AND HORMONAL IMBALANCE IN THE BODY. THEY ARE NOT RELATED TO OVER EATING OR LACK OF EXERCISE, AS SOME WOULD PROFESS.

Sweetened Beverages

Processed food and liquid food (pop, fruit juice, energy drinks, beer, mixed alcoholic drinks, even protein shakes in some instances) cause weight gain because they are very hormonally active. Soda pop is unequivocally associated with fat gain, particularly in our children. Beer bellies are often joked about, but they're so common now it's not funny. But it's not a calorie issue.

When one drinks sugar laden beverages they are absorbed extremely quickly and thereby cause an immediate and damaging hormonal response. This hormone response sets off the internal environment to gain fat, no matter how many calories are consumed. This is why diet soda (i.e. no calories) is associated with fat gain, particularly in the belly, and consumption of diet soda is linked with difficulty losing weight, no matter what the caloric restriction may be (24). If it were a simple calorie issue this would not be the case.

IN SUMMARY, ANY LIQUID FORM OF CALORIES (NO MATTER HOW MANY CALORIES), CAUSES FAT GAIN AND MAKES IT HARD TO LOSE WEIGHT DUE TO HORMONES.

I could provide you with a number of other examples disproving the calorie theory and weight optimization. Hormones are the cause of the problem and therefore they are also the solution.

NOW WHAT?

Now that you know the truth – that calories are not the ‘do-or-die’ with weight/fat loss and hormones are responsible for weight gain and weight loss, how do you optimize your hormones to optimize your weight loss and obtain your goals?

Ask yourself the following questions. Have you tried every diet plan on the market and just not found one that meets your lifestyle, your taste buds, or your budget? Has your metabolism burned out? Have you starved yourself day after day only to see the scale show that you are up 3 more pounds? Are you surprised how little you actually eat, but find it strange that you have not lost weight?

Have you ever felt that you were unique? That the way that you metabolized food was not the same as everybody else? That your weight challenges are very distinct from others? Have you ever wondered why your husband or girlfriend can eat anything he/she wants, but if you even **look** at the same foods, then your pants start to get tighter? Have you exercised so freaking hard that you felt nauseated?

If you answer an emphatic YES to one, or two, or all of the questions... then I extend a challenge to you.

STOP IT!

Stop doing the same thing you’ve always done and learn a new approach. Stop making such a fuss about how MUCH you are eating or how many calories you are eating. Stop starving yourself or killing yourself with hours on the treadmill!

I INVITE YOU TO TRY A DIFFERENT APPROACH.

Start learning how food is a drug, and it how you can direct these

hormones that either store fat or turn on fat burning. Start learning how to harness this power to reach your health goals and lose weight. I have spent a lifetime learning about how what we eat affects the hormones in the body, and I have spent thousands of dollars preparing an interactive website with tools, videos, handouts, etc.

To help you grasp a very detailed, scientific, and possibly confusing topic, I have created **Get Well³** to share the secrets to success with you. As soon as you understand how your metabolism functions, how hormones are stimulated and released, and how food affects both, then you will find hope, energy, increased metabolism, fat loss, vitality, joy and success. Take our health/

Get Well³
means
MODIFICATION
rather than
ELIMINATION

hormone questionnaire and get your individualize scorecard that will allow you to design and create some eating plans and daily menus using hormone appropriate foods for you. Learn what foods are very hormonally sensitive and shift your metabolic engine to fat burning mode. Start a photo journal and take daily or weekly accountability tests to track your

progress. Access our video library and watch short video clips to continue to learn how to obtain that desired health and body! Learn how to optimize your hormones and identify whether or not you need lab work or a medical consult. **Get Well³** will also have a number of hormone specific and enhancing exercise programs as well as suggested supplementation recommendations that will also be individualized for each user. This is also a web portal for personalized coaching with some of the world's best nutrition specialists, health coaches, and medical doctors.

Take control, take charge, and take back your life! Join the **Get Well³** Community, become a club member, and post your story.

Get Well³ acts as a connector to hormone replacement specialists around the country. If you feel your hormones need added review

via a medical specialist trained in hormone replacement therapy, **Get Well³** will connect you with one in your area. **Get Well³** works with hormone specialists throughout the 50 states, and we'll find one in your area to help you make perfect your hormone concerns!

What are you waiting for? Quit eating things or not eating things due to their caloric amounts. Quit exercising for hours upon hours, and without any results. Quit eating like a bird and feeling extremely fatigued and wiped out due to your lack of fuel! Learn how to eat to optimize your hormones, based on your body and your needs, in a simple do-it-yourself, do it at home approach. Learn from the best dietary, nutrition, body sculpting specialists in the world! ***Remember: it's not what you eat; it's what your body does with what you eat.***

Sign up today and get on our free email list to continually learn how to optimize your hormones and thereby optimize your body.

Get Well³
means
RESHAPING
rather than
ABSTAINING

For more information! Go to...

www.getwell3.com

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Appendix A

Karo Syrup needed to gain 350 pounds:

2 tbsp of Karo syrup = 120 calories

3500 calories in a pound of fat

3500 calories x 350 lbs = 1,225,000 calories

$1,225,000 / 120 \text{ calories (in 2 tbsp)} = 10,208 \text{ or } 20,416.67$
tbsp

1 tbsp = to 0.5 fluid oz

1 fluid oz = 0.125 cups

THEREFORE one would have to drink 1,276 cups of karo syrup to gain 350 pounds if calories where all there was to it...IMPOSSIBLE! It is the hormonal response to the food that caused the fat gain!

Dr. Warren Willey is the Medical Director of a hormone management and medical weight loss center in Southeast Idaho. He uses a unique approach to patient care by offering preventative medical intervention by helping people to obtain optimal health and fitness through elite nutritional programs, diet strategies, hormonal optimization, and exercise/movement programs. He is a Board Certified Osteopathic Physician, and did his postgraduate training at The Mayo Clinic. He is a founding diplomat of the American Board of Holistic Medicine and a diplomat with The America Board of Family Medicine, The America Board Urgent Care Medicine and The American Board of Obesity Medicine.

Dr. Willey is highly sought after, dynamic speaker and does regular speaking engagements around the country concerning obesity medicine, laboratory medicine, hormone replacement, and other medical and fitness related topics. Dr. Willey is an established author having written a medical textbook in the late 90's and **What Does Your Doctor Look Like Naked? Your guide To Optimum Health**, re-released in 2003. This book has helped thousands of people lose weight and obtain and then maintain optimal health.

One of his books, **Better Than Steroids!**, is sold internationally as it is the most concise summary of what you need to know to get that ultimate physique! Other books to his credit are **The Z Diet, The secret to long term dietary adherence**, and **The T Club – A Medical Guide to Male Hormones!** He also writes for a number periodicals and web sites. He has 30+ years experience with exercise development and nutritional intervention.



**YES! This is Dr. Willey.
Practicing what he
preaches!**

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