Introduction to Renology

Doctor Rose, welcome to the show. Welcome to the summit. The Bioregulator and Peptide Summit is a thank you for taking the time. Yeah, and thank you for taking the time to away from your beautiful garden to, to talk about kidney success with us.

Yes. This is such an important topic. I mean, I know we've talked about it on my podcast. That episode will have aired by the time this airs. But, you know, you bought you you created you birth this beautiful encyclopedia.

Really? But called renology. And so. And there it is. She's holding it up. So my baby. Your baby. So, Doctor Rose, why don't we start there? Why don't we start with renology? And why?

And what is it? Is it a new term? Is it an existing term? What does it mean to you? What sent you on this journey? Well, I've told my personal story too many times already, but I was personally faced with an alarming kidney situation.

Kidney cancer. Had a kidney removed and was reassured. No worry. You can live with my kidney. Well, it turned out I was just about at stage four, which is considered more than moderate kidney decline, more like in the severe range with a death sentence.

Just like there's nothing you can do. We'll just, you know, give you kidney replacement therapy when the time comes. And my oncologist is an integrative oncologist, bless her heart, who said, don't use the word failure.

This is not kidney failure. That's plus she said, well, you get a load of what the kidney and the does to the microbiome. But that was another conversation.

And so, you know, I really took that in because the first question to ask yourself is do I believe I can heal. Really important. Because when the messages are coming at you that you can't, it's really easy to fall into a grief and a depression that exacerbates the illness.

And so right there that's the beginning. And you know nephrology bless them are taking care of incredibly sick people. And as a result basically have said see your primary care person when you're less severe.

What I found out was including myself. Nobody knew what to do. You know. All right. Treat your blood pressure, treat your diabetes. Come see me again for more labs without really much guidance.

And I found myself in that situation, and I was like, well, okay, I'm going to sit right here. You can't see behind me, but the ocean is right behind me.

Maybe you can hear it. And so I, I realized nephrology was saying, we're not going to use the word renal anymore. I had already done a deep dive. I mean, the word reigns in the Bible, like kidney in the Bible is like this.

This, counselor, this guide and, you know, discernment. And so I was inspired by, you know, Chinese medicine to I mean, when you learn that the essence of kidney, it's it's an incredible player and it's invisible, basically, in Western medicine, until.

Crisis happens. And that's unacceptable to me. I was always a very, very, very preventive early bird. Robin medicine. Okay. So I'm going to use the word renal.

And I thought what do I really want? I don't want kidney failure. I want kidney success.

How the Kidneys Work

And that's what we're going to talk about. And so I coined the term Synology as the art and clinical science of kidney success. As soon as you say that the aura opens and hope is there because when you're helpless that's physiology.

That doesn't help. And so I you know I explored many many things. I mean I call this harvesting the low hanging fruit from the tree, the kidney tree of lifestyle.

And there's a whole list of things that they're free. It's free medicine. You change your diet, change your attitude, change your exercise, your sleep, your hydration, stress, relationships, toxins, toxins, toxins, toxins, toxins.

And we know that what happens with kidney is life impinges. The kidney is fragile. And so, you know, this toxic planet is challenging our kidneys. Yeah, I think for the audience and some people may know, but a lot of people may not realize. Do you want to talk?

Just give us a little very quick little snapshot of what's the kidney doing? I think people sort of understand that the kidneys are filter, but I think it does much more than that.

And you mentioned diabetes a minute ago. You mentioned blood pressure. So maybe let's help people. I'd love to orient the audience for them to really understand, you know, and you said like they took away one kidney, you were left with one kidney.

And the doctor says that you're fine. You'll be fine with one kidney. I mean, in my mind, I'm like, at that point I don't have a traitor anymore. If anything happens to this kidney, I'm in trouble. So.

But but let's let's help. Let's just kind of help the audience get situated on what the power. And what are this tiny little organ that's sitting up in the, you know, in your kind of upper low back kind of thing?

Why is it so critical to our health, and what are all the different components of the health that it touches on? Oh good question. So kidney does not work alone.

Essentially this blob of blood vessels receives every bit of blood constantly 24 seven. There's different structures that will Amaryllis. This is gorgeous. Under under my microscopy.

It's so pretty that the filtration so all the blood goes through this filter and then enters into a system of tubules. We mainly monitor the glomerulus.

And that's a point of what I'm teaching now is the tubules are really essential. So when the filter isn't working things can get through that shouldn't or or otherwise they they get through or they don't.

And the tubule will send out discernment. There's transporters and electrolytes, hormones, vitamins, toxins are all there's this discernment. What do I keep and what do I get rid of.

So there's filtration. Simple as at the end of the story. Of course not. Because what the tubules are supposed to do is reserve. I need that stuff, I need this.

But when the tubules are damaged and that's a big conversation that isn't really happening quite yet in the general population, the tubules go down first before we even know that the amaryllis is is damaged.

And so what happens downstream is so what if toxins aren't being excreted? They're kept, oh. You know, downstream consequences of that. The tubules have a lot of mitochondria and there's and and a failure layer.

All these things are damaged early, early before we're even picking it up. There are labs that I'm that I'm discovering we need to be using. But, you know, in the meantime, what causes this?

Is this really, like, how did I get here? So the common question people ask me, and there are so many reasons there's many, you know, many of them are really toxic like glycol toxicity.

That's becomes diabetes okay. High blood sugar. Like chronically high blood sugar. You know okay. You know that that that can be a cause. Can I do something about it?

You know, high blood pressure. There are so many causes and so many reasons that will damage the blood vessels of of the kidney and renal circulation compromised means this filtration and the two of it was working is declined.

Diminished. And it's, you know, it's like you're not getting enough to eat basically because the, the, the nutrient balance is off, the electrolyte balance is off.

That means your electricity isn't working. Well, there's neurologic consequences. There's fatigue, there's gut stuff. I mean, the gut connection is huge.

And the thing that I've learned is a lot of this is happening early on. You know, we have. So there you know, we we generally use EGFR glomerular filtration rate.

That number was made up. It's fraught with consequences. Like skinny people look better on their GFR because it's a muscle. You know creatinine is used to fill the formula for the GFR.

Somebody who's very bald they may look worse because they're not mean is reflected in their muscle bulk. There's another lab called CI stat. And see that's a little bit more accurate.

And we often like to do both. But you know, ultimately there's so many reasons that the kidney effectiveness is compromised. And over time it becomes worse and worse.

It's an epigenetic thing in many, many, many ways, which is my segue to why bioregulator peptides have such a huge, loud voice in this, because we actually have a tool to reverse these subtle epigenetic damages.

And it's not just kidney. And that that's that's really, you know, why my, weightlifting book here is, is so fat? Because it affects every cell in the body to have this electrolyte damage to have hormone damage, nutrient damage, toxins, once they're in the blood, they're affecting every other tissue.

And, you know, and the kidney itself, I think there's like 47 different cell types. I could be wrong. I don't I don't remember numbers well but but a lot it's in the book and also very rich in mitochondria. Right.

The tubules. And that's that's a huge thing. Because we know what to do to support mitochondrial health and so, so the GFR is a number 60 and above in conventional medicine is considered normal.

Don't worry. We'll follow you. You know when protein is leaking. We all know oh you know somebody has protein in their urine. That's bad. That's a bad prognosis.

But there's also other proteins.

Kidney Decline, Symptoms, and Lab Markers

This is my stuff that I've been learning since I wrote the book. That has through low molecular weight proteins that leak out through the tubules and can be found in the urine.

We're not looking for them regularly. Think beta to micro globulin and retinol binding protein a whole nother lecture, but they will tell you before the GFR even nudges a little to say oops, there's a problem.

And maybe they're saying, oh, over 60, which I still think GFR over 60 don't think it's normal. Look at what what can

be fixed. Because early whispers yeah.

What would you say is a normal number. Is it is the target is an optimal number for GFR. Know it's hard to say optimal. I mean, you know, we define a better benchmark though because I've heard you say that over by the time your your EGFR is over 60 or if it's 60 and over, if that's the benchmark, there's evidence that that you're looking almost like at a stage to correct dysfunction.

Right. Yeah. So what would be a better where would you prefer to see it. It's where you would look at a number and go, all right you're good. I'm actually mean. You're 90 and above 90.

And so you so you're for you that 30 points is suspect. You're looking for 90. I mean if you look at it okay, there's endothelial damage, mitochondrial damage, sympathetic nervous system overload already happening.

Dysbiosis happening. These are at fibrosis already happening. They've they've you know, when biopsies are done, you can see that first there's inflammation, then there's oxidative stress and then fibrosis which actually can be reversed but with difficulty.

And so that's the whole plan is what do we do. It's not that we're preventing. We're actually treating, but it's treating the subtle so that reverse I mean you can reverse this damage.

So will people feel the damage in the lower stages of kidney. Perhaps it's subtle. You know, as a primary care doctor, I can say people come in and they're like, I don't feel good.

And you can have a thousand different things. On your differential diagnosis. You get it, you get a lab panel. And even just the simple basic labs have some some suggestions that, all right, this fatigue, this bloating, this sense of, you know, I don't know what I'm doing in my life.

A lot of people are feeling, oh, I'm not sleeping good. You know? What do you do with those? But if you see. Okay, the the CO2 on a lab panel is low. Oh, come.

Okay. There's, you know, even even early on you see some acidosis. There's things that we can do, you know, so it's challenging and conventionally it's said there are no symptoms and I don't agree.

And there are subtle symptoms that if you take a really good history and spend the time, it takes more than seven minutes. Yeah. And, you know, you can actually come up with a sense like, oh, autoimmune disease.

We know kidney is compromised. Diabetes. We know high blood pressure. We know cancer. We know. And yet how can we not damage. Yeah exactly. And and so you know so ultimately it's really in attunement to this gorgeous organ that it's lifesaving.

I mean, I can tell you, you know, and I was basically 25% function. I wasn't myself I mean, I got out there with my machete and I'm gardening and doing stuff, but I wasn't who I was.

I mean, people have told me it's like, wow, yeah, I didn't really know who you are. And so I can talk with other people who are going through this and help them understand it's not anxiety, it's kidney disease because the nervous system gets imbalanced, you know?

Right. Your circadian rhythm gets all messed up. Your blood pressure goes up, you can't sleep. You know, you're thinking about everything at night. Well, that's because the the effect of kidney decline on the nervous system is a real thing.

And so, you know, when I look at using the bioregulators, I'm not just going, oh, I'm just I'm giving, you know, a kidney by a regulator. Goodbye. Good luck. See you.

You know, there's cartilage, there's blood vessels, there's, you know, nervous system, stomach involvement, liver

involvement. Parathyroid is huge. And you know what?

We see is there's a lot of markers that show calcium being dragged out of the bones and put into the arteries. The cardiovascular hit with kidney disease is enormous.

In fact, I've seen like 30 to 60 times the rate of things like heart attacks and strokes in people with kidney decline. Wow. And that's not that's like, and I wonder if the kidney is just it's the canary in the coal mine.

It's not driving the cardiovascular disease. Is it? Just kind of like an early sign. And it's it would be affected by everything else, right? They're connected.

Yeah. Cardio renal. It's like yeah. Well what you when you talk about the blood vessels, the blood vessel, bioregulator, I mean I've always cited the blood vessel bioregulator is crucial when we're working on kidney with people because absolutely, absolutism is what's bringing everything in.

And if we can make the blood vessels healthier and more elastic and keep the blood pressure in, which is what allows blood pressure to in many ways be maintained in a normal range by the body.

Right? It has. And it's funny you mentioned cartilage because again, like, I can't when I talk about cartilage by a regulator, I'm thinking, you know, people think about skin.

Maybe they think about joints, maybe bone. And I'm like, there are every single organ in your body that has to expand and contract. Yeah. Otherwise it would collapse.

Either way, hold it together. Every organ in your body, the liver needs cartilage. The lungs need cartilage. The heart, the kidneys, the bladder, the like.

All of them. Exactly. Yeah. Yeah. So, you know, so people say, well, what what's the best bioregulator or are there there are companies who are coming out with kidney bioregulator blends.

That's cool, I like that. I mean, you know, it's easier to think two pills instead of six. However, it's not enough. And in my case, I think, yeah, I wonder if it might be enough for the person who has an EGFR of 120 and is just doing a round of these once every few months, every three months or so, just to, you know, just give the kidneys and give the system, because it's not just to give the system some love, but when we're talking and and what age would you say you're starting to see that EGFR start to slip?

I mean, obviously you've got children with kidney issues, but, you know, if we talk about kidney, kidney function, kind of starting to show wear and tear in, in a, in your average person, would you start would we be looking at around 30 or 40 like do you have a sense of that?

I've been seeing more in the 40s. Okay. Sometimes in the 30s, you know, I mean, people are you take a lot or whatever. Yeah. You know, and and yet more, you know, I, I had a very lovely conversation with a nephrologist and with Joe, you know, that our, our toxin naturopath expert who basically said something that has stayed with me as people age, they're exposed longer to toxins.

We don't monitor those toxins. So you can't say, oh, well, when you get old, your kidney is going to decline. Well, not everybody's my 70 something year old husband has a GFR of short of 100, right.

So you know, exceptional guy too. Well that's true. Yeah I bet it. So but this is a this is a man who lives in a, an exceptional environment who takes extremely good care of himself.

And you, you know, this is someone who, like, we have to call out that he is living that life. He's living a very conscious life, of caring for himself.

I think most of us running around big cities, chasing our tails and doing all the things that we need or think we need

to do to to keep the wheels on the bus, as it were.

I think the kidney, and as you described it, because these structures are so they're so delicate and they're and so much is being demanded of them that it's inevitable that they're going to show those signs of age and signs of wear and tear.

Exactly. For what it's worth, he did that in his earlier life. I mean, he he owned and managed massage schools in Seattle. He was busy. Yeah, he was busy, but he retired early in his life and and, you know, he was an exercise maniac.

And, you know, so all these things matter. You don't have to do everything perfect. You know, it's like. But you really have to eat a clean diet. And a clean diet for kidney is different than what the general public often says, you know, and I am a proponent of eating more plant based protein organic strictly because we know these things are harsh to the tubules that they're spraying on our food.

And I also think less protein than some of the current advice out is wise.

Diet and Lifestyle for Kidney Support

I've seen too many people doing carnivore diet collapse with kidney. I think it's it. There's a place for temporarily, but when it's too prolonged, guaranteed too many times.

And one thing that I wanted to say is I would also consider those tri kidney products even in stage two, many people aren't getting any help. That for sure can help.

And you know, there are some different ones. I mean, I know one has kidney, liver and blood vessel, and one that might be coming up soon as kidney, blood vessel and parathyroid that on my advice, because the parathyroid with kidney disease is a big deal and, you know, the conversation of bone disease and blood vessel disease is very common for for cable patients, you know, in time.

And so again, you know, listen to these whispers. Early clinical whispers aren't impossible to hear. Say that again. You can hear it. You have to listen to your patient.

You have to listen to your own body and then listen to the intuition that includes knowing about kidney. Because if you don't even think about kidney, it's not going to come up and you're like, oh, I know what to do.

It's crazy. I mean, I read so many things that everything we talk about, all these or it's like, wait, it's kidney, you know? And so he talks. Yeah. It's not on the radar. Right.

It's it's kind of like in the back of the body. You don't feel it. You don't think about it. I go crazy, but you do it. And let me tell you, let me tell you when it hits you, you think about it.

I mean, it's it's an alarming crazy thing. And what I learned, I mean, there are papers that say as soon as a kidney comes out of your body, whether it's for health reasons, like for mine or a donation, you have kidney disease right away.

And so it doesn't mean you're sick. I mean, I've known people, God bless them, for giving kidneys to someone they love. I mean, it's an incredible, incredible thing.

Yeah, but they need support to know how to take care of themselves. I mean, I would give those people one of these products and then look at them. Oh, you know, you're a little bit diabetic.

Let's do the pancreas one, you know. Oh you're exposed to a lot of toxins. Let's say I deliver, you know, I mean with history you can really see somebody has issues that I mean, the eye bioregulators are lovely.

And there's an art to how you bundle them and and how you dose and pace them over time. Because the goal isn't that you keep taking them for the rest of your life.

They actually. So here's here's the cool thing. I mean, I do this cartoon well, other medications, including peptides need energy to get into the cell.

Fire regulators are teeny. And I, I like to say this like they can be in there are injectable ones. The synthetic ones can be injected. But the ones that are natural, there are months and months of purification.

Be careful because the ones that don't do that purification there's risks heavy metals and infections. You don't want any any part of that. So but they but they get in and they go through the stomach because it's what the stomach does.

The proteins breaks them down into these little things. So they're already little things they get. And so they can get in the cell easily. But just transporters. It's like, hi, come on.

And then they get in the nucleus, which is unique. And then they lodge in DNA. They actually have an ability to stretch it open, each one as a unique way of doing it.

Who they attach to is unique to each class by a regulator. Yeah. And they can work with histones, reverse epigenetic damage. So you've been exposed to led to PBS.

You know, all this IC that we're in environmentally assaulted with. There's actually a mechanism for these to reverse that to factory settings. Yeah. And it's not as simple as that because all right.

If you're eating junk and you're thinking junk and you're stressed and blah blah blah, they're not going to work as well. You know, you have to do your homework.

You have to do the low hanging fruit. But as I call this, like the cherry on top of this incredible effort to heal, it's self-loving to do all of these things, you know?

I mean, it's like, okay, my issue has been I don't hydrate enough. Yeah, well, so many people for sure. So, you know, it's like it's a consciousness. It's actually a spiritual path, you know, I mean, the kidney as a guide.

I mean, you know, it makes me more more reliable, more accountable to this fact that I love my life. Yeah. And so it's like, I'm not going to love my wife as I'm sick.

I don't feel as dead. I'm not as happy for sure. And you know, and it's funny because I've seen these combination peptides as well. That's the stack of three. Yeah.

But but like you, I will say, yeah, I could make an argument for kidney, liver and blood vessel. But you can't do kidney. You can't help kidney without cartilage.

You can't help kidney without parathyroid. Like I mean maybe the three is a great foundation, right? But there has to be to me. If if I was designing these stacks, there would be a follow up stack.

Check the book out, because that's really what the book is saying. It's like everybody's unique. How you get to kidney disease is unique. And yet what you're saying is true is like, anybody's kidney needs support for these tissues especially.

We're all living it, you know? I mean, I'm living in one of the purest places I can imagine. There's still plenty toxins here. Well, they don't stay in one place.

They just don't. Right? I mean, there's, you know, I floats around in the clouds and rains on you. I mean, you know, and so we're all really obliged at some level to support our own purification.

And that includes how I think. And that's, that's probably the hardest, you know, like the emotional reactivity. And one of the things I learned earlier about kidney is that it as it declines, it adapts, it makes accommodations so that things still work.

But those aren't necessarily long term solutions. And some of those adaptations can be be harmful. But I like the concept. Like I can adapt in my own life to the circumstances so that I can maintain some balance.

And that includes joy. Yeah. Because, you know, without that, I mean, you know, the stress in life, I mean, just like you were saying before, you know, I mean, just run and run and run into a achieve stats, I did I mean, I was so busy when I was in my busy practice, I need sleep.

Oh, you know, I don't need to hydrate. I'm, you know, I'm busy. I'm in my office. I don't have time to go to the bathroom. That's what my mother would say to me.

I don't have time to go to the bathroom. I'm like, you've got to be kidding me right now. Oh, my God. Yeah, yeah. And so and so meanwhile, you know, here we are with consequences.

I mean, and that's what I would see. I would see a patient who would say, well, I don't have time for anything. And now I'm hysterical because fix me.

Yeah, yeah. And and I know that place. Fix me. Oh. So, you know, the, do no harm. I have doodles in notebooks, and it's like, do no harm to myself. And so I'm obliged to be honest.

And I'm not perfect. I'm still not perfect in all of this. And rejection is, is, overrated. You know what it is? It's even effective. I think that there's so many different ways to look at it.

Right? Perfection is ultimately impossible to achieve. But you can you can argue that someone with the right attitude, that's that's aiming for perfection, you're going to fall short.

And as long as you're okay with falling short, you will have done pretty well. Absolutely. You just kept the bar high, right? And you need to understand your own psychology.

If aiming for perfection is not going to make you crazy, but it's going to make you better, then that's great. But if aiming for perfection is going to make you feel like a failure all the time, then set more achievable goals and aim for those like know thyself.

Yes, I love that. Yeah. And sometimes, you know, like taking bio regulators for me, I do that almost ritually. I, I'm doing it with intention. This is helping me.

I'm breathing it in and allowing allowing myself to heal. I mean, many people are just fearful of healing. What if I fail? You know, I mean, the psychology is a huge thing.

One of the things that I love is kind of seeing women as kind of seen as is a two amino acid bioregulator peptide that's available everywhere. It's it's an amazing substance.

I mean, I have 40 pages in the book about what it does just to kidney. Yeah. In terms of inflammation and glycol toxicity, insulin, mitochondria. I mean, you know, it's an it's an amazing thing.

And so knowing that there is stuff to do that can help really boost your willingness to do even more, you're succeeding. And so the success grows on itself for sure.

So for harnessing are people typically deficient? Where would you get the harnessing in your diet. Normally meat, meat, meat. But at the same time you're saying limit your meat.

So what does the for a kidney. And you know, this is where when people will say to me, what's the perfect diet?

The question I have to ask them is what's your goal?

Right. So for kidney, what the what is the ideal? What is a better diet? Let's not call it the perfect diet. Let's call it a better diet. When you say less protein, how much less is less and what else are people eating it also?

Right? I mean, and let's say there are a stage to not, you know, because it's going to it's going to be different, right? If you're at stage four of, of CKD way different. Yes.

Then then you now no longer have the buffer that you had before. But let's say a person because because as you've said and you said it on my podcast. So there's such a huge number of people at stage two now that don't even know it.

They have no awareness of it. There's people in stage three who don't know it. They don't find out till stage four, which is appalling, right? Yes. To your point, question for stage two, what would be a reasonable way to nourish your body so that you can hopefully it's not reverse it, just don't allow it to progress.

I love that perfect question. If there's proteinuria, it's a little bit different conversation, right. So that's expression 18 in the urine. Yeah. Building protein which you know, every every clinician orders a urinalysis or should, you know, so much information, if that person is showing some evidence of acidity and I use the CO2, it's very flimsy because it's in the moment.

If you did it every ten minutes, it might be different, but okay, whatever. You see a trend. If I see a CO2 under 25, this is in blood. This is in a blood test as shown in basic panel that you get if you go to the E. R., you go to that, you know, it's it's always there CO2, which actually is, is a, a marker for bicarbonate which alkaline ises.

So if it's too low you don't have enough bicarbonate. We can take bicarb. That's one strategy you can eat. And alkaline diet which means animal food and grain are very acidic.

Right. And I actually wrote a book that never got published many years ago on Back to Basics. You know, having an alcohol and diet isn't just for kidney but with kidney because of these tubules and the way the transporters are working, hydrogen ions, which is the that H plus is acid and, you know, hydrogen chloride, hydrogen sulfate, you know, too much acid in the body causes havoc.

And so inflammation, I mean, you know, organs decline. And so right there, what I said I would do this with my patients. Three quarters of your plate should be vegetables.

The rest you can fill it in, you know with some grain some animal foods or find ways to replace some meat meals with plant proteins. And so it doesn't mean never.

And somebody is quite sick I might tell them let's have a meat retreat. I'll do it.

Bioregulator Peptides for Kidney Health

You know I often tell people don't eat red meat because that in particular is harder on kidney and you know, so chicken and fish okay. Personally I've stopped doing all of it and I've seen this in self and others, you know, take a break.

I mean, I was eating gorgeous venison. My islands clothes full of deer. We get offers of meat all the time and, you know, grass fed beef. As soon as I stopped, my function went up into the 40s, which was one of the first steps of success.

So, you know, is everybody like that? I know people who with who are stable in their kidney disease, who do eat meat. Maybe they're taking some bicarb, they're eating enough for it's in vegetables.

Too much fruit also not good. It can raise, you know, uric acid. So you know, there's there's all these all the, all

these balances. So, so really organic less protein.

And I will often tell people 2.8g of protein per kilo of optimal body weight. So somebody who's really overweight, you don't want to feed them protein for the part of their body you'd like to see them shed.

So it's, you know, for the for the optimal weight. And it varies. If somebody is really sick, like really fragile and have bad prognosis and they're they're failing.

And you can tell that I'll often go down to point six or even this needs guidance. Point three grams of protein per kilo with supplementation of keto analogs, which is I amino acids that don't have the nitrogen.

I have ketone groups and can support. So you don't end up losing immune system and bone and and muscle. So when you say low protein though, are you meaning low everything protein like even low plant protein.

Correct. Oh wow. Okay. Correct. And so you know there's so there's so many issues I mean nitrogen is one, phosphorus is one. So you know, phosphorus has kind of gotten neglected.

But in my mind it's it's a big player because we need it. But if you can't keep the balance because of kidney decline, too much phosphorus is a big loud scream of sucking calcium from the bones and putting it in the arteries.

Tubing has nasty outcomes, and so processed packaged food with phosphates, Oreos don't even nobody should eat it. But you know, especially if you got a kidney thing going.

Meat you absorb about 80% of the phosphorus. Plant foods more like 40 to 50% are phytase, which some people say oh five are good, but with kidney they're actually a nice binder.

And so there's a balance. And if you get and the other confusing clue with this that I've learned is the normal phosphorus range, generally two and a half to 4.5mg per deciliter.

But with kidney starting at 3.5 and above is causing havoc already with kidney, with people with kidney decline. And so, you know, often people say, oh, my phosphorus is normal.

And I'll look and it's like 3.9, 4.2 and I'm like, well, you know, okay, you already have some cardiovascular issues. Let's look at how you can personally empower yourself to control this one piece, because there's a lot of, this is it's confusing because there's so many issues.

And so you have to kind of deal with with each one separately. You know, I call it like, what's being a new tapestry? Well, the phosphorus one is, is tricky, but I think the one that's easiest for people to get their hand, I mean, the protein piece, I think with the audience.

Just to recap for the audience, for what doctor Rose would say is 0.8mg, grams per kilo of ideal body weight for someone with somewhat lightly compromised kidney function.

Even, you know, your stage two chronic kidney disease for maintenance and for avoiding it progressing is probably your target. As the the CKD advances, let's say you get to stage three or stage four.

We're now dropping protein way lower than that on the phosphorus nutrient and visual and every. Yeah. And there's going to be titrated with you and your practitioner.

But the I think the phosphorus conversation is is more complex for people because it's harder. We're not as familiar with keep it tracking phosphorus.

But the thing that I think is really the other thing that I think is really important for that, I'm hoping people heard and will hang on to, is that this is another reason why chronically elevated blood sugar is so harmful.

Like people talk about Aids, they talk about inflammation, they talk about all this stuff. But you were talking about how chronically elevated blood glucose in and of itself is damaging to the kidneys as well.

Correct? I mean, you know, the transporters are messed up. The blood vessels themselves, you know, you start seeing the kind of scarring that makes the kidney sluggish.

It makes it not not do its job, you know, it's it's unable to do its job adequately. And that has consequences and quality of life. Yeah. Yeah. And, and I think something else that you said earlier that was that's really important that I'm hoping people hear is that you know, even people who understand kidneys are filters.

And so they think of them as getting rid of stuff. But what you talked about that's so important is what are you keeping at home. Right. And it's a lot like to call it right.

The body has this wisdom. Absolutely. Yeah. And also must decide what am I getting rid of and what needs to be kept. I mean, I compare it to the small intestine.

It's very similar. I mean, it's very similar. And, and they communicate. So you know what I wanted to say? One thing was parathyroid bio regulator is something that I use because of phosphorus.

So let's talk about parathyroid by regulator because you know what? I feel like it's one of the forgotten by all regulators. Nobody ever talks about parathyroid by regulator.

It's kind of like this lonely little guy over there. And people are like, oh yeah, whatever, let's do kidney, let's do pink. And this has a crazy name by Bono circ.

I love that, but that but that's but but but the hint there is that it is bone. I've always thought of bone. Not that name as referring back to bone and parathyroid by regulating calcium.

Calcium, phosphorus. Yeah, exactly. Calcium and phosphorus is going to manage that, that balance. So it's an amazing I mean that's so cool to have a tool for.

Let's talk about the parathyroid by regulator because I think it's super interesting I would love to spend you know most we don't have that much time left.

But that time I'd love to help people to understand the different bio regulators. And in in this interview we're going to talk about them with respect to the kidney.

We're going to we're going to build that universe around the kidney of all the support of bio regulators, which if you think about it, is all we could probably think of a rationale for every one of them.

But that's like the book. Exactly, exactly, exactly. That's true for somebody, you know, every every person doesn't need every one of them. Although personally, I was part of Bill Lawrence's study.

And so you do all I did, I called every single one of them, and I still do. Yeah. But I focus on some of them way more often. 100. So let's go back to Parasite Thyroid.

Seeing as you wrote the book and you probably have an entire chapter on parasite, right? Let's talk about let's talk about the parathyroid bar regulator and what it brings to the party and why it deserves a place at the table, not an occasional seat.

A regular seat at the table. Yeah, yeah. You know, I mean, I would think every three months to, to do a cycle out there, I mean, you know, if, if you get a phosphorus level and it's low and the calcium okay.

And you've monitored bones, there's no bone loss. All right. Maybe maybe twice a year. But you know, basically kidney decline leads to hyper parathyroid is a which is not a trivial issue.

So I would over so puts the parathyroid in overdrive. Exactly. And so part of my protocols are to monitor on anybody with decline kidneys. Because if you don't look you can't find it.

And so there's kind of a there's a that I'd love to see a panel for this because it's age FGF 23 fiberglass growth factor 23 actually will rise before the phosphorus does.

And it tells you phosphorus is causing damage. Already. FGF 23 sounds like a good friend, but in excess is a cardiovascular hazard. Okay okay. So there's that. So we want FGF 23 phosphorus calcium and vitamin D.

Now here's another another side conversation because they're all working together. There's also Class-A which is not going to be part of this conversation.

But it's coming. And I am very excited about claw. So I think cloth is going to be a game changer with kidney. And and so we'll we'll save that conversation for another day. But we have a comment made in the kidney, is it not correct?

In a perfect world or in a good world, we don't need to call perfect, but in a good war. And in that, in that lovely, I call it like, you know, we make sacrifices to the altar of health.

And so, you know, as we honor that altar of health, we get, I mean, perfection. I think you have to die to get to perfection. I don't know, you know, so I think of the great beyond, you know, the perfect light. But, you know, I can tell you the difference I feel.

I mean, even when I saw you, I'm even better. It's amazing. I mean, how subtly just diminished you can feel. And in truth, when it's when it's gradual like that, you don't realize it.

Exactly. Right. I mean, we, you know, you talked about how the kidney as it declines, adapts, the whole body adapts. Yes. The problem is that then there's a price to pay, whether it's five years or ten years or 20 years or 30 years down the road for all those adaptations like the body, like I've always referred to by.

Did you ever watch that show, MacGyver? Not much, but I know it was this guy. If you stuck him inside a nuclear reactor with a piece of gum, paperclip and a shoelace, he'd figure out a way to turn off the reactor and get out.

All right? Yeah. And I've always referred to the human body as a MacGyver because. Because our bodies, for the most part, even though they're, we're they're they're deficient of the wrong things.

They're overstocked in the wrong things. We do all these crazy, all this crazy stuff. We wake up, we take breath. We move through our day like. Like the body keeps working.

But there are deficiencies. And, you know, they will show up at some point in some kind of. But in the meantime, along the way, we don't feel as good today as we did five years ago, but we have no recollection of how we felt five years ago.

We just know that today we feel pretty good, right? Right, exactly. Yeah. It's really a beautiful point because it is a subtle decline. And unless we as consumers and we as clinicians attune to this piece as is, you know, I mean, it really is attunement.

You know, I said, you know, for a long time we were heart. We did heart. Now we're good at heart. Now we're working on brain. I mean, brains to the frontier.

I think kidney needs to be the next major organ frontier because of the elaborate contribution to our well-being. And it's just so subtle. And, you know, I think, I mean, I've always been in awe of nephrologists.

Oh, my God. I mean, you have to be like a walking genius to be an astrologist with all these formulas. It's complicated. So we're intimidated. And I, I really didn't learn much about kidney in my medical training.

I mean, and I went to nursing school. I was a nurse practitioner and am and a physician and a family doc, and I came up with I needed to know about kidney, not enough knowledge.

And so I sat right here, literally right here with internet and figured stuff out. Started with, why is my potassium elevated? It's not supposed to be elevated.

It's elevated, you know, and and so all of us really have to like start listening to the song of kidney and and it's a beautiful thing. I mean, it's, it's crazy.

And the fact that we know that there's epigenetic harm, there are genetic conditions. And yet those people with genetic conditions who are living the toxic life that we all have on Earth, to whatever extent, can also benefit from the reverse of those things to the easiest presentation of a genetic condition.

You know, there's there's penetrance. Yeah. So, you know, there's penetrance of how a gene is active and I think these kinds of strategies can diminish the hit of, of even that genetics.

But you know, we know that most cases really are epigenetic. And it takes personal commitment. It takes clinician commitment to support someone and to listen and to actually care that this person's grieving, depressed, whatever.

Anxious, oh, you're not sleeping. We got to work with this. You know. You know, it's sleep. It's funny. It's one of my garden helpers didn't come yesterday because he had, things to do with a girlfriend to late night.

Just as we were talking. He just sent me a note. Oh, no. I'm sick now. This. This is you know, if you don't take care of yourself, there's consequences.

And we have a culture that's about indulgence. Yeah. And in ways that I see as hazardous. I mean, I've been to vulnerable to many of them.

Parathyroid, Bone, and Mineral Balance

And, you know, it takes this, this like, okay, maybe it comes with the wisdom of aging. You know, I'm three quarters of a century old now, and I think I've figured out a few more things than I did when I was 25, for sure.

Well, as you should. Right. So when you just said something really interesting, I want to go back to, you said in conditions where there's a genetic component to the kidney not behaving the way it's supposed to, but, I don't want to say kidney disease, but, you know, you know, I like kidney decline.

Chronic kidney requirement. Sounds better. What you were saying is that you feel that or you've seen from what you've seen or what you've read, or you feel that the bio regulators could still be helpful even in a genetic condition, like it's not, you're not going to get to do a 30 day cycle and then walk away.

And case is it possible, does that make a use case for more frequent cycling when there is a genetic condition that we're just trying to kind of counterbalance against?

You know, in that way, I think of it as you are preventing the hits of life from impinging on that genetics, which will exacerbate the genetic flail. You know, it's struggling to do whatever it's been programed to do.

So the bio regulators aren't going to reprogram genetics that people are born with. No, but those people are still. You know, under the same hazards that that we all are.

And so it's harder for them. And so, yeah, you know, I mean, in that situation, again, you know, every case, I mean, in the book, every time I do dosing, I give kind of the over-the-counter ish dosing.

And then clinician insight required because, you know, there are people I keep on kidney bio regulators for months and months and months. Yeah. Yeah. There there is people I dose higher.

You know, there's an acute hit on somebody with already existing kidney stuff. I might do three times a day dosing for a period of time and, and then and other stuff.

What's going on. Oh you know there's there's infection and inflammation. I want more thymus. I want more pineal. Oh. This person you know is dealing with cancer.

Let's add ways to reverse that. I mean, the research from the Russians was exceptional, you know. And I, I didn't put every single study in the book, but I put a lot of them.

And so, you know, it, they had a lot of money to do. It had. Yeah. They had no end of money when they first started this work. They were they had basically kept lunch.

They had a blank check. Go figure it out. I wanted to go back to I wanted to go back to the kidney bio regulators because if we could give people it, I just I'd love to provide people with this somewhat definitive list, even though it's going to alter by people, by it, by person to person.

But we were talking offline before we started recording that. I'd come across a paper where, they were researching the effectiveness of the bio regulators, and they were doing studies on mice or rats and what they were doing was inducing kidney damage with cisplatin, which is a chemotherapy drug, which I gather is known to have a very negative impact on the kidneys and the stocks that they were using, interestingly enough, and I and it bears mentioning that not all bio regulators are available as synthetic by regulators.

And so in this case, and kidney is one of them. So in this case they were using the kidney natural bio regulator. But they then later on cartilage, which you and I have, we've already talked about how cartilage is so important.

They'd later done liver which makes sense because with the chemotherapy drug we need to support the liver, which is doing also its lion's share of processing and and with the toxin.

But then the, the third, the fourth one I was surprised at because it wasn't blood vessel, it was the pineal gland by a regulator. And I'd love to. And it wasn't even sinus. Right.

I would have thought thymus would have gone. Yeah, yeah, it was the pineal gland. And so snake in the world where pineal gland we know has this big effect also on immunity, which nobody really talks about that much.

What's your take on why they would have prioritized panel over any of the other bio regulators that people would more naturally gravitate towards? Interesting.

Do you think maybe it's for the circadian support also, because circadian. Yeah. I mean, I'm thinking, you know, if you're using chemotherapy, you're assuming cancer and the pineal, you know, I mean, the effects that there's studies done how okay, they combine thymus and pineal I mean incredible outcomes for cancer.

Yeah. And anti-tumor genic even on its own. Right. Yeah. The pineal the pineal by regulators and magenta and the other one, which ironically is not a natural.

It's a synthetic, but I think it's a component of the thymus is, villain or villain that on which your computer will always auto correct. Violin for violin.

I know no matter if you take one, if you look away for one second, your computer is like, yes, it's violence. Oh, you know, and I know that's one of my favorites.

And it's it's incredible. So just so people know, doctor Fiona Chin and I are doing a series of talks. We just uploaded a bunch of them to my website, going through every single bio regulator in relation to kidney, and we spent an hour blabbing about each one.

And she and I, like you and I, we chat about stuff, interesting, fabulous conversations, villain and and, kind of scene

and Simonton are two amino acids.

There's so little I mean, proteins can have hundreds, you know, peptides up to 50. But these are like little teeny fragments I love that. And and those to me almost are more potent.

And what what's interesting is if you give those two amino acids separately, they don't do the same thing is they have to be born certain way. Yeah. Because in a certain three dimensional way in space.

I remember talking to, Jean-Francois about this, and I think it's Villon and Simonyan are the same two amino acids, but they're arranged different. I could be wrong about that, but.

But there are two bio regulators that are basically the same two amino acids, but they're arranged differently there. And I'm not saying normal tall because because I, I've asked I remember asking that line I drove trophy.

Malva is the wife of the man who invented discovered all these. She's a pediatrician and a researcher in her own right. And basically, you know, these these substances come from a specific organ.

So in other words, the one from the kidney has effects on other parts of the body. But really mainly if you think about it, it's kidney. Yeah. The one from the eyes.

It's eyes. You know, the one from the sinus is thymus. There's some crossover you know. So I, I actually sometimes forget I reread my book, I go, oh that's right.

This takes care of that as well. It's a lot of information and it's you know, somebody was saying what book are you reading on Facebook? And I said, this one, it's like, oh, you're plugging your book.

No, I'm learning what I wrote because it's so much. It really is. You know, I mean, you can hack this stuff and take care of yourself, but with with pathology, I mean, I'm still learning.

I'm still in touch with this doctor. Drove him over like, help me with this case. I need more more refinement and and, you know, so I encourage people look at my website because I'm adding more and more information.

There's a podcast with Natalie and other people is renowned. She is kidney success.com. Yes. All one word lowercase. You know, recognize that kidney success is our goal.

The goal isn't to decline until you need dialysis. That's one way to have dialysis when it's needed. And I'd like to see it not needed. We can't afford it.

We can't afford that dialysis. You know, you mentioned when we were talking before I mean, the statistics are crazy. There's about 15% of the population has declined kidney and that doesn't include stage two. Wow.

And and the thing to know about the statistics is if you look at stage three statistics and then you look at stage four, stage three, one example, there's many 13 million.

You go to stage four, 400,000. Those people did not get better. They died of cardiovascular disease.

Personal Protocols and Practical Takeaways

Most likely. So that's why I'm looking at stage two and three. Let's get this. Yeah, people are dying and they don't even know they're dying of kidney.

Oh well, you had a heart attack. Well, why why did you have a heart attack at age 37? Oh, you know, there was protein in your urine and and cysts or whatever, and we neglected it, you know, so we're really at, at a poignant moment to save life with this.

Do blood lipids like does cholesterol affect kidney too. Absolutely. It happens. Right. Yeah. I mean you want to have advanced, you know, lipid panels because just cholesterol by itself.

You know I'm over it. Yeah. You know sure. Yeah. You know but when you see inflammatory markers it's then it's worth making an effort to approach that. And, and but there's many more homocysteine enormous with kidney enormous.

Tmao enormous need to monitor adenoma, asymmetric thigh muscle. I mean, all important. And I can do this. So, you know, what we're looking at is cardio, renal, metabolic.

Yeah. Soft and, you know, peaceful, abiding. You know, people talk about being a kidney warrior. I talk about being a kidney Yogi. I want to be flexible. I want to be accepting.

I want to surrender what I need to. I want to get fierce in my peaceful abiding to make to make changes. And I'll help you do it, too. You know, basically, I want other clinicians reach out to me.

I want to mentor people. You know, I often get on a call with a physician and they're patient because they don't know this yet. You can learn this. I mean, you can learn how to help people get out of trouble.

And, you know, we didn't talk about the array of supplements. I mean, there's so many things to do. I just fell in love with the bio regulators because I think it's a miracle to reverse epigenetic damage.

They play a unique role. So. So just to recap, although any bio regulator can really play a role in kidney depending on the person's circumstances, the main players, we could say if we could agree on the main players, we would have the kidney bio regulator, we would have the cartilage bio regulator, we would have the parathyroid bio regulator as well as the blood vessel.

And then we're going to remove ourselves another two steps, which maybe the liver and the pineal gland bio regulator. But just in sinus and pancreas and adrenal and bladder bone we could make a case for every one of them.

But those are the main players. And so for someone who isn't even a ATS, for someone who's listening to this and says, okay, I want to make sure that I take, you know, I might kidney function is fine.

My EGFR is over 90, I'm good, but I'm over the age of 40 and I want to make sure that I stay that way. So is there a bio regulator stack you might suggest to that person, you know, a couple of two, maybe three times a year just to kind of keep this the ship happy, you know, especially if there's diet concerns.

That person isn't eating well. Family history. There's a bunch of people in the family that have had that any cardiovascular anything, including family history.

Then, you know, it would make sense. I mean, and, and if the person's a heavy drinker or eating a lot of toxic stuff, add the liver to it. Yeah. You know, if there's tea, you know, I've already had a bone density and I have osteopenia.

Okay. Let's like, you know, put bone and, you know, Bono, Marlowe, Bono, sir, you know, bone marrow and and parathyroid. You know, if there's prostate issues.

I've been talking to a bunch of men who have kidney problems because of prostate. And you do prostate, bladder along with maybe, you know, there's testis.

Yeah. You know, and so all of these, you know, again, it's it's so individual because there's many, many portals in and and so you know, I find myself kind of stuttering. What.

Well which ones would you use it. And you know, kidney cartilage, blood vessel is a great start. Yeah. And then the add ons and, you know, I do protocols.

I kind of base myself like the way that Bill did for the study. I give people a year's protocol and and kind of add, you know, all right. If you got parathyroid issues we'll do that more often.

You know, I do like for the whole thing like this and then, adrenal. Well, let's do that this way. You know, a couple of times a year and, and so it really, you know, that's why I, I moan about biohacking because it assumes one size fits all and you can't for sure.

For sure. I love it. So I don't answer this question very well. No, but you did. You know what I mean. You know, the the foundation stack, if you will, would be your kidney cartilage and blood vessel.

And then the next one we'd add on really, really fast is parathyroid. And then after that it really depends on the individual and their individual circumstances and their lifestyle and, and, you know, their age and stage and all the things.

And it's all going to and to do to, to use the bio regulators. You might do that 30 days, two capsules a day, one month, every quarter or every six months, depending on on the situation.

And at the same time, bearing in mind, as you said so beautifully, your mindset, your attitude, your diet, your exercise, your hydration, like all of these pieces come together to support the environment that you're bringing the bio regulators into so that they can do their work and not burn up in a, you know, hellfire of inflammation before they even get to their destination.

So, yeah, I mean, I think of that as reciprocity for the gift of a healthy body. Yeah. It doesn't just come, you know, I have to participate. And I love the concept of reciprocity.

I learned that from Robin Kimmerer in her book Braiding Sweetgrass, a fabulous read. The idea that, like we reciprocate with nature by being thankful.

Okay. I'm thankful for my health. But you know, I also don't want to, you know, spray myself with pesticides. I don't want to poison my mind with rage about what's going on in the world.

We were talking about that before. It's like creating some peace in my life because that's reflected in how my body works. And the sympathetic overload thing is enormous with cadmium.

I'm humbled by it. There are several reasons why nitric oxide is a whole separate conversation. And then there's this. There's this thing called renal Aids, which is an enzyme that helps break down catecholamines.

So you have a stressful event. Most people, their bodies break down the stress hormones. All right. It's all good. It wasn't it wasn't a lion was kidney.

And there is Comt adds to this. If you have that snip the alarm system goes off of something and those chemicals are still around. So the alarm is still going off and the mind's thinking, oh, something's going on.

And in time, as those are breaking down, okay. I mean, I've noticed that with my husband and I, we react to something. He sells it tomorrow. I'm still going, where's the fire as a takes time.

It's gotten better for me over time because my filtration, my ability to deal with all this stuff is better, which is people who listen to my podcast say, just hearing that I mean, I went from a GFR of 30, which is right at the border stage for severe to 68.

The last few times that I've checked, one kidney conventionally, they think I'm fine. You don't have protein in your urine. Your normal. Yeah. I'm not I know I'm not.

And yet I feel incredibly fine. You know, I'm not like oh I'm sick. I got, you know, I mean, I used to spend days resting and laying in bed. So that's how I started writing the book.

But I, you know, I mean, I need people to know this. It's like, find that help, find one thing to do. And it's in gender's that hopeful state. And there's something I can do.

Handles. You know, even if it's just what am I drinking. Yeah. Let me change. You know forget the soda even fruit juice. Way too concentrated. You know the conventional world is really anti herbs with kidney.

My next book is going to be my kidney garden which is all the botanical oils in my diet. And, and you know in my cup for sure because there are many, many allies.

And you know, and so everything that I do, it's like it mushrooms, my ability to achieve kidney success, I love it, I love it. Doctor Robin, where can people find you?

Tell us again, the website and the book. And, the book's got an incredible cover. Ukrainian artist. I fell in love with, allergy peptides and renal allergy peptides.

It's it's not just about kidney, but I kind of looking through it with through the lens of kidney. I wrote it as a doctor's notebook. Mine? Yeah. It's the book I needed. But.

But you don't have to be a doctor to find much benefit. We all can learn from this. I wrote this for myself, and I shared it. So as a result, I decided to just self-publish.

I really didn't want somebody messing with now in in like this and like that. I didn't do that. And so my website renology is kidney success. Keep saying that to yourself.

com renologyiskidneysuccess.com there's a way to contact me. I'm slow, but I'm persistent. There's blogs that I've been writing as I come up with things like, oh, wow.

I, you know, I, I used to just think about it. Now I write it and share it with people and, you know, there's there's resources. I'm still learning how to how to drive this, this website so you can find me.

It's a beautiful thing. Doctor Rose, thank you so much for your time today. Thank you for all of your work. And I we'll get to talk and I'm sure same to you.

Aloha, everybody. Aloha.