Introduction to Dr. Rose and Renology

Hi, everyone, it's Dr. Jen. Welcome back to the Peptide Summit. We are going to be talking to Dr. Robin Rose. She is an MD and a long time holistic functional physician with a passion for the natural world the garden, the ocean, the kitchen, and the peaceful options for taking care of health.

After practicing first as a nurse practitioner and then as a medical physician Dr. Rose has embraced the study of early kidney disease with a focus on reversal of changes when she recognized that primary care is a key to early kidney change.

She named this work Renology the Art and the Clinical Science of Kidney Success. Discovery of the bio regulator peptide set up the game for achieving this goal.

Dr. Rose welcome. Welcome. Nice to have you here. Thank you. Glad to do this. Yes. And you have such an amazing story. So I would like you to share a little bit about, you know, Renology and like, why did you, you know, why did you even get passionate about kidney disease?

Because usually in the conventional world, we're like, okay, something's wrong with your kidney. Well, eventually you'll go on dialysis. And for you, that just that wasn't a good answer.

That was. No. Thank you. Yeah, I, kind of jokingly called myself health food. Harriet. And, you know, started out in the 70s tossing out stuff that we're just now starting to talk about in a bigger way.

And my practice, whether it was in nursing, nurse practitioner in medicine, in has always been about being healthy. And I worked really hard in my practice, my busy practice ate my sleep up, and I had a number of stresses and crazy things.

When you add up all the points, it was crazy and then I met my husband and everything was lovely until I started spiking 220 over 110 blood pressures and getting very strange mind states.

That was all. got a norovirus. Never got better. Went to see a so-called new integrative physician who didn't get on the bandwagon. Was trying to. Have you ever considered meditating?

You repeat after me. You look great. I say that because that's not an uncommon situation you find yourself in. And I had to get fierce and say, I want a CAT scan.

I, I actually thought I had an adrenal tumor, but hello, I had a renal cell carcinoma, a rare one, well circumscribed. Thank you. Went off and had a nephrectomy and moved to a tropical island and began a whole odyssey of making changes.

However, when I went back for a three month follow up, it was one of those, four letter word moments to find out that I was at the verge of stage four CKD.

Kidney Cancer and the CKD Wake-Up Call

And you know that. Don't worry, everybody with one kidney will be fine. Was actually not so true, and turns out by research it isn't. and so. I sat here in this beautiful place and I worried.

And then I found a naturopath who focuses on kidney stuff. And she guided me to the idea that you need to work on your diet. You need to sleep better and hydrate better.

Role modeling. and so I had an elevated potassium. What did the specialist tell me? You don't get elevated potassium in stage three. You know, like, well, okay, but I have it.

And so I began this journey looking things up. I mean, it was all here on my lanai in my little box. And over time, I started noticing improvements. I changed my diet radically.

plant based, organic. I learned that you have to alcohol. And I had to work on my sleep. Had to work on hydrating was, you know, even though I was a little post-op frail, I got a machete and started hacking things and swimming and and singing and being creative, eliminating people who were too toxic.

And it was a whole program that I have come to recognize as what to do for early kidney disease. And just as an aside, the way that kidney is looked at conventionally, we use this number called GFR glomerular filtration rate.

It's on most common chemistry panels and unfortunately, somehow historically, it was this cutoff at 60 and full function is 120. So that's saying we're not even going to talk to you until your GFR is represents 50% dysfunction.

And I was like, what's what's this about? Because as a physician, I was along with that program, I, you know, you should change your diet, but whatever.

And all of a sudden, you know, the wounded healer steps in and says, well, wait a minute. And the other piece of this that's important to know is I the the guidelines for nephrology classically say stay with your primary care doctor until your GFR is 30 and that represents 25% function.

That's where I was the first one I saw. I basically said, hey, don't worry about it. People live a long time like this. Do you have any advice for me? No.

Yeah. So I strolled into the dialysis center on my island and I said, I, I have CKD, chronic kidney disease. And I just wanted to let you know I'll never see you again.

And they said, oh, good, you know, and we all said goodbye. And that became kind of a mantra for me that I needed to find out what you could do. So I kept going.

I mean, I studied everything, I started out like I looked at potassium, I looked up cardamon, I mean, anything. It was like, what do you do? Because, you know, if you think about it, I mean, the kidney is an amazing filter.

And yet what we ignore is the downstream. It has a lot of jobs. And in my mind, I have this joke. The kidney bone's connected to the brain bone, the eye bone, the stomach bone.

It affects every cell in the body and some things cause kidney to get worse and kidney causes some things to get worse. There's vicious cycles and we can interrupt those.

And that's when I started tongue in cheek, saying where analogy is the art in clinical science of kidney success because everybody says, oh, kidney, are you on dialysis?

It's like, how many years from when, when did this start to dialysis? And and primary care doesn't really know what to do. Functional medicine does some naturopath I talked to a really brilliant but nobody really put this together.

Like what do I do? And so I looked up. I had testing done. The gut is huge. Dysbiosis is an issue. Heavy metals a huge issue. Plenty of literature. You can look it up.

the immune system gets compromised, the brain gets compromised. And so I started supplementing and I you know, I have my weights. You know, you lose muscle, you lose bone, you lose fat.

I mean, some people gain weight with kidney disease. Many, you see all the little skinny kidney people. And one day I noticed a comment on Facebook with somebody mentioned BPC 157 in relationship to nitric oxide, which is a

huge thing because if you think about it, the kidney is this clump of blood vessels and blood vessels are all over the body.

What affects any part of the body's blood vessels is affecting kidney in a big way. And so I was struggling to get my nitric oxide level up. It was down low.

And that was that was the beginning of an Odyssey.

Lifestyle Changes and Early Kidney Recovery

I got some from the compounding pharmacy and then I spent a month reading about it before I would use it. And the first time I, I used it, which is as an injectable, it literally changed the course of my life because I had had some surgical complications that left me with a damaged bowel, which was why my phosphorus was elevated.

My potassium, as I, you know, all kinds of things were going on that nobody was like, well, you're not supposed to have this, okay, but I do, and. That's. What we do.

Fortunately, I live with a doctor inside of me, and so I utilize that. And over time, I came to discover the bio regulator peptides and absolutely became enchanted with what they are, how they work.

and started cycling the whole array of them. There are many. We can talk a little bit about how how they came to be. and I went from a GFR with one kidney of 30 to the most recent one was 68, which, you know, if you talk to most doctors, they wouldn't even notice it.

you know. Well, I don't think that they would believe it either. I mean, I think why I think it was so important for Dr. Rose to come on is because kidneys like like she was saying, they're kind of ignored.

Unless it's like a really bad problem. Like you're, like, in the emergency room when I see it, when you're like, oh, it's acute kidney failure. And you give fluids or you fix what's causing the acute kidney failure.

Usually it's dehydration. But we're talking about chronic kidney disease where these chronic changes maybe a little bit mildly elevated blood pressure or, you know, maybe you're chronically dehydrated and eventually is taking the toll.

Maybe you have diabetes or insulin resistance. You know, this is all hard on the kidneys. And, you know, like Dr. Rose is saying it's connected to everything.

But I feel like this is something that is one ignored, until it gets bad enough and then you just go to nephrology and they really don't do much. Now for integrative medicine.

I do refer people to nephrology just so they can run more testing and they can, you know, have a baseline. But we're doing the work in my office, and I, I have a patient that that I was going to say Robin.

But Dr. Rose, what she has helped me with. And I got the last creatinine, which is another marker. There's the GFR. But creatinine is really good also to look at.

And it was improved. My jaw dropped and we we were just getting started to but she actually she did a round of moxie. So I I'm going to get her on by regulators next.

But even little things like the nitrous oxide, I have her on that Essentia fiber. I mean, it's just it's it's beautiful what you can do. And then watch the kidneys go back into homeostasis.

And that's, that's the thing. Like not giving up on your, your organs. So when you, when you started the BPC 157 now, you said it was the injectable that kind of kicked off the healing.

You believe. Well, I can give you a little TMI, but the urologist who performed the nephrectomy that I had, which I was grateful to do, I wanted that thing out of me.

Left me with a Z instead of a sigmoid. Big trouble for many years. I mean, misery, actually. The first VPC injection I had, I said my husband's in our.

And I said, right there, the next morning, I got up, went and did my grown up business and it's been better ever since. I wanted to backtrack one moment, though, to say all of the peptides and all of the things that we do supplementing medicate, there are some medications that are important.

but it's the diet. It's the lifestyle efforts that all of all, all of the benefits of peptides are supported by this willingness. And I before we do this, I was trying to think of things analogies.

And I thought about, you know, if you think about what a kidneys to think about a toilet that backs up. All right. That's a, that's a drag. It backs up more.

oh. You know, now it's overflowing and it stinks. and now I fell in it. So I broke my butt. And now I got an infection. That's kind of like the progression of of chronic kidney disease.

So why don't we get out a little plunger early on, you know? And so that's really my early bird message is take those vicious cycles and transform them to precious cycles.

And there are a lot of things to do that I really would love to have the motivation to write all of what I found out about that down, but I am so impressed with how peptides can impact this.

And then even more so, I mean, these bio regulators are crazy cool. They're tiny little molecules, you know, proteins, big long molecules. They get folded.

They have many actions. These are are 2 to 4 amino acids. They're little. And so my cartoon of them goes like this. They can actually slide through cell membranes.

They don't need a receptor. The bigger ones. You know part of why we can't, take many of them orally is because the stomach acid breaks it down and they need more support.

These are tiny. They actually get through the stomach acid. Although there are benefits to some of it. Injectable. They get through the cell membrane, they get through the nuclear membrane, and then they lodge in the DNA and repair epigenetic damage.

And I also wanted to say with kidney toxins are huge and it's ignored pretty much. I mean, you know, we're living in toxic soup in plastic, toxic soup in our food, in our air, in our soil.

la la la la la la. And things like glyphosate are really harmful. you know, all the phthalates and blah, blah, blah, blah, blah. And so that's on the low hanging fruit.

You do that stuff first harvest what you can, and there's a lot you can do. So you don't have to spend a lot of money to change your lifestyle. But when the bio regulators step in is basically it's like a head to toe amazing, repair of the damage of living in a toxic world, of maybe making bad choices, of having illnesses or traumas or, you know, whatever.

Like you mentioned, high blood pressure. I didn't have high blood pressure. I mean, in fact, I, you know, I did with the tumor after after that, it was it was normalized.

And I'd had a history of like 80 to 90 over 40 to 50, you know, where they were like, are you okay?

Bio-Regulator Peptides and Epigenetic Repair

And, It's I now need to take a blood pressure medication because it took me that long to figure out what to do. You know, I didn't. I was sitting here in Timbuktu wishing I had some help.

And it took me a long time, really, to get past that. I don't worry about it or I don't know about that, so we're not going to ignore it. And the last person basically I had gotten my GFR to 51, had to take a flight to go see a doctor who basically told me, why are you even here?

We don't want to see you till you're here for us. 30 and by the way, you're taking too many things. You need to stop them because I haven't read about it, so I didn't really even bother to tell her about bio regulators. But.

Well. But maybe maybe they needed to hear because I feel like it. Oh gosh. With conventional doctors, they're just so burnout because they have to see so many patients in a certain time.

And these companies are coming in and dictating like how they see their patients. It's so frustrating. So they don't learn about stuff on their own. And this is cutting edge stuff by our regulators and peptides.

They should be learning about it. I want to back up to something you said about epigenetics. How bio regulators go in there and help repair that. Can you explain exactly what epigenetics is?

Yeah, people were. Born with a set of codes. Those have a spectrum of action. You can have a gene that may or may not be active depending on what's happening in life.

So we know you know why? Why do you want a good diet? Because epigenetic. It'll alter what your God given program was. And all of a sudden trouble, living in toxic air, toxic work places.

I mean, you know, the the literature about epigenetics is huge. And, and so it's, it's an empowerment thing. You know, we we can make choices to love ourselves enough not to include a lot of epigenetic hits.

Some stuff you can't. How I'm sitting here eating organic food for a decade, and I have a high glyphosate, an elevated glyphosate level. It's like what?

It's coming what was years? I actually don't remember the number. Or the percentage, but it was it was elevated. What motivated and you know, and so that just tells me because I'm really pretty strict.

I mean, I bring food to restaurants so that I can go out with other people. It's, it's I'm very dedicated and, and so it's been a while ago. And so I just went, oh, you know, the environment isn't, you know, I don't have any control over what's in my air and soil.

I'm not putting more chemicals in. You know, I cleaned out under my sinks, my garage, you know, and so the bio regulators come along and they can actually adapt that and and help it, to do repairs.

I mean, I was just reviewing some from my soon to be published book about kidney and peptides, about bio regulators, in fact. And each one of them and there are many and there's kind of 21 of the most current ones that are available.

And they do different things. I mean, each one has has its own array and realizing that these are molecules that are natural to our bodies so the body doesn't react to it.

I mean, you know, the history of it's interesting. There was a Russian researcher who was in the Russian military and was ordered to discover some substances to protect their military personnel from American radioactive and chemical weapons.

And he did. And then he kept researching. And as long when the Soviet was there, he had unlimited funding. And and they came out with tons of studies, many of which I have documented in this book, some of them animal studies and some of them, human studies.

And, you know, you have to realize there is brain bio regulators. There is I regulate bio regulators. There's lung bio regulators, heart, adrenal, stomach, intestine.

You know, there's you know, the the body speaks to these molecules kind of uniquely. And just in reviewing, I was seeing how, the brain bio regulator has effects on the kidney bio and the kidneys, you know.

And so what's, what's really beautiful about this is we've all been, you know, if you're alive, you have epigenetic damage. You know, there's nowhere on the planet free of this stuff. And I believe that that these things are synergistic and accumulative.

So if I lessen the amount of them that I choose to bring in, I do better. And, I'm just so delighted that I've been successful because essentially I was told, don't be surprised if you lose 5% a year.

And I was at 25%, like, hey, wait a minute. I mean, I'm not that young, but I ain't that old. And so, you know, I ran into the man who is doing longevity research with bio regulators to replicate some of these studies from the Russians who have seen, like, a million patients and and, you know, they have so much clinical data and, so.

I joined to study and essentially have taken over time all of the bio regulators. He comes up with a particular regimen for each person, and it's a way to learn.

you know, I've been able to see how, you know, it's not like allopathic medicine. Oh, you have a kidney problem. And here's the kidney bio regulator. Yes and no.

I mean, sure, but, you know, I'm unwilling to stop the kidney by a regulator when I do. I don't like that. I don't know what, but I don't like that. Usually they're they're cycled.

Which is another cool thing is you take a month's worth and then you do ten days a month for a while, and then you can take breaks. Clinicians can monkey around with how the dosing is, because each case obviously is unique.

And, you know, with kidney there's different entry points. It can be, in my case, cancer. There's you know, cardiovascular. There's metabolic like you said this autoimmune toxic infectious.

And so you choose the array of approaches and not neglect the fact that the kidney bone's connected to the adrenal bone. You know, it's and that doesn't happen a whole lot except primary care.

And that's where I came up with re Nology is is a way for us to really look at kidney as part of the whole body. And not neglect the fact that. You know, there's there's other issues and they're all interacting.

They're comorbid, they're all dancing together. And you can relieve one. And then a lot of other things come down. I mean, one of the easiest tricks is you need to be alkaline and.

I was gifted a huge bottle of bicarbonate tablets at my local thrift store. Brand new, not expired. I took it as a message and 4 or 5 abnormal labs that I'd been having normalized.

It's like, well, how come? How come? The thrift store had to tell me this and not my doctors? Yeah, exactly. That's that's a big problem. Well, I was thinking about your analogy of the toilet overflowing.

It's like, well, maybe first, instead of grabbing a plunger, we should fix the gut and fix the poop so it's not a clog in the toilet. You know? And and that's where peptides and beer regulars come into. And.

Yeah, I it's it's very interesting with, with the kidney. I was also thinking while you were talking about the bio regulators, you know, what about people that donate a kidney?

You know, they should be making sure they're preserving that other kidney health. And and so in. That kidney comes out they have CKD. You're not told that.

Really? Wait, wait, what? The moment it comes out of the body, I mean, I there's a study, cam Collins Calzada is an amazingly prolific nephrologist who actually gets nutrition and he when I saw his paper about this and he might have even sent it to me, I was like, okay, this validates for me, stage two is where we start.

Doctors like you and I know what to do. I mean, I think they just didn't know what to do. And so we have plenty. We have so much to do. Work on the immune system.

You know neutrophil. That test is an amazing experience. Took me like three months. The first time to really associate all of the abnormalities. Things like thiamin you might take it, but is it actually are the transporters working so is it actually getting into the cell?

That's the downstream weird stuff that kidney does that people don't recognize. Same with folate. And amino acids are all screwy.

Practical Kidney Support: Diet, Labs, and Alkalinizing

And and so there's stuff to do, you know, and that's the low hanging fruit. None reach out for those for those other supplements and and the peptides are magical.

It's it's just exquisite. Yeah. No. Would you say that you know young people maybe you know, people without like cancer or something like you have going on.

Should they ask. You know, obviously they're going to be a baseline and creatinine and they should look at their GFR calculator in their lab work. Should they also ask for a urine protein because they feel like you're in proteins a good screening.

Absolutely. And I mean I just read recently even in stage two, which is, you know, that early kidney disease, protein leaking through that should not be meaning, you know, the little the little filter is letting too much get through.

Big risk for dementia. Not nothing. Nothing any of us want. And so, EUA is have, you know, when you go in for anything, you get the CPC, the panel and the EUA.

There's a lot of kidney information on there, including the CO2, because, I mean, I see so many people that, you know, carbon dioxide and bicarbonate is is a spectrum of acid base.

I can't tell you how many people I see with like the CO2, like 19 or 20. And the numbers might not mean anything to people, but I like it closer to 30.

And that's and I've seen it happen so many people where it's just let's alcohol and ice. That's why I eliminated grains from my diet, almost like mostly, I don't have to be fanatic about it, but mostly there's not rice in my dinner anymore.

you know, there always was. I needed the calories, but I got better. And now I have more potassium options, and I can eat better, but, also animal food.

So I personally eliminate dairy food. Yes, I miss it. I have cashew cream cheese, I love it. I eliminated red meat rarely. I'll have some. I live by the ocean, and so I will eat some fish, but not a lot because it.

And instead of fries the body and, you know, I had to come up with this, so I like, I mean, I'm a foodie, I'm a gardener, I'm a chef. I was a health food chef in the 70s.

You know, I, I love food, but my husband brilliantly said something to me was like, what you thought was health food for you before isn't healthy for you now.

And the condition you're in. And so it's like it's just food. People go, oh, they can have their Pepsi, they can have

their whatever. I mean, it's just food.

It's like I felt like laying down in bed about three days a week. At first. Yeah. It wasn't fun. You know, it's like, I don't care what I eat. I don't want to get up.

Right? Eat, eat to live, not live to eat is I say, no, it is back to the bicarb. So the CO2 so. So someone. That's the only thing, normal in their labs is that, like, kind of just like chicken to them to maybe more alkalis, their diet or take, bicarb tabs.

You know, if somebody doesn't have kidney disease, that would be it. Pay attention to what you're eating. Probably not enough vegetables. And the irony is, many years ago, I was asked to write a book about the acid base.

You know, about the alkaline diet before, and now everybody knows about it. And I ended up going down to San Francisco and talking to a nephrologist who has written a lot about this.

and most people are walking around to acidic. That puts you at risk for a whole lot of stuff, whether it's the chemicals in the world, the stress in your life, the, diet that you're eating.

I mean, you know, the whole, fad right now about meat, meat, meat, meat, meat, you get, you know, I see people with the meat in the grains and it's like, okay, this is not going to go well for a long time.

And so my dog alarm is going off. And so normal people, normal kidney people. And that would be, you know, the GFR over 90, it's still considered stage one.

But you know, okay, you can work with diet. You know, I so I wrote this book that never got published for silly reasons. But I began telling all of my patients, it's like you, you want to you want to alkaline ize yourself, you know, and if I said, like some people, I did say half a teaspoon of baking soda and water, I empty stomach can really benefit people.

with kidney disease. However, the transport in the tubules, I mean, the kidneys are a clump of blood vessels in, in a bunch of tubules, and those tubules are really the equivalent of the intestine.

You know, the intestine is all about what do we absorb? Well, yes. So is the kidney only. What do we get rid of and what do we keep? Ultimate discernment.

So, you know, at a spiritual level, work on your personal discernment because that's reflecting in what the kidney does. And so, you know, bicarbonate is one some people recommend, potassium citrate.

I personally have found, magnesium citrate to be a better option. It keeps the bowels going. Magnesium is almost always low. citrate is the other thing that we've found will convert to bicarb and then alkaline ice.

It's worth it. I mean it's simple. It's it's that's easy stuff to do. Yeah. Yeah that's great. But it's not talked a lot about. So that's why we've been told.

Right. 3 or 4 people with an elevated that when I had an elevated potassium and my brain wasn't working at first I really was suffering. And so it was interesting that like what what and the more holistic nephrologist do talk about this stuff.

There's just not many of them. And so that's why I like to talk about this. There's, you know, there's there's a bit of self-loving biohacking that's required when you have kidney disease.

And especially early and you know, and the low hanging fruit comes, comes easy, you know, moving on to more complex things. It's nice to have somebody to help you because there's things you can do to hurt yourself.

Kidneys fragile. But for the most part, you know there are things to do. That's one of the things I love about the bio

regulators. They're basically harmless and subtle.

It's you know, it's like I think of CKD is is being shipped takes a long time to turn around. So it's not like, hey, doc, I have a headache. Take an aspirin. The headache went away.

It's more like a very gradual I got impatient, I'm like, oh my God, I'm not getting better, you know? And it is more, more slow, more like, more like the stock market.

Unless you have a crash. That's not good. you know, and and the other thing is people are in stage two. There's. And it fuel trouble already. We know what to do.

There's mitochondrial changes. There's immune system changes. We know what to do. You know from a functional and integrative medicine perspective we're good at that.

Heavy metals get going. You know what are you waiting for was my mantra. Like you know, what are you waiting for till I crash and burn? I mean, that's that's not my my way of living or practicing medicine.

And so I really believe that that this is a saving grace and there is a epidemic of kidney disease and I call it the kidney demic. And it's worse than we think we know because we don't even count the stage.

Two people. And so that's, you know, that's that's a whole nother conversation. Right? I mean, it is kind of ridiculous. There's so many dialysis places and it's big money, right?

So I mean, we know in America the goal is not to reverse chronic diseases because we have the tools to do it, but it's just it's not the goal. It's goal is for pharmaceuticals and dialysis.

But it's frustrating. I remember when I first, might see when I read a study about that because I think I sent it to you or I read it on our Facebook group, about how it works in the mitochondria of the kidneys.

And I'm like, why is every patient not on this that has kidney? Like, I was mad, I was I was mad. So I mean that you love that peptide for sure. Well getting into stage two three chronic kidney disease and.

I use it for a while. And then unfortunately, I began to react to it. And so I said, okay, I'll take a break. I also know there are other mitochondrial peptides.

And again, these are not the bio regulators. They're they're the larger ones. Many of the bio regulators actually do work at the mitochondrial level. And improve improve the function and reverse those problems that happened with that.

And so that's that's exciting to me.

Kidney Disease as an Early Intervention Opportunity

You know, it's like you can take antioxidants. You can support your I mean, you know, I mean, you can take 40 supplements a day and or you can take some bio regulators.

Paste them, you know, start start with the things that are wrong. What's wrong with this person? I mean, I needed brain ones. I have needed cardio ones and I've needed, blood vessel ones along with the kidney.

Okay. But then I cycled. The other one is parathyroid is a very useful thing for kidney because the relationship with calcium, phosphorus and, vitamin D and the parathyroid is a complicated lecture that I'm not going to give anybody, but I understand it enough to know you monitor phosphorus and often the phosphorus is in the normal, normal range, but it's not normal in kidney.

Mid range is normal in kidney. And after mid range there's damage sucking calcium out of your bones and putting it

in your blood vessels. What. Yeah. Yes.

Yeah. And incorporating the your. The these were we would always have the same patients that would come. They would come from dialysis with chest pain.

And you know that is a big risk factor for heart disease and all these other, you know. A big myth. Yeah. And this is why it's so frustrating because I feel like if we could change their trajectory early on, like you said at the family practice, doctor.

But but at the same time, you have to do it yourself. No one is going to be sharing this information with you at your primary care doctor. I mean, hopefully everyone will get Dr. Rose's book and give it to their family practice doctor.

I mean, they just start in and out. But I mean, this we're we're hoping that this changes medicine. But the problem is we're fighting a bigger fight because the big corporations and because they don't want people to, to get better.

I mean, if we fix kidney disease, I the one busy year I worked at that was like half the patients we saw. I feel you know it. Yeah. It's frustrating. It's very. Strange.

So I'll tell you a personal story. I have a lot of allergies, so I made up one of these for the just in case has my allergies on the back. And it says stage three CKD.

ironically, a classmate of mine from med school lives on this island. She came to see me, and she's like, what's this? And she looked at it and she's like, she's are straight tears.

she's like, why did you even write that for? That's nothing. All my patients have that. That's nothing. You're trying to make yourself sick. It's offended me.

And I was just like, toxic person. Red light. Many, like, maybe a year or two later, I ran into her and her husband out at the restaurant having dinner, and she came over to me and she said, I need to apologize.

I've. I've looked into this, and you are so right. So, you know, I was like, thank you. You know, it's really hard to have a chronic illness and have people trying to tell you you don't have what you have, but you don't look sick.

You know, the other thing that's important to understand is it is an accelerated aging disease. It's considered a progess disease, which means it accelerates the process and maybe the normal process.

But okay, if you were supposed to be going like this and all of a sudden, you know, I mean, I look at myself, I'm like, oh, no. and that's another role.

The, you know, the longevity benefits of the bio regulators are well known. And that's been some of their studies. In fact, my own markers for this study dropped me down 20 years.

The telomere. Did you get the telomere study? Yes. 20 years. That's amazing. I know I was like, okay, you know, I can I can act like a teenager. I just lost 20 years.

I, you know, it's it's it's really fascinating to know that remediation is possible and it's actually, you know, a threatening thing. I mean, one of our doctor friends has a book about blood pressure, and, and there's concern that it's too dangerous to tell people that they can reverse it.

And it's like, well, that's the difference between severe illness. Okay, maybe there are people who are so sick. If you're already on dialysis, can you reverse it to normal?

I don't know, I don't want to wait that long. And my, my role in primary care is really to listen to the very subtle things they say. There's no symptoms in early kidney disease.

I don't agree with that. And I've asked groups of people with kidney disease, and they came up with all kinds of things. Well they're vague. Well, that's my job as primary care to take a presentation of vague and kind of I use my education and my intuition and the feeling of that patient and put together.

Let's see. We have three of four possibilities. Let's rule out all the here's something we can act on. The actionable goals are a gift, and they're a blessing.

That is such a great point. Your body always is telling you if something's wrong, whether it's a rash on your face, bloating after a meal, you know, a little fatigue that's out of the normal and you're sleeping well.

So if you're at a doctor and they're not listening to that, or they're just trying to put you on a drug, then then shop around, find another doctor, go find help somewhere else, because, yeah, I mean that that could be the difference between, you know, having it take longer to steer that ship, you know, back to normal and the homeostasis versus maybe a quicker, quicker turn.

Right? Yeah. We're not I mean, I had early on I had a, Facebook group for kids for CKD stage three patients and. A lot of people really resisted what I was saying, and I was in process.

So I was sharing my own experience. And sadly, some of them have died. Some of them have gotten way worse. There's not many of them that I've followed.

I haven't followed everybody, but to some extent are on dialysis. Yes. And there were a few that really listened to me, and they're actually like me doing better.

And so, you know, it's it's that was alarming, you know, and arguing about that, arguing about the Pepsi that was like, come on. I mean, we learned I learned about from fermented foods from the naturopath.

And we started learning how to ferment foods. And it's part of every meal because the gut is the portal for so much. And there's so much literature about the the kidney gut axis and early on, you know, with this damage call and business, I was really suffering and did testing for the microbiome, blah, blah, blah.

I mean, I did a lot of stuff, but ultimately it was, what am I eating? What am I doing? And, you know, I've figured out ways to avoid antibiotics a few times because that causes havoc.

You know, if you eat foods where they grow the thing with antibiotics, you're eating antibiotics. It's killing your beneficial and kidney actually has there's uremic toxins that accumulate.

Book, Consults, and Closing Remarks

That's the mess on your floor in your bathroom. And that gets in the way of the tight junctions. You know how the colon is a bunch of cells in a circle, and there's little proteins that hold those together.

And if they break stuff that's supposed to get pooped out ends up the blood vessel nearby. And that's that's affecting kidney. And it's there's so much literature about that.

And so it's like like you say, if you got bloating, there is a higher incidence of Sibo and dysbiosis and kidney disease. And quote, in normal take it seriously, you know, I mean, and inflammation in the body vicious cycle because there's inflammation it harms kidney.

The kidney makes more inflammation and affects other parts of the body, whether it's the eyes, the skin, the joints, the heart, the blood vessels and and all of these things can be addressed.

And it is just, like you say, the willingness is so hard. It's not an easy, it's not easy. And that's why it's like when I take what I mean sometimes, you know, I have a handful of bio regulators and I'm like, thank you.

The gratitude for having tools is is huge. And so I, you know, I say it with a blessing because I think that the energy work that we do, the mood that we're in, I got rid of listening to the news all the time that I eliminated people who were really too stressful to me, who didn't understand that maybe I look good, but I don't feel good.

Support me in my efforts, you know, don't harass me about I know you're not eating. Won't wait, you know. Oh, yeah. Yeah, yeah. Enough. And a lot of the people in the group had trouble with family members not allowing them to eat the foods they needed, you know?

So it can be complicated, but it's it's a it's a joy to get better when you've been sick and and know and having the hope that you can. It's important.

Yes. Absolutely. And being able to teach others what you've learned and what actually works. And I'm so grateful for your help with my patients that have renal issues going on.

It's it's so great. And it works. So thank you, Dr. Rose, for just sharing your journey and sharing your knowledge with us today about fire regulators and peptides for the kidneys.

Can you please tell us what you have going on? I know, you know, you're not like you're on social media a little bit, but you're trying to keep your peace.

But you can be found certain places, tell everyone where they can find you, and you have a new book coming out that explains this whole process. So tell us about that, please.

My book is called Renology Peptides Starting Small with bioregulators. It's it's in labor. I just hired a midwife. So we're making progress. and I'm actually thinking about creating a website called Renology Peptides, which might give me a platform because I, am basically on Facebook.

I'm findable on Facebook. Private message me if you like. I am doing consults with with clinicians mostly. I live in a small place and practice a little.

Eldering has been, a delightful turn away from the 120 hour weeks that I was working before, which probably didn't help things. But I love loved what I was doing.

And now I started this whole peptide group with physicians as part of a larger functional medicine group that we have. And it's been such a joy to see younger doctors because I'm I'm moving along into age, and I love seeing the younger docs taking this on with that youthful enthusiasm for them to, you know, see more patients than I am.

I am so grateful and, you know, to be available to teach. And I'm happy to do consults with physicians to help them with their with their cases. It's it's been fun, actually.

You know, I, I've done some zooms with the doctor and the patient sometimes as well. And so it's, it's really a, a delight to move along from. You know, in the 70s, we started really slow and things evolved.

And here we are. We know so many things, and yet we have to use them and use them wisely. Yes, absolutely. Thank you so much. I always feel calmer when I speak with you, and we're we're really looking forward to reading your book.

So thank you so much. I appreciate doing this.