Your Kidneys Are Talking—Are You Listening? Renalogy with Dr. Robin Rose Transcript

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Podcast Intro and Guest Introduction

Muscle is an issue with with kidney. I mean sarcopenia is is known. I mean, I was scared actually, when I was really sick. I weighed 82 pounds. I was like, and I was really in a, in a fear mode with that and have regained my pre-cancer weight with muscle and, you know, a little bit of fat.

I think you need a little fat on you. Look at those guns. Look at those guns. Look at those. So again, I'll do the gun show. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi everyone. It's Doctor Jen. Welcome back to the Integrative Health Podcast.

Today we're going to be talking to a friend of mine, Doctor Robin Rose. She is an allopathic MD conventional medicine doctor who went rogue a little bit.

I'm just kidding. But anyway she has a passion for creating holistic healing for a half century. In that time she studied herbs and Chinese medicine, acupuncture, massage, nutrition, and more.

She went to medical school in Tucson, Arizona. After practicing for many years as a family nurse practitioner, following a family medicine practice, residency, she practice in Ashland, Oregon, a delightful home office with an integrative array of offerings.

Robin Roseu2019s Kidney Cancer Journey

Currently, she lives in Hawaii and has evolved especially as a primary care kidney medicine called renal ology, which is the art and the clinical source of kidney success.

She wrote a detailed text which is amazing on using bio regulator peptides for kidney disease. And the future is bright. Welcome doctor Rose, so excited to have you here to talk about your new book.

Thank you. I start out by showing everybody the cover because it's beautiful and it's thick and it's thick. It's one of those books that you know you can read and then you can use it as exercise equipment.

That's true. It's it's two for one deal there. So yeah it's shoulder's pumping on that. Well I know you've been a guest on the podcast before but it's been a while.

So I would love for you to just share why you got up. Not obsessed with the kidneys, but very interested in the kidneys. Well, as, as I am known to say, health food.

Hannah doesn't get cancer, but she did, you know, I mean, my life was holistic eating, holistic exercise, meditating, all all of this and all of that and life goes on.

I had a lot of stresses in my life. And when we first came to Hawaii, all of a sudden I started spiking high blood pressures. You know, me with a 90 over 50 history and I got a norovirus and never got better.

And eventually went back to PAC and Oregon and kind of had brain disorder. I was just discombobulated. Long and short of it was I had kidney cancer and was very clear about having a nephrectomy.

I just wanted it gone. No problem. They say you can live with one kidney. No problem. Well, basically I woke up to stage four CKD, which is considered worse than moderate and got very, very, very little support.

In fact, you know, either one end was don't worry, people live for a long time like this or when will you be ready for us to install plumbing, basically for dialysis.

And neither of those approaches appealed to me because, okay, I could live a long time, but I feel like the stuff that comes out of my dog's rear end, I mean, it was really I was sick.

And so I sat here in this beautiful place that I live and started looking stuff up. I found a naturopath who actually talked to me about how you improve things with lifestyle, and that got me going.

And eventually it started making sense. I started to improve slowly, slowly, slowly and I got no support from the kidney specialists. I mean, I was even getting derided and chided for, you know, you're going to hurt yourself.

The last one I saw actually said that to me, and I'd gotten from a GFR of 30, which is not good. I mean, it's lousy, actually. Got it up to 51. And she's telling me I'm going to hurt myself.

And so ultimately I found peptides. Currently, the last number of times I've checked with one kidney GFR of 68, I discovered bio regulator peptides. And this after doing what you call the low hanging fruit, you know there's diet not optional.

There's very specific changes that you have to make. The willingness to get there is enormous. The people that I've worked with who are resistant have excuse.

I have to have my this I have to have my that don't get better. In fact, some of them have died. And so that's not an optional conversation. Exercise is an optional sleep quality.

And quantity isn't optional. Stress reduction. You know going going from the sympathetic nervous system overload the kidney disease causes to go to Vegas.

Toxins are the other one that's enormous and ignored way too much. So, you know, I've looked for ways to remedy the reverse. That's why I like the idea of re nology.

I kind of invented this because primary care is supposed to be doing early kidney disease, but people don't. The docs don't know enough. And so people are falling through the cracks.

Often the labs are there. I get people in stage four and their labs have shown changes for a long time. And they said, gee, nobody ever said anything to me.

And so here I am to say, not only can you remediate, you can actually regenerate. And the cool thing about bio regulators that really turn me on, I mean, it's like life changing is that these little tiny substances, they're like 2 to 4 amino acids, really little.

They get in the cell, they can get in the nucleus. But here's the cool part about it. They lodge in the DNA and reverse epigenetic changes. That means we come with a set of of ordered rulings, our genes.

But life damages these things. And ultimately it's like our bodies are supposed to be making proteins and for us to live. And when the DNA gets damaged, those proteins aren't being made and things break.

And so these little powerhouse es get in there. And each one is different because there are many that address the different organ systems. And they get in there and they actually they stretch out the DNA so that they can do their work.

And then over time, it's not like I have a headache. I took an aspirin. It went away. I mean, this is a a gradual thing. And somebody who's taking bio regulators, who's stressed out eating, they're exposed to chemicals, blah, blah, blah won't get the benefits.

So it's really a holistic approach. It's not like, you know, here's your high blood pressure, Madison.

Lifestyle, Toxins, and Early Kidney Care

See you in three months. And it's really soul searching. You know, time and nature, time with God, you know, all are part of what we're knowledge is sees as you can reverse this.

And I've seen myself and I you know, they were telling me I was going to die in five years. Wow. That was that was 12 years ago. So hallelujah. Yes, yes. Hallelujah.

It's it's really sad that when you go to a primary care doctor that they are not really practicing preventive medicine. It's more, you know, detection, you know, mammograms, colonoscopies, lab work, it's detection.

It's not prevention. So that's why I ran analogy is getting to that core. Because by the time you go to a kidney specialist or a nephrologist, they're just looking at when are you going to get on dialysis?

And that is when they filter your blood from a machine and dialysis centers. They pop up everywhere. Now, I mean, we're trying to see where big money.

So actually, yeah, the things that we're going to talk about today, these are things that they are not mainstream. They're it's not conventional medicine.

Because when people get better from kidney disease, I don't think anyone's benefiting except the patient. And that's kind of what we're, we're up against.

And and your story always just makes my heart kind of sad because here you are, nurse practitioner. And medical doctor and all these other hats that you wear trying to get help and bringing studies to doctors.

Nephrologist kidney these are the kidney specialists. And they were just not they were ignoring you dismissive I mean, and it's their own literature, which is the irony to me is I was reading nephrology textbooks, journals.

There's plenty of that in there. And, I don't get it, you know, I mean, I see that in all of allopathic medicine. Especially since corporations have taken over many practices.

And so there are administrators who are telling you how to practice. Personally, I eloped from that. I lasted for eight months in one of those kinds of situations and was like, out of there.

And so I, I'm compassionate with our colleagues who are paying off their ridiculously to high loans and stuck in situations where they're being told you can't.

But, you know, I can't I can't allow that in the work that I'm doing. And I'm looking for doctors to learn this stuff. And there's more patients than we can even take care of.

And yet, you know, each of us who's faced with you have diminished kidney function is really free to start looking. It's a self-assessment. You know, I, I see, you know, like put on your little you're a little eyeglass and look around.

What's toxic in my house. What's toxic in my bathroom. Let's toxic under my kitchen sink. What's toxic in my pantry.

Because that's easy. That's free medical care.

Get rid of that stuff. You know, start to learn. I sat here in a very isolated place with internet and found all this stuff out. You know, it's really out there.

It's just a matter of realizing, no, I don't need to eat sugar. I don't need to drink soda. And in fact, I mean, the dietary part of it is even excessive meat can be really harmful.

And so learning some plant based strategies, the, the nephrology community is very anti, botanical medicine. Some of them are dangerous and more advanced kidney patients are more fragile.

So you gotta know what you're doing. But I'm finding so many botanical medicines that I call functional foods. In fact, I, on my on my, get around to it list is a book that I am going to call my kidney garden.

And I'm growing a lot of plants that are really medicinal for kidney. We actually make herbal tinctures out of some of them that are weeds in our garden.

Like Chunka. Podra is an incredible medicine. And it helps with oxalates. Yeah, and everyone's high in oxalates nowadays. From it's smaller than my cup of tea.

It doesn't taste bad, you know. I mean, and so there's so many things to do and it's like, I mean, I'm watching you. I'm sitting here while I'm watching you.

I want to I want to be moving with you. I mean, and I, you know, when I, when I interview people, I walk. But when I'm getting interviewed, I said, because you're doing most of the talking, you know, you can do a little dance while you talk, do a little shimmy for everybody.

So, you know, it really is a decision to get better. And when you're sick, there's influences physiologically that make it harder to engage your executive function to make these decisions.

Like, okay, I don't feel good, but I'm going to get up and go for a walk. I'm going to put some music on and dance. I mean, even when I was at my sickest, I would lay on my bed and do leg lifts and of, you know, yoga stretches on the bed because I could, you know, it's what I could do as opposed to what can't I do.

And, and so, you know, there's and there's a lot of complexity. I mean, some people it's simple with kidney stuff. It's really simple. But I find mostly if you start doing the, surveillance and exploratory lab testing, you find a lot of stuff that for anything, there's stuff we can do about it.

The cardiovascular aspect of kidney is huge, you know? In fact, I just think about kidney heart as one thing, because the kidney is a blob of blood vessels.

Basically, it's a magical it's incredible. I mean, I think of kidney as discernment. You know, when I when I was a very young adult, I lived in India.

So I learned a lot of a different way of thinking, like discernment is really the royal path to living well, making choices, discerning what should I keep?

What should I get rid of? The kidney tubules. That's what they do. All of the blood goes, gets filtered, and then the tubules decide what do I keep and what do I excrete?

And when that's not working well, a lot of stuff breaks down through the downstream. And so I try to make that be at a, at a bigger level that I can discern what's good for me and what isn't.

And that's that's not an overnight achievement. You know, it's an ongoing effort and it changes in time. Something that wasn't good for me before might be okay and vice versa.

And so, you know, there's there's a lot of like inner self exploration. The other one is the cells when when kidney function declines the cells actually adapt figure out ways to deal.

Some of those adaptations are actually not good for you and in time are maladaptive. Those are important things to learn about over time. But the idea is, can I adapt?

And that's true for all of us in life. You know, circumstances arise and you can use the idea of faith, you know, do I have enough faith to roll with the punches?

Do I have enough faith to act when I'm called upon to act, you know? And so ultimately, you know, these are these are things that I personally have to do to succeed.

So if I want kidney success and not kidney failure, it's up to me. And that can be perceived as a burden, a curse, or it can be perceived as a blessing and a gift.

And again, that's choosing. And so I've chosen to make this fun. It wasn't so much fun when I was really sick, I was scared. And interestingly, in Chinese medicine, fear goes with kidney as as an essence.

I studied acupuncture and I like all of that. It's useful because I saw myself being fearful and so that gave me a handle, something to work on. And then along comes these gifts, these different herbals and supplements and food that's really healthy.

And funny thing. I can grow some of this in my garden, and that in itself is exercise and connection to nature and air. And and then along comes the peptides.

And at first I wanted to do a book about all the peptides, and it was overwhelming. I think it would have taken me the rest of my life to put it together.

And I was I was in the car on the way to something and I had this, I'm just do the bio regulators. And what happened was I realized the kidney is perceived like, oh, it's filters.

Okay. That's it. You know, we order a GFR and a creatinine and B and G okay. All right. But there's really more to it. And there's a lot of axes. So there's the kidney heart axis.

That one's huge. People generally with kidney disease die of heart problems cardiovascular problems more than kidney failure. So there are things to know like homocysteine is something that damages blood vessels.

Whatever damages blood vessels matters.

Bio Regulators and Kidney Regeneration

There's a bio regulator for blood vessels. It's worthy to weave that into the healing tapestry. It it's the thing that's cool about it is these bio regulators really don't seem to have side effects.

The body recognizes that itself, and they work better in elders, which means they really are repairing the damage of living. The epigenetic kit. You know, there's the brain, kidney axis, the liver, kidney axis, the ovary, kidney axis, the eye kidney axis.

And so I've addressed all of that in the book so we can all learn this. It's not that simple, you know, I mean this is true. I could do this with probably any illness.

I could do liver disease and come up with the same kind of thing. But somehow I think I've been called upon to talk kidney because of it's in neglect.

It's the next great organ that we're going to go, oh, this is this is like the queen of organs. It affects so many things.

And there's there's what we call vicious cycle.

So somebody with high blood pressure and time, there's damage to kidney, somebody with kidney issues in time, blood pressure. There's many of those. And so the other, the other meme I use for analogy is turning vicious cycles into precious cycles.

We can heal. Yeah. And like you said, with the bio regulators, they're going in there and changing the DNA, which the environment, epigenetic stress, all of the things that we do to damage our body, it helps fix that.

And our body is resilient. Our kidneys are super resilient. I mean, I'm sure you've seen during your residency, like I have and practicing emergency medicine, I mean, people can do gnarly things to their kidneys and the kidney recovers, but it's this long term damage, plus aging and having that natural aging process that can really just tank kidney function, because every year, every year that we're living, our kidney function is decreasing.

So with what you're doing, we're trying to elevate that, repair it and improve. Although I want to say something, I was very lucky to be in a conversation with a very enlightened nephrologist and with Joe Pagano, who is a naturopath who's written incredible texts on toxins.

I've learned a lot from him. And she was saying, well, when people age, their kidney function declines. End of conversation. And what Joe said, doctor, for sure.

No, not so soon. Not so fast. That in fact, because we don't monitor toxins generally, we don't know that it's aging. When you've been alive longer, you accumulate more toxins.

I mean, and that may not even be the stuff, you know, that's I mean, I grew up in New York breathing bus fumes. And, you know, I mean, the air has stuff, you know, where we're toxic overload.

And I'm ready for that. That to turn around. But I loved what he said because ultimately, I mean, I have a 70 plus year old husband who's kidney function that is basically 99.4%.

It's not necessarily that you age and your kidneys decline, it's that you age with a lot of toxic insults that cause havoc to kidney. And when we know that that there's a lot of like limbic system changes, you know, and changing some of those, those ways of thinking, I mean, think about it.

We didn't really have ways to diagnose kidney disease historically. And so you waited until somebody puffed up like like a big blister or, you know, whatever, whatever the the presentation advanced.

And so nephrology really has taken on a severe illness. I mean, you know, advanced kidney disease is not fun. But early it doesn't look that bad. I mean, I've even been told, you know, well, what do you do when you know you look better than everybody I saw all day?

It's like, well, that's not the way you practice medicine. You know, when you're in the room with me, it's me and you. Don't compare me with the last person who's on dialysis or is about to be, you know, so I, I know of a few nephrologist who are really functional thinkers who are getting it that we start and at least in stage two, stage one, people are pretty, pretty good.

I mean, that's, you know, in my mind, just do primary prevention, don't do stupid stuff that hurts yourself. But stage two, there's an enormous amount of, of decline happening.

There's, you know, the blood vessels are declining, there's dysbiosis, the mitochondria are declining, the tubules are really under assault earlier than we know, because we don't typically have blood tests or urine tests that we do, except for protein in the urine.

Not everybody has that. So then those folks fall through the cracks until, now it's an emergency. And that's, you know, I like early bird medicine. I like the idea that we can really step in early, and it's not necessarily that we need

pharmaceuticals for that kind of medical care, that there's there's another kind of early care that's gentler.

And you can actually get people to make changes when they don't feel so sick. You know, it's harder when you really feel bad to go, oh, everything I'm doing is wrong.

I got to make changes, you know? And and you go slow, gentle, you know, how. What are you drinking? Start out with that. How much are you drinking? You know, go on to diet sugar.

What are you eating for breakfast? Know? I mean, it's a gradual process. And it's not a, you know, a seven minute doctor visit. Yeah. And that's some of the problems.

So if someone's being proactive out there for kidney health, what labs should they be monitoring. And they can get these from their primary care doctor.

Hopefully. I had trouble getting tests ordered for myself until I found the right person. You know, basic lab panels are useful. Just right. Right off the bat.

I like to look at the CO2, which is the bicarb, because the acid base imbalance that happens with kidney messes up a lot of things. It's a fairly easy fix.

And generally you see, many doctors are comfortable if it's 22 to 25, I like it closer to 30. And so there's something very easy to do, which is bicarbonate.

Baking soda is is utterly simple and can reverse some things. So right off the bat you got something actionable on on a everybody gets it panel. You know the bone and creatinine is helpful.

It's not that helpful. But if it's elevated there's plenty of conversations GFR useful except if it says greater than 60 is normal. Come talk to me. That's not normal. And there's plenty of stuff to do, including get going with the bio regulators.

Uric acid, PTA, vitamin D, magnesium, zinc all very important. There's some interesting ones Adama and TMA. All are helpful. Homocysteine is really important.

Advanced lipid testing is important. I'm doing a recorded talk for the, Integrative Kidney Conference. It's happening in the summer. We work that out so that instead of traveling, which I find I don't want to do right now, part of my kidney regimen is staying still.

But there is some testing that I've been learning from some Chinese nephrologists that pick up on early tubular changes, and they're using them. And and that way you get a conversation, you know, once you know, something's wrong.

Okay. If I can find my willingness and I'm going to adapt, I'm going to make the changes. That information is inspiring to me. I want to improve that.

And that's kind of how I work with with people, you know? I mean, there's a whole lot more stuff to be done. I love getting huge, like a new travel kind of, panel.

Oh, testing, dysbiosis testing, genomic testing, you know, there's a wide array and you don't have to do it all day. One, you know, you can you can start out slow and then say, okay, let's work on the few things that don't look normal and then keep going.

And and so, you know, longevity testing is interesting. And, you know, I did the longevity testing for the bio regulator study that I was part of. And I was looking really good on longevity.

So that was encouraged to me. And it got better using the bio regulators. It didn't mean I wasn't still ill.

Testing, Phosphorus, and Personalized Protocols

So I sat and C, by the way, is another really useful test because GFR can be misleading. Muscle mass matters, age matters. And so it can it can be deceptive.

There's there's also something that thank goodness is being changed. There's like a GFR level for black people, which is absolutely stupid because it, it essentially keeps them from getting diagnosed promptly.

And unfortunately that's been changed. But I'm still seeing it on labs. When I review labs, it's like, oh great, here it is again. And so, you know, you just have to be savvy and use the labs to inspire, not to, deflate.

Yeah, that's a great point. Look at them as a positive. Hey, something's off. But we have time. We're going to work on this. Let's get some by regulators going.

So how how do you start. Like how do you when you if you have kidney decline, how do you use bio regulators wisely and successfully. You know it really it's it's that is ultimately the the best question I, I like taking a really thorough history and actually, doctor readers and I are going to work on doing a primary care guide to, history and physical for kidney that's are another project on my pile.

And, so there's a lot to ask, you know, the prior's what's happened to you before? Because those things are going to impact. In other words, I had a hysterectomy.

I lived in India, I had hepatitis. When you look those things up long term, they can impact kidney. I didn't know that. And then nobody ever mentioned that to me and I didn't know either.

Okay, now I know. It's. So you take a really good history. Some people enter kidney cardiology, vascular wise, some are despotic, some are, autoimmune, some endocrine.

So that's important stuff to know. How did you get there? And that guides choices for what you do. So basically, you know, when I'm looking at someone, I almost always use a few things.

Being high a low tax is the kidney. Bio regulator is absolutely wonderful, I love it. I take it I've been taking it actually for a number of years. Generally, the way bio regulators are used is you do a loading dose, so you might do ten days if someone's not severe, 15, even 30 days and then you cycle it, it may be in a month's time.

You do another 10 or 15 days. Certain situations I think require long term. And so I feel that way with pilots and carnies. Scene is another of my other favorite tiny peptides that I think can be used long term.

I often will use brain, pineal, thymus, blood vessel, heart, and parathyroid. The parathyroid gets damaged with kidney disease, but it's interesting because another thing that gets neglected that I think is an enormous issue.

I have a lot written about it in the book, including a whole chapter. Is phosphorus. We need phosphorus. Phosphorus is part of our our fabric. But with kidney, the way that the body process is, it means the level gets too high.

And the easiest way to understand phosphorus is when it's imbalanced. It sucks calcium out of the bones and deposits them in the blood vessels. Two major things with kidney disease that we want to avoid.

So get a phosphorus level. And here's here's the glitch. The normal range for phosphorus is not normal for kidney. I just wrote a blog post about this, which is worth reading because these are things we don't know.

So you can get a phosphorus level of 4.2 and think that's fine. That's in the normal range, but not with kidney 3.5 and above is already causing cardio damage.

So let's do something about it. And like I was saying just before we started, Acacia Senegal is the powdered goo

from a certain acacia tree. That's kind of amazing.

I actually learned about it from the DaVita dialysis website and it was hidden underneath everything. But I started researching. I actually was in touch with some Middle Eastern nephrologist who are utterly into this stuff, and even claim that they've gotten people off dialysis using it like I'm interested.

And so, you know, that actually uses the gut to kill weight, grab the phosphorus and you excrete it through the bowel. So, you know, there's a lot there are a lot of tricks.

But, you know, the phosphorus issue leads to using bono work, which is such a crazy Russian word, the parathyroid, when people might have a tendency towards, anemia, which happens with kidney disease.

There is Bono, Marleau, the bone marrow, and that's some support for generating the blood for the blood cells. And, a wreath repeating just made in the bone, the liver clearly is an issue.

It's the twin detox organ. And the relationship with liver and kidney is is a big one. And so, you know, when I'm cycling people with different bio regulators, I might pick 3 or 4 that are their primary needs and and have them be more frequent, more higher dosing, more prolonged use.

And then add the other ones. Over time, I might put ten days of the muscle. Muscle is an issue with with kidney and sarcopenia is is known. I mean I was scared actually when I was really sick, I weighed 82 pounds.

I was like, and I was really in a, in a fear mode with that and have regained my pre-cancer weight with muscle and, you know, a little bit of fat. I think you need a little fat on you. Look at those guns.

Look at those guns. Look at those guns. I'll do the gun show. But you're right. Like you need muscle. And especially when you were going through all of this, you were at the age where it's hard to gain muscle.

So that's why peptides are beautiful in the bone marrow. I mean, the, you know, bone and osteoporosis is is an issue. It's it's a little bit different than the garden variety osteoporosis because of issues with kidney.

But, you know, not only do you want to monitor and make sure but do something early and it's not just taking calcium because that also can be a toxin in certain kidney cases.

So each case has to be personalized. And so, you know, how do you generalize well with kidney. Just use these. Well yeah. You know the I love the pineal thymus combination.

A lot of the early research that they did was using those. And the thymus connection with kidney is amazing. You know the immunity that gets damaged. You know, that's a whole separate conversation which we can have some time.

But it's it's not that hard to fix and easier when you start earlier. You know, I mean that's really the thing. And the thing that I realized is I have to pay out of pocket for stuff.

You know, my insurance is not bad, but it doesn't cover any other things that are rejuvenation, remission, kinds of stuff. I mean, you know, I even pay extra money to have the few pharmaceuticals that I take compound in to eliminate the silicon dioxide and titanium dioxide that are generally in commercial pills.

And so it's not that expensive. But, you know, I mean, it adds up, you know, with the supplements and the bio regulators. But to me it's like, what do I have money for?

You know, I mean, the health benefits are very obvious to me, making these choices to clean up the act and especially clean up the mind, you know, to have surveillance for poor me, I'm pissed.

What else? You know what? What are that? What are the trends? You know, like, Yeah. It just doesn't work. Yeah.

We need to definitely clear up the mind.

And, you know, we're not in control ultimately. I mean, we can be in control of our health, but God is ultimately in control. So let's take some of the pressure off now.

So, doctor Rose, let's geek out on your favorite harnessing. Right. So I loved gosh the chapter. And I mean it was a lot of information. Probably more information than you need to know is in this book.

Which is a good thing because it's a reference book and it's also just fun to read. I was reading at my son's baseball game. People probably are like, what is she reading?

But let's talk about harnessing, because I feel like harnessing doesn't get enough spotlight, which is, yeah, so I have the book open to kind of thing.

And here it starts on 610 and I'm looking the index is 647 and the, the references, it's amazing. It's two amino acids alanine and histidine. If you take alanine and histidine separately, it's not going to do the same thing.

And that's fascinating to me. So there's something about bonds which we know with people. I mean, you know, two individuals, you know, they get together.

There's something there's some magic that happens that I want to do some more exploring. And I'm I'm not like the genius chemist. You know, I, I undergraduate degree was nursing, so I'm not I can't compete with some of these, like, brilliant chemistry doctors.

But I want to know this because something happens. There's it's so small. It's very agile and so these two amino acids have so many things that they can do.

I mean it's it's crazy. And looking at this and it's like pages and pages of the actions and things that are harsh on kidney, you know, insulin sensitivity.

It helps with that heavy metal chelating that is stunning because, you know, there are fairly safe key later. So upsets something I didn't mention. Heavy metal testing with kidney is an enormously important thing because otherwise you don't know.

I mean, I did it several times. The first one I did showed Mercury a high level of mercury. I eat this much cilantro a day. I put cilantro in everything. That helps.

Also, I just found out last night I finally looked it up. Acacia Senegal does but can't have seen. Is it in my supplement tray every day and you can dose it slowly and low?

I just had a conversation with Phil Mickens, who produces. He's a pharmacist who produces these bio regulators in England.

Harnessing, Thymus, and Eye Support

That low dose kind of scene also has some some potent action. I tend to use 500 milligram capsules to twice a day. You don't want to jump into a high dose of anything with with kidney, anything.

You go slow, watch what it does you know, and add ten things at once, because that can be confusing. But insulin resistance, glucose toxicity needs to be addressed.

Kind of seen. Does that mean it helps with inflammation. Look at my list so that I'm articulate about this protein carbonation I mean really it's nitric oxide.

And hydrogen sulfide benefits. That means these small molecules that are going around causing havoc are dealt

with. You know, it's like kind of having your own personal protection crew.

It's it's not expensive. There's there's really not many reasons not to take it. And I encourage anybody who's interested read this chapter in the book.

It's amazing. You know, it helps with the high fat diet that can help with with many things. You know, the keto and paleo diet is high fat, but that has dysbiosis risks.

Harnessing will help. I had a very prominent house guest, who was in the middle of me cooking for a bunch of people, started giving me a hard time about my iron cookware.

I mean, you have to stop using this now. And I was like, no, I don't. And I'm almost done with dinner. Why don't you wait outside? And I looked it up.

And yes, Thanasi does shade and remove the damages of iron. So now he's taking Thanasi. You know, especially one of the things to know is that kind of thing comes from meat.

And with kidney disease, eliminating red meat is not a bad idea. Everybody's unique. You can work with each person individually. A lot of people who I've managed to get them to shift into, that doesn't mean never.

But lowering and eliminating a lot of animal foods can be really beneficial to kidney. And maybe in time. I mean, I've found that as my functions improved, I eat more things that I couldn't when I was sicker.

But kind of seen comes from meat. So when you're giving people advice to lower their amount of animal food, it's not a bad idea to add some kind of c.

You know, kind of sounds like kind of seen is also from meat and it does different things. I tend to advise kidney patients not to do kind of teen because there's some issues with it that are concerning.

And so you get a tmao level if it's nicely low or comfortably in the normal range. Okay. Maybe. So there are certainly benefits. That's true with phosphates plus retinol, choline as well.

There's a lot of benefits. But you know, if you have a tmao level you might not want to do it. And that's where it just gets like lots of lots of picky stuff.

But I really also love, Velan, which is a thymus peptide. And it's available or only you can actually get it combined with time again. So it's a double double thymus.

You know, the immune system gets aggravated with uremic toxins showing up. And then it just is another vicious cycle. You know, the blood cells can get confused and you find results on test you, like, now what do I do?

And that's where thymus comes in in a beautiful way. Anybody with autoimmune issues, gentle placement of thymus by regulators and peptides is wonderful, you know.

And so it's it's kind of like there isn't a peptide to use. Oh just use this one and it'll all be good. Because if you think about it, I mean even just the kidney, there's blood vessels, there's innovation.

There's cartilage okay. There's that's several bio regulators right there. You know, anybody who has any kind of lung problems cycle the bronchial ones.

I personally waited too long to really attend to the fact that I had cataracts. Kidney disease exacerbates cataracts wildly. And there's there's, kind of seeing eye drops, but I don't think they were once the cataracts evolved that much.

Now I am more proactive with having people take the eye. Bio regulators because they're meant to be helpful. And

there's there's another bio regulator.

I drop visor, my ten, which I address in the book as well, that is available to get from Europe. So far I haven't seen it in America, but it's it. It's an incredibly useful thing for the array of problems that happen with eyes.

And it's preventive. It's not like, okay, now I have severe eye problems. I mean, my husband had very early eye pressure increases. He started using these two different eye drops, advisor maintenance and can see went back normal went back again.

Still normal. Yeah. It's like being preventive and not reactive when it comes to our body. And being in tune with what's going on is really important.

Also. Yeah. Listening. You know, listening to symptoms. You know, I feel like messages come to me. So here's a here's kind of a cool story. I kind of knew I should be using bicarb and I, you know, you put a half teaspoon of bicarb and a half cup of water, drank it.

Never, never with food and always on an empty stomach. There are a few things that can happen that aren't good with that. So, you know, it's nice to have a helper to guide you, but pretty safe.

I wasn't doing it because it's like, yeah, you know, I'm a little bit of a whiny thing when it comes to stuff. And so I went to our local thrift store and wouldn't you know it, the way I say it is, God told me to take these pills brand new, unopened bottle, not expired, and bicarb tablets.

And I said, oh, thank you. Started taking back my uric acid normalize because it was it was elevated my age was slightly elevated. It normalized my FGF 23.

That's another one that maybe I didn't mention helps to understand if phosphorus is abnormal, especially early. I was delighted. All it is, is like this little aspirin looking pill and you can decide on dosing.

You know, I started with one watch the CO2 on labs. I saw mine to be 25 a couple times. I'm like a higher. I want it more to be 27, 28, 29, 30. And and so that helps with the muscles and, and the other thing that that some of the bio regulators really make a difference with this nitric oxide arugula.

I never liked arugula is the best source of nitrates for nitric oxide, which helps blood vessels. Another thing to consider, and I mean BPC 157 is not a bio regulator, but it will enhance nitric oxide.

And with kidney that's again a no brainer. So we have so many we have so many ways to achieve kidney success. Just and here's a good start. Yeah it's beautiful.

So let's talk doctor Rose about your book and how those listening in can get it. Because everyone should have this as a reference. It's it's beautiful.

It's really helpful and and it's inspiring. I mean I use it as a reference. There's so much in here. The index is helpful. I often keep the page for the materia medica that tells you about all of the different viral items.

I have it up with remarks. Sometimes I'm like, what's the name of that? The names are all, you know, Eastern European names and I don't have that ear.

My website is where to get this book exclusively. We chose not to go through Amazon. And so it is Renale AG is kidney success all one word RNA ology.com and you can subscribe.

Book, Website, and Closing Remarks

I'm writing, I'm having fun writing blog posts and there's a way to contact me on there. I have lots of videos and different talks that I've done. I'm just getting going.

We just started when the book came out, so that's where to get the book, where to find me, where to contact me. And you know, I'm looking to do some more clinician teaching.

And actually, doctor Readers is trying to convince me to do it like a chapter by chapter mentorship so we can just have a conversation about some of these things.

Because when you look at the first section of the book, I'm going through, what can go awry with kidney that there's something we can do about it. And I haven't really seen this all put together in this way.

Like, what do you do about heavy metals? What do you do about microplastic if you know that those are simple phosphorus? I mean, and it's a pretty it's a pretty short part of the book, but or MREs, I mean, when I learned about pharmacists, it changed my life that there are toxic things that small amounts are helpful, like, okay, so a small amount of stress encourages action at a cellular level.

That's that's kind of a meditation for me. I'm still pondering what what that actually looks like, but I've I've gone into that. So I call this introduction to knowledge kidney topics so that we can all get up to speed.

And then I'm using, you know, the website and, and my blog posts to just keep that conversation going. Oh, I love it. And I love your your passion and that you are just creating this out of a need because we need people to have healthy kidneys.

And, you know, maybe you could erase a bunch of the dialysis clinics. So it's your work, so we can't afford it. I mean, we really can't afford to dialysis everybody.

I call it the kidney demic. The statistics are crazy. I mean, it's we're up to like 15 plus percent of the population, and that doesn't include stage two.

So I think if we really included stage two in in this conversation, it would be enormous. It you know, I've been learning from from doctors in countries that they can't afford dialysis.

And so they do come up with things like acacia and using turmeric and yeah, I mean, there's just so many things that can be included. And okay, if somebody's severely sick, you want medicine, you want this allopathic help.

But by itself, I don't think it's the whole paragraphs. I think it's only part of the story. And, you know, you know, those of us who are doing integrative, holistic, functional kind of practice, we're still using allopathic wisdom and skills and tools.

But, you know, living on dialysis is no big gift. Living with a transplant is no big gift. You're on lots of drugs. I mean, people do it and, you know, I decided I don't want dialysis.

I'm old enough that, And what I found is not one of the five nephrologist who I saw had much to offer me. Besides, don't worry, that's not medical care.

You know, I'm. And and it really took the naturopath to go through, like, line by line. I mean, she wrote me up this incredible advice sheet with references.

You want to read about this? Here's the reference. I mean, and and it's like, that's the way we need to do this. Encourage people to be excited to do their own studying, you know, but you know, you know, with kidney, you want to be careful.

You know, what what you read on the internet, be cautious. That's why we need more clinicians who are going to take this on and work together. You know, it's a team effort.

Like I can't make people stop drinking soda. They gotta make themselves do that. But I might keep reminding them. Yes, absolutely. Well, everyone go out and get the book.

There is so much information in this podcast. You're probably going to want to listen to it again. And thank you so much for being here. We appreciate it.

Appreciate you so much. Thank you. It's always such a pleasure to talk to you. You inspire me. You're doing incredible education for people and you're beautiful, have a beautiful family and the right sentiments and the right connection to God.

Thank you. You're so sweet. Thank you so much. Wow. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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