Kidney Health Success via Renology Peptides

Jen Pfleghaar, DO, ABOIM
with Robin Rose, MD

Jen Pfleghaar, DO, ABOIM
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 embraced the study of early kidney disease with a focus on the Reversal of Changes when she recognized that primary care is a key to early kidney change. She named this work Renalogy: The Art and Clinical Science of Kidney Success. The discovery of the bioregulator peptide set up the game for achieving this goal. Dr. Rose, welcome. It's nice to have you here.

Robin Rose, MD
Thank you. Glad to do this.

Jen Pfleghaar, DO, ABOIM
Yes. You have such an amazing story. I would like you to share a little bit about Renalogy and, why did you even get passionate about kidney disease? Because usually in the conventional world, we're, okay, something's wrong with your kidney. Well, eventually, you'll go on dialysis. For you, that just wasn't a good answer.

Robin Rose, MD
That was. No. Thank you. Yes, I jokingly called myself, Health Food Harriet. Started in the 70s tossing out stuff that we're just now starting to talk about in a bigger way. My practice, whether it was in nursing or as a nurse practitioner in medicine, has always been about being healthy. I worked hard in my practice; my busy practice ate my sleep, and I had several stresses and crazy things. When you add up all the points, it was crazy, then I met my husband, and everything was lovely until I started spiking to 220 over 110 blood pressure and getting very strange mental states. That was all. Got a Norovirus. Never got better. I went to see a so-called new integrative physician who didn't get on the bandwagon. I 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. I had a gut feeling and said, I want a CAT scan. I thought I had an

adrenal tumor, but hello, I had renal cell carcinoma, a rare one, well-circumscribed. Thank you. I went off and had a nephrectomy, 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 moments to find out that I was on the verge of stage four CKD. Don't worry; everybody with one kidney will be fine. It was not so true, as it turns out from research it isn't and so, I sat here in this beautiful place, and I worried. Then I found a naturopath who focuses on kidney stuff. 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 elevated potassium. What did the specialist tell me? You don't get elevated potassium in stage three. Well, okay, but I have it. I began this journey by looking things up. I mean, it was all here on my lanai. I am in my little box.

Over time, I started noticing improvements. I changed my diet radically. Plant-based, organic. I learned that you have to be alkaline. I had to work on my sleep. I had to work on hydrating because, even though I was a little post-op frail, I got a machete and started hacking things, swimming, singing, and being creative, eliminating people who were too toxic. It was a whole program that I have come to recognize as what to do for early kidney disease. Just as an aside, in the way that kidneys are looked at conventionally, we use this number called GFR, or glomerular filtration rate. It's on most common chemistry panels, and unfortunately, somehow historically, there was this cutoff at 60, and the full function is 120. That's saying we're not even going to talk to you until your GFR is 50, which represents 50% dysfunction. I was like, What's this about? Because, as a physician, I was along with that program, I think you should change your diet, but whatever. All of a sudden, the wounded healer steps in and says, Well, wait a minute. The other piece of this that's important to know is that the guidelines for nephrology classically say to stay with your primary care doctor until your GFR is 30, and that represents 25% function. That's where I was the first one to see. I said, Hey, don't worry about it. People live a long time like this. Do you have any advice for me?

No. Yes. I strolled into the dialysis center on my island, and I said, I have CKD, chronic kidney disease. I just wanted to let you know I'll never see you again. They said, Good, and we all said goodbye. That became a mantra for me: I needed to find out what I could do. I kept going. I mean, I studied everything. I started out looking at potassium, I looked up cardamon, I mean, anything. It was, What do you do? Because, if you think about it, I mean, the kidney is an amazing filter. Yet what we ignore is the downstream. It has a lot of jobs. In my mind, I have this joke. The kidney bone is connected to the brain bone, the eye bone, and the stomach bone. It affects every cell in the body, and some things cause the kidneys to get worse, and kidney kidneys cause some things to get worse. There are vicious cycles, and we can interrupt them.

That's when I started tongue in cheek, saying that Renalogy is the art in the clinical science of kidney success because everybody says, Kidney, are you on dialysis? How many years from when did this start to dialysis and primary care doesn't know what to do? Functional medicine—some

naturopaths I talked to are brilliant. But nobody put this together. What do I do? I looked up. I had testing done. The gut is huge. Dysbiosis is an issue. Heavy metals are a huge issue. There is plenty of literature. You can look it up. The immune system gets compromised, and the brain gets compromised. I started supplementing, and I lost my weight. You lose muscle, you lose bone, and you lose fat. I mean, some people gain weight with kidney disease. You see all the little skinny kidney people.

One day I noticed a comment on Facebook with somebody mentioning BPC 157 in relationship with 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 the kidneys in a big way. I was struggling to get my nitric oxide level up. It was down low. That was the beginning of an Odyssey. I got some from the compounding pharmacy, and then I spent a month reading about it before I would use it. The first time I used it, which is an injectable, it 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, all kinds of things were going on that nobody was, well, you're not supposed to have this, okay, but I do. What do we do? Fortunately, I live with a doctor inside of me, and so I utilize that. Over time, I discovered the bioregulator peptides and became enchanted with what they are and how they work, and started cycling the whole array of them. There are many. We can talk a little bit about how they came to be. I went from a GFR with one kidney of 30 to the most recent one being 68, which, if you talk to most doctors, they wouldn't even notice.

Jen Pfleghaar, DO, ABOIM
Well, I don't think that they would believe it either. I mean, I think the reason why I think it was so important for Dr. Rose to come on is because, as she was saying, kidneys are ignored. Unless it's a bad problem. You're in the emergency room when I see it; when you're, it's an acute kidney failure. 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 may be a little bit mildly elevated blood pressure, or maybe you're chronically dehydrated and eventually taking the toll. Perhaps you have diabetes or insulin resistance. This is all hard on the kidneys. The doctor is saying it's connected to everything. But I feel this is something that is ignored until it gets bad enough and then you just go to nephrology and they don't do much.

Now for integrative medicine. I do refer people to nephrology just so they can run more testing and have a baseline. But we're doing the work in my office, and I have a patient that I was going to call Robin. But Dr. Rose, what has she helped me with? I got the last creatinine, which is another marker. There's the GFR. But creatinine is also good to look at. It was improved. My jaw dropped, and we were just getting started, but she did a round of MOTS-c. I'm going to get her on bioregulators next. But even little things like the nitrous oxide—I have her on that C-Lium FIBRE. I mean, it's just that it's beautiful what you can do. Then watch the kidneys go back into homeostasis. That's the thing. not giving up on your organs. When you started the BPC 157 now, you said it was the injectable that kicked off the healing, you believe?

Robin Rose, MD
Well, I can give you a little TMI, but the urologist who performed the nephrectomy that I had, which I was grateful to do, wanted that thing out of me. Left me with a Z instead of a sigmoid. Big trouble for many years. I mean, misery. The first BPC injection I had, I said my husband's in ours. 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 that for all of the peptides and all of the things that we do to supplement medicine, some medications are important.

But it's the diet. It's the lifestyle efforts that, all of the benefits of peptides are supported by this willingness. Before we did this, I was trying to think of analogies. I thought about, if you think about what a kidney is think about a toilet that backs up. That's a drag. It backs up more. Now it's overflowing, and it stinks. and now I fell into it. I broke my butt. Now I have an infection. That's the progression of chronic kidney disease. Why don't we get out a little plunger early on? That's my early bird message: take those vicious cycles and transform them into precious cycles. There are a lot of things to do, and I would love to have the motivation to write down all of what I found out about them, but I am so impressed with how peptides can impact this.

Then even more so, I mean, these bio-regulators are crazy cool. They're tiny little molecules, proteins, big long molecules. They get folded. They have many actions. These are 2 to 4 amino acids. They're little. My cartoon of them goes like this: They can slide through cell membranes. They don't need a receptor. The bigger ones. Part of the reason we can't take many of them orally is because stomach acid breaks them down and they need more support. These are tiny. They get through the stomach. 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.

I also wanted to say that kidney toxins are huge, and they're ignored pretty much. I mean, we're living in toxic soup in plastic, toxic soup in our food, in our air, and our soil. Things like glyphosate are harmful. all the phthalates, and blah, blah, blah. That's the low-hanging fruit. You do that stuff first, harvesting what you can, and there's a lot you can do. You don't have to spend a lot of money to change your lifestyle. But when the bioregulators step in, it's 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 whatever. You mentioned high blood pressure. I didn't have high blood pressure. I mean, I did with the tumor, and after that, it was normalized. I'd had a history of 80 to 90 over 40 to 50, where they were. Are you okay?

I now need to take blood pressure medication because it took me that long to figure out what to do. I didn't. I was sitting here in Timbuktu, wishing I had some help. It took me a long time 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. The last person I got my GFR to 51, had to take a flight to see a doctor who told me, Why are you even

here? We don't want to see you until you're GFR is three. 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 even bother to tell her about bioregulators.

Jen Pfleghaar, DO, ABOIM
Well. But maybe they needed to hear it because I feel it. With conventional doctors, they're just so burnt out because they have to see so many patients at a certain time. These companies are coming in and dictating how they see their patients. It's so frustrating. They need to learn about stuff on their own. This is cutting-edge stuff from our regulators and peptides. They should be learning about it. I want to back up something you said about epigenetics. How bioregulators go in there and help repair that. Can you explain exactly what epigenetics is?

Robin Rose, MD
Yes, 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. Do we know why? Why do you want a good diet? Because epigenetic. It'll alter what your God-given program was, all of a sudden trouble, living in toxic air, in toxic workplaces. I mean, the literature about epigenetics is huge. It's an empowerment thing. We can make choices to love ourselves enough not to include a lot of epigenetic hits. Some stuff you can't. I've been eating organic food for a decade, and I have a high glyphosate level. It's what?

Jen Pfleghaar, DO, ABOIM
It's coming. What was the year?

Robin Rose, MD
I don't remember the number.

Jen Pfleghaar, DO, ABOIM
Or the percentage, but it was elevated.

Robin Rose, MD
What elevated me, and so that just tells me because I'm pretty strict. I mean, I bring food to restaurants so that I can go out with other people. It's that I'm very dedicated, and so it's been a while. I just went, the environment isn't, and I don't have any control over what's in my air and soil. I'm not putting more chemicals in. I cleaned out under my sinks and my garage, so the bio-regulators come along, and they can adapt that and help it to do repairs. I mean, I was just reviewing some from my soon-to-be-published book about kidneys and peptides, about bioregulators. each one of them, and there are many, and there are 21 of the most current ones that are available. They do different things. I mean, each one has its array, and we realize that these are molecules that are natural to our bodies, so the body doesn't react to them. I mean, 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. Then he kept researching. As long as the Soviet Union was there, he had unlimited funding. 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. You have to realize there are brain bioregulators. There are eye bioregulators. There's lung bioregulation, heart, adrenal, stomach, and intestine. There's a way that the body speaks to these molecules uniquely. Just in reviewing, I was seeing how the brain bioregulator has effects on the kidneys. What's beautiful about this is that we've all been told that if you're alive, you have epigenetic damage. There's nowhere on the planet free of this stuff. I believe that these things are synergistic and accumulative. If I reduce the number of them that I choose to bring in, I do better. 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.

I was at 25%. Hey, wait a minute. I mean, I'm not that young, but I ain't that old. I ran into a man who is doing longevity research with bioregulators to replicate some of these studies from the Russians, who have seen a million patients and have so much clinical data. I joined to study and have essentially taken over time all of the bioregulators. He comes up with a particular regimen for each person, and it's a way to learn. I've been able to see how it's not allopathic medicine. You have a kidney problem. Here's the kidney bioregulator. Yes, and no. I mean, sure, but 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 cycled. Another cool thing is that you take a month's worth and then do 10 days a month for a while, and then you can take breaks. Clinicians can monkey around with how the dosing is because each case is unique. With kidneys, there are different entry points. It can be, in my case, cancer. There's cardiovascular. There's metabolic; you said this is autoimmune, toxic, and infectious. so you choose the array of approaches and do not neglect the fact that the kidney bone is connected to the adrenal bone.

It's something that doesn't happen a whole lot except in primary care. That's where I came up with re-nology, which is a way for us to look at the kidney as part of the whole body. not neglect the fact that. There's another issue, and they're all interacting. They're comorbid; they're all dancing together. You can relieve one. then a lot of other things come down. I mean, one of the easiest tricks is that you need to be alkaline. 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 there were 4 or 5 abnormal labs that I'd been having normalized. It's, well, how come the thrift store had to tell me this, and not my doctors?

Jen Pfleghaar, DO, ABOIM
Yes, exactly. That's the big problem. Well, I was thinking about your analogy of the toilet overflowing. It's, well, maybe first, instead of grabbing a plunger, we should fix the gut and fix the poop so there's no clog in the toilet. That's where peptides and bioregulators come in. It's very interesting with the kidney. I was also thinking, while you were talking about the bioregulators,

what about people who donate kidneys? They should be making sure they're preserving their kidney health. and so on.

Robin Rose, MD
When that kidney comes out, they have CKD. You're not told that.

Jen Pfleghaar, DO, ABOIM
Wait, what?

Robin Rose, MD
The moment the kidney comes out of the body, I mean, there's a study. Cam Collins Calzada is an amazingly prolific nephrologist who gets nutrition, and when I saw his paper about this and he might have even sent it to me, I was, 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. We have plenty. We have so much to do. Work on the immune system. Neutrogenix. That test was an amazing experience. It took me three months. The first time to associate all of the abnormalities. Things like Thiamin. You might take it, but it's the transporters working, or it's getting into the cell. That's the downstream weird stuff that the kidney does that people don't recognize. Same with folate. amino acids are all screwy. There's stuff to do, and that's the low-hanging fruit. None reach out to those for those other supplements, and the peptides are magical. It's just exquisite.

Jen Pfleghaar, DO, ABOIM
Yes. No. Would you say that young people, maybe people without cancer, or something you have going on? Should they ask? They're going to be a baseline for creatinine, and they should look at their GFR calculator in their lab work. Should they also ask for a urine protein because they feel you're in good screening?

Robin Rose, MD
Absolutely. I mean, I just read recently, even in stage two, that in early kidney disease, protein leaks through, which should not be meaningless. The little filter is letting too much get through. There is a big risk for dementia. Nothing any of us wants. So, EUA has, and when you go in for anything, you get the CBC, 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 carbon dioxide and bicarbonate are a spectrum of acid bases. I can't tell you how many people I see with CO2, 19, or 20. The numbers might not mean anything to people, but I think they are closer to 30. That's it, and I've seen it happen to so many people where it's just let's drink alcohol and ice.

That's why I eliminated grains from my diet—almost mostly. I don't have to be fanatic about it, but mostly there's no rice in my dinner anymore. There always was. I needed the calories, but I got better. Now I have more potassium options, and I can eat better, but I also eat animal food. I eliminate dairy foods. Yes, I miss it. I have cashew cream cheese, and 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 solidifies the body, and I had to come up with this, so, I mean, I'm a foodie, I'm a gardener, I'm a chef. I was a health food chef in the 1970s. I love food, but my husband brilliantly said something to me: What you thought was healthy food for you before isn't healthy for you now. the condition you're in. so 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 how I felt lying down in bed about three days a week at first. Yes. It wasn't fun. It's that I don't care what I eat. I don't want to get up.

Jen Pfleghaar, DO, ABOIM
Eat to live, not live to eat, as they say. Back to the bicarb. the CO2. Some that are the only thing normal in their labs: just to cue them to maybe more alkaline in their diet or take bicarb tabs.

Robin Rose, MD
If somebody doesn't have kidney disease, that would be it. Pay attention to what you're eating. Probably not enough vegetables. The irony is that many years ago, I was asked to write a book about acid bases. about the alkaline diet before, and now everybody knows about it. I ended up going down to San Francisco and talking to a nephrologist who has written a lot about this. Most people are walking around in acidic conditions. That puts you at risk for a whole lot of stuff, whether it's the chemicals in the world, the stress in your life, or the diet that you're eating. I mean, the whole fad now is about meat. You get, I see people with the meat in the grains, and it's, okay, this is not going to go well for a long time.

My dog alarm is going off. Normal people, normal kidney people. That would be the GFR over 90; it's still considered stage one. But, okay, you can work with a diet. I wrote this book that never got published for silly reasons. But I began telling all of my patients, It's you want to alkalineize yourself, and if I said, some people, I did say half a teaspoon of baking soda and water can benefit an empty stomach. With kidney disease. However, the transport in the tubules—I mean, the kidneys are a clump of blood vessels in a bunch of tubules—and those tubules are the equivalent of the intestine. The intestine is all about: what do we absorb? Well, yes. is the kidney only. What do we get rid of and what do we keep?

Ultimate discernment. At a spiritual level, work on your discernment because that's reflected in what the kidney does. Bicarbonate is one. Some people recommend, potassium citrate. I 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 bicarbonate and then alkalinized. It's worth it. I mean, it's simple. It's easy stuff to do.

Jen Pfleghaar, DO, ABOIM
Yes, that's great. But it's not talked a lot about.

Robin Rose, MD
That's why we've been told.

That's why we've been told 3 or 4 people with elevated potassium said that when I had elevated potassium and my brain wasn't working at first, I was suffering. It was interesting that the more holistic nephrologists talk about this stuff. There are just not many of them. That's why I want to talk about this. There's a bit of self-loving biohacking that's required when you have kidney disease. especially early, and the low-hanging fruit comes easy, moving on to more complex things. It's nice to have somebody to help you because there are things you can do to hurt yourself. Kidneys are fragile. But, for the most part, there are things to do. That's one of the things I love about the bioregulators. They're harmless and subtle.

I think CKD is being shipped and takes a long time to turn around. It's not like, Hey, doctor, I have a headache. Take an aspirin. The headache went away. It's more gradual; I got impatient; I'm not getting better. It is more slow, more in the stock market. Unless you have a crash, That's not good. The other thing is that people are in stage two. There's. It has already fueled trouble. We know what to do. There's mitochondrial change. There's an immune system change. We know what to do. From a functional and integrative medicine perspective, we're good at that. Heavy metals get going. What are you waiting for was my mantra. What are you waiting for until I crash and burn? I mean, that's not my way of living or practicing medicine. I believe that this is a saving grace, and there is an epidemic of kidney disease, which I call the kidney demic. It's worse than we think we know because we don't even count the stages. Two people. That's a whole other conversation.

Jen Pfleghaar, DO, ABOIM
I mean, it is ridiculous. There are so many dialysis places, and it's big money. I mean, we know in America that the goal is not to reverse chronic diseases because we have the tools to do it, but it's just that it's not the goal. Its goal is for pharmaceuticals and dialysis. But it's frustrating. I remember when I first read a study about that because I think I sent it to you or read it on our Facebook group about how it works in the mitochondria of the kidneys. Why isn't every patient who has a kidney on this? I was mad. I mean, you love that peptide, for sure. Well, getting into stages two, and three, chronic kidney disease.

Robin Rose, MD
I used it for a while. Then, unfortunately, I began to react to it. I said, Okay, I'll take a break. I also know there are other mitochondrial peptides. Again, these are not the bioregulators. They're the larger ones. Many of the bioregulators work at the mitochondrial level. improve the function and reverse those problems that happened with that. That's what's exciting to me.; it's that you can take antioxidants. You can support you, I mean, you can take 40 supplements a day, or you can take some bio-regulators. Paste them, and start with the wrong things. 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 that parathyroidism is a very useful thing for the kidney because of the relationship between calcium, phosphorus, and vitamin D. The relationship between

parathyroidism and vitamin D 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 range, but it's not normal in the kidney. The midrange is normal in the kidneys. After mid-range, there's damage from sucking calcium out of your bones and putting it in your blood vessels.

Jen Pfleghaar, DO, ABOIM
Yes.

Robin Rose, MD
Yes. incorporating yours.

Jen Pfleghaar, DO, ABOIM
Then we would always have the same patients that would come. They would come from dialysis with chest pain. That is a big risk factor for heart disease and all these other diseases.

Robin Rose, MD
A big myth.

Jen Pfleghaar, DO, ABOIM
Yes. This is why it's so frustrating because I feel if we could change their trajectory early on, as you said at the family practice, the doctor. 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, we're hoping that this changes medicine. But the problem is, we're fighting a bigger fight because of the big corporations and because they don't want people to get better. I mean, if we fix kidney disease, in the one busy year I worked, half the patients we saw. I feel it. Yes. It's frustrating.

Robin Rose, MD
It's very strange. I'll tell you a personal story. I have a lot of allergies, so I made up one of these just in case someone has my allergies on the back. It says stage three CKD. Ironically, a classmate of mine from medical school lives on this island. She came to see me, and she's like, What's this? She looked at it and was, she's straight E.R. 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. I was just a toxic person. Red light. Many, 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 said, I need to apologize. I've looked into this, and you are so right. I was. Thank you. It's hard to have a chronic illness and have people try to tell you you don't have what you have, but you don't look sick. The other thing that's important to understand is that it is an accelerated aging disease. It's considered a progressive disease, which means it accelerates the process and maybe the normal process. But okay, if you were supposed to be going this and all of a sudden, I look at myself, I'm,

that's another role. The longevity benefits of the bioregulators are well known. That's been some of their study. My markers for this study dropped me down 20 years.

Jen Pfleghaar, DO, ABOIM
The telomeres. Did you get the telomere study?

Robin Rose, MD
Yes.

Jen Pfleghaar, DO, ABOIM
20 years? That's amazing.

Robin Rose, MD
I know I was, okay, I can act a teenager. I just lost 20 years. It's fascinating to know that remediation is possible, and it's a threatening thing. I mean, one of our doctor friends has a book about blood pressure, and there's concern that it's too dangerous to tell people that they can reverse it. It's, well, that's the difference between severe illness. Okay, maybe some people 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. My role in primary care is to listen to the very subtle things they say. There are no symptoms of early kidney disease. I don't agree with that. 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 vague presentation, and I use my education, my intuition, and the feelings of that patient to put them together. Let's see. We have three of four possibilities. Let's rule out all the things. Here's something we can act on. Actionable goals are a gift, and they're a blessing.

Jen Pfleghaar, DO, ABOIM
That is such a great point. Your body always tells you if something's wrong, whether it's a rash on your face, bloating after a meal, a little fatigue that's out of the norm, or you're sleeping well. 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 shop around, find another doctor, and go find help somewhere else, because, yes, I mean that that could be the difference between having it take longer to steer that ship back to normal and the homeostasis versus maybe a quicker, quicker turn.

Robin Rose, MD
Yes. We're not, I mean, I had, early on, a Facebook group for kids for CKD stage three patients. A lot of people resisted what I was saying, and I was in the process. I was sharing my own experience. Sadly, some of them have died. Some of them have gotten way worse. There aren't many of them that I've followed. I haven't followed everybody, but to some extent, they are on dialysis. There were a few that listened to me, and they're doing better. That was alarming, and arguing about that, arguing about the Pepsi that was, come on. I mean, we learned about

fermented foods from the naturopath. We started learning how to ferment foods. It's part of every meal because the gut is the portal for so much.

There's so much literature about the kidney-gut axis, and early on, with this damage call and business, I was suffering and did testing for the microbiome. I mean, I did a lot of stuff, but ultimately it was, What am I eating? What am I doing? I've figured out ways to avoid antibiotics a few times because that causes havoc. If you eat foods where they grow the thing with antibiotics, you're eating antibiotics. It's killing your benefits, and your kidney has uremic toxins that accumulate. That's the mess on your floor in your bathroom. That gets in the way of the tight junctions. The colon is a bunch of cells in a circle, and there are little proteins that hold those together. If they break stuff that's supposed to get pooped out, it ends up in the blood vessel nearby. That's what's affecting the kidney. There's so much literature about that.

If you say, if you get bloated, there is a higher incidence of SIBO, dysbiosis, and kidney disease. quote, in normal, take it seriously, and inflammation in the body is a vicious cycle because when there's inflammation, it harms the kidney. The kidney causes more inflammation and affects other parts of the body, whether it's the eyes, the skin, the joints, the heart, or the blood vessels, and all of these things can be addressed. It is just, you say, that the willingness is so hard. It's not easy. That's why, when I take what I mean sometimes, I have a handful of bioregulators, and I'm thankful.

The gratitude for having tools is huge. I say it with a blessing because I think that with the energy work that we do and the mood that we're in, I got rid of listening to the news all the time. I eliminated people who were too stressful to me and who didn't understand that maybe I look good but I don't feel good. Support me in my efforts, and don't harass me because I know you're not eating. Don't wait, Yes, enough. A lot of the people in the group had trouble with family members not allowing them to eat the foods they needed. It can be complicated, but it's a joy to get better when you've been sick, and knowing and have the hope that you can. It's important.

Jen Pfleghaar, DO, ABOIM
Yes. Absolutely. being able to teach others what you've learned and what works. I'm so grateful for your help with my patients who have renal issues going on. It's so great and it works. Thank you, Dr. Rose, for just sharing your journey and 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're not. You're on social media a little bit, but you're trying to keep your peace. But you can find certain places, tell everyone where they can find you, and you have a new book coming out that explains this whole process. Tell us about that, please.

Robin Rose, MD
My book is called Renalogy-Peptides, Starting Small with Bio-Regulators. It's in labor. I just hired a midwife. We're making progress. and I'm thinking about creating a website called Renalogy Peptides, which might give me a platform because I am on Facebook. I'm findable on Facebook.

Private message me if you want. I am mostly doing consults with clinicians. I live in a small place and practice a little. Elden Ring has been a delightful turnaway from the 120-hour weeks that I was working before, which probably didn't help things. But I loved what I was doing. Now I started this whole peptide group with physicians as part of a larger functional medicine group that we have. It's been such a joy to see younger doctors because I'm moving along in age, and I love seeing the younger doctors taking this on with that youthful enthusiasm for them to see more patients than I am. I am so grateful to be available to teach. I'm happy to do consults with physicians to help them with their cases. It's been fun. I've done some zooms with the doctor and the patient sometimes as well. It's a delight to move along from. In the 1970s, we started slow, and things evolved. Here we are. We know so many things, and yet we have to use them and use them wisely.

Jen Pfleghaar, DO, ABOIM
Yes, absolutely. Thank you so much. I always feel calmer when I speak with you, and we're looking forward to reading your book. Thank you so much.

Robin Rose, MD
I appreciate doing this.