A science-based treatment plan and diet designed to slow or stop kidney disease progression (even if drugs have failed)

In This Book, You Will Find:
- Ways to extend the life of your kidneys by matching your diet to your current kidney function
- The most proven diet and supplement combination to stop or slow your disease
- Which food, drinks supplements and drugs accelerate your disease progression or slow it down
- How to reduce the workload on your kidneys by understanding how they work
- The most up to date and complete resource for kidney patients
copyright page
I was lying on my side waiting for the doctor to use a spring-loaded biopsy gun to take a sample from my right kidney. He could see I was worried after they asked me not to move when the biopsy gun made a loud noise.

Right.

It was just a gun thrusting a large needle deep into my kidney. No need to be alarmed.

The doctor reassured me that I shouldn’t worry. After the biopsy, they would know what kind of kidney disease I had and would be able to treat it. With just one exception -- something called FSGS would be very bad. But don’t worry, he went on, we rarely see that one.

Jinx.

I was diagnosed with Focal Segmental Glomerulosclerosis -- or FSGS -- in 1998. Even worse, I was one of the unlucky ones who did not respond to traditional treatments like Cyclosporine or Prednisone. To date, I have been living with treatment resistant FSGS for more than 22 years.
After traditional treatments failed, my doctor’s only response was “Now go live your life like a normal person. I can’t do anything more for you until dialysis or transplant, then we can help you again.” Shocked at the lack of other options, I asked “What happens to people like me? The ones who don’t respond to treatment?”

He calmly explained that I would continue to decline until dialysis and that hopefully a good transplant kidney could be found. However there was a good chance that my transplanted kidney would also contract FSGS and would therefore have a relatively short life as well. He helpfully added that the life expectancy for FSGS patients is typically reduced by 20 to 40 years.

The 10-year survival rate for FSGS patients who don’t go into remission using drugs is around 30% and the 20-year survival rate is around 9%.

I had a 9% chance of making it to 53 years old. Coincidentally, I am writing this at 53 years old.

As if my expected survival rate wasn’t depressing enough, the thought of the downward spiral of my reduced lifespan was even worse. Each year would be worse than the last as my kidney function declined. I would feel worse, have more symptoms like edema, nausea, and muscle cramps and I would feel tired all time. I would likely get other ailments or diseases such as heart disease, which is what kills most kidney patients.

Kidney malfunction gives FSGS patients the highest rates of heart disease ever measured for a group of people. So while the official cause of death might be heart disease, it’s the kidney disease that rapidly accelerates the course of the heart disease – and death.

To add more misery to the situation for FSGS patients is that medical science doesn’t really understand what causes some
kidney diseases and doesn’t know why some treatments work and others don’t. No one knows why some patients go into remission with steroids or immune-suppressing drugs and others don’t. We don’t know why some respond to a strict diet and supplements and others don’t.

As a kidney patient and someone who didn’t want to die young, I was angry, frustrated and somewhat in disbelief at what happens to kidney patients who are not cured initially by a pill. We should be outraged at the lack of support and treatment options for kidney patients who are not on dialysis.

We are like a Third World country when it comes to kidney disease care. The World Health Organization ranks countries by outcomes of kidney disease patients. The United States is ranked 66th out of 172 countries – it sits right between Venezuela and Uruguay!

In other words, you might be better off living in countries like Venezuela, Qatar, Albania, Cambodia, Central Africa, or Tajikistan if you have kidney disease and are waiting on the medical practices in your country to save you.

If you don’t believe me, check out the titles of some recent studies:

**Pre-end-stage renal disease care in the United States: a state of disrepair.**

**Prevalence of and factors associated with suboptimal care before initiation of dialysis in the United States.**

**Patterns of care for patients with chronic kidney disease in the United States: dying for improvement.**

**Chronic kidney disease: why is current management uncoordinated and suboptimal?**
While kidney disease is an epidemic worldwide, in the U.S. survival rates are worse than our peers. A 2007 report shows that U.S. mortality risk was 15% higher than in Europe and 33% higher than in Japan on comparable treatment modalities. Again, we should be concerned, maybe even outraged, that as kidney patients our odds are not as good as they are in other developed countries.

Twenty-six million Americans have kidney disease and 600,000 are on dialysis. That leaves 25.4 million of us. Let’s further assume that 60% of kidney patients will go into remission using some form of drug therapy. That leaves 10 million people just like me who have nowhere to go but down if we rely only on traditional advice. I don’t know the real number, but you get the idea. There are millions of us who have almost no alternatives after initial treatments fail.

Tremendous resources exist at both ends of the kidney disease spectrum. For people at one end, biopsy can lead to initial diagnosis, and medication can potentially cure them. At the other end of the spectrum, for people whose kidneys are at end-stage renal disease, there is dialysis and transplant, for which tremendous resources exist. So if you are not cured quickly by drugs you begin the long decline into kidney failure, dialysis and transplant. Your kidney function may decline slowly over five to twenty years, yet almost no resources exist for you during this declining period. You are just expected to live with the decline and accept that fact that someday you will be on dialysis and die, probably from heart disease.

If this sounds overly dramatic, remember that 13 people in this country die every day waiting for a kidney transplant.
WHY THIS GAP EXISTS

A lot of money can be made during initial diagnosis like biopsies, drug treatments on the initial diagnosis. A lot of money can be made during dialysis and transplants. Not much money can be made by educating patients on how to eat right and adjust their diet based on their blood and urine tests.

Another part of this mess is the slow pace of change and information for us as kidney patients. Some very proven treatments are available in over 50 countries, but not in the US. Some treatments are considered the standard of care in other countries are unheard of in the US. This further adds to the chaos.

If we as patients are waiting on new info to come from the medical community, we may die waiting for new information that is already at our fingertips.

Cigarettes are a good example. Over 7,000 studies proved cigarettes are bad for you before the Surgeon General took a stand against smoking. Hundreds of studies show certain foods are bad for kidney patients, but these foods are used in almost every renal or kidney diet plan. We won’t hear about these from our Doctor, but the information is widely accepted as medical fact. Will it take 7,000 studies and 40 years for us to get a diet and treatment plan that could protect our kidneys?

If you were not cured by a pill and still have kidney disease, this book is for you. I say screw the downward spiral and to hell with each year being worse than the last. I have been fighting and plan to continue fighting my disease all the way. What can be done during this period between diagnose and dialysis?
Not one thing in this book is a cure by itself, but put all the pieces together and you have a way to control your kidney’s workload, monitor your kidney disease progression, look and feel better and hopefully slow progression to a snail’s pace.

Delaying any decline in kidney function is a smart move. Ten or fifteen years from now, we will have better treatments and maybe some cures. If you can make your kidneys last fifteen years instead of seven, your odds of living a normal life span will go up dramatically.

Not to mention, your quality of life will be much better for those 5,476 days that make up the next fifteen years.

Over the next decade, new treatments will be found and overall medical care will get better for kidney patients. On example is the mortality rate for those first year dialysis patients dropped form 35% to 25% over the past 20 years.

New drugs, 3d printed kidneys, stem cells to grow a new kidney for you, better methods of transplants, better diets and the list goes on and on will appear in the future. Slowing the progression of kidney may have tremendous benefits down the road.

Your quality of life will be dramatically better and you will be able to do most if not all of the fun actives by avoiding the downward spiral. I go to the gym most days and snowboard with my kids in the winter. We stay out all day and try to ride the last lift up. You can have strength, stamina and the same health as our peers if we know what to do.

I haven’t had a cramp, nausea, edema(swelling) in almost a decade. You not only will feel better, but look better too. I remember how I looked with a round face from steroids and my
face was additionally swollen due to edema, along with my feet, ankles and hands.

Kidney disease causes specific kinds of national problems for us. Many foods accelerate the speed of kidney decline and other foods may actually help protect your kidneys. Our kidney’s no longer process certain foods correctly or those foods cause such a high workload on our kidneys that they can’t keep up. When this happens, our kidney disease is accelerated and our chance of heart disease rises exponentially. The last thing we want to do is to speed up a decline in kidney function.

Not only will you have the chance of living longer and living better, our government (who pays for dialysis through Medicare and Medicaid) and insurance companies will save billions of dollars in kidney disease related costs. Costs for dialysis, heart disease, transplants, other related conditions and more frequent medical care could be delayed by many years or even eliminated in some cases.

The savings for the U.S. would be hundreds of millions of dollars. If 10% of kidney patients scheduled or expected to be on dialysis were delayed by twelve months, the government would save over $5 billion in one year!

If kidney patients are healthier they have less comorbid conditions and the risk of future ailments or disease drops. They are able to live healthier more active lifestyles and eat a kidney and heart healthy diet further reducing risk of other diseases.

This is one of the few cases where everybody wins. Patients live longer and feel better, doctors can offer more help managing the disease over the long term and governments and insurance companies save billions each year.
In the US, the average spending on a dialysis patient is $83,356. The cost for the treatment plan and diet in this book are estimated to be less than $5,000 a year. The $5,000 number includes doctor visits, blood and urine tests, drugs and nutritional supplements. Most of the cost and changes are done by the patient and doesn’t require inpatient treatment or hospital stays.

An insurance company in a large states like California, Texas, Florida or New York could save many tens of millions per year advocating for and helping patients with the diet and treatment plan in this book. Education is sorely lacking for kidney disease patients.

The human costs are staggering as well. Again, thirteen people die everyday in the US waiting for a kidney transplant due to the acute shortage of donors. 600,000+ kidney patients spend an average of 18 hours a week hooked to a dialysis machine. Kidney disease is the 9th leading killer in the United states, but this may be low. Most kidney patients die from heart disease accelerated by kidney disease. While heart disease may be the legal cause of death, kidney disease greatly contributed to heart disease.

Between 1980 and 2009, the increase in end stage renal disease (ESRD) increased nearly 600 percent, from 290 to 1,738 cases per million.

FSGS, the same disease I have may have increased as much as 1,000% over the past twenty years. 1,000% is not a typo.

How did I develop this treatment plan and diet? I became a human guinea pig for kidney disease treatment and management. I researched and tried all manner of treatments. I read every clinical trial and research paper I could find from all over the globe.
I tried everything no matter how questionable the science to cure my disease. Traditional medications like immune suppressing drugs and steroids to special supplements, ordering illegal medicines from India, to all manner of diets, Paleo, Vegetarian, Vegan, Raw food, fasting, cleanses, new doctors, second and third opinions,. I was even part of dietary study at Johns Hopkins in Baltimore when I lived in Dallas flying back and forth.

Successful long term management of kidney disease is possible and as kidney patients we need to be experts on this subject. I hope this book will be a bible for those of us with kidney disease.

While hindsight 20/20, looking back the problem is clear. The information about the best way to manage kidney disease long term is a complete chaos. No clear method or process of long term management of kidney disease exists, until now.

I started a step by step analysis of my disease, what factors would contribute to my kidney’s decline, predictive mortality rates and read all available research I could find. What I ended up with was plan to cure my disease and to my surprise it worked after 15 years of failed treatments.

What I can promise you is the treatment plan and diet is based on science that worked for me and I believe should be the starting place for everyone diagnosed with kidney disease. Knowing all of your options is always a smart strategy for dealing with any disease. Steroids and autoimmune can be life savings for some patients and should be used when appropriate, but other options exist that don’t have the same side effects

Matt Damon’s character in “The Martian: movie says “I’m gonna have to science the shit out of this” to survive on Mars after being left behind.
My goal is to show you how to science the shit out of your kidney disease and reduce the impact of other diseases that can accompany long term kidney disease.

I do have one favor to ask. Please let me know how you are doing with the diet and treatment plan. I can only improve the program and diet with input from other kidney patients. If you are having success or failure, please reach out to me. I will try to help any way I can.

You can email me at: Lee@stoppingkidneydisease.com

If you have a friend or other family member with kidney disease, please email or share www.stoppingkidneydisease.com site with them. It might be life changing – and even life saving.

I wish you the best of luck!

Lee
I assume you or someone you care about has been diagnosed with kidney disease. Perhaps you have already tried steroids and immune suppressing drugs. You may be reading this book because other treatments have failed. If so, you are in the right place. My goal is to help you or your loved one slow or stop any further decline in kidney function by sharing what I have learned over the past 20 years as a fellow kidney patient.

Being diagnosed with a potentially deadly disease is bad enough, but it is only part of our story, as you will see. When kidney function is lost it is lost forever. Kidneys don’t regrow like other organs. As you lose kidney function over time, it’s not coming back. This is important to remember when managing a progressive disease that advances slowly and often painlessly each day. You don’t feel it or see it happening, so it’s easy to dismiss or forget about for a while. Panic sets in after years of invisible decline when symptoms suddenly appear and become
hard to control. We can’t get back the kidney function we let slip away over the prior years.

So I will begin with the reasons why you should manage your kidney disease very aggressively over the long term. By aggressive management I mean doing everything possible to extend the life of your kidneys – going overboard, the full court press and so on. I am living proof going hard is the right approach.

First, let’s agree on some terminology. The chart below shows the generally accepted stages of kidney function and disease. Note that GFR, or “glomerular filtration rate,” is how your doctor will measure your renal (kidney) function.

### Table 1: Stages of Chronic Kidney Disease (CKD) of all Types

<table>
<thead>
<tr>
<th>Stage</th>
<th>Qualitative Description</th>
<th>Renal Function (mL/min/1.73 m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney damage—normal GFR</td>
<td>≥90</td>
</tr>
<tr>
<td>2</td>
<td>Kidney damage—mild ↓ GFR</td>
<td>60-89</td>
</tr>
<tr>
<td>3</td>
<td>Moderate ↓ GFR</td>
<td>30-59</td>
</tr>
<tr>
<td>4</td>
<td>Severe ↓ GFR</td>
<td>15-29</td>
</tr>
<tr>
<td>5</td>
<td>End-stage renal disease</td>
<td>&lt;15 (or dialysis)</td>
</tr>
</tbody>
</table>

The most common test for GFR is called “estimated GFR” or eGFR, which measures the amount of creatinine in your blood. Creatinine is a waste byproduct of muscle breakdown and happens at a fairly constant rate. Your kidneys filter creatinine out of your bloodstream and excrete it in your urine; the higher

---

1 Source TK
the amount of creatinine in your blood, the less effectively your kidneys are working, and the lower your eGFR.

Alternatively, GFR can be calculated using a 24-hour urine collection. That’s right, every time you have to urinate over the course of 24 hours, you must do so into a container, and then drop it off at the doctor’s office. The eGFR, on the other hand, is a simple blood test. You can see why eGFR is so widely used today.

A low GFR or falling GFR does not necessarily mean you have kidney disease. As we age our kidney function declines. My 83-year-old father, for example, technically has kidney disease because his GFR is in the low 70s. In fact, though, his count is within the normal range for someone his age, as shown in the chart below.

Table 2: Average Measured GFR by Age in People without Chronic Kidney Disease (CKD)²

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Average Measured GFR (mL/min/1.73 m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>116</td>
</tr>
<tr>
<td>30-39</td>
<td>107</td>
</tr>
<tr>
<td>40-49</td>
<td>99</td>
</tr>
<tr>
<td>50-59</td>
<td>93</td>
</tr>
<tr>
<td>60-69</td>
<td>85</td>
</tr>
<tr>
<td>70+</td>
<td>75</td>
</tr>
</tbody>
</table>

Almost all medical trials on kidney disease patients are at Stage 5 and a few at Stage 4 of the disease. Most of kidney function is lost at this point. So why don’t we treat kidney disease earlier? Because we don’t know what to do. Once initial drug treatments

² Source TK
fail, there is not much they can do for us. The standard advice is to wait until our kidneys get worse, start dialysis, and get on the transplant list.

Why do we give up at such an early stage? Here are some reasons your doctor or dietician might not recommend aggressive management of your disease after drugs have failed:

- Your kidney function is still not that bad. Your doctor may take a “wait and see” attitude. It’s hard to justify aggressive treatment Stage 2 or Stage 3 kidney disease, but this is a incredibly bad decision. You are waiting until you lose much of your kidney function before taking other steps to preserve your kidney function.

- Diets are not completely proven to cure or slow kidney disease. Too many variations exist and the studies on them are largely flawed, so it’s easy to argue both sides of any diet’s perceived benefits. From a medical point of view, who wants to recommend a treatment plan or diet that’s not proven?

- Dietary compliance is very low. How many times have you or someone you know gone on a diet and stayed with for a short time before quitting? Ninety-nine percent of us fall into this category. Strict diets are hard for patients to stay with long term. If it can cure you, but you can’t stick with it, then it’s not a cure at all.

- Dietary plans can be complicated and it takes a lot of time and resources to educate patients and help keep them on the right track. Patients initially need a lot of support. Our system of medical care is not designed for intensive patient support.
• Doctors are not trained to treat disease with nutrition. They are trained to use drugs or surgery in most cases. Today, a new category of doctors is focusing on diet and lifestyle as preventive medicine or even cures. However, these doctors are still very rare.

• Your doctor personally believes nothing can be done based on his or her training X years ago. This has happened to me more than once.

• And lastly and probably most important of all, patients don’t ask for help. We accept the verdict and go about our lives. We don’t know to ask for help with long-term management of their disease. We don’t know what do after drugs fail.

All of my doctors, dieticians, and nutritionists have been pretty fantastic, but they work in a system that is broken and in today’s liability prone environment, it’s risky to recommend something unproven or out of the ordinary, so they focus primarily on treating symptoms until their patients are close to full-scale kidney failure. It’s not their fault; they are good people trying to do good job. But this means that you are in charge of your treatment options. Treating only the symptoms of kidney disease does very little to keep us living longer.

We know so many things today that we didn’t know in 1998 when I was diagnosed. Back then the advice given to me was based on information primarily from the 1970s, 80s, and only a small amount from the 1990s. One thing I didn’t comprehend is what happens in your body as kidney disease progresses. I didn’t understand all of the things that were going to happen to me over the next ten years if I didn’t get my disease under control. Today, we know that kidney disease side effects and nutrition problems
start very early in the disease – even when things look pretty good on the outside. Changes start happening in Stages 2 and 3 and the effect of these small changes accumulates over time.

We know now that heart disease starts early – very early – in kidney patients. We also know that protein malnutrition is prevalent in up to 48% of patients who have Stage 2, 3, and 4 kidney disease. (It’s not the kind of protein malnutrition you might be thinking of; we will cover this in detail later.)

**When to Start Aggressively Treating Your Kidney Disease**

Most aggressive management does not start until late-Stage 4 or Stage 5, but waiting until things go from bad to worse is mistake number one. A survey of Italian nephrologists suggests that starting treatment in Stage 3 is the best time to begin. Basically, earlier is always better, because early in your disease is when you still have good kidney function, with GFRs in the 40 to 70 range. Your best chance of slowing or stopping the progression of your disease is when you still have adequate kidney function.

At the early stages, all the advice you will hear is to limit a few things, like phosphorus and sodium, and to take blood pressure and cholesterol medication. That’s about the extent of treatment after drugs fail. But kidney disease is a downward spiral – there is no other way to describe it. However, this downward spiral can be slowed or even stopped if you are willing to do the work and follow a plan.

As kidney patients, we are at risk for large number of other diseases and conditions. When our kidneys stop working correctly, it affects every part of our body. “Cross talk” is a term

---

used to describe the interaction between body parts and organs. This “cross talk” has the power to accelerate a decline in our kidney function and can lead to other ailments and diseases. You will hear a lot about “cross talk” in this book.

I have put together a partial, but very sobering list of the risks early-stage kidney disease patients face. After reading this section, I hope you will be motivated to aggressively manage your disease over the long term.

Risk of cardiovascular diseases or CVD is now the highest of any other group. You read that right. Of any group or population ever studied in the world, kidney patients have the highest rates of cardiovascular disease.

- Risk of developing cancer rises from 10% to 80%, depending on the study. If you do get a kidney transplant, your risk of cancer jumps to 300% to 400% higher than the average person.
- Risk of Parkinson’s disease increases by over 150%.
- Risk of cognitive decline and dementia increases by over 50%.
- You will age much faster than a normal person. Kidney disease in effect accelerates aging. This phenomenon is so prevalent that scientists use kidney disease patients to study aging.
- Your life expectancy will be 20 to 40 years shorter than the average person.
- There is a higher risk of sexual dysfunction, erectile dysfunction, lower libido, and menstrual abnormalities. Erectile dysfunction affects 70% of patients in end stage renal diseases.
• For those who go on dialysis, the one-year mortality rate is around 25%.
• Life expectancy after going on dialysis is 4.5 years if you are over 60 and 8 years if you are around 40 years old.
• Kidney patients have a higher risk of stroke.
• Women with kidney disease are at greater for risk for osteoporosis and bone disease.
• You are at greater risk of depression than the average population.
• The “crosstalk” effect: 96% of kidney patients with Stage 3 kidney disease (GFR in the 50s) also suffer from other diseases or health conditions.
• You have an 84% higher risk of suicide if you are a kidney patient or have CKD chronic kidney disease
• Quality of life and physical abilities decreases with each stage of kidney disease. This is the slow decline or, as I call it, the road to hell.

As a fellow kidney patient, this list is hard to write. I wish my doctors had explained some of these facts to me early in my treatment and diagnosis. I might have made different decisions, or at least been more aggressive in my treatment options early on. As depressing as these facts can be, hiding from reality won’t help us conquer or slow our disease.

Mild kidney disease is easy to ignore. It’s painless and symptoms are mild. Most patients won’t be spurred to action until their kidney disease has progressed significantly. But I urge you to act now before too much kidney function as been lost. The list above is only a partial list of risks you face and why I implore you to take your disease and treatment very seriously. The fact is that
you are not fighting one disease; you are fighting the possibility of many diseases all at once. This is easier to see visually in the chart below.

**Figure 1: Survival Rates of End Stage Kidney Disease Patients with Complications**

![Survival Rates Chart](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3453445/)

Survival, represented by Kaplan-Meier survival curves (Log Rank 84.2; P<0.00001), in 204 end-stage renal disease (ENRD) patients with none, one, two, or all three of the complications malnutrition, inflammation, and atherosclerosis.

---

4 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3453445/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3453445/)
As the chart shows, when the number of complications, illnesses, or ailments increases so does your chance of dying. Your odds of survival drop dramatically over 5 years as complications mount. A 90%+ survival rate versus a 15% survival rate is astounding when you think about it. In the past doctors have told me “Don’t worry about a little high cholesterol or low albumin levels, it’s expected with kidney disease, it’s okay.” This is 100% wrong in every way. We do have to worry about these things. I am patient who doesn’t want to die young and leave his wife and three kids. We have to worry about other conditions no matter how mild they seem today. These mild issues snowball into multiple issues over years if we are not careful. This causes our mortality rates to skyrocket when compared to someone who keeps even the smallest issue in check. The goal is to stay on top of your health so you can stay in the no-complication or, at worst, one-complication range. You want to treat this before the complications become an unmanageable problem. You have to start treating or managing your disease early to avoid related illnesses or complications.

Many people wonder about our odds of survival if we go into total or partial remission. The truth is that total remission is probably not possible for most of us, but partial remission is. The chart below shows how it can affect survival rates.
Table 4: Survival Rates of Chronic Kidney Disease Patients in Complete, Partial, and No Remission

As you can see, even partial remission improves your survival rates dramatically. Partial remission usually means a reduction of 50% of the amount of protein in your urine, and other symptoms get better as well. You will still have protein leakage, but it will be much less than before. We could also define remission as your kidney disease stops progressing, but you still have symptoms. I am in the former category. My kidneys are still damaged, but my kidney disease has not progressed in many years.

If we combine the data about complications and remission in a single chart, we get a more realistic picture of what happens to us.

---

5 Source TK
Table 5: Survival Rates of Chronic Kidney Disease Patients with Complications in Various States of Remission

<table>
<thead>
<tr>
<th>Remission Type</th>
<th>Number of Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Remission</td>
<td>0%</td>
</tr>
<tr>
<td>Partial Remission</td>
<td>1%</td>
</tr>
<tr>
<td>No Remission</td>
<td>3%</td>
</tr>
</tbody>
</table>

As you can see, 91% of patients are still alive five years after partial remission if they have no other conditions, versus 39% if they have two conditions. A little edema or swelling, a little high cholesterol, a little high blood pressure, a little low blood albumin, a little protein in your urine may seem relatively harmless and you will be told these are harmless. However, the more of these factors you have today, the worse your outcome over the upcoming years. It is so easy to let these things slide as they don’t hurt, and most doctors will say not to worry unless your numbers are extreme. But here is a partial list of factors that have been proven to be mortality predictors for kidney disease patients:

- GFR
- Cholesterol
- Statins, a.k.a. cholesterol-lowering medications

6 Source TK
• Smoking
• Body weight index (BMI)
• Magnesium
• Phosphorous
• Protein in urine, a.k.a. proteinuria
• Blood protein or albumin levels
• White blood cell count
• Blood pressure
• Exercise
• Depression
• Body pH or metabolic acidosis
• Sodium
• Cardiovascular disease
• Inflammation
• Malnutrition
• And the list goes on…

While no studies exist combining all of these factors into one, separate studies show each one of these unmanaged is a predictor of mortality for kidney patients. Research strongly suggests that as you add unmanaged conditions, your survival rates start to drop dramatically. The “crosstalk” between your kidneys and the rest of your body has profound effects on your health and chance of survival. The source of all of these conditions or abnormal levels is damaged kidneys. I had no idea how many things went wrong when our kidneys are damaged. For me, this “crosstalk” effect was far greater than I ever imagined. It was overwhelming, almost debilitating for me to discover the sheer
number of variables to manage. For your part, it may right now seem impossible to manage all of these factors, but as you will see our approach makes it much easier.

In the chart above we can also see that the number of complications is not as important as getting into some form of remission. Going into remission or partial remission is truly our silver bullet.

Remission rates in kidney disease vary widely depending on not only the form of kidney disease but also other factors, such as race. The best scenario is that you and your doctors catch the disease early and steroids or autoimmune drugs put you into remission within a few months. It’s hard to know how often this happens and if complete remission is achieved.

Partial remission is also hard to nail down because few studies look at partial remission rates alone. We really don’t how many patients achieve partial remission. In addition, remission might occur for no known reason or cause. Spontaneous remission also happens in some cases. In these cases, no one can explain why a patient goes into remission.

A few things we know for sure are that the more illnesses or complications you have – no matter how minor – the higher your odds of mortality and getting into any kind of remission matters big. Therefore we must address every issue or complication and work towards remission. This can be done with our treatment plan and diet.

Our treatment plan needs to focus on remission while reducing other conditions on the way to remission. This combination gives us the best odds of success.
You Have Control!

Now, that the bad news is out of the way, let’s get to some good news. You have far more control that you ever imagined over your kidney disease and kidney function.

You can control the level of protein or albumin in your blood with great accuracy despite the fact you are probably “leaking” a large amount of protein in your urine. Albumin levels are a strong predictor of mortality. In fact, low albumin levels increase your odds of dying by over 400%, but again, this is under your control. (Something I was never told by a doctor or nutritionist.)

Your can control – to a large degree – the amount of acid your kidneys process. Metabolic acidosis is common among kidney patients. Acidosis is a term used to describe your bodies inability to keep your PH in the right range. Even low-grade acidosis accelerates the decline in kidney function. You are twice as likely to die if you have acidosis. (Again, something I was never told.)

You can control your diet. Some proteins are very bad for your kidneys while other proteins may actually be reno protective. Lowering the amount of the damaging kinds of protein in your diet can reduce renal death by as much as 32% compared to a high protein or unrestricted protein diet. Again, this is in your control.

You can dramatically reduce oxidative stress on your body and kidneys. Oxidative stress and damage is increased in patients with kidney disease and it accelerates the decline of your kidneys and heart disease. (Yet again, something I was never told!)

You can consider taking certain supplements. It’s important to note that most supplements don’t have an impact on your kidney disease, but a few do. You need to know which ones may help with the disease and which ones could make it worse.
In short, you can control how much work your kidneys have to do on a daily basis. It’s completely in your control. All manner of variations exist to control your kidneys’ workload. The diet in this book allows you to scale your diet to your current kidney function. Reducing the workload on your kidney’s can slow or even stop the progression of kidney disease. If we keep taxing our kidney’s, we accelerate our disease. Most of us are driving 100 mph towards dialysis and don’t know it.

The weight of scientific evidence has identified the best foods to eat (and which to avoid) for kidney patients to slow or stop their decline in kidney function. But not one kidney diet or recipe book follows the latest research, which is very frustrating from the patient’s point of view. The right diet – the one I will outline in this book – will improve edema, muscle cramps, oxidative stress, improve your kidney function, and may slow or stop your decline in kidney function.

So you have far more control of your kidney disease progression, symptoms and outcome than anyone has ever told you. This translates to a longer life span, fewer health conditions, and a higher quality of life.

I know many of you have given up – I did, too, for a while. But I am here to tell you that it is not hopeless. Remember, I went into remission after 10 years of slow decline. It is never too late to try and slow or stop your kidney diseases.

I hope that you will fight the good fight along with me and not go quietly into the downward spiral. I refused to give up and was eventually able to put my kidney into remission. It won’t always be easy and you will have to be on top of things, but it is possible to greatly extend the useful life your kidneys.