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Interpreting Research for the Kidney Patient - March, 2006

¹ Lin, S. Low Protein Diets in Diabetic Nephropathy in China. XIII International Congress on Nutrition and Metabolism in Renal Disease, Merida, Yucatan, Mexico. Mar 2, 2006

² Bonilla Aguirre, RD. Current Treatment to Delay Chronic Renal Failure (CRF) Secondary to Diabetic Nephropathy (DN) Early Stages. XIII International Congress on Nutrition and Metabolism in Renal Disease, Merida, Yucatan, Mexico. Mar 2, 2006

³ Teplan, V. Importance of Keto Acid Therapy in Diabetic Nephropathy. XIII International Congress on Nutrition and Metabolism in Renal Disease, Merida, Yucatan, Mexico. Mar 2, 2006

We've just returned from the XIII International Congress on Nutrition and Metabolism in Renal Disease - "Slowing the Progression through Nutrition." One of the reasons we attended was to try to find American Nephrologists who would follow patients on Dr. Walser's very low protein diet and supplement regimen. Drs. Hal Franch and Jim Bailey in Atlanta, Dr. Michael Jacobson in Racine, Wisconsin, and Dr. Hugo Tettamanti in Winston-Salem, NC have agreed to help you with your diet and follow your disease.

I spoke candidly with a number of American Nephrologists about their reluctance to place patients on the diet and they commonly agreed that the diet was too difficult for most people to follow even though patients progressing to dialysis faced a death rate of 1 in 4 persons in the first year of dialysis.

The rest of the world where dialysis is relatively more expensive has enthusiastically embraced the diet. Dr. Shanyan Lin¹ reported that China is facing an epidemic of diabetes and high blood pressure as the lifestyle changes from bicycles to cars and from rice to meat. Dr. Lin said twenty million Chinese will have end stage renal disease by 2010. The Chinese government cannot provide dialysis to that number because of the staggering costs. The US government pays \$23 billion for the cost of dialysis for the current 300,000 patients. Dr. Lin reported that in China, 85,000 patients with kidney disease are now on supplemented low protein diets including ACE inhibitors (ACEi) with 12 major government centers overseeing the results.

Mexico is also facing the same problem of cost and Dr. Bonilla Aguirre² showed a 100% of prevention of progression to dialysis for 42 months in a group taking an ACEi, a low protein diet and the keto-analogs of the amino acids (see Chapter 9 for ACEi and p. 49 for keto amino acids in Dr. Walser's book).

Dr. Teplan³ showed a significant difference in protein levels in the urine between those patients who took the supplements and those who just used ACE inhibitors and a low protein diet (a three year study). Dr. Teplan concludes there were "additional beneficial effects of combining keto/amino acid regime and ACEi therapy."

The protein level in all these studies was at 40 grams per day rather than the 20 grams/day recommended by Dr. Walser. The most important factors for patients on a low protein diet were **taking the supplements** and **controlling blood pressure with an ACEi**. (ACEi include Prinivil, Zestril, Altace, Accupril, Vasotec, Mavik, Monopril, Lotensin, Univasc, Capoten, Aceon, Lotrel, Tarka and Vasoretic. If you are not currently taking one of these drugs, ask your physician to read Chapter 9 in Dr. Walser's book.)