



**Cracking the Code on Chronic Kidney Disease:
Integrative Approaches to Early Identification, Treatment, and Reversal of CKD
Atlanta, GA | August 22-23, 2025**

SPEAKER ABSTRACTS & BIOS
(Listed alphabetically)

Yousef Elyaman, MD

“Hyperuricemia & Insulin Resistance as Driver of Chronic Kidney Disease”

Abstract: Chronic Kidney Disease (CKD) affects an estimated 10-13% of the global population and is a significant contributor to morbidity and healthcare costs. This presentation delves into the critical roles of hyperuricemia and insulin resistance as root causes of CKD progression.

Participants will explore the mechanistic pathways linking elevated uric acid levels and insulin dysregulation to glomerular hypertension, oxidative stress, inflammation, and fibrosis. Emphasis will be placed on identifying hidden drivers of these conditions and implementing personalized, integrative strategies to address them. Evidence-based interventions, including dietary modifications, targeted nutraceuticals, and lifestyle changes, will be discussed to equip practitioners with actionable tools for patient care.

Speaker Bio: Dr. Yousef Elyaman, MD, ABIM, ABOIM, IFMCP, is a passionate physician committed to helping individuals achieve optimal health by addressing the root causes of illness. With board certifications in Internal Medicine, Integrative Medicine, and a cross-specialization in Pediatrics, Dr. Elyaman blends a holistic, evidence-based approach with cutting-edge research. A graduate of the first class of The Institute for Functional Medicine (IFM), he has been a pioneer in advancing functional medicine. He serves as Medical Director of HumanN, a nutraceutical company, and Absolute Health in Ocala, Florida. Additionally, he directs Integrative Medicine at The Guest House, specializing in trauma recovery.

Dawn Ewing, PhD

“Dental Contributors to Hypertension and Renal Issues Can Bite!”

Abstract: We know pain can cause blood pressure spikes. Did you know that painless infections could cause elevations? How does the location of the infection cause an affect on different parts of the body? Most people are aware that Mercury is a toxic element and they know amalgams are 50% Mercury. Many practitioners are unaware that dentistry uses other materials that can impact their patient’s health. This course will make you ask more questions about possible dental issues than you ever thought could be the real “ROOT CAUSE” of your patient’s health problems.

Speaker Bio: Dawn Ewing has been the Executive Director of the International Academy of Biological Dentistry and Medicine (IABDM) since 1994. She authored the book, “Let the Tooth Be Known,” and was featured on the movie “Root Cause,” and more recently, “The Titans of Teeth.”

She served two terms on the Texas State Board of Dental Examiners. Living in a remote area, she joined a Volunteer Fire Department in Fulshear, Texas and became a Nationally Registered Paramedic. She spent 12 years on a 911 ambulance and four years as a flight medic in international air ambulance transport. She taught CPR to the public, Advanced Cardiac Life Support to health care providers and became an affiliate faculty member of the American Heart Association in 1987. In 2001, she went back to school and graduated from Capital University in Washington, DC with a PhD in Integrative Medicine.

She is a private pilot and is a PADI certified diver. In her spare time, she has an exotic parrot rescue and boarding facility aptly named, “Parrot’s Hilton.”

Sharon Hausman-Cohen, MD, AAFP, AIHM

“Chronic Kidney Disease: Modifiable Genomic Risk Factors”

Abstract: There are many genomic risk factors that contribute to the risk of chronic kidney disease or that are exacerbated by chronic kidney disease. In this talk, genomic variants that contribute to oxidative stress, longevity, cardiac disease and vitamin D Receptor function will all be discussed and related to their role in chronic kidney disease. Additionally, how to respond to each of these gene variants utilizing diet, lifestyle and supplements will also be discussed, so that participants can better utilize genomic knowledge for improving patient outcomes.

Variants to be discussed: CDKN2A (calcification related SNPs), matrix GLA (vitamin K2 related SNP also related to calcification, Klotho (longevity SNP relating to oxidative stress but also renal disease), SOD1 (superoxide dismutase) and GPX1 (glutathione peroxidase). Case example will be used.

Speaker Bio: Dr. Hausman-Cohen has been in the field of integrative medicine for over 25 years. She has been a co-author on numerous papers and textbook chapters on the use of genomics for identifying contributing factors and improving patient health outcomes. She co-founded Resilient Health Austin and IntellxxDNA™, a genomics decision support tool used nationwide, empowering

clinicians to practice precision medicine. IntellxxDNA was developed to answer to an unmet need in the medical community: an accurate, evidence-based genomics tool to help clinicians practice true root cause medicine. Dr. Hausman-Cohen earned her master's and medical degrees from Harvard Medical School.

Majd Isreb, MD, FACP, FASN, IFMCP

“March to Dialysis”

Abstract: Chronic kidney disease (CKD) is a progressive condition that affects millions globally, yet patients often encounter significant gaps in care before reaching end-stage renal disease (ESRD) and requiring dialysis. These gaps encompass late diagnoses, insufficient management of lifestyle factors, and a lack of holistic treatment options to slow disease progression. "March to Dialysis" aims to illuminate these critical care deficiencies and explore how integrative medicine can help bridge them. By combining conventional nephrology with complementary approaches, integrative medicine addresses the whole person—mind, body, and environment—using targeted strategies to optimize kidney function, reduce comorbidities, and enhance quality of life. This presentation will examine the potential of integrative interventions, such as personalized nutrition, mind-body techniques, and environmental health considerations, to slow the progression of CKD, reduce the need for dialysis, and improve patient outcomes.

Speaker Bio: Dr. Isreb is double board certified in Internal Medicine and Nephrology with more than 15 years of experience. He is also certified in Functional Medicine. He completed his first residency in internal medicine at Northwestern affiliated hospitals then went on to complete his nephrology fellowship at Loyola University Medical Center in Chicago. Dr. Isreb has been alarmed by the rising prevalence of kidney disease in the US and the world so he founded Integrative Kidney Institute where he is the medical director. As part of his mission to end the CKD epidemic, he champions for treatments for kidney disease that apply an individualized Integrative Medicine approach. He is also the author of the e-book “Happiness, Not The Pursuit” which can be found on Amazon.

Steven McConnell, MSc

“Can We Reverse Chronic Kidney Disease (CKD)?”

Abstract: CKD is like a scar. It is permanent and cannot be improved. Progression can only be delayed. The prevailing wisdom behind this belief is clearly flawed. An important component that needs to be addressed is the failure of creatinine to properly diagnose CKD. When creatinine appears to be in the “normal” range, usually no further action is taken. Since there is nearly always some level of proteinuria/albuminuria, A1, A2, A3, unless measured you miss the diagnosis. Gottlieb et al quantified the disparity between creatinine vs Cystatin-C to calculate eGFR. Comparing the two,

showed an incorrect diagnosis with creatinine 54% of the time. This was predominantly within stages 1, 2, & 3a.

On the other hand, Cystatin-C only had a 7% error rate. It is essential to properly manage these patients, since failure to diagnose results in late stage diagnosis and an opportunity to intervene earlier is lost. Late-stage CKD is much more difficult to manage and substantially more costly. Since creatinine fails to indicate severity, the patient usually never has their proteinuria documented, until Stage-3a/b, or even Stage-4.

The traditional diagnostic criteria are basically 2 areas: dysglycemia aka insulin resistance/prediabetes/diabetes and/or hypertension. There is a large compendium in the literature, indicating there are multiple additional risk factors that could be modified and should be addressed. There is clear evidence that the progress of CKD can be slowed down and within my own clinical experience, CKD can often be reversed with an increase of eGFR by 20 to 100.

Additional modifiable risk factors to consider:

- SCH/Sub-clinical hypothyroid
- “*Hidden*” acidosis aka *Eubicarbonatemic* Acidosis
- Inadequate intake of water-soluble B-vitamins: B1, B2, B3(niacin), B6, B9(folate) & B12
- Inflammatory, Oxidative and Autoimmune factors
- Other

Solution: Consider detecting, establishing diagnoses and treat two or more additional risk factors beyond hypertension and dysglycemia.

Speaker Bio: In the Spring of 2002, Stephen McConnell complete his BS in biology [with a pre-med curriculum], inside of 3-years. Mr. McConnell made the Dean’s List three semesters and was invited to be a member of Beta Beta Beta, Biology Honor Society. Concurrent with his studies, Mr. McConnell commuted to the nearby open-heart facility, UPMC-Hamot, the last 6 months of college and thus obtained the required clinical experience to apply to several Masters level programs at several cardiovascular schools. He received a small stipend from UPMC-Hamot to observe and assist in the open-heart surgical suites. Mr. McConnell was accepted later that summer at Eastern Heart Institute in New Jersey.

He completed all the didactic studies and hands on clinical rotations including performing 50 adult cases as well as 5 pediatrics at CPMC-Columbia Presbyterian Medical Center. Mrs McConnell was the only graduate selected from the 2004 national class to be published in the AMSECT society newsletter and later, again, in the journal itself. Mr. McConnell obtained an overall score of the 91st percentile on the board examinations the Spring of 2004, putting him in the top 9% of graduates across 5 consecutive years.

Mr. McConnell returned to UPMC-Hamot the Summer of 2004 to accept a position with the cardio-thoracic surgical team. In 2008 he left is hospital position to enter the industry, working with several companies from June of 2008 until currently.

While working with a firm in 2004 launching the 1st ever combination lipid therapeutic, Mr. McConnell met several lipidologists and obtained the necessary boarding modules to prepare for the ABCLS board exams. In 2005, he was asked by two local physician colleagues to set up lipid clinics within their practices. After a short period, the positive clinical results from this change in medical management were quite obvious regarding: drastic reductions in hospital admissions, cardiology referral, and routine signs and symptoms of active vascular disease.

In 2006, Mr. McConnell was introduced to Dr. Peter Freemark by a colleague. After a few brief meetings he recommended preparing for a meeting with Highmark/Blue Cross-Blue Shield of Western PA. After a long series of meetings to prepare for Highmark, on October 30th 2007, Mr. McConnell finally met with the Highmark team who oversees CV outcomes.

Highmark responded positively to Mr. McConnell's initial meeting, agreeing to assess data from their IT system in Camp Hill, PA. Mr. McConnell was required to form a legal entity, OSoG, LLC, and to obtain liability insurance to protect Highmark prior to the initial data requests.

The data mining process began and after approximately 36 months Mr. McConnell obtained a substantial amount of data confirming very low code to use for revascularizations as well as a dramatically low incidence of MI [heart attack] and angina. That initial set of data prompted Highmark to continue partnering with OSoG, LLC. The partnership is ongoing to this day.

Peter A. McCullough, MD

"COVID-19 Vaccine Induced Kidney Disease: Mechanisms, Management, and Prognosis"

Abstract: As of June 28, 2024, the CDC has recorded 18,951 American deaths reported to them in VAERS by healthcare professionals or pharmaceutical companies who believe the vaccine is related to the death. Approximately ~1150 deaths have occurred on the same day, and ~1225 on the day following vaccination. The largest autopsy study published to date indicates 73.9% of deaths after vaccination are a direct cause or significantly contributed to by COVID-19 vaccination. There are >3400 peer reviewed manuscripts in the medical literature concerning fatal and nonfatal COVID-19 vaccine injuries including those recognized by regulatory agencies around the world such as myocarditis, neurologic injury, thrombosis, and immunologic syndromes. The World Council for Health, June 11, 2022, has produced a pharmacovigilance report which is factual, scientifically grounded, and consensus driven calling for global market withdrawal of COVID-19 vaccines based on lack of safety. Dr. Peter McCullough, a widely regarded expert on COVID-19 and vaccine safety, on December 7, 2022, in the US Senate, and on September 13, 2023, in the European Parliament, has called for with assent of an expert panels, removal of all COVID-19 vaccines from the US and EU markets for excess risk of death. On March 21, the Association of American Physicians and Surgeons issued a factual, scientifically grounded, and consensus driven statement calling for all COVID-19 vaccines to be removed from the market based on lack of safety and efficacy. The National Citizens Inquiry, a Canadian citizen-led and citizen-funded organization chartered to investigate governments' COVID-19 policies, on September 14, 2023, called for market removal of all COVID-19 vaccines. On January 12, 2024, Dr. McCullough again called for removal of all COVID-19 booster products from the market in a US House of Representatives Panel on COVID-19

Vaccine Injuries. In July, 2024, Mead et al published an extensively referenced, peer-reviewed manuscript concluding the COVID-19 vaccines are not safe for human use and should be removed from public use. No large-scale, conclusive, randomized, double-blind, placebo-controlled trials have demonstrated reduction in infection transmission, hospitalization, or death as primary endpoints. Thus, the COVID-19 vaccines are not proven to be effective in reducing important clinical outcomes. A position supporting COVID-19 vaccination goes against good medical practice and cannot be backed by ethical and prudent physicians. This lecture will review the array of renal pathologies that have been reported as a result of COVID-19 vaccination and how a history of vaccination should impact the care of patients with CKD.

Speaker Bio: Dr. McCullough is an internist, cardiologist, epidemiologist holding degrees from Baylor University, University of Texas Southwestern Medical School, University of Michigan, and Southern Methodist University. He manages common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in Dallas TX, USA. Dr. McCullough has broadly published on a range of topics in medicine with > 1000 publications and > 700 citations in the National Library of Medicine. His works include “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” the first widely utilized treatment regimen for ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine. Subsequently he published the first detoxification approach titled “Clinical Rationale for SARS-CoV-2 Base Spike Protein Detoxification in Post COVID-19 and Vaccine Injury Syndromes” in the Journal of American Physicians and Surgeons. He has dozens of peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in TheHill, America Out Loud, and on FOX NEWS Channel. Dr. McCullough testified multiple times in the US Senate, US House of Representatives, European Parliament, Texas Senate Committee on Health and Human Services, Arizona Senate and House of Representatives, Colorado General Assembly, New Hampshire Senate, Pennsylvania Senate, and South Carolina Senate concerning many aspects of the pandemic response. Dr. McCullough has had years of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

Jenny Pfleghaar, DO

“Peptides to Reverse CKD”

Abstract: Chronic kidney disease (CKD) is a progressive disorder characterized by a gradual loss of renal function, often leading to end-stage renal disease (ESRD) and significantly impacting patients' quality of life. Emerging therapies involving peptides and bioregulators show promise in reversing or mitigating CKD progression by targeting mitochondrial dysfunction, cellular senescence, and oxidative stress. MOTS-c, SS-31, and kidney-specific bioregulators have demonstrated the ability to modulate mitochondrial activity, protect renal cells from oxidative injury, and promote tissue repair. This lecture focuses on the mechanisms and therapeutic potential of these novel peptides and

bioregulators in reversing CKD, aiming to shift the paradigm from disease management to renal recovery and regeneration.

Speaker Bios: Dr. Jen Pflieger is a double board-certified physician, Emergency Medicine and Integrative Medicine. She graduated from Lake Erie College of Osteopathic Medicine, trained at St Vincent's Mercy Hospital for EM residency and her Integrative Medicine fellowship was completed at the University of Arizona Andrew Weil Center for Integrative Medicine.

She is the co-author of the book Eat. Sleep. Move. Breathe. A beginner's guide to a healthy lifestyle. Dr. Jen is a board member for the Invisible Disabilities Association, American and Vice President of the NWOOA (Northwest Ohio Osteopathic Association). She is also involved in the American Osteopathic Association where is part of the Bureau of Osteopathic Research and Public Health (BORPH) committee.

Her own battle with Hashimoto's thyroid disease led her to make it her mission to help others suffering from not only thyroid disease but other autoimmune disease and hormone imbalances.

She really enjoys teaching on her social media Instagram and Youtube where she is @integrativedrmom and her website healthybydrjen.com. Practicing in Ohio and virtually she guides patients back to health and homeostasis! She likes to also spend her time at her children's sports games, boating with her family, reading the Bible and lifting weights.

Ethel Richards, MSCN, MBA, MPH, CPH

“Whole Plant Food as Medicine in Evidence-Based Nutrition: Eating Whole Plant Foods in the Prevention, Improvement, and Reversal of Kidney Disease - A Case Study.”

Abstract: Chronic kidney disease (CKD) is defined as either kidney damage or GFR of <60 mL/min/1.73m² for 3 months or longer. Nearly 14% or 35.5 million Americans have CKD, and among Medicare beneficiaries alone \$124.5 billion was spent on CKD and end stage renal disease (ESRD) in 2019. Nutrition referrals are widely underutilized in kidney disease care. Early nutrition referrals can help reduce kidney care costs, morbidity, and mortality from ESRD and prevent CKD in four key ways. They are: 1) prevent kidney damage and CKD in both at-risk and the broader community populations, 2) in CKD populations, prevent progression to ESRD through early nutrition intervention, 3) prevent the two main contributing comorbidities, type 2 diabetes and diseases of the heart (e.g. hypertension and hypercholesterolemia), and 4) raise the threshold for referral to a nutritionist at the earlier “monitor” stages of kidney disease.

By emphasizing early nutrition referrals, food as medicine clinical community nutritionists are well-positioned to educate both at-risk populations and the broader community on preventing and managing CKD. Their expertise includes raising awareness of CKD and the associated chronic comorbidities, utilizing comprehensive nutritional evaluation and medical nutrition therapies grounded in both applied medical and clinical biochemistry, and working collaboratively with the broader medical and health care teams to embrace, optimize, and realize sustainable clinical-nutrition health outcomes in CKD populations. Building on the increasing evidence for plant-based and whole plant food based diets in CKD, the aim is to contribute practical examples using a whole plant food-

as-medicine approach demonstrating its role in the prevention, improvement, and potential reversal of CKD.

Speaker Bio: Ethel Richards, also known as The Plant Based Nutritionista™ and founder of iEatMorePlants®, is a Food as Medicine Clinical Community Nutritionist empowering healthier lives through whole plant food nutrition.

Holding advanced degrees and certifications across science, public health, healthcare administration, business, and naturopathic nutrition, Ethel is also a certified Plant-Based Chef and Food as Medicine Everyday Educator.

Leading her virtual-first nutrition consulting firm, iEatMorePlants®, Ethel champions a holistic approach grounded in Education, Empowerment, and Results. Her mission: to help individuals and communities thrive by eating more whole plant foods, creating a healthier and sustainable future for all.

Jessiana Saville, MS, RDN, CLT

“Dietary Changes to Stall and Reverse CKD”

Abstract: Despite traditional "one-size-fits-all" renal dietary restrictions, emerging evidence suggests that personalized nutrition interventions based on CKD etiology, stage, and metabolic parameters can optimize outcomes while preventing malnutrition. This presentation examines evidence-based strategies for tailoring dietary approaches across different forms of kidney disease, from diabetic nephropathy to glomerulonephritis. Attendees will learn a systematic framework for nutritional assessment that incorporates standard labs, functional markers, and patient-specific factors to determine the most appropriate dietary strategy. Core interventions to be discussed include targeted protein modification, strategic carbohydrate adjustment, anti-inflammatory lipid protocols, and acid-base optimization through food choices. Special emphasis will be placed on avoiding common pitfalls that lead to overly restrictive diets and subsequent protein-energy wasting. Case studies will demonstrate how to implement these principles while maintaining dietary adequacy and patient quality of life. Practitioners will leave equipped with practical tools to confidently customize renal nutrition plans that support both kidney function and overall metabolic health.

Speaker Bio: Jessianna Saville is a registered dietitian who has specialized in kidney care since 2006. After graduating from Utah State University, she worked in dialysis until 2009 before transitioning to preventative kidney care in 2014. Recognizing the need for integrative approaches in renal nutrition, she founded Kidney RD, later rebranded as Kidney Nutrition Institute, which provides an extensive library of patient education resources, professional training, and private and group programs for patients. Named National Kidney Foundation's 2020 Renal Dietitian of the Year, Saville has helped pioneer cutting-edge treatments for different types of kidney disease, such as ketogenic therapies for PKD. Her program for PKD is currently in a clinical trial in Japan.

Darren Schmidt, DC

“The Founders of Medicine Were Correct: How Modern Labs Validate the Foundations of Medicine From 90 Years Ago - MVX, Lactic Acidosis, Thiamine”

Abstract: After 30 years of studying and practicing nutrition, Dr. Schmidt still ended up in the E.R. from scary heart symptoms caused by a Vitamin B1 deficiency. Find out why B1 is arguably the single greatest nutrient, how its deficiency relates to most symptoms and diseases all the way to End-of-Life. Learn about the MVX panel which predicts longevity better than any other lab test and how half of MVX is directly related to B1 sufficiency. Lastly, learn how all 6 factors of MVX are reversible in the “7 Step Blueprint to Optimal Health”.

Speaker Bio: Dr. Darren Schmidt, D.C. is the founder and owner of the Nutritional Healing Center of Ann Arbor. The purpose of the practice is to use new and old clinical discoveries to solve chronic illness using only diet and supplements. He has delivered over 100 weekend seminars to 9,000 healthcare providers since 2006. He first studied nutrition in 1993, graduated from Chiropractic College in 1997, began practicing nutrition in 1998, went low-carb in 1999, keto in 2015, and carnivore in 2018. He quit taking insurance in 2005 to prevent any third-party from interfering with his patient care. Along this journey, many significant, clinical discoveries have occurred.

Virender Sodhi, MD (Ayurveda), ND

“Ayurvedic Approaches to Chronic Kidney Disease”

Abstract: In the complex landscape of chronic kidney disease (CKD), where the challenges often seem insurmountable, Ayurveda emerges as a guiding light, offering a holistic and personalized approach to managing this condition and fostering overall well-being. Ayurveda, the ancient Indian system of medicine, provides a unique framework for understanding and addressing the multifaceted nature of CKD, emphasizing the intricate connections between the physical, mental, and spiritual dimensions of health. This lecture will explore how Ayurvedic principles and practices, integrated with naturopathic approaches, can support kidney health, slow disease progression, and improve quality of life for those living with CKD. Through real-life case studies, attendees will witness the transformative potential of this combined approach, which not only alleviates physical symptoms but also nurtures emotional resilience and mental clarity. Key Ayurvedic interventions such as dietary modifications, herbal formulations, and external therapies will be discussed, highlighting their practical applications in clinical settings. By drawing on centuries of wisdom and contemporary insights, this session aims to equip practitioners with the tools to better understand and treat CKD. It underscores the promise of Ayurveda to not just manage chronic conditions but also to inspire a paradigm shift in how we view healing—one that is rooted in balance, individualized care, and the potential for lasting transformation. Chronic kidney disease, once a daunting diagnosis, can now be approached with renewed hope and a brighter outlook for patients and practitioners alike.

Speaker Bio: Virender Sodhi, ND, MD (Ayurvedic) is an internationally respected Ayurvedic and naturopathic physician, and one of the first to practice Ayurvedic medicine in the U.S. He received his MD (Ayurveda) after completing six years of medical training in India. He came to the U.S. in 1986 to share Ayurveda as part of a cultural exchange program. In 1988, Dr. Sodhi graduated from Bastyr University. Dr. Sodhi treats patients from all over the world at the Ayurvedic and Naturopathic Medical Clinic in Bellevue, Wash. He also lectures extensively throughout the U.S. and other countries, and is the founder of Ayush Herbs Inc.
