

Dave Asprey ([00:00:01](#)):

You are listening to the Human Upgrade with Dave Asprey. You are listening to The Human Upgrade with Dave Asprey. Well, we're going to talk about something that might be triggering for you. Yes, we're going to talk about P what? Yeah, urine therapy. Urine therapy is something that has pissed me off for a long time. Hopefully you saw what I just did there. Okay. My seventh grade sense of humor really just injected anti-aging peptides into my brain from the dad joke there, but I can tell you probably didn't laugh, so now I'm judging you, but not out loud. So why does urine therapy piss me off? It's because I don't want it to work. This is something that you read about if you're into detoxing. I first heard about this in the late nineties and I absolutely drank my pee one time and was like, that was not really pleasant and thought this isn't worth it.

([00:01:07](#)):

And I've also heard from people who say, oh yeah, I ferment my pee and I wash my hair with it and put it on my skin. And I'm like, this is a bit much for me. And I'm the guy who pulls my bone marrow out a couple of times and I've swallowed electrical stimulators that stimulated my intestines from the inside, I'll do the weird stuff. But years after that, I actually probably a dozen times have injected my P intramuscularly to modulate my inflammation response in a scientifically validated way that works clinically. So it turns out that there are things in your urine that are biologically useful. In fact, recent study published in a journal talks about stem cells present in urine. In fact, it would not surprise me if we can get over the ICH factor if someday down the road you can actually extract stem cells from urine, which is a lot less painful than taking them from your bone marrow or from your fat.

([00:02:14](#)):

So that said, just a quick note about stem cells. I'm a little disturbed. I'm seeing a bunch of low cost umbilical stem cell clinics pop up everywhere in the us and there is a downside to umbilical cells that you've heard me talk about in documentaries and things like that where I think your best bet is to use your own stem cells or to use gene edited or culture expanded stem cells. Maybe they'll come from urine someday. In fact, I'll bet you, but not yet. So our guest today is wrapping up her PhD and hasn't published anything on the topic of urine therapy or urine injection therapy or as is called in Ayurveda Sibū. But nonetheless, she's going to share what she knows. Her name is Darlene Tien. She's a naturopath, nutritionist, artist, author, and a fan of urine therapy. Darlene, welcome to this episode of the Human Upgrade.

Darlene Teahen ([00:03:16](#)):

Thank you, dad. Thank you for inviting me on your podcast. It's great to get this information out there. I feel it's valid and needs to be heard because there is a big factor to it.

Dave Asprey ([00:03:30](#)):

It's kind of funny because like I said, I have swallowed my own urine and I did it in the nineties and I've actually tried it recently as well. And well, if you know how to eat your urine, it's not offensive and if you eat the wrong stuff, gross. But it's not a regular practice. I don't have a shot glass full of urine every morning. Apparently some people do. And there's so many different ways of using it. And we know it has immune factors like IgG in it. We know it has stem cells, we know it has minerals. We know it's structured water, your body structures, all that water before it's excreted. So there's stuff in there that's useful. I want to ask you first before we get into your topic of research, what got you interested in in the first place?

Darlene Teahen ([00:04:18](#)):

Well, a client came to me. I met this woman at a gathering and she came to me and she heard I was a naturopath. She's like, I am doing this sha bamboo practice. She's like, my family is very concerned. And she's like, can you check me out and see if I'm healthy it? Do you want to do it? Do you want anything? It was just, can you check me out and see if I'm healthy because my family's concerned? And I had also heard about it in the nineties and read about it, and I kind of went, I think somebody's pulling one over on me and I put it aside.

Dave Asprey ([00:04:53](#)):

It's a prank. Right,

Darlene Teahen ([00:04:54](#)):

Right. And I'm like, is somebody just trying to prank people? And then I had heard it little bits here and there in my readings and research. And then when she said this, I'm like, I would love to check you out. I would love to know more about this. Anything that I don't know about, I want to know more about it. And so she came to my office and I checked her out. Her protein levels were fine. And she was mostly vegan, vegetarian at the time, and drinking a lot of bamboo to the point where she didn't have much of an appetite. Her weight was good, her inflammation, everything was great in her body. She was very, very healthy. And I'm like, there's something here. There's something here. You've been practicing this for years now and you are very healthy. Not on any medications.

([00:05:49](#)):

A lot of people, once they get into their forties, you know what I mean, they're on a whole series of drugs. She was not very, so I'm like, there's something to this. And then started, there's lots of great books out there, but they're antidote. They're not research based. And so I started reading these books and I was like, oh, there's something to this because this many people, and also being a five to 6,000 year old Ayurvedic medicine and Chinese medicine practice that many people, something's got to be up with this. There's got to be something more to this. So I had already declared my topic in neuroplasticity for my PhD, and I had done research. I had spent months doing research and I did an about face and told my advisor, I need to change my topic. I need to look at this further because there's something here.

Dave Asprey ([00:06:53](#)):

What did your advisor say when you said, I want to study, you're in therapy? I mean, did he literally spit a drink out or she, yeah,

Darlene Teahen ([00:07:01](#)):

She's like, that's definitely controversial. But she's like, I'm really interested in hearing your findings too. So everybody wants to know, even the people that are disgusted by it still want to know, is this the future of medicine? Is there validity to this?

Dave Asprey ([00:07:19](#)):

I think it's kind of funny. I mean people are out there. I'm injecting umbilical cord cells from eight women, I don't know that aren't well tested for things. That's not a big deal. But I wouldn't use my own urine therapeutically. Things that come out of my body are probably safer than things that come out of other people's bodies. Right.

Darlene Teahen ([00:07:40](#)):

And you take that a step further. I'm willing to eat this. Anything. Anything that's processed food that I don't know, the processing process. And we've all seen pictures of factories and all that and their processing processes and how unclean they are, and I'm willing to eat that, but I'm not willing to put my own urine in back in my body to see if it would heal me.

Dave Asprey ([00:08:03](#)):

I look at all the weird things I've done before. I understood the nature of mycotoxins and mitochondrial function. Neuroplasticity, I was desperate when I weighed 300 pounds. I mean, I would've done anything. And like I said, I did try my urine just said it didn't seem like it did anything because I didn't know what I was doing. But you're up in Canada, is that where you're studying?

Darlene Teahen ([00:08:22](#)):

Yes. So I just recently moved from Canada down south, but that's where I started my research. I did all the research part of the study in Canada. Yes.

Dave Asprey ([00:08:30](#)):

So I'm a dual citizen between Canada and the us. Is there a difference in the open-mindedness of medical professionals in Canada versus the us?

Darlene Teahen ([00:08:40](#)):

I would say that that's a sticky subject because of the nature of the healthcare system in Canada, being that it's paid for by taxes and that I would say it leans heavier to the allopathic side of medicine because then people have to pull extra out of their wallets. They're already paying for the tax to have this medical system, then they have to pay out extra if they want anything outside of that system. So it's a big reach for a lot of people who their budgets are being stretched and stretched right now with the rise of housing costs and the rise of food costs and the rise of everything.

Dave Asprey ([00:09:18](#)):

You mean bad government in Canada? I think that's what you're saying. Okay, I heard that.

Darlene Teahen ([00:09:22](#)):

Right. So in the states, what I see, and I am going to an American university is having the choice of being able to pick one practitioner over another practitioner, that choice of where I'm going to spend my money makes a big difference.

Dave Asprey ([00:09:41](#)):

Yeah. I find there are fewer naturopaths and holistic care providers in Canada, but the ones who are there are better prepared and almost more militant because they have to fight. They have to really want to do it in Canada because it's hard. And in the US we have a lot more of them, thank goodness, but it's easier to enter and to make a living in the us. So they both have their benefits. When I first tried urine injection therapy, it was with a guy who'd spent almost 40 years practicing detox medicine who lived on Vancouver Island named Dr. Klein. Not sure if he's still practicing. And I've been working for years to reduce my body sensitivity to toxic mold. I grew up in a moldy basement. I did a whole documentary, you guys can see it for free, moldy movie.com, and it caused hormonal problems, it caused bacterial infection problems, cognitive problems, all kinds of chronic fatigue stuff.

([00:10:38](#)):

So I'd gotten over a lot of it, but Dr. Klein was an hour away, and I went and I consulted with him and he said, well, I want to try this urine injection therapy with you. He said, it was invented by an Indian doctor named Dr. Rashid Boar, who has been thoroughly canceled for his rational behavior over the last three or four years. This was long before that time. And so I read up on it and he said, Dave, here's a story. One of my clients was anaphylactic to cats and his girlfriend got a cat. So he came in and said, I'm going to have to break up with her. I can't do this. Can you help? So he said, all right, expose yourself to the cat, not to get anaphylactic, but just to get a reaction and then wait four hours, come into my office, draw the urine, run it through a filter and inject it into the muscle and that'll present antibodies into your muscle as if there are foreign proteins.

([00:11:40](#)):

And then your body makes an antibody to its own antibodies. And Dr. Klein looked at me and he said, Dave, we did nine treatments on this guy. And by his eighth treatment to get any reaction to the cat, he had to put the cat's blanket over his face and sleep with it all night long to get even a sniffle. Okay, nine treatments. I'm like, okay, this is a form of evidence that's the most important in medicine. It's called clinical evidence. It's when people in the trenches treating people every day notice something works. And pharmaceutical companies love to say that that's not evidence and they're just good at marketing, but maybe sometimes cut some corners on science because noticing something is the first step of the scientific process. It's called observation. So if a bunch of practitioners are seeing this, they're doing something that's unlikely to be harmful.

([00:12:35](#)):

The urine is sterile, it's run through a filter that would take out bacteria anyway. So is it likely that it cause harm? No. Does it seem to have a clinical benefit? Yes. So let's study it. And my problem was he was an hour away. So I would eat everything I was allergic to. I'd make these horrible tasting muffins that had everything bad in them, and then I would eat them. And I'd wake up in the morning, I'm like, I really have to pee, but I can't. I need that urine. So I'd hop in my car and I'd bounced up and down

speeding to go to Dr. Klein's office to get the urine run in and pee in a beaker. I did that a couple times and after that I'm like, I think I can do this myself because it's easier that way. So that's my full urine injection therapy story. I think it did reduce some sensitivities, and every now and then, even now, I'm like, I should run another round of that. But I dunno, it's a lot of work to inject 10 ccs of urine with lidocaine through a filter and do your butt muscle and it's a little sore afterwards.

Darlene Teahen ([00:13:27](#)):

But what if you could do it a different way?

Dave Asprey ([00:13:30](#)):

Do I have to snort it? What do I have to do? If I can have zero allergies, I'd love to do it

Darlene Teahen ([00:13:34](#)):

Right? And this is what I'm researching. How can we do it inexpensively? How can we do it at home? How can we do it without pain? As you said, you've had stem cells removed from your spine, it's a painful procedure. You've had those lidocaine injections, it's painful. So how can we do it easily without the cost anywhere in the world, without facilities, without labs, without how can we make this readily available to anybody who needs the healing, which is a lot of people, we're a society that's getting sicker and sicker, not healthier and healthier.

Dave Asprey ([00:14:14](#)):

We are indeed. It's one of those things if there's a low cost biohack versus inexpensive one, and all of my books, the goal is here's a principle that matters. Here's the free version, here's the relatively cheap version, and here's what crazy billionaires do. So if you're a crazy billionaire, maybe you pee into liquid nitrogen and culture, expand your urine in a zero gravity environment with diamond crystal power. I don't know. And maybe you get some crazy results, but if you could get 10% of those results by peeing in a cup and putting it in your smoothie, I have no idea what you're going to tell me to do, but whatever it is, look, this is free and it's absolutely competitive with the largest industry on the planet. No, I don't mean tobacco. I don't mean the petroleum industry. I mean the pharmaceutical industry, which is largely owned and controlled by the petroleum industry. So this is one of those things. This is a human right, and we've been doing it for 6,000 years. So let's dig into the science on it and let's just tell people what to do. So what is the best thing? What do you think is going to work?

Darlene Teahen ([00:15:16](#)):

Thousands and thousands and thousands and thousands of studies have been done on urine, but not in applying it to the human it externally or internally. They are taking out this enzyme. They're taking out this vitamin, this mineral. They're looking at all the little bits in the urine. And then big pharma all the

time is taking urine and taking out bits and then putting it into this pharmaceutical and reselling it. They're doing it all the time, especially cancer drugs.

Dave Asprey ([00:15:46](#)):

And people don't know this, but when you pee in one of those outhouses, they sell your pee to big pharma anyway,

Darlene Teahen ([00:15:53](#)):

Right? It's well known. You don't have to dig too deep to find that.

Dave Asprey ([00:15:58](#)):

And if you're sort of horrified, I'm like, I think they should pay me to pee in an outhouse if they're going to be selling my urine. I didn't sign a release.

Darlene Teahen ([00:16:05](#)):

I know you've got top dog urine. It's,

Dave Asprey ([00:16:09](#)):

I've been quoted multiple times saying I have the most expensive pee on the planet and I'm okay with that. And that's mostly because people say, well, what if you pee out some of your supplements? Well then my kidneys and bladder will probably be happy and my body had a sufficient supply, so I'm not worried about that. But I also know that we eliminate toxic metals and some mold toxins, some metabolic byproducts in urine, even some pharmaceutical drugs or estrogen-like compounds. Are you worried about continuously concentrating and reintroducing those? This

Darlene Teahen ([00:16:43](#)):

Was one of the concerns. I actually took a dive into this after I did my study. I was interviewed, I was on a talk for a board of the international BU conference call, so they had me on to answer questions and there was two camps on. There was this white sediment that forms at the bottom of the evolved urine. So aged, cultured, evolved. Urine is all the same thing. It's just setting it out to process. And there's this white film that develops at the bottom of it. And there was one camp that said, it's really, really good for you. You should wipe that stuff on everything. And there was another camp saying, no, that's all the

bacteria that's in. It's cleaning up cell up. So I was closed with this question, what do you think it is? So what do I do? I get out my microscope and I look because that's the only way to figure out

Dave Asprey ([00:17:42](#)):

How dare you use science on something as gross as you're in. Come on, Darlene.

Darlene Teahen ([00:17:46](#)):

So what I saw is I a microscopic bacterium, and then what it did was the stem cell encased itself around it, and then it became heavy and dropped to the bottom. So they were both right? Yes, it's stem cells, but yes, it's stem cells with bacteria inside of it. So is there more potential in that stem cells if you've got a quarter inch worth of stem cells, is there still potential in those stem cells if you rub it all over your skin? Well, because it just took one piece of bacterium and brought it to the bottom. Well, there still could be more potential, but that would also have to be studied too. So I didn't get that far in the study, but I saw that yes, it's both

Dave Asprey ([00:18:28](#)):

What kind of bacteria? I mean there are some bacteria you really don't want around and there's lots of good ones,

Darlene Teahen ([00:18:32](#)):

Right? I didn't do a full study on that part. And this is the thing, there's so many different studies you can do. I want to see them all being done, but with my limited budget right now, this is the study that I did do of I needed to know whether the ch bamboo was going to be harmful to put it back in the body. That was the main thing. Is this harmful to put back in the body if there's bacteria in it, if there's medications in it, if somebody ate something that was off, is it harmful to put back in the body? And what I found is that there's a process in the body. It is plasma ultra. So what happens is when the blood goes through the kidneys, it takes out the red blood cells because we need those to function. And you're left with the plasma.

([00:19:25](#)):

So when you're looking at blood that I pricked from somebody's finger on the screen, the red blood cells are floating around in the plasma, your own plasma, and that's full of the vitamins and the minerals and the nutrients that the red blood cells need to breathe in. And then those red blood cells that filter out and the excess from that plasma that we don't need, and it could be excess vitamins, excess rals, excess hormones, excess, everything is peed out. And if you look at the University of Alberta, they've been partaking in them as human microbiome study for the last almost 10 years now, where they're taking every bit from the urine and studying what comes out. And they know already almost 3000 healthy substances are in the urine. And then also what I'm looking at it is I'm seeing that when you evolve it, when you age it, it takes out the bacteria. It has its own cleanup system, so it's its own microbiome. The urine that multiplies the stem cells, which has huge potentials and then cleans up anything substrates that are not a hundred percent in your urine

Dave Asprey ([00:20:38](#)):

Cleans it up. But things like lead are still going to be there, right?

Darlene Teahen ([00:20:43](#)):

There could be small amounts of lead, but a lot of things lead and heavy metals. And I do see heavy metals in the plasma when I'm looking at people's blood. But a lot of those things go through the liver, and that's why people's livers are so congested. When the kidneys clean things out, it's already gone through the body and the liver is taking out the bigger chunks of things. And this is in my study, was one of those key factors of why I was looking at the liver in particular is I wanted to know what in the liver, because if we can get the liver to start healing, the liver takes the brunt of all our indiscretions. If we can get the liver to start healing, then the body can start going in the right direction to clean up other parts.

Dave Asprey ([00:21:32](#)):

Okay, so walk me through. You're in therapy 1 0 1. So let's say that a listener's like, all right, Dave's a little bit crazy sometimes, but quite often there's some cutting edge knowledge. Here's been used for 6,000 years, so I'm probably not going to die and maybe I won't tell everyone at the next dinner party what I'm doing. So let's say you're kind of curious, how would you get started with urine therapy?

Darlene Teahen ([00:21:58](#)):

So a lot of people to start it, they just put a couple drops on their skin, they'll take some fresh urine and just put a few drops on their skin. And in Aveda that's been done for thousands of thousands of years, they'll put the urine on their skin, go out in the sun, and it helps. All their literature says it helps activate the skin sun. And that's been done. It helps reinvigorate. In ancient times when somebody was traveling, walking for long distances, they would offer them their urine when they came to the door and let them sit in the sun to rejuvenate from their travels

Dave Asprey ([00:22:32](#)):

Like someone else's urine, someone

Darlene Teahen ([00:22:34](#)):

Else's urine. So they would have their family supply of urine and you would take that family supply and put it on your skin and lay it in the sun to rejuvenate yourself from your travels.

Dave Asprey ([00:22:42](#)):

I think I might start doing that when people come over to my house just to see what they say,

Darlene Teahen ([00:22:46](#)):

Then they know you're crazy.

Dave Asprey ([00:22:48](#)):

The reason that I think would work would be a really powerful anti-aging treatment for your skin is urea. In fact, if you look on the back of some of the really powerful compounds, they have urea in them. Because when you get that into your skin, it really helps with hydration of the skin. It's good for you. So this could just be a source of that. And of course when you go in the sun, it's so weird. Ultraviolet light stimulates collagen synthesis. So you don't want to get a sunburn, but activating your skin with sunlight when it has extra urea where it'll absorb it. Also just opening up the pores, it makes good sense and it's a lot cheaper than buying a hundred dollars skincare cream that basically has concentrated pee in it anyway, right?

Darlene Teahen ([00:23:34](#)):

A lot of those \$200 skin creams have horse urine in 'em. So would you rather take it from a horse or take it from yourself?

Dave Asprey ([00:23:41](#)):

I think it depends on the horse,

Darlene Teahen ([00:23:42](#)):

Right? But this is what, when you're buying these products, you don't know how they've been manufactured, but through ourself, it's kind of like there's a bit of, I think, homeopathics to it too, or likes like. So let's say you do have the bit of the ailment, even a bladder infection or a kidney infection. If you drank your urine and there's a little bit of that infection that you're drinking in it, could that come back and help homeopathically then stimulate your body, dislike the Gigi reaction with your allergies? Could that come back and stimulate your body saying, oh yeah, this is going on. I really need to fix it. Because body's a marvelous machine. It really always wants to heal you all the time. If you give it what it needs to heal.

Dave Asprey ([00:24:35](#)):

Alright, how long does it have to be aged?

Darlene Teahen ([00:24:38](#)):

So this is the thing, some people in the Sha Bamboo community, people age it for days, weeks, years. I, for my study had to pick something that I could do within my study so that I'm not tracking people for years, but at the same time, I want to see a result fairly quickly. So if you become sick next month, you don't want to wait years in order for the medicine to be ready.

Dave Asprey ([00:25:02](#)):

Okay, so you would just store it. So would you pee in a gallon jug and just leave it under your sink? You

Darlene Teahen ([00:25:09](#)):

Could. I would make sure it's a very clean container. I prefer glass, but plastics could be used for short term for sure. And some people swear by copper, some people and other vessels,

Dave Asprey ([00:25:24](#)):

Copper would make a lot of sense. It's another Ayurvedic thing I did. Saad guru's inner engineering course out in his giant's place in McMinnville, Tennessee, and they sell copper drinking stuff. And it's kind of a different arm of Ayurveda. Having some copper ions in the water is probably good for you, although you can get copper toxicity. But depending on what you eat, your urine could be acidic or alkaline. If it's acidic and you put it in copper, you're probably going to get a lot of copper in that, right?

Darlene Teahen ([00:25:58](#)):

And so I tend to just keep it in clear glass containers that are clean and ready for use. If anybody sees any mold on top, then it's been contaminated and thrown out. You've got lots more in there.

Dave Asprey ([00:26:11](#)):

Okay, got it. And I guess you don't want to put any antimicrobial stuff like grapefruit seed extract or iodine in it, because that would stop the beneficial fermentation.

Darlene Teahen ([00:26:21](#)):

Yes. So naturally it ferments and the stem cells reproduce on its own. And I don't have to prove this. This has already been proven in a lot of studies. So because one's a baseline study in humans, I'm taking my information from other studies that have been, what are the characteristics of urine? Yes, they're antimicrobial. Yes, they're antibacterial. Yes, they're antifungal. Yes, this has already been proven. So I can jump off those studies to say, yes, this is safe to put in the body, nothing in there that's going to hurt it. Of course, anything in two large amounts can hurt your body. Even water in two large amounts can give you toxicity. So what is the perfect amount is what you want to know. What is the perfect amount to have that healing process? So for my study purposes, I needed to have a consistent amount for everybody.

([00:27:19](#)):

I needed my methodology to be consistent so that I could see the results across the board to see if they were the same. And so I used five milliliters, so a teaspoon of two week old cultured urine and had them inject it rectally, so no needle. So one teaspoon doesn't come back out. It's not like a colonic or an enema, it's like a basti in Aveda. It just stays in there and it gets absorbed through the vein. So there's a whole lot of veins in the rectum colon area. There's a portal vein which goes to the liver, but there's also other ones that go through the endocrine system and all that which can help your adrenals because in order for the body to keep balanced, the whole endocrine system is constantly putting out hormones throughout the body on a regular minute by minute basis to keep the body in homeostasis.

([00:28:16](#)):

And if you can have a reaction from everything I read, I was feeling like if I just put enough in there to have a reaction, I don't want so much in there that's going to have too much of a detox reaction and people have to stop the study. I want to just enough that was going to show that there's less inflammation, show that there's a healing reaction and what does that look like? So you do the full panel of what's going on in the body, but you want to have enough to have a reaction, but not so much that it's going to set them over the edge either. So I used myself as the first Guinea pig. I used a cup of clients as first Guinea pigs before I even started the study to say, would you try this? How did it make you feel? So I could come up with the right amount. So for me, for my study was five milliliters.

Dave Asprey ([00:29:06](#)):

And what kind of results did people

Darlene Teahen ([00:29:07](#)):

Report? So I had them injected for two weeks, five milliliters every day, two week age, urine. So when they first came into my office, I sent them back home with a big bag of cups, and they're all labeled with their, this is the day you pee in this cup. This is the day you pee in this cup. This is the day eep in this cup, and this is the day you inject this year, and this is the day. So everything was two weeks apart so that it was all consistent, but at home you can do whatever feels right for you. And I think this is where, yeah, after we discussed that of how would you do it at home? How would you make it? It can be slightly different for other people. But for this study to keep it consistent, I found that five mils was enough to make a difference.

Dave Asprey ([00:30:00](#)):

What is making a difference is less allergies or weight loss or more energy or better vision. What results are they getting?

Darlene Teahen ([00:30:07](#)):

Everybody across the board had less inflammation in their liver. Everybody across the board had more oxygen in their cells. Wow. Everybody across the board was feeling a sense of more peace. They weren't as restless. Everybody was sleeping better, even if it's just a little bit better. These are big findings because they only did it for two weeks

Dave Asprey ([00:30:32](#)):

And it's free.

Darlene Teahen ([00:30:33](#)):

And it's free.

Dave Asprey ([00:30:34](#)):

How does one go about introducing five mils of urine into their butt? What kind of equipment do you use?

Darlene Teahen ([00:30:40](#)):

So all you need is a needleless syringe that you can pick up at any drug store. It's like what they use for medication, stuff like that that's been just injected into somebody's mouth even. But it's

Dave Asprey ([00:30:51](#)):

Okay, it's like the size of a pencil. Five mils is small and then it doesn't have a needle on the end, so it's rounded or something. And then you can just, I guess put it

Darlene Teahen ([00:30:59](#)):

In and so you just insert and squirt.

Dave Asprey ([00:31:01](#)):

Okay. And how do you get the urine into the syringe? You just suck it up into it.

Darlene Teahen ([00:31:05](#)):

You suck it up into it

Dave Asprey ([00:31:06](#)):

And you throw away the syringe each time.

Darlene Teahen ([00:31:08](#)):

And you can throw away the syringe each time, or you can, most people that do it on a regular basis keep the syringe. You can boil them, you can do anything. It's

Dave Asprey ([00:31:18](#)):

Spray with peroxide and rubbing alcohol. It's going to be sterile. Who cares? Right?

Darlene Teahen ([00:31:22](#)):

Just like when people do regular enemas, you're not throwing out the enema bag every time you do an enema.

Dave Asprey ([00:31:27](#)):

Okay. It's like that. Wow. Alright. I am officially going to try this probably right now we're filming this right before the biohacking conference, so I don't think I'm going to add this into my stack, but I will. And I'll report back on the show and probably on social media, I'm willing to give that a try. I've done far worse things in the name of biohacking, so I also don't really get triggered by anything at this point. One of the things that I'm really intrigued by is I believe that calcium oxalate buildup in humans is a major component of aging that we just don't talk about. These microscopic calcium crystals that come from food, they also come from toxic mold in your environment. They build up and they get in your joints anywhere that you've had an injury. 70% of kidney stones are caused by basically these really painful, really sharp things.

([00:32:26](#)):

They cause mitochondrial harm in studies, they damage your neurons, they cause brain inflammation. They cause a lot of skin disruptions. And it's one of the reasons that I'm opposed to kale and spinach and

more lately recognizing that raspberries are profoundly high in oxalates, but blueberries aren't, or more blueberries don't do raspberries. And a recent study, these were autopsies of adults, found something like 79% had oxalate crystals in their thyroid glands. So this is probably something that's linked to Hashimoto's. So if you have health challenges, there's a good chance something's off in your metabolism and there's also a good chance you might have had some old exposure. I'm finding this more and more, which does increase oxalates and urine contains something called Euro modlin, which is also known as THP in studies. And this is something that inhibits the crystallization of calcium oxalate and that might help with kidney stones or system-wide things. Have you looked specifically at euro modlin?

Darlene Teahen ([00:33:30](#)):

I haven't looked specifically at that because that's a whole another study. And that's why we need to start with the baseline study and then we need to do all these other studies to see how they react on the body. But there is hydrogen in urine and hydrogen water is the next biggest thing right now. But what if you could have free hydrogen water? What if you have a structured water that's free that you could have all the hydrogen you want it? That makes a big difference in the body.

Dave Asprey ([00:33:58](#)):

That is a big deal. So right now, some people listening have heard about structured water. There's a lot of, I'm just going to say a lot of hocus pocus around structured water in the world. There also are very real ways of structuring water. And my favorite, and I'll say most powerful way, is not homeopathy. It's actually structuring water the way your body does. And when you drink regular bulk water, your body holds the water up against cell membranes, which are made out of fat, and then it exposes the water to 1200 nanometer light. We also call that body heat. And after a little while you can see the change on a microscope. It creates exclusion zone water and fresh squeezed juices are structured water. All life uses structured water for biological processes. So your urine, which has been through the microtubules in your kidneys, is a hundred percent structured exclusions on water.

([00:34:59](#)):

And your body really can use exclusions on water to make energy right away. I came across this effect not from drinking urine, but on the site of Mount Kash in 2004, after I was partially recovered from chronic fatigue, I went to a remote part of Tibet and at 18,000 feet elevation, I was feeling really bad. And the Tibetan woman gives me a little bowl of yak butter tea, and I drank it not understanding that she figured this out a long time ago. All you have to do is take some fat in this case, butter, and mix it for a while with warm liquids and magically you get exclusions on water. And I felt better at altitude there than I had in probably three years. I had tried being a vegan, I'd done every kind of diet, every kind of detox, and I just was so stunned that that's what caused me to come back to Silicon Valley and start testing butter in coffee.

([00:35:55](#)):

And then I started Bulletproof, and then now I run Danger coffee. But along the way, I wrote a check for \$50,000 to the University of Washington to Dr. Gerald Pollock's work, who's the foremost expert in exclusions on water. And he ran a study and found that the type of fat that makes the biggest exclusion zone is funny enough, butter oil, which in Ayurveda is gh, and this is why cream and coffee doesn't work, but butter or ghee and coffee does work and MCT oil does work when you're making exclusion zone

water. When you blend your danger coffee or frankly warm water with butter and or MCT oil or what we're hearing now is you could use your own urine, which is automatically exclusion zone. So if you're at altitude or you're just feeling like crap and you drink a cup of urine, own urine, you will get water that your cells can immediately use to make a TP more efficiently. So this is very clear cut. That's what exclusion zone water does. And now you're saying there's a dose of hydrogen in it. I have a hydrogen water machine and we've had a Tyler Baron on a while ago talking about 800 studies of hydrogen water. It's like, okay, I have a free hydrogen exclusions zone water distribution system in my body. I just have to get over the IC factor. Why are people so triggered by urine?

Darlene Teahen ([00:37:24](#)):

Well, we've been told since we're kids, don't touch, don't touch. Dirty, dirty, dirty and North American's obsession with cleanliness and antibacterial. It is actually to our hindrance because antibacterial now we have drugs that were anti resistant to because we're too antibacterial. We haven't built up enough bacteria in our for people to think, oh, I'm peanut bacteria and I'm in, it's icky. Well, that's saying that you're icky. So there's a big process there to learn the body and learn what part of it needs to be safely disposed of and what part of it is actually medicine. So if you have urine that has hydrogen in it, it has oxygen in, it has vitamins and minerals in it and it's structured and all kinds of hormones and enzymes that could maybe potentially, we have to do more studies on it, but balance all of those that is every single medicine in one that is free. Wow. I think there's something there.

Dave Asprey ([00:38:28](#)):

It sounds like there is something there. One of the things that you'll see if you've ever peed in a beaker, and like I said, I've peed and injected my own pee. So I've peed in beakers more than a few times. Sometimes you'll see little white crystals that come out when you pee. Those are different than the white film that forms over time when you're fermenting urine, those are not something I think you want to reintroduce. Those are usually oxalate crystals or possibly phosphate.

Darlene Teahen ([00:38:55](#)):

Yeah, those are from the kidneys for sure. That's proteins from the kidneys.

Dave Asprey ([00:38:59](#)):

Well, proteins end particularly that calcium oxalate. So you don't want that. Right. So you would leave that in there. Do you filter the urine before you ferment it? Do you run it through a little micropore filter or anything? Or you just let everything go?

Darlene Teahen ([00:39:13](#)):

Just let everything go. And it does its own filtering system. So you'll notice if you leave it out that it kind of has layers to it. And so in my study I had people when they dipped in their syringe, I had them collect it from the middle of their cup that way I had them take midstream and I had them take it from the middle of their cup. So they peed in their cup every morning and made sure they were clean, they bathed and they had midstream so that we could reduce the risk of contamination.

Dave Asprey ([00:39:46](#)):

I've seen people take their urine and put it in a glass container and leave it in the sun to gather sunlight. I do know that sunlight will create exclusions on water. Do I need to tan my pee before I drink it?

Darlene Teahen ([00:40:02](#)):

It's not necessary, but people do this when you're making tinctures from herbs, people put it in the sun, people put it in the moon. Why not do it with your urine? What kind of benefits was that? Cause that's another study that could be done. Absolutely. Is putting it out in the urine more beneficial. So if in India where they put it on their skin and go out in the sun, what is the difference between sitting in the jar and going out in the sun? So all of this needs to be studied where at one point is the most beneficial.

Dave Asprey ([00:40:34](#)):

One of the things I like about your perspective and your work on this is you talk about the emotional trauma aspects of this. And if you're listening to this, what are you talking about? Well, if you study advanced meditation practice or advanced Buddhism or in particular tantra, people oftentimes think tantra is a sexual practice and there is an arm of tantra about that. But really tantra is about finding the divine in everything, including things that are gross. And if you have labeled P as gross and you're saying, oh, this is an advanced meditation, I'm going to choose to, instead of being triggered by this to actually deal with the trigger, any trigger you have is probably not benefiting you because it's an automatic thing instead of a chosen thing. So you're saying, all right, I'm going to take a deep breath or do whatever's necessary so I can try doing this thing that might push your, but also might be beneficial. It's sort of like achieving mastery over your triggers. Tell me a little bit more about your perspective on what happens in connection with the self and other things around urine therapy that maybe you wouldn't hear anywhere else.

Darlene Teahen ([00:41:48](#)):

In all of natural medicine, we don't subdivide physical health from mental health. It's only in the allopathic medical system that they subdivide it. It is treated all as one. It's like a teeter-totter. When something's often in the physical, something's often emotional. When something's often emotional, something's off in the physical and they reflect each other. In those traditional medicines, it's always seen as a balancing game between the mental, the emotional, the physical, and the spiritual. There is a balance that needs to be in place. So even if somebody that comes into my office has no interest in urine therapy, he's never heard of it before, that's fine. I'm going to use herbs, I'm going to use lifestyle changes. But in those herbs and lifestyle changes, one of the lifestyle changes has to be, there has to be something further mental and emotional so that they can make the quantum leap faster of healing.

([00:42:45](#)):

It has been proven over and over again in ayurvedic and Chinese medicine and now in more natural integrative medicines that if you add that component to it, you can heal faster. And so for my study, I had people do some breathing exercises, just some simple breathing exercises, five minutes, twice a day for the two weeks they were injecting because they needed a release mechanism. They needed somewhere for that energy to go, whether it's emotional stuff come up with the IIC factor, whether it's anything else that's going on in their life, there has to be a relief release mechanism for that.

Dave Asprey ([00:43:26](#)):

And you think urine therapy helps with that?

Darlene Teahen ([00:43:27](#)):

I do. I do because it's a detox. So even if somebody was just doing water fasting or juice fasting as a detox, you can talk to lots of people when they do that. They'll say, something's shifted. I wasn't as anxious. I wasn't as this or that when they're treating the physical. But there's emotional things that happen too. And so in some of the more ancient texts, they call shabu shabu in Aveda is your spirit water. It is God, water is what it's called. And in those ancient traditions you are God, and that is the water of God.

Dave Asprey ([00:44:08](#)):

There's probably something spiritual going on here. I'm totally down with that. My experience of Ayurveda and traditional Chinese medicine and some of the other ancient stuff from even South America and even some of the old healing texts from the world of Islam is that they had much less of a separation between the emotional and the physical, but they did come up with stuff that worked. And it's almost like there's been a concerted effort to just throw all that out because they were primitive, but I don't think they were that primitive if you start looking back. So I, I'm very open-minded about that stuff, and I think it presents some academic risk for you, right? It does. Because if you're saying it works by chemicals and you're saying, and it works by trauma, so kudos for just calling it, you see it instead of taking the more rigid path,

Darlene Teahen ([00:45:05](#)):

And this is where I'm trying to bridge the two worlds, the old medicine and the new medicine, I'm trying to bridge the two worlds so everybody can understand and have the healing that's necessary. Because without all that understanding of both worlds, it's hard to know how this is going to work for me. And some people, depending on their disposition would be like, sure, I'll try anything and gulp it down. And other people will be like, not in a million, not going to happen. But if you're sick enough, if you're sick enough, you're willing to try anything. And I've had many people contact me from all over the world, I've been there who've had lots of very interesting things that's manifested in their body as different illnesses. And they're the kind of people that have tried everything and they're like, I try bu, but it hasn't

quite worked for me. What am I doing wrong? And so what I say for this demographic, people are going to try it or not try it, is go slow. Go slow. Because when the body's been broken down for decades, it can detox too fast. It can be too much too soon. It can be like all of a sudden seeing the alien and being overwhelmed and passing out and not remembering if it actually happened or not. It's too much.

Dave Asprey ([00:46:18](#)):

It's like burning man, basically. I gotcha. Yeah.

Darlene Teahen ([00:46:20](#)):

Yeah. So when those people come to me, I have to restructure. We have to work on their digestive system. We have to work on all these things first before they can even start doing that because it's too much for them. They're reactive to everything. So then that's when the autoimmune diseases start kicking in and everything because you just reacting to everything and reacting to their own body. So if they're reacting to their own body, then they may react to the urine too. But it can be through correcting the digestive system, through the gut flora, through fixing the pH, these things, then it can be more acceptable to the body. And then further healing can happen

Dave Asprey ([00:47:02](#)):

For years. Now, I've talked about fecal matter transplants, and I've even taken parasites, parasite eggs on stage at the biohacking conference as a way of inducing healing in the gut. And that was kind of freaking people out. Those were, I think, pig whipworm eggs, if I remember. And so there's all these things that you're like, Ew, but there's clinical evidence for them. And fecal matter transplants, you take poop from healthy person and you put it in an unhealthy person and sometimes within minutes to hours it can reverse a life-threatening Clostridium infection. So this is all leading up to the question, should I be asking my healthiest friend for their urine or should I be using mine?

Darlene Teahen ([00:47:47](#)):

Right? I think you should be using yours because back to the beginnings, a homeopathic version of it, unless you were super sick and couldn't use your own, or you had maybe some exposure to radiation or something, then I would take somebody else's.

Dave Asprey ([00:48:03](#)):

There's some pharmaceutical drugs that are eliminated, sometimes unchanged, or sometimes more powerful metabolites. So if you're on pharmaceuticals that exit through urine, you might have to reduce

your dose if you drink a meaningful amount of urine. But if you're just having five milliliters, it's probably not going to matter.

Darlene Teahen ([00:48:20](#)):

And injecting five milliliters, rectally is a whole lot easier than a fecal transplant, a whole lot safer and cleaner. There's very little that can go wrong with five milliliters injected.

Dave Asprey ([00:48:32](#)):

The only time in the research I've done where I've really come across people intentionally drinking other people's urine is when you're working with hallucinogens. So some tribes, when they were eating certain types of mushrooms, the men would drink the mushroom to or eat the mushrooms first, collect their urine and give the urine to the women because they were protecting the women from the first line toxins because the women had kids. So it was almost like, here, I'll just use my filter first. And then the psychoactive properties are still present in the urine, but some of the negative factors. So I've seen that. And that would also mean probably if you had a really interesting night the night before where you were taking certain medications, probably MDMA or psychedelic mushrooms, probably not ketamine, from what I understand, then you might want to not drink that urine because you would get re-exposed, right?

Darlene Teahen ([00:49:29](#)):

Yeah. But at the same time, you might want a bit of it after ayahuasca. I've drank my own urine the day after for sure.

Dave Asprey ([00:49:36](#)):

Oh, after I could see that. As long as you're with a good shaman, I have my concerns about eye out.

Darlene Teahen ([00:49:42](#)):

But traditionally, if you look at the traditional of drinking other people's urine after psychedelics shamans, what they would do is the people, they were trying to reduce the potency of the plants too. At that time, we were at a different energetic level, and I've done a lot of study in South American medicines. And so the shaman would drink it, and then you would drink a diluted version of that because it was too strong more than anything.

Dave Asprey ([00:50:11](#)):

So you were drinking the shaman's pea.

Darlene Teahen ([00:50:13](#)):

I didn't drink the shaman's tea. No. This is in history of it. When I've talking to different traditional shamans in the shabo tradition and other shamans, that's traditionally what was done. People didn't actually, or sometimes they didn't drink it at all. The second time around, they were just, the shaman would send his energy or their energy on the people in the ceremony, and they didn't take any medicine at all. So there's different kind of layers and there's different tradit traditions, and they're all very interesting and fascinating of why they did one thing and why they didn't do another thing. Because some of it can just be cultural because they were the big shaman and they're stronger than somebody else. Or is there an actual reason for it energetically to pass it through so that it can be processed better?

Dave Asprey ([00:51:02](#)):

Alright, I'm going to go through the complete list of ways to use urine, and then I want you to sort of walk me through a short version of each of those. And I'm doing this in part because we're going to turn this into a little informative clip because there are people who don't have the patience to listen to a podcast. And so this might be all they get. And maybe then they'll want to listen to the whole podcast. So here we go. These are the ways you can use your own urine for healing. There's drinking it, there's injecting a small amount rectally, injecting it into muscle tissue. There's nebulizing it and breathing it, and then there's rubbing it into your skin. And you can do it with fresh or with two weak or more aged urine. Alright, what do I need to know about this?

Darlene Teahen ([00:51:49](#)):

You could also bathe in it. You could also put it in a neti pot. You can put it in eyedrops. You can put it eardrops

Dave Asprey ([00:51:58](#)):

Neti, pot of urine. That's aggressive. I haven't tried that. What does that do?

Darlene Teahen ([00:52:02](#)):

I've done it before. So when I was a child, I had an operation on my nose, so I had all the veins burned in my nose, and I had a bunch of scar tissue in my nose.

Dave Asprey ([00:52:10](#)):

Chronic nose bleeds, huh?

Darlene Teahen ([00:52:11](#)):

Yes. Yeah. And all the wisdom is that they just burn the veins. Well, that doesn't really fix things and it causes a lot of issues.

Dave Asprey ([00:52:21](#)):

I had to do PTSD work on that. I had silver nitrate, which burns really bad, rubbed in my nose, and then they electrically cauterize my nose without anesthetic. When I was under 10, that was not something I would like to repeat. And it was because I had chronic nosebleeds because they didn't understand toxic mold or mast cells. So you got scarring from that. I probably have a little scarring too.

Darlene Teahen ([00:52:44](#)):

When I first started doing Happe rap A with the indigenous practices, it burnt really bad because of that scar tissue. And I'm like, I've got to heal this. I've got to work on this. So at the same time, I was also starting to get into this practice, and so I put a little bit of fresh in with water in my nutty pot, Solan saltwater, mixed the two together so it wasn't as strong and put it through my nose. And I have it all healed, nailed except for one little teeny piece. And I did that regularly for a couple of years.

Dave Asprey ([00:53:21](#)):

And you think it healed your sinuses?

Darlene Teahen ([00:53:23](#)):

Yeah. Yeah. There was always this irritation inside my side. It says there's nothing wrong but nothing, right. There was just that where I just wanted to get up there and any little booger would cause irritation because of they took really soft tissue and they burnt it. Right?

Dave Asprey ([00:53:43](#)):

Wow. It's amazing what doctors will do when they don't understand the why. They say, if you have this, do this. We'll stop that symptom. But maybe that's not the way to think

Darlene Teahen ([00:53:53](#)):

About it. It's very proactive rather than proactive. It's going to stop the bleeding, but why is it bleeding? To begin with what was going on? I had some bad digestive problems and they weren't looking at that. They weren't looking at what was going on in me as a child. They're just like, we stopped the bleeding, we fixed

Dave Asprey ([00:54:08](#)):

It. Chronic nosebleeds are almost always caused by sensitive mast cells in the nose because when a mast cell gets set off by an allergen, it releases heparin, which is a blood thinner. So then I went through many years of 10 nosebleeds a day. I always had Kleenex and rin nasal spray stop 'em quickly, just even go through eyes. It's really not good for dating to have nosebleeds all the time.

Darlene Teahen ([00:54:32](#)):

I had nosebleeds to every time I had a nosebleed, I had to go to the hospital so they could stop it. I couldn't get it to stop without going to the hospital.

Dave Asprey ([00:54:37](#)):

Wow. So you had a really big reaction. It's funny how people have different health problems. Just figure out here's what actually works because you deal with it every single day. And I would've snorted my urine to stop nosebleeds. And fortunately, I very rarely get them now because I've got my immune system mostly under control. But every now and then, it still misbehaves. We haven't talked much about nebulizing, and so how much urine am I using evolved urine or fresh urine, and how much of it do I breathe?

Darlene Teahen ([00:55:05](#)):

Well, and this is the thing, nebulizing is kind of new on the market, so I'm talking with an international community of should am believe users. And so I'm just going by what they're saying and how they're doing it because it hasn't been studied the effects of nebulizing yet, but the fine little particles going into the lungs, it can help a lot. So if it can help your liver, why wouldn't it be able to help your lungs? It makes sense to me.

Dave Asprey ([00:55:34](#)):

That's something I would be willing to try. So I'll probably find my nebulizer and have it in a closet somewhere, and man, I'm going to have to start peeing a lot. But I'm totally willing to try this stuff and report my results because it's unlikely to do anything.

Darlene Teahen ([00:55:48](#)):

I do know nebulizing it, it goes into the blood cell stream really fast. So with everything else go easy when you first do it. I was on this conference call and this guy was nebulizing and nebulizing and nebulizing, and I'm like, how are you doing that? But he was the kind of person that had done all the detox, done all the fast, done all the, you would be really dizzy from just taking in that much oxygen and that much, but he was just going, so somebody that's regularly done it and he's just going to town on this nebulizer. And I was like, holy, you've really cleaned. I could tell how cleaned up his body was by how long he was able to use that nebulizer.

Dave Asprey ([00:56:25](#)):

Interesting. It's true that you can teach your mitochondria to make more energy. People sort of think I have energy or I don't. It's not a light switch, it's a slider switch. And I wrote about this in my big book on longevity about a mitochondrial function and something like 48% of people under age 40 have early onset mitochondrial dysfunction. So they're making energy just not very well, and almost everyone over age 40, unless you're on aggressive longevity regimen like I am you're going to have some just lessening of mitochondrial power. So if nebulizing or drinking or doing anything else with urine helps to address that, I'm okay with that. I'm going to see what results I get. And if you've built a resilient system that's less triggered by things and makes power more effectively, of course you'd be able to handle more of something, whether it's good or bad, it makes sense on its face,

Darlene Teahen ([00:57:18](#)):

Right? It's a good gauge of health. You know what I mean? Are you getting regular colds? Are you getting regular flus? It's the body's way of detoxing. This is a gauge of, it's not just what's going on, it's how your immune system is functioning. It's how the body is keeping up with what's going on around you mentally and physically.

Dave Asprey ([00:57:36](#)):

Yeah, it, it's a very holistic view, but I think it's the right view. One of the things I've seen for sore joints, and I've had three knee surgeries before I was 23. I used to have terrible, terrible joint pain most of the time is that you can use urea or just urine on joints specifically that hurt. So should people pee on a bandage and wrap it on their knee? If it hurts, is that going to make a difference?

Darlene Teahen ([00:57:59](#)):

I believe so. I would absolutely. And even burns and stuff like that, there's been huge, I would love to do a study on burns because just in my own first aid kit, my wife burned her hand really bad two weeks ago and it was starting to blister and I'm like, you're going to have to put urine on it. And she's just like, oh, this again. And so I took out my aged urine, she didn't have any, and we soaked a cloth and put it and kind of dripped it over top of the burn and dripped it into a pan with ice and dripped it over. Within two

days she didn't have to put a bandage on it. Wow. Within, now it's two weeks later, you can't even tell there's not even a scar. And she grabbed a cast iron firing pan, not knowing it was hot.

Dave Asprey ([00:58:46](#)):

It's funny, just back in 2022, the National Library of Medicine, there's a paper called urine derived stem cells for Epithelial Tissues reconstruction and wound Healing. So if you're listening to this show right now, you might be having cognitive dissonance going, wait, I thought he was gross. But they're publishing things saying it has stem cells and there's 6,000 years of history of using it for healing. So the healthy perspective to have on this is one of curiosity. You don't want to say it can't work. You don't say, I religiously believe that if I do myself with urine no matter what, it'll make me enlightened. Both of those are probably unhealthy perspectives. But is this a tool you might want to have in your toolbox? Yes. I think it is just based on even that one study. And then before that, another group published something about functional characterization of immunomodulatory properties of human derived stem cells.

([00:59:43](#)):

What does that mean? It means that what you're saying about anti-inflammation and control of inflammation, it's real, not just because we've seen it for thousands of years in Ayurveda and in clinical practice, but because now we're seeing it in studies including the kind of study that you did around improved sleep even. So an area where I don't have clarity is some people will say, well, urine is an ultra filtrate and it's sterile, but it seems like every tissue in the body has a microbiome when we look at it. So urine is not technically sterile, is it?

Darlene Teahen ([01:00:18](#)):

It is antibacterial and antifungal. And so if I was out in the woods and really badly cut myself and it was dirty for some reason at the cut point and I had nothing, I would absolutely put urine all over it in order to clean it. I wouldn't be concerned that it was going to get more bacteria and cause me to have a bacterial infection. Blood wise, I would clean it daily with my urine a hundred percent.

Dave Asprey ([01:00:48](#)):

And urine's going to be cleaner probably than anything else you find. You might find a waterfall or something, but

Darlene Teahen ([01:00:53](#)):

Even that waterfall, you don't know if there's bacteria in that water, but you'd know what's coming out of you.

Dave Asprey ([01:00:58](#)):

That's true. And there might be some bacteria in your urine, but unless you have a urinary tract infection, it's probably not particularly harmful bacteria. It might even be good bacteria. Right. And when I mentioned urinary tract infections, I've helped so many friends, particularly women who keep getting recurring UTIs and I just step away from the kale, the spinach, the raspberries, the chocolate, even the sweet potatoes and all these nuts. They reduce the amount of oxalate in their diet and then they don't get micro cuts on the inside of the urethra from passing little razor sharp crystals and then they stop getting these infections. So I would guess that if someone knows they have a UTI, they probably shouldn't collect that urine because there's a pathogenic bacteria in the path of urine collection. Right. Well,

Darlene Teahen ([01:01:47](#)):

I disagree with you. I anecdotally, I have someone that was using it for UTIs anytime they had chronic UTIs their whole life, anytime they got a TI now they drink a little bit of it and it seems to clear it up within two days.

Dave Asprey ([01:02:04](#)):

And

Darlene Teahen ([01:02:04](#)):

That's what we're researching. It is the, okay,

Dave Asprey ([01:02:06](#)):

So you're drinking it and it probably has anti antibodies or something that are signaling to the body that the presence of the stuff

Darlene Teahen ([01:02:13](#)):

So that the body will get to work and clean it up. So when somebody has a UTI, there's bad bacteria in the eth eth thigh in the bladder, possibly in the kidneys, hopefully not too much in the kidneys. Also the neuro end going to end up with a kidney infection, but usually it's because their gut biome is off and that needs to be corrected. So to me, it's not just the oscillates in those fruits and vegetables, it's a bigger picture. The bigger picture is the uric acid levels in the body, but a lot of uric acid levels can also be off due to the pH being off due to a lot of different factors in the body. So all of this needs to be studied more and more so we have a better understanding of what needs to be done.

Dave Asprey ([01:02:54](#)):

There's some interesting research out there about urine and pH, and if your pH is either too high or too low, it influences whether you're likely to get calcium phosphate kidney stones, which is the minority of them, or calcium oxalate, which is primarily caused by eating the wrong plants and by yeast or potentially mold metabolism in the body. So you don't want your urine pH too high or too low, and you can easily change it by taking baking soda for instance. What is the best urine pH in your opinion?

Darlene Teahen ([01:03:31](#)):

Urine GH should be a little bit higher. It needs to be a little bit higher than your saliva pH

Dave Asprey ([01:03:36](#)):

Higher means more alkaline, but you don't want it too alkaline because then you get more phosphate red.

Darlene Teahen ([01:03:40](#)):

No, you don't want it too alkaline either. You just want it a little bit higher so that it is the right what's coming out of the body. But if you take your urine and you check the pH of your urine and it's too acidic aging, it makes it more alkaline, it does correct itself.

Dave Asprey ([01:03:58](#)):

So the normal range is between six and 7.5 for urine pH. And so you like it like around seven, up to seven and a half, ideally

Darlene Teahen ([01:04:08](#)):

Up to seven and a half, 7.8 at the max.

Dave Asprey ([01:04:11](#)):

Okay. And you can get that from baking soda. You can modulate what you eat. Uric acid can be a thing, and I'm a huge fan of taking potassium citrate as a modulator for that because having extra potassium is generally good for you. It would be preserved in your urine at least whatever wasn't used, and then you could recycle that if you wanted to. And having more citrate helps to break up calcifications in the body, which is why I like that. Yes. Are there any supplements that are incompatible with urine therapy?

Darlene Teahen ([01:04:41](#)):

Good question. Good question. If somebody as on any pharmaceutical drugs, I would say take it easy. Take it easy. When it comes to the urine therapy, it can help you get off it, but at the same time, you don't want too much of that being restructured back in there. But as far as supplements, if there a good quality supplement from a natural source compared to synthetic supplements and vitamins, synthetic, the body sometimes can't tell if it's real or not, and we'll just let it all go, and then you're putting it back through and then the body has to release it again and then you're putting it in. So if you're drinking that, then it's kind of in this vicious cycle. But the great things about eating real food that isn't chemically based and real supplements and herbs is the body's going to take exactly what it needs and it knows what to do with it and release the rest. So I'd like to think that is the same with urine, that the body's going to take in exactly what it needs and release what it doesn't need.

Dave Asprey ([01:05:46](#)):

Back to that comment of saying, I have the most expensive urine on the planet, I'm okay to release what my body doesn't need because that means it got what it needed and it's not that big of a deal. It seems like there might be benefits if you're on chelation, this is where you're likely going to be extruding a lot more mercury and other heavy metals through your urinary tract. You wouldn't want to drink a lot of that, but if you drops of that, probably will tell your body that you've got more of these things on board and you should start dropping them. So maybe it would help, but I wouldn't want to drink a cup of chelation. P.

Darlene Teahen ([01:06:17](#)):

Yeah, I wouldn't want to drink. No, definitely if you're on any kind of chemo or chelation or anything that you're putting more drugs into you, I wouldn't want to do wait until after. Because even if you look at antibiotics versus probiotics, you don't want to do a probiotic while you're on the antibiotic because it's counterbalancing each other. So you want the antibiotic to do the work first, get rid of all the bad bacteria that's causing that. And then the probiotic after true replace what's been taken.

Dave Asprey ([01:06:49](#)):

It's interesting. I brought an expert in on five, six years ago on the podcast. I'm not remembering who it is off the top of my head, but we went deep on that and it turns out at least from that expert, the perspective was you probably want to take the probiotics because even dead probiotics have signaling mechanisms that are beneficial in the body. Basically, dead healthy bacteria serve as a post biotic. So you would want to have those present and it's unlikely to cause harm, but it's probably going to be helpful. And then as you're tapering off, you'll always have them present. So based on that, I started taking probiotics on the very rare times when it was worth taking an antibiotic. And I think I get better results from that.

Darlene Teahen ([01:07:33](#)):

And this is another thing that needs to be studied more is some people will take the probiotic at a different time of day where if they take the antibiotic in the morning, they'll take the probio at night, especially if their bacteria is way off. And that may help other people if they've got a severe infection you don't want. So the antibiotic is killing both the bad bacteria and good bacteria. It doesn't differentiate between the bacterias. And so if you're put pumping in more good bacteria, you want it to make sure that it gets a good wipe of the bad bacteria is my train of thought with this. And so I would like to stop that for a second, kill as much of the bad bacteria as possible and then pump up the good bacteria and also the prebiotics. So vegetable fiber for fiber, that is a prebiotic for the probiotic, which is going to help multiply it faster. That is the food for the probiotic.

Dave Asprey ([01:08:24](#)):

Makes a lot of sense to me. Darlene, your website is [vitality expert.ca](#) and [guys.ca](#), that's the canadian version of [.com](#) pretty much. So [vitality expert.ca](#). I know that you'll publish your work and you blog about things there. Where or what journals are you planning to publish your work in?

Darlene Teahen ([01:08:43](#)):

This is the controversy between natural medicine and allopathic medicine. Some of the allopathic medicine venues have locked down some of those journals. And just like in some of our media is being locked down, especially in Canada, you're not allowed to get some media stations in Canada right now. They locked down some of the information. So some of those journal articles are not allowed in some of those journal places where they may be more readily acceptable in other ones.

Dave Asprey ([01:09:11](#)):

But in the meantime, this research is available online. I mentioned some of the studies. You have lots of other studies that have already been done on your website. And I say, guys, there's just a preponderance of evidence that there's something going on here. We have mechanisms of action, lots of them actually, whether it's structured water or it's urea or it's these immunomodulatory properties. So which one is it? Probably all of them. Just like if you say, well, what causes bread? That's a dumb question. You have to have a recipe and you need flour, water, yeast, salt and heat and all those things in the right order at the right time, and then something happens. So is urine therapy working because of one thing? We have no reason to believe it's only because of one thing, and it might be because of 10 things, and it might be because of two things.

([01:10:08](#)):

But that's what science is for, is help us figure out how do we distill this? The cute dad joke there for the most effective dose, the most effective way of using it. And because people hear P and they think, Ooh, gross. I think a lot of times we just don't. We stop thinking at that point. And I just want to thank you for doing the hard work of thinking and doing something that's difficult because like I said, if people are automatically triggered by it and you're saying, this is what I'm going to study, it almost means you have to do extra good science to overcome. People's just built-in biases. So thank you.

Darlene Teahen ([01:10:48](#)):

Right. You're welcome. And the international community of Sibu is working on a database presently so that all those different informations from all over the world can be in one database so that people don't have to do the deep, dark, dig in all over these things to find out good information that is relatively available. And so podcasts like yours and other as we can get more information out there, and information isn't as locked down as it used to be. It's changing the

Dave Asprey ([01:11:19](#)):

World, I think it is. And there's so much more knowledge from our ancient practices to be unlocked. And end of the day biohacking is about changing the environment around you and inside of you so you have control of your own biology. And we do it via any means necessary. So I don't care if it's gross, I don't care if it's pharmaceutical, I don't care if it looks stupid, if it works and it gets me results to live longer, to be more conscious, to have a brain that works better, the things that I care about, I'm going to talk about them and I'll keep doing them unless there's evidence that there's harm or that there's something that works better. And just that curiosity with a goal, it's pretty liberating. If instead you're stuck in that I'm only going to do things that aren't triggering to me and I'm only going to go do things where there's a bunch of studies that say, this one thing works, you're the kind of person who is still eating tablespoons of flour instead of eating bread because you have to find the recipe for you and biohacking around, let's try all the ingredients and see what happens and back off a little bit.

([01:12:18](#)):

So maybe urine therapy or Sivan bu is for you and maybe it's not, but it's worth knowing it exists. So thank you again, Darlene for your research.

Darlene Teahen ([01:12:28](#)):

Thank you.

Dave Asprey ([01:12:29](#)):

If you guys like this episode, you know what to do. Go pee on a friend. Okay. Not really pee on yourself. Okay. Not really. Pee in a little jar and let it sit for two weeks and then stick it up your, okay. Well you know what I was going to say. So in other words, give it a try. Be curious or don't. Either way, you're still a good person. Probably. You are listening to the Human Upgrade with Dave Asprey.