

# Research Note

## **Clarifying Misconceptions About Urine Therapy/Shivambhu: Scientific, Cultural, and Spiritual Critiques in Context**

*UTRI – Urine Therapy Research Initiative | M Macdonald, PhD | 2025  
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## **Urine Therapy Research Initiative**

### Urine Therapy Research Initiative Aims

This discussion is part of the Urine Therapy Research Initiative which has two specific research aims – to link cutting edge scientific research on human urine-derived stem cells (USCs) to the health benefits reported by urine therapy practitioners; and to examine the detoxification potential of urine in relation to toxins and heavy metals (HMs). The overarching research initiative also has an education component as urine is not yet known for its far-reaching health benefits.

This research note is part of a series of short discussions on various topics to highlight the potential to apply urine studies to a broader range of topics.

This draft document has not yet been revised by outside readers, nor experts in various fields. This work is by definition exploratory and interdisciplinary.

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[Note: This article references claims made in a public podcast. The source transcript and citations were reviewed and edited by the author for accuracy. The author critically analyzed and integrated AI-assisted (ChatGPT OpenAI, 2025) content into this draft.]

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## Clarifying Misconceptions About Urine Therapy/Shivambhu: Scientific, Cultural, and Spiritual Critiques in Context

**Context:** Urine therapy, also known as uropathy or shivambhu, surfaces in public discourse from time to time. Aside from practitioners and teachers on the topic, any mention of urine therapy is generally focussed on disgust. Societal taboos understandably lead to expressions of concern about the practice, specifically from those who have no experience with the practices and existing bodies of research. Unfortunately, commonly used rhetoric relies on heightened emotional language, which may provoke fear rather than encourage curiosity about this centuries-old practice.

This Research Note incorporates responses to critiques from three kinds of sources.

- Medicalized skepticism of urine therapy (holistic health practitioners)
- Public mockery / mainstream doubt (news media and medical websites)
- Spiritualized authority rejecting of urine therapy (health & wellness podcasts)

This research note was requested by colleagues and clients who had heard a podcast episode in 2025 by a health & wellness author. The episode focused on the potential dangers of urine therapy however, the host of the episode has no known experience with the practice. To provide some answers to those who were asking, it seemed relevant to write a piece from a scientific and experience-based perspective. Other critiques have been brought in alongside those raised in the podcast to round out the critiques.

Each critique is taken in turn. Each response to a critique includes a reference section with articles or books that the reader can investigate to deepen their understanding of urine and urine therapy. Those who share information about urine therapy receive many inquiries asking for sources to reference. It is important to provide grounded research and scientific depth.

**Aim:** This article seeks to clarify recent critiques of urine therapy. The recent podcast episode provides solid examples for discussion. The host is not alone in raising concerns about urine therapy however, those who raise concerns are not those who have decades of practice and experience. This short piece is an attempt at an open discussion using scientific evidence and clarification.

While skepticism of unconventional therapies is both understandable and necessary, critique is best offered when based on logical reasoning, evidence from practitioners, and current research.

**Researcher Lens:** The point of view that I bring to this piece is that of a urine therapy researcher, teacher, facilitator and practitioner. The confidence that it can help with health is founded on a personal daily urine practice since 2013. The main work that I facilitate is consulting, teaching and leading groups and research. I am a founding member of the Urine Therapy Research Initiative (2024), and a lead researcher. I reference academic research, personal experience, and hundreds of client and student stories. My goal is to provide information that is sound, and rooted in experience and research.

This research note is for those who are curious and have an open mind. There is a wealth of information – books, articles, scientific journals, podcasts, videos, and groups – available about Shivambhu practice from those who have done it for years.

In the afore mentioned podcast episode, the host focuses on the vulnerability of people who are suffering with unknown illnesses and seeking answers. The premise is that these people are being fed misinformation about urine therapy.

As a practitioner myself, I agree that information on urine therapy has to be clear, well explained and based on experience, not premise. Clearly, there is shared concern, from the host and myself, around clarity of information in wellness spaces. It is important, then, to look closely at how claims are made and on what evidence these claims rely.

Each person is free to come to their own conclusions.

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### **Misconception: Urine is toxic waste, meant to be expelled**

Urine is a filtrate of the blood plasma. The kidneys filter blood, the excess of which being 95% water, is released to the bladder and leaves the body as urine. The state of the urine is a direct result of the state of the blood that flows through the kidneys. Urine is not waste; it is a complex biofluid. In fact, David Wishart, the lead researcher on the Human Metabolome Database at the University of Alberta considered that urine may be the most complex biofluid in the body. It contains metabolites that benefit human health:

- Hormones (e.g. DHEA, melatonin)
- Enzymes, electrolytes, trace minerals
- Urea (used medically in dermatology and cancer therapies)
- Antibodies and immune signaling compounds

Remember that the human body starts life in the womb in amniotic fluid which is made up mostly of fetal urine by month seven. Much of fetal development happens through the upcycling of urine through the nasal and oral passage. The urine is swallowed, processed by the organs, filtered by the developing kidneys, and returned as urine to the amniotic sac. If urine was dangerous, it would not be part of the development of the fetus.

In integrative medicine, therapies such as autologous blood transfusions and platelet-rich plasma (PRP) rely on the body's own fluids to stimulate healing. Autologous urine therapy (AUT) draws from the same principle. The body's choice to excrete something does not inherently mean it is harmful if reintroduced, e.g. stem cells are produced daily in the kidneys and immediately excreted in urine. Current research is showing these stem cells to be among the most viable for human health advances.

## References:

Shi et al. (2022) Differentiation capacity of human urine-derived stem cells to retain telomerase activity. *Frontiers in Cell and Developmental Biology*.

Spitznagel, E. (2017). Pee Is So Much Crazier Than We Ever Realized. *Vice Magazine Online*. <https://www.vice.com/en/article/wnkeqz/pee-is-so-much-crazier-than-we-ever-realized>

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## Conditioning: Urine Therapy is Gross / Absurd

- “Who in their right mind would drink their own pee?”
- “This sounds like something from a cult, not a health practice.”

The disgust response, whether to urine or food or behaviour, is culturally conditioned. In articles about urine therapy, it is used rhetorically to dismiss rather than engage. This assumes disgust is universal, but disgust is learned – small children are not disgusted by urine until they are taught. As a fetus we swim in our own urine. It is only through social and cultural conditioning that we learn to avoid urine.

One reason for the aversion is the smell of ammonia breaking down as urine goes stale. When it sits, for example, on synthetic textiles and cement, or as it ages in containers the smell can be strong for a few days to two weeks. Depending on the context, this can deter even the curious few. However, history shows that many cultures across the centuries have learned to use the power of urine. This bodily fluid was not disgusting; it was useful and part of everyday life

Urine has held a continuous and increasingly important role in the progress of medicine. Doctors used to be trained to examine urine through taste. Now chemical tests and microscopes dominate urine analysis. It is a staple of medical practice that cannot be underestimated. Indeed, the list of uses is broad – from the earliest archeological finds, and preindustrial times, to ancient Rome, 16<sup>th</sup> century Europe, up to the present day:

**Leather Tanning and Softening** (ancient to modern)

**Textile Production** (Harris Tweed, Woolen industry)

**Laundry and Cleaning Agent** (ancient Rome)

**Dye Fixative** (Mordant 16<sup>th</sup> cent.)

**Fertilizer for Gunpowder Production** (pre 20<sup>th</sup> cent.)

**Mouthwash and Teeth Whitening** (Roman era, year 50, BCE and onward)

**Relief of Aches and Pains** (e.g. compresses for sore joints and muscles)

**Source for Medicines** (e.g. hormones, urea cream, Urokinase)

**Cornerstone for Organic Chemistry** (19<sup>th</sup> cent. discovery of synthetic urea instigated modern organic chemistry).

**Modern Experimental Uses** (Bacteria-fed urine generates electricity; urine-derived stem cells used for regenerative medicine (e.g., stem cell therapy, growing teeth)).

Author and journalist Sally Magnusson sums it up well:

“Long before anyone knew it contained the bio-chemicals that created the planet and continue to sustain its life, people understood that urine was powerful. So, from the earliest days of history we find it being examined for illness, tested for pregnancy, recycled for health, spread on fields and used to clean just about anything.”

It takes time to overcome disgust. Modern day disgust of urine is learned, and not part of a biological imperative. Humans are not hard wired to fear or dislike urine. This can be changed with education and awareness. Disgust is not an argument against the use or practices with urine.

### References:

Eknoyan, G. (2007). Looking at the Urine: The Renaissance of an Unbroken Tradition, *American Journal of Kidney Diseases*, Vol 49, No 6, 865-872

Kumar, M. (2013). From Gunpowder to Teeth Whitener: The Science Behind Historic Uses of Urine, *Smithsonian Magazine*, <https://www.smithsonianmag.com/science-nature/from-gunpowder-to-teeth-whitener-the-science-behind-historic-uses-of-urine-442390/>

Magnusson, S. (2010). *The Life of Pee: The Story of How Urine Got Everywhere*, London: Aurum Press.

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### Misconception: Injecting urine creates antibodies and allergic reactions to your own nutrients

This concern demands a deeper dive into the nature of immune tolerance. The immune system distinguishes self from non-self via complex checks (central and peripheral tolerance). Substances produced by the body—like insulin, stem cells, or urine—are not seen as foreign unless altered or contaminated. The body created the urine. It recognizes it as itself, and will not mount an attack against the complex liquid it just produced, when applied appropriately.

- Autologous substances are typically tolerogenic, not immunogenic. That means, unless modified or contaminated, your immune system is trained not to attack its own constituents (central tolerance).
- Microdose urine injections (0.1–1 mL) are used in Europe and Japan to modulate immune responses in allergies and autoimmune conditions.
- These preparations are filtered or diluted, further reducing immune activation risk.
- The suggestion that injecting trace nutrients causes the body to become allergic to its own vitamins lacks evidence. Were this true, common treatments such as B12 shots, insulin, stem cells, or PRP therapy, would provoke widespread autoimmune disease—yet they do not. [Even in rare instances of immune sensitization (e.g., insulin allergy, see article reference below), this occurs with repeated, high-dose, foreign protein exposure, not from

trace compounds in microdose urine injections. The two examples cannot be productively compared.]

As well, therapeutic use of urine is already medicalized and these practices are part of evidence-based biomedical research:

- Urokinase, a powerful enzyme derived from urine, is injected therapeutically to dissolve blood clots.
- Stem cells harvested from urine are being explored in regenerative medicine — including injections.

### **References:**

Jutel et al (2006) Mechanisms of allergen-specific immunotherapy: T-cell tolerance and more. *Allergy*.

Said et al, (2023) Case report: Insulin desensitization as the only option for managing insulin allergy in a Sudanese patient. *Frontiers in Allergy*.

Zhou et al. (2022) A Comprehensive Review of the Therapeutic Value of Urine-Derived Stem Cells. *Frontiers in Genetics*.

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## **Misconception: Urine therapy has no evidence and has never helped anyone**

To the contrary, there are thousands of documented cases and research. Most of the published material is from England, Germany and India, and includes case studies on:

- Chronic infections and allergies
- Skin conditions (psoriasis, eczema)
- Hormonal regulation
- Chronic diseases

Additionally, the Human Metabolome Database, housed at the University of Alberta, lists more than 5,000 compounds found in urine. Over 3000 of these are endogenous (made by the human body). This list includes hundreds if not thousands of metabolites which are available as supplements in health food stores. These have known physiological and therapeutic health roles. Urine therapy practitioners report benefits that align with these metabolites being bio-available, e.g. reduced menstrual cycle symptoms for women drinking urine; the hypothesis is that the female hormones present in urine are bio-available for upcycling.

Additionally, thousands of academic and anecdotal reports exist from:

- Practitioners trained in Ayurvedic medicine (amaroli tradition), in India. As well, topical and oral applications in Japan have been recorded. Traditional Chinese Medicine is also aware of urine as a treatment.

- Western physicians using auto-urine therapy injections (AUTI), such as Naturopathic Drs. Peschek-Böhmer and Schreiber (*Urine therapy: Nature's elixir for good health*).
- Case studies from urine therapy pioneers like Dr. John Armstrong (*The Water of Life*), and Dr. Charles H. Duncan (*Autotherapy*). Thousands of medical and scientific journal articles as presented by Martha Christy (*Your Own Perfect Medicine*).
- As already mentioned, current research from the University of Alberta detailing the over 5000 metabolites in urine, many of which have known health benefits (Human Metabolome Database).
- Online urine therapy forums with members who report the benefits.
- Client and student reports from urine therapy teachers around the world. Various teachers report group members and clients with healing of chronic conditions, relief from allergies, relief from skin conditions, alleviation of chronic constipation, better energy and more positive outlook on life, to name a few.

### References:

Armstrong, John W. (2003). *The water of life: A treatise on urine therapy*. Godalming, UK: Society of Metaphysicians Limited

Bouatra et al. (2013). The human urine metabolome. *PLoS ONE*

Christy, Martha. (1996). *Your own perfect medicine*. Chicago, IL: Wishland LLC

Duncan, C.H. (1918). *Autotherapy*. Cornell University Archives

Peschek-Böhmer, F. and Schreiber, G. (1999) *Urine therapy: Nature's elixir for good health*. Rochester, VT, USA: Healing Arts Press.

Wishart et al. *The Human Metabolome Database (HMDB)*. <https://hmdb.ca/>

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### Concern: Potential Harm: Urine therapy is dangerous and reckless

Like any intervention, safety depends on method and practitioner skill. Risks arise from improper collection, unsanitary conditions, or lack of informed application—not from urine itself.

In Germany, urine therapy is available to learn, specifically for naturopathic physicians, and it is regulated. In many traditions, protocols include:

- Midstream collection
- Microdose or sublingual administration
- Adjusted frequency based on patient response and condition

Quotes from the skeptical include:



- “Re-ingesting toxins can damage your kidneys.”
- “UT could lead to infections or dehydration.”

The implication is that what is excreted is biologically harmful and that UT practice is inherently unsafe. Yet, those who have practiced UT for years are proof that it is not intrinsically dangerous. There are many people who are public about their decades long practices of UT, including Shakti Mhi (40+ years), Brother Sage Roth (30+ years), Mónica Schütt (20+ years), and many more.

The other notion, that UT leads to infections and dehydration is also not reported by those who practice. The opposite is the case with hydration. Indeed, long-term practitioners find that fresh urine is more hydrating than even water, as urine is structured, negatively charged and contains all the metabolites needed for health (albeit in tiny volumes). Dr. Gerald Pollack’s work on the fourth phase of water highlights that water inside the cells of the body, and this would include urine, can carry this charge.

UT is also regularly used to heal infections as it is known to be antimicrobial against bacteria, viruses and fungi. This is widely found in the scientific literature, from the Lancet to the New England Journal of Medicine and many more. Martha Christy’s book contains many of these references for those interested in more detail.

## References:

Christy, Martha. (1996). *Your own perfect medicine*. Chicago, IL: Wishland LLC

Peschek-Böhmer and Schreiber, (1999) *Urine therapy: Nature's elixir for good health*. Rochester, VT: Healing Arts Press

Pollock, G., (2013). *The Fourth Phase of Water: Beyond Solid, Liquid, and Vapor*. (Seattle, Washington: Ebner and Sons). <https://www.pollacklab.org/>

## Concern: Urine contains neurotoxins that will worsen illness

No evidence supports the idea that small amounts of autologous urine reintroduces neurotoxins in harmful concentrations. On the contrary:

- Urine is antiseptic and contains antimicrobial peptides.
- Urine therapy mimics desensitization therapies used in allergy treatment.
- Patient reports describe symptom improvement in cases involving viral infections like Epstein-Barr and Herpes Simplex.

The idea that putting urine back into the body causes autoimmune problems does not match how the immune system works. Whether or not the body reacts depends on things like how much is

used, how it's taken in (by mouth, injection, etc.), and the person's overall immune health—not just on the fact that urine is being reintroduced.

Clients routinely report improved immune function with urine therapy protocols including less seasonal illness, fewer colds, less mucous and less inflammation in the body.

### References:

Peschek-Böhmer and Schreiber, (1999) *Urine therapy: Nature's elixir for good health*. Rochester, VT: Healing Arts Press

### The Critiques and Their Areas of Comparison:

The scope of this Research Note extends to three areas of comparison. This table lays out the overall findings.

Comparisons	Wellness Podcast Episode	Holistic Health Practitioner Blogs	News Media/ Health Articles
<b>Tone</b>	Alarmist, spiritualized, binary	Cautionary, peer-to-peer, clinical-sounding	Mocking, disgust-based, shallow
<b>Main Argument</b>	UT is toxic, worsens health	UT depletes health, is dangerous over time	UT is gross, dangerous, unserious
<b>Stated Motivation</b>	Protecting chronically ill people	Warning others in the wellness field	Public safety or ridicule
<b>Evidence Cited</b>	None (but invokes spiritual knowing)	None directly cited; implies logic to convince	No citations; appeals to medical consensus
<b>View of UT Practitioners</b>	Misguided, harmful, deceived	Misled or untrained	Laughable, reckless
<b>Scientific Depth</b>	None	Some references to kidney and protein health	None
<b>Cultural Frame</b>	Spiritual warfare and biomedical fear	Integrative wellness logic	Biomedical dismissal and clickbait tones

### Conclusion:

Critiques of urine therapy often rely on emotional tone, and anecdotal generalizations. Those who have never practiced urine therapy rarely engage with practitioners, scientific literature, or real-world outcomes.

Urine therapy may not be for everyone, and skepticism is reasonable. But genuine dialogue requires distinguishing between grounded critique and generalized dismissal. As with any integrative modality, safety, education, research and discernment are key.

Hopefully this research note has provided some interesting ideas, some avenues for further research and some resources. The UTRI has other research notes that can broaden the subject matter even more.

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## References:

Armstrong, J. W. (2003). *The water of life: A treatise on urine therapy*. Godalming, UK: Society of Metaphysicians Limited.

Bouatra, S., Aziat, F., Mandal, R., Guo, A. C., Wilson, M. R., Knox, C., ... & Wishart, D. S. (2013). The human urine metabolome. *PLoS ONE*, 8(9), e73076. <https://doi.org/10.1371/journal.pone.0073076>

Christy, M. (1996). *Your own perfect medicine*. Chicago, IL: Wishland LLC.

Duncan, C. H. (1918). *Autotherapy*. Cornell University Archives. [https://archive.org/stream/cu31924031246337/cu31924031246337\\_djvu.txt](https://archive.org/stream/cu31924031246337/cu31924031246337_djvu.txt)

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Vallejo JR, Aparicio Mena AJ, González JA. Human urine-based therapeutics in Spain from the early 20th century to the present: a historical literature overview and a present-day case study. *Acta Med Hist Adriat*. 2017 Jun;15(1):73-108. <https://doi:10.31952/amha.15.1.5>

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