THE TUESDAY MINUTE

IT'S TIME TO FEEL GOOD AGAIN

THIS WEEK'S TOPIC

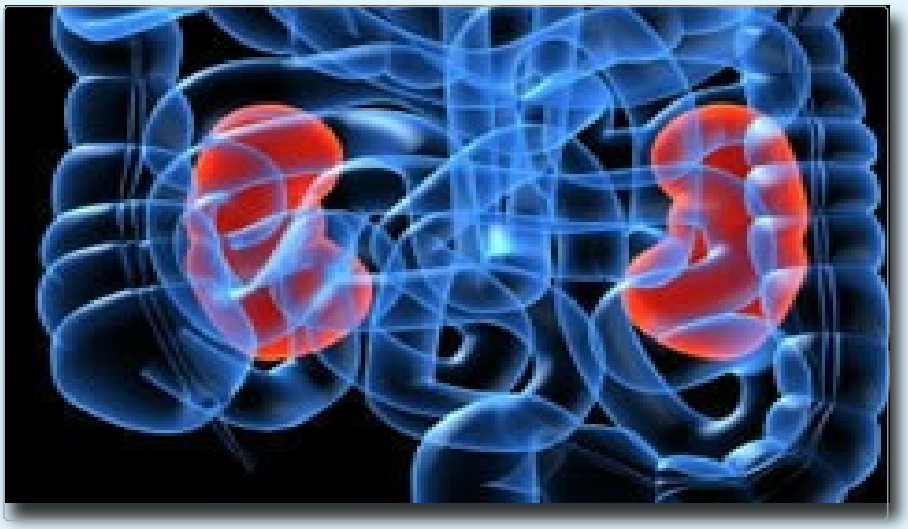
Reduce & Prevent Kidney Stone

"Kidney stones once diagnosed are almost 100% preventable."

Recently, three different doctors and two personal friends called with questions about kidney stones and to relate horror stories about passing them. When it comes to the exodus of these stones it brings the best of us to our knees. So let's take a look at prevention and then I want to share a strategy one of my colleagues shared with me for someone in extreme pain.

By the way, the infamous Dr. Jonathon Wright says "kidney stones once diagnosed are almost 100% preventable".

First let's recognize there are different types of kidney stones. 70 - 80% of kidney stones are made up of calcium, calcium oxalate being the most frequent; however, calcium phosphate can also be found. 10 - 15% are called urate stones and are made up of uric acid from the kidneys. Still another 10 - 15% of stones come from infection, called struvite



stones. If these grow large enough they look like horns on a deer and can be called staghorn calculi. The least common are called cystine stones are usually hereditary and have a buildup of cystine. Let's focus on calcium stones because they are the most prevalent.

As you know, minerals have a balancing effect. Just like zinc displaces copper, and selenium displaces mercury, calcium is also displaceable. Maybe a better word is mobilized.

According to Dr. David Watts, who holds joint degrees in biochemistry and chiropractic and is author of the book Trace Elements and other Essential Nutrients, the factors that mobilize calcium are B6, vitamin A, B3, vitamin E, and the minerals magnesium, phosphorous, sodium, zinc, molybdenum, and potassium. This means that if there is a deficiency of any of these minerals, calcium will tend to build up or accumulate.

Remember, just because we take calcium that doesn't mean it will end up in our bones. We could assume that if we increased our levels of the nutrients that

displace calcium, we would have the miracle kidney stone formula.

Well, what does the research say? In 1974, two Harvard researchers found that even poorly absorbed magnesium oxide (300 mg daily) and vitamin B6 (10 mg daily) could reduce the risk of recurrent calcium oxalate stones by 92.3%. Their research was published in the Journal of Urology. Interesting, Harvard researchers published in the Journal of Urology, costs pennies a day, can save hours of pain and suffering, yields 92% effectiveness and yet nobody talks about it.

Another landmark prevention study was conducted in 1991, this time by the British Journal of Urology. In a five year prevention study using 10 grams of rice bran after meals twice per day (10 grams is less than a tablespoon), the incidence of new calcium oxalate kidney stones dropped to 83.4%.

Our goal is to get our patients to work up to eating 10 servings or 10 cups of fruits and vegetables a day. That amount of fiber and minerals will have a very positive effect on all stones, particularly oxalate stones.

Considering Dr. Watts' work and the two published studies, to prevent the oxalate stones consider Nephra-Zyme. Three bid, which contains B6 and magnesium as well as vitamin A and other botanical agents to enhance kidney function. Nephra-Zyme neutralizes the free radicals that are present as detox pathways unload toxins. Also, use ProMulti-Plus, three bid, a quality full spectrum multivitamin, to get all the cofactors needed to mobilize calcium and get it into the bones where it is best stored.

As you might expect we can fine tune these therapies based on the type of stone and average urine pH. See below for more information.

One of my colleagues, Dr. Mae Beth Lindstrom, shared this protocol. "When patients are in acute kidney stone pain" use a liquid form of magnesium chloride from Biotics Research called Aqua Mag-Cl, one teaspoon every minute. Increase the time to 5 - 10 minutes as the pain is reduced. When the patient is out of pain, decrease the dose to one teaspoon every 2 - 3 hours (or 3 - 6 times per day).

You know when you have too much magnesium because magnesium draws water to the bowel and will cause diarrhea. The taste is definitely salty as the name implies Aqua Mag-Cl. It is basically salt water. Mix with lemon or lime juice as needed. Lemon and lime juice have some anti-kidney stone properties as well.

Dr. Lindstrom also uses Phosphatidylcholine, two capsules three times a day.

Perhaps you remember Dr. Watts' list of nutrients that displace calcium? Phosphorus was one of them. So the phosphorus will help with the calcium. This particular form of choline is very beneficial for cell membranes and will protect the cells in the kidney and assist stones to slip out a little easier.

So let's start asking our patients if they have kidney stones or know someone who does and get them on a preventative program based on their pH and type of stone. Any patient who has experienced the pain of kidney stones most likely will be very open to your suggestions.

Thanks for reading this week's edition. I'll see you next Tuesday