

# The Tuesday Minute

*Nutritional information.... one byte at a time*

## *This Week's Topic*

### **These 2 Nutrients Reduced Kidney Stones By 92.3%**

I have never had a baby but I am told by those who have, that passing a kidney stone is MORE painful. The sad thing is that kidney stones, once diagnosed, can be almost 100 % preventable. Don't look at me so funny. This is the infamous Jonathon Wright. He is the one who makes that claim, and in fact, we all know patients who have had kidney stones.

Once they have them, they continue to be at risk and usually have more. They have to avoid calcium and excessive vitamin C and all kinds of side tangents as they blindly try to prevent the painful exodus of calcium stones. By the way, watch for our Tuesday Minute on calcium that has precipitated in muscles, joints and other areas. But here, we will focus on the kidneys.

As you know, minerals have a balancing effect. Much 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 the following: 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 buildup or accumulate. I like the word picture of a teeter-

totter. If one end is low, trace minerals, the other end, calcium, will be elevated. Remember, just because we have calcium that doesn't mean it will end up in our bones.

I've mentioned in other Tuesday Minutes, how deficient the American diet is in trace minerals. We could assume that if we increased our levels of the nutrients that displace calcium, we would have the...MIRACLE KIDNEY STONE FORMULA... and everyone would live happy ever after. Well, what does the research say?

In 1974, two Harvard researchers found that 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. Harvard? Journal of Urology? What more could an urologist ask for when it comes to research? I don't get it. A strategy that offers a 92.3% effectiveness rate, it costs pennies a day and can save hours of pain and suffering, yet nobody ever talks about it.

Interestingly enough, the same amounts of magnesium and vitamin B6 can be found in "BRC" Mg-Zyme and B6 phosphate. Mg-Zyme contains magnesium aspartate, gluconate and glycinate. These forms are more bio available than the oxide form used back in 1974. B6 Phosphate is

20 mg of the phosphorolated form of B6 and is more bio available as well.

Another landmark prevention study was conducted in 1991, this time by the British Journal of Urology. It was a five year prevention study using 10 grams of rice bran after meals twice per day, 10 grams is less a tablespoon. The incidence of new calcium oxalate kidney stones dropped to 83.4%. This is a stunning result. 83.4 % from a few tablespoons of fiber, yet I have never heard of one single urologist alerting their patients to this method of prevention.

Along with the above principles of using magnesium and B6, another one of my colleagues, Dr. Mae Beth Lindstrom from Minnesota, shared this protocol when her patients are in acute kidney stone pain. She uses a liquid form of magnesium chloride called Aqua Mag-Cl, 1 tsp every minute for acute pain and increasing the time to 5-10 minutes when pain is reduced. When the patient is out of pain, decrease the dose to 1 tsp 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. We want to walk that fine line of a loose but formed stool. The taste is definitely salty as the name implies mag chloride. It is basically salt water. Mix with lemon or lime juice and or mixed EFA's as needed. Remember too much will cause diarrhea. A good clean out is not a bad thing, by the way; it is only when the diarrhea becomes uncontrollable that we get concerned as patients may lose too many electrolytes. Lemon and lime juice have some anti-kidney stone properties as well.

The final component in Dr. Lindstrom program is phosphatidylcholine, 2 capsules three times per day. Perhaps you remember Dr. Watts' list of elements 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 cell in the kidney and assist stones to slip out a little easier if things get to that point. Hopefully we can get to our patients earlier and have them on a preventative dose of magnesium, B6 and rice bran.

Another formula to consider is called Nephra-Zyme; it has the B6, magnesium and vitamin A. It also has botanical agents to protect the kidney from oxidation. It neutralizes the free radicals that are present as detox pathways unload toxins. Also, remember when we use a high quality multivitamin like ProMulti-Plus we can also get all the cofactors needed to mobilize calcium and get it into the bones where it is best stored. See the attached protocol for a summary.

Start asking your patients if they have had kidney stones in the past. Think reducing risk and prevention. Any patient who has experienced the pain of kidney stones, most likely will be very open to your suggestions. Thanks for watching again this week... I'll see you next Tuesday.