

Your Essential Guide

For Calcium Oxalate Kidney Stone Prevention and Resolution



Congratulate yourself on taking this important step to improve your health and Resolve your issues with Kidney Stones !

What you start today will serve you and your offspring for years to come. Your desire to improve your health and commit to this process is impressive! Be sure to take it day by day and understand that you are not just changing what and how you eat but establishing ***IMPORTANT HABITS***. This is significant because daily life can be habitual in many ways. We either commit to habits that do not serve our best interest or those that do.

As you solidify your HABITS you will be transformed for the better. You will be that important example that so many others need to see. Cheers !

About Kidney Stones

Kidney stones are the third most common urinary tract problems after urinary tract infections and prostate pathology. Kidney stones may cause extreme pain and blockage of urine flow. They are usually treated with medications that may cause a number of side effects. Medicinal herbs are used in different cultures as a reliable source of natural remedies. The therapeutic effects of medicinal plants on kidney and urinary tract disorders have been variously studied and their efficacy has been demonstrated (Bahmani M, 2016).

Causes and Risk Factors

- Dehydration is an important risk factor for all types of kidney stones.
- Urine composition, such as pH, excessive calcium, oxalates, or uric acid in the urine are associated with kidney stone risk.
- Animal protein intake can increase the risk of kidney stones.
- **Key Take Away:** It was assumed that calcium intake, from diet or supplements, contributed to kidney stone risk. However, **low calcium intake** is now known to **increase kidney stone risk**.

Signs and Symptoms

- Kidney stones can be present in the kidney without causing symptoms, sometimes for years.

- The hallmark symptom of a kidney stone is sudden, severe flank pain that is usually one-sided. (Life Extension, 2018)

Vitamins and Minerals that Help

Magnesium, potassium, and calcium citrate.

- **Magnesium, Potassium and Calcium Citrate**
 - Both magnesium and calcium citrate inhibit calcium oxalate crystal formation, though the combination of the two may be more effective than either alone (Rodgers 1999).
 - Studies that used several different mineral preparations of potassium and magnesium found that adding a magnesium supplement to potassium citrate therapy, or using potassium-magnesium citrate, yielded superior results for improving urine chemistry compared to treatment without magnesium (Jaipakdee 2004; Kato 2004).
- **Lactobacillus and Bifidobacteria**
 - *Lactobacillus* and *Bifidobacteria*, appear to be capable of metabolizing oxalate, thus reducing urinary oxalate and decreasing kidney stone risk (Campieri 2001).
- **Vitamin B6 deficiency**
 - Vitamin B6 deficiency affects as much as 24% of US adults, and may in part be induced by a high-protein diet.
 - Inadequate vitamin B6 increases urine oxalate and kidney stone risk in laboratory animals and humans, and hyperoxaluria has been successfully reduced with vitamin B6 supplementation (Murthy 1982; Nath 1990; Kim 2014; Mitwalli 1988; Massey 2003).

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- Some people have a mutation in their MTHFR gene which helps the body methylate heavy metals in order to remove or detox them from the body. If you are a poor methylator, you may need larger doses of B6 and B6 in its methylated form (pr-methylated B6), (Myers, 2014)

Vitamins and Minerals that help Continued:

- Also, consider foods that are rich in B6 to include daily:
 - tuna, salmon, trout, mackerel, halibut, sardines, perch, cod
 - avocados, liver: beef, chicken, calf, pork; kidney: veal, beef heart
 - Avocados, prunes, raisins, elderberries, bananas,
 - kale, spinach, turnip greens, Brussels sprouts, sweet potatoes, cauliflower, red cabbage, leeks
- **Green Tea**
 - Green tea and green tea extracts, which are rich in phytochemicals called catechins, have been shown to inhibit calcium oxalate stone formation (Jeong 2006; Itoh 2005; Graham 1992).

**HypoAllergenic Probiotics
with Lactobacillus and Bifidobacterium
Choose One or the other**

Remember
Live Fermented Foods such
as Sauerkraut, Kimchi,
Kombucha, yogurt also
contain these microbes.

 <p>Klaire Labs Ther-Biotic Complete https://klaire.com/v775-06-therbiotic-complete <i>(Take 1 capsule twice daily)</i></p>	 <p>Prescript Assist Probiotic https://safermedicalmt.com/shop/ <i>(Take 1 capsule twice daily)</i></p>	 <p>Traditional Medicinals Green Tea with Ginger</p>
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<h2>Foods Rich in Vitamin B6</h2>			
Nutritional Supplements	Nutritional Yeasts	Potatoes	Meats
Wheat Germ	Bananas	Legumes	Fortified Cereal Products
<p>Function Vitamin B6 is needed to metabolize proteins and is important for a healthy immune system, nerves, bones and arteries. Vitamin B6 is a complex of three similar molecules: Pyridoxine, Pyridoxal and Pyridoxamine. All are present in foods and converted into to pyridoxal-5- phosphate, the most active coenzyme form. The primary functions of vitamin B6 are in protein metabolism, transferring amino acid and sulfur groups. Roles in synthesis of heme (for hemoglobin), niacin, neurotransmitters, connective tissues, eicosanoids, and sphingolipids in nerve sheaths are also essential. Vitamin B6 also participates in the utilization of glycogen and immune function. Reference: https://www.spectracell.com/media/uploaded/s/0e2010895_supplement-vitamin-b6.pdf</p>			
Deficiency Symptoms			

Early vitamin B6 deficiency symptoms are primarily peripheral neuropathy, weakness, irritability, depression, insomnia and anxiety. More severe deficiency leads to dermatitis, nausea, vomiting, and convulsions. Carpal tunnel syndrome, premenstrual tension syndrome, and atherosclerosis may also be related to vitamin B6 deficiency. Sideroblastic anemia is indicative of vitamin B6 deficiency. Homocysteine levels in serum may be elevated by a vitamin B6 deficiency.

Reference: https://www.spectracell.com/media/uploaded/s/0e2010895_supplement-vitamin-b6.pdf

Therapeutic Protocol to Support Stone Prevention and Stone Break Up - **90Days**

You Can Purchase Supplements at your local health food store or from my website

<https://www.bearnutritionandherbs.com/shop-more>

1. Detox Alkalizer



or

Garden of Life Perfect Food Alkalizer or Paradise Orac-Energy Greens

Created by Njeri Kai Jarvis MS/RD/LDN for www.BearNutritionandHerbs.com 202-390-4938 NKJarvis@BNHwellness.com
Ask about our Nutrient Lab Testing to determine your specific nutrient needs for Optimal Health.

2. Calcium & Magnesium & Vitamin B6



1 Tbsp BID per day



Take 1 tablet daily with food

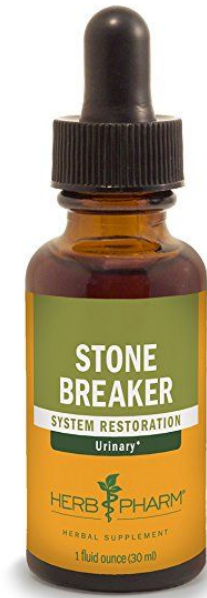
3. Probiotic

Garden of Life Primal defense



Take as directed on the bottle.

4. Herbal Stone Breaker



Take 1 dropper full (30 drops) in water or juice Three Times a day between meals.

5. Diet Plan

- Know your Oxalate Rich Foods and eat them with Magnesium (Mg) or Calcium (Ca) rich foods
- Know your Magnesium Rich Foods
- Know your Calcium Rich Foods
- Take Mg and Ca supplements with meals and oxalate rich foods
 - Magnesium (Mg) 1000 mg / day
 - Calcium (Ca) 2000 mg / day -It has been suggested that calcium supplements should be taken with meals in order to bind the maximal amount of dietary oxalate (Domrongkitchaiporn 2004; Heilberg 2013).
 - Additional nutrients and options to consider
 - Vitamin A 25,000-300,000 IU per day as beta-carotene
 - B6 50 mg TID
 - Lysine and glutamic acid

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- Use of a **Lithotripter** - an ultrasound machine that actually shatters the stones without surgery. (See below for more information on lithotripters)
- Eat a Potassium Rich Alkalizing Diet
- Avoid ALL Sodas
- Be sure to eat enough alkalizing foods, vegetables to counter balance protein intake.
- Drink 8 glass of water daily
- Reduce Processed foods high in sodium: processed foods such as hot dogs, deli meats, sausage, canned products, dry soup mixes, sauerkraut, pickles, and various convenience mixes.
- ***Include these Home-made Juice Foods***
 - Note - the Alkalizing Green Powder Drink covers these but you can make these at home and save money.
 - Calcium and Magnesium Rich Drink
 - Juice 2 Garlic Cloves, 1 handful parsley, 1 cucumber, 4 carrots with tops, and 2 stalks celery with leaves
 - Kidney Flush (rich in potassium) (***DO NOT MAKE THIS UNTIL YOUR STONE HAS PASSED AND YOU HAVE BEEN DOING ALL OF THE ABOVE FOR AT LEAST 90 days because of the spinach leaves.***)
 - Juice 4 carrots with tops, 1 organic cucumber with skin, 4 beets with tops, 1 handful ***Spinach leaves*** and 4 celery stalks with leaves, add 2 teaspoons Braggs Liquid Aminos (Detox Book)
 - You can make it WITHOUT the spinach leaves for the first 90 days.

Follow up with Njeri after 90 days to adjust your plan to prevent kidney stones. 202-390-4938

High Oxalate Foods (Limit/ Avoid)	Magnesium Rich Foods	Calcium Rich Foods
● Spinach	● Avocado	● Yogurt

<ul style="list-style-type: none"> • Bran flakes • Rhubarb • Beets • Potato chips • French fries • Nuts and nut butters <p>NOTE - If eaten be sure to eat them with Magnesium and Calcium rich foods</p>	<ul style="list-style-type: none"> • Almonds • Figs • Yogurt • Kefir • Bananas • black beans 	<ul style="list-style-type: none"> • Hard & Soft cheese • Sardines • White Beans • Chickpeas • Red beans • Dried figs • Broccoli • Watercress • Okra • Tofu • Wakame • seaweeds
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Good Online Resource Information (LISTS OF HIGH OXALATE FOODS):

- <https://kidneystones.uchicago.edu/how-to-eat-a-low-oxalate-diet/>
- <https://regepi.bwh.harvard.edu/health/Oxalate/files>
- <https://docs.google.com/spreadsheets/d/1nbDZPxhAW4It-m2-c460w6eGr4dMSleDiQdqg3MaRgQ/edit#gid=1354389148>
- https://docs.google.com/spreadsheets/d/1p4YNGC5ybKyt8Kr1ovG_YVTYf1Hn3Z8lyP-f7-icuBg/edit#gid=0
- <http://www.uwyo.edu/fcs/faculty-staff/michael-liebman.html>

More About Lithotripter Machines

More Information #1

What is shock wave lithotripsy?

Shock Wave Lithotripsy (SWL) is the most common treatment for kidney stones in the U.S. Shock waves from outside the body are targeted at a kidney stone causing the stone to fragment. The stones are broken into tiny pieces. It is sometimes called ESWL: Extracorporeal Shock Wave Lithotripsy®.

These are what the words mean:

- extracorporeal: from outside the body

- shock waves: pressure waves
- lithotripsy (the Greek roots of this word are "litho" meaning stone, "tripsy" meaning crushed)

So, SWL describes a nonsurgical technique for treating stones in the kidney or ureter (the tube going from the kidney to the bladder) using high-energy shock waves. Stones are broken into "stone dust" or fragments that are small enough to pass in urine. If large pieces remain, another treatment can be performed

When can SWL be used?

SWL works better with some stones than others. Very large stones cannot be treated this way. The size and shape of stone, where it is lodged in your urinary tract, your health, and your kidneys' health will be part of the decision to use it. Stones that are smaller than 2 cm in diameter are the best size for SWL. The treatment might not be effective in very large ones.

SWL is more appropriate for some people than others. Because x-rays and shock waves are needed in SWL, pregnant women with stones are not treated this way. People with bleeding disorders, infections, severe skeletal abnormalities, or who are morbidly obese also not usually good candidates for SWL. If your kidneys have other abnormalities, your doctor may decide you should have a different treatment. If you have a cardiac pacemaker, a cardiologist will decide if you can have SWL.

Go to this link below for more

information:https://www.kidney.org/atoz/content/kidneystones_shockwave

More Information #2

A new transportable shock-wave lithotripsy machine for managing urinary stones: a single-centre experience with a dual-focus

lithotripter. De Sio M1, Autorino R, Quarto G, Mordente S, Giugliano F, Di Giacomo F, Neri F, Quattrone C, Sorrentino D, De Domenico R, D'Armiento M.

Abstract

OBJECTIVE:To assess the efficacy and safety of a transportable extracorporeal shock wave lithotripsy (ESWL) machine, the Modulith SLX-F2(TM) (Storz Medical Italia, Rome, Italy), in the management of solitary urinary calculi.

PATIENTS AND METHODS:The study included 233 patients (mean age 51 years; 172 male, 61 female) with symptomatic solitary renal (group A, 170, mean diameter 15.5 mm) or ureteric stones (group B, 63, mean diameter 9.5 mm) treated in a tertiary care institution. Exclusion criteria for the analysis were: pelvi-ureteric junction obstruction, multiple stones, stone diameter >2 cm, stones in a lower calyx with unfavourable anatomy, active infection, or impacted ureteric stones. Selected patients had ureteric stenting before treatment, and all patients were treated with no anaesthesia. Hospitalization, complications and subsequent auxiliary procedures were evaluated. Patients were assessed after a single ESWL session and after 3 months by a plain abdominal film and renal ultrasonography. Stone-free status was defined as no evidence of calculi, and clinical success as the presence of stone fragments of <4 mm. An efficiency quotient (EQ) was calculated for the ESWL treatment. Pain was assessed using a visual analogue scale.

RESULTS:The mean number of shocks used was 3779 and the mean (range) treatment time was 35 (5-55) min. The overall clinical success rate after one ESWL session was 83.7% and 82.5% for renal and ureteric stones, respectively, and the overall 3-month stone-free rate was 77% and 74.6%, respectively; the overall EQ was 0.64. When risk factors for persistent calculi were analysed simultaneously in a logistic regression model, only stones of >1 cm were statistically significant ($P < 0.05$). Most patients reported that pain during ESWL was mild to moderate and easily tolerated. Only minor complications occurred, with an overall complication rate of 3.8%.

CONCLUSIONS:This transportable lithotripter is a safe and effective device for managing solitary stones throughout the urinary tract. Its main advantage is represented by the dual-focus system. Moreover, it shares with other contemporary machines several important features such as outpatient setting, no need for anaesthesia, easy patient positioning, and the capability of ancillary procedures.

Free full text

References

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