

Valley Health

Vitamins may ease kidney stones

Dear Dr. Meinig:

A short while back I had a kidney stone attack. I have never gone through anything so painful and I never want it to happen again. A friend said that he has prevented a recurrence by taking 25 mg. of niacin and 25 mg. of B6. Is there any basis for his claim? Do you have any data on the problem?

T.T.

Dear T.T.:

I couldn't find any information regarding the use of niacin in the prevention of kidney stones, but there is plenty about the benefits of B6 as well as numbers of other nutritional factors that can be involved.

The first thing to determine is the kind of stones you are producing. If you passed one and retrieved it, physicians can make that determination.

There are basically two varieties of kidney and bladder stones. The first and most common are composed of calcium phosphate or calcium oxalate. The second type of mostly made up of uric acid or the amino acid cystine.

Though not too often prescribed by doctors, much can be done to cause these stones to dissolve away and disappear. Oxalate stones, the most common, are formed when the urine is highly alkaline over long periods of time. The urine can be made acid by increasing the amount of meat, fish, poul-



Dr. George

By George Meinig, DDS

try, eggs, cottage cheese, butter, cream, fats and oils in the diet.

When vitamin B6 is lacking in the diet, a substantial increase in oxalic acids results, making this type of stone likely to occur. If there is adequate B6 but too little magnesium, then calcium phosphate stones are the kind likely to develop.

Foods that contain oxalic acid should be eliminated in kidney stone cases. These are spinach, rhubarb, sour cherries, prunes, plums, cranberries, chocolate, tea, beer and cola drinks. It would be well to remember that sugar, caffeine

and alcohol cause large amounts of calcium to be withdrawn from the body, creating imbalances that account for calcium depositing in many different tissues including the kidneys and bladder.

Oxalate stones are generally small, dark in color and quite hard. Phosphate stones are soft and almost chalky. Uric acid stones are yellow, black or bluish in color, while cystine stones have a waxy or frosted glass appearance. Both of these latter types occur when the urine is highly acid. To change an acid urine to the alkaline side calls for a diet in which fruits and vegetables predominate and animal protein foods are reduced.

The acidity or alkalinity of the urine can be tested at home by the use of "pHrion test papers" that have a pH range of 4.5 to 7.5. Check with your pharmacist for the availability of the single roll dispenser. If he doesn't stock them, contact me about it.

Because vitamin C can be converted into oxalate, many doctors have advised their patients not to use it. Studies have shown that one need not worry about the use of vitamin C unless they are one of the few rare individuals whose urinary oxalate is found to skyrocket on its use. For most, tests of up to four grams (4,000 milligrams) haven't significantly increased urine oxalate. Doses of eight grams a day of vitamin C can increase urine oxalate but nutrition-oriented physicians who have prescribed these and larger amounts for many years have not had patients develop stones.

There are a number of reasons. First, vitamin C, also known as ascorbic acid, acidifies the urine. Secondly, vitamin C in the urine binds calcium ions, leaving less calcium available to combine with oxalate. Thirdly, vitamin C acts as a mild diuretic, permitting the increased urine flow to dilute

the calcium and oxalate, making the formation of crystals less likely.

Incidentally, the high risk patients can often take controlled amounts of C if they also take a vitamin B6 supplement.

Stanley Gershoff, Ph.D., found that cats on a deficient B6 diet excreted unusually large amounts of oxalate in their urine. That led to a test of 36 stone formers. Each was given 200 mg. of magnesium oxide (equivalent to 120 mg. of magnesium). After five years on the program, 30 of the 36 had no reoccurrence of the stones.

Then, with the aid of a group of urologists, Gershoff studied an additional 149 stone formers. In this case, each received 300 mg. of magnesium and 10 mg. of pyridoxine (B6) for a period of four and a half to six years. The improvement was 90 percent with no side effects.

A Harvard study of 300 chronic reoccurring cases: 79 percent stopped having stones on supplements of 10 mg. of B6 and 200 mg. of magnesium.

Another researcher found alkaline urine stone formers often had poor liver function that encouraged urine alkalinity formation. The use of bile salts and the acid-forming foods mentioned above were helpful in dissolving the stones. He also encouraged the use of distilled water and elimination of all caffeine products and those that contain fluorine.

How quickly stones can be caused to dissolve away depends on their size and these various other factors. Patients following the above recommendations have been found free of pain in two to three weeks and their stones to disappear on X-ray in three months.

Everyone has questions about nutrition. Send yours to Dr. George, C/O Ojai Valley News, Box 277, Ojai, CA 92024.

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