

KIDNEY STONES

Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

About 5% of the U.S. population experience kidney/ureteral stones, according to the National Institutes of Health, though that number is thought to be on the rise. They occur when crystals of calcium and either oxalate or phosphate separate from the urine and bond together; urine contains chemicals that usually keep stones from forming, but those chemicals don't always succeed. John Milner, a urologist at Loyola University Chicago Stritch School of Medicine, says his patients describe passing a kidney stone -- even a tiny one -- as the most painful experience they've endured. And "if you have one," Milner says, "your chance of having another within five years is 50-50." Hot weather and dehydration often account for an increase in kidney stone cases during the summer months.

Keys to whether one may be experiencing pain reaction to kidney stones/Nephrolithiasis – or an alternate issue

<http://www.practiceupdate.com/news/5488>

Help in passing kidney stones (Combination of tamsulosin/Flomax and tadalafil/Cialis):

<http://www.practiceupdate.com/news/5502>

Information in the below referenced study found that either tamsulosin or nifedipine were most commonly prescribed for those with a stone and both work similarly with one not considered any more effective than the other; the study also included placebo with the conclusion that even those on placebo passed their stone within a same time frame as those prescribed one of the foregoing medications:

<http://tinyurl.com/h9uo32g>

Some tips to help you avoid the painful experience of kidney/ureteral stones are:

- Drink water: Plain water is always the best fluid to drink. Avoid mineral water, which can contain minerals that contribute to kidney stones.
- Avoid iced (and hot) tea: Tea contains high concentrations of oxalate, which contributes to kidney stones. Drink lemonade made from real lemons, not a powdered mix-the citrate in the lemons can actually help prevent kidney stones. To cut calories go ahead and use an artificial sweetener, none of which have been linked to kidney stones. However, don't confuse citrate with citric acid, or Vitamin C, and start popping supplements. "Vitamin C gets metabolized to oxalate" and can encourage kidney stones to form if you ingest too much. Other high-oxalate foods include spinach, chocolate, nuts and rhubarb.
- Go easy on the salt: Excess salt consumption have been linked to kidney stones.
- Watch your weight: Obesity has been linked to kidney stones.
- Eat ice cream: Contrary to popular belief, calcium does not promote kidney stone formation-it actually helps prevent it. So treat yourself to some ice cream (or a tall glass of milk) if the temperature soars.

Everything in moderation. The recommendations included are for those who experience kidney stones to consider. If milk or ice cream is a no-no for a health issue, then you eliminate that consideration.

Also, there is a correlation between kidney stones and osteoporosis. A patient should consider discussing this with his physician. If it is determined that it would be a good idea to have imaging done, Quantitative Computerized Tomography (QCT) Bone Mineral Density (BMD) imaging is recommended. QCT BMD is far superior in accuracy than the usual "standard" DEXA scan. Also, a urine test to determine bone resorption is recommended. This test is known as Ppyrilinks-D Dpd deoxyypyridinylene. Medicare does cover both the DEXA scan and Ppyrilinks-D test, though if getting the QCT imaging, make sure the provider only states that

you received a "bone mineral density" test, since I'm not sure Medicare will cover if "QCT" is specified.

If a person experiences bothersome kidney stones - "Beelith" or "K Citrate" are two medications recommended by Medical Oncologist Stephen B. Strum to dissolve developing stones and prevent the formation of new ones. Another medical source notes that low levels of magnesium can be a causative, contributing, or aggravating factor with kidney stones. Usual recommendations for prevention of kidney stones are 400mg of magnesium as either citrate or oxide accompanied by 50mg of Vitamin B6 daily.

Here is info regarding kidney stones and helping rid yourself of current kidney stones:

<http://www.urologychannel.com/kidneystones/alternativetreatments.shtml>

or try <http://tinyurl.com/ahyrs>

Interestingly, in the above it says to avoid milk; so, up to you. Possibly the magnesium citrate, 400 or 500mg once daily accompanied by Vitamin B6 at 50mg is something you could buy at any pharmacy, health foods store, or large grocery outlet like WalMart, Sam's Club, Costco, etc., since the magnesium accompanied by Vitamin B6 claims to possibly decrease the size of an existing stone, thus allowing it to pass more easily and sooner.

As a possible "last resort," extracorporeal shock wave lithotripsy (ESWL), aka "lithotripsy," may be considered. This treatment, explained below, requires a sedative – but probably better anesthesia - and though effective, can have unpleasant side effects; somewhat explained here: <http://tinyurl.com/5lwgy6>