Natural Supplement for Kidney and Gallbladder Stones

Kidney stones are reported to affect about 12% of men and 5% of women over their lifetime, and are one of the most common disorders of the urinary tract. Certain factors appear to increase risk of kidney stones, such as a high animal fat diet with resulting increased urinary acidity, low fiber intake, low fluid intake, gout (high uric acid levels), high blood pressure, family history, being overweight, and inflammatory bowel diseases such as Crohn's disease and Ulcerative Colitis. There is no conclusive evidence that calcium supplements or foods containing oxalates increase risk of kidney stones. High doses of vitamin C may aggravate kidney stone development in susceptible individuals.

In the case of gallbladder stones, a low-fat, low-cholesterol diet is advisable to prevent gallstone formation, but some susceptible individuals may develop gallstones even when consuming a healthy diet.

Natural Supplements Shown to Dissolve and Eliminate Stones

Patients who develop kidney or gallbladder stones may wish to take a combination supplement containing ingredients shown to help dissolve stones and/or prevent their recurrence. The best evidence in this regard includes the ingredients Chanca piedra, along with Vitamin B6 and Magnesium.

Chanca piedra: Chanca piedra is a popular South American herb that has been used traditionally to dissolve and eliminate kidney stones and gallbladder stones. The English translation for Chanca piedra is 'stone crusher.' Recent scientific evidence has provided solid evidence of this therapeutic effect.

A 2006 Brazilian study showed that the therapeutic effect of Chanca piedra may be due to its ability to modify the shape and texture of stones (calculi) to a smoother and more fragile form, which would allow for easier elimination and/or dissolution of the stones.¹

Another study published in Urological Research demonstrated that Chanca piedra has an inhibitory effect on crystal growth and aggregation in human urine, which may inhibit stone formation, acting as an important part of a prevention strategy in those with a past history of kidney stones.²

A 2006 study involving 150 kidney stone patients, as reported in the *Journal of Urology*, tested the efficacy of Chanca piedra supplementation in patients administered shock wave therapy. Shock wave therapy (delivered from outside the body) breaks down stones to facilitate their elimination. Upon completion of this therapy, approximately half of the patients were given 2 grams of Chanca piedra every day, for 30 days. The remainder of the group did not take Chanca piedra and acted as controls. Stone clearance was assessed after 30, 60, 90 and 180 days by abdominal x-ray and ultrasound scan. The Chanca piedra patients were shown to have a stone-free rate 10% -23% lower than the control group.³

As an aside, Chanca piedra has also been shown to increase the urinary excretion of uric acid and thus, may also be helpful in the management of gout and hyperuricemia.⁴

Vitamin B6 and Magnesium: Supplementation with Vitamin B6 and magnesium has also shown positive effects on preventing the recurrence of kidney stones. In a landmark study, 149 patients with

longstanding recurrent kidney stones (calcium oxalate and mixed calcium oxalate/calcium phosphate) received 100 mg of magnesium 3 times a day and 10 mg of pyridoxine (vitamin B6) once a day for 4.5 to 6 years. The mean rate of stone formation fell by 92.3%, from 1.3 stones per patient per year prior to the study, to 0.10 stones per patient per year during the study. No significant side effects occurred.⁵ Other studies have shown that using various forms of magnesium alone can prevent the recurrence of kidney stones in previous sufferers.^{6,7}

Summary

In patients with existing kidney stones or gallbladder stones, where no medical treatment is currently planned, I suggest to the patient to make appropriate dietary changes, drink more water (kidney stones) and take a supplement twice per day containing therapeutic dosages of Chanca piedra, vitamin B6 and magnesium.

References:

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