ST®NE RELIEF

THE **5 PILLARS** OF PASSING

URINARY CRYSTALS

Your step-by-step guide to passing urinary crystals and getting a jump-start on prevention.

Dealing with urinary crystals is never easy. Conflicting information is everywhere and it's difficult to know who to trust. Especially when you're in pain.

This guidebook is the result of over a decade of research and working with people from around the globe. It is our hope that these 5 Pillars will help you pass urinary crystals with greater ease and start down the road to never having this issue ever again.

Thank you for putting your faith in Stone Relief. It's our mission to **EMPOWER YOU** with the information you need to achieve freedom from urinary crystals.

God Bless,

Joey Weichmann Founder





HYDRATION

10OZ OF WATER EVERY HOUR

Drinking 10oz of water every hour while awake will keep you hydrated and allow crsytals to move down the urinary tract with less resistance. Proper hydration keeps the urinary tract open, reducing pain as the crystal moves.

However, consuming more than this can lead to **hydronephrosis** (excess urine collecting into the kidney), causing severe pain known as **renal colic**. On the other hand, drinking less than 10oz per hour can cause the ureter (the tubule that connects the kidney to the bladder) to collapse around the crystal, resulting in sharp, stabbing pain.

Drinking 10oz of water per hour is the perfect balance of both worlds and will allow faster crystal passage with considerably less discomfort.

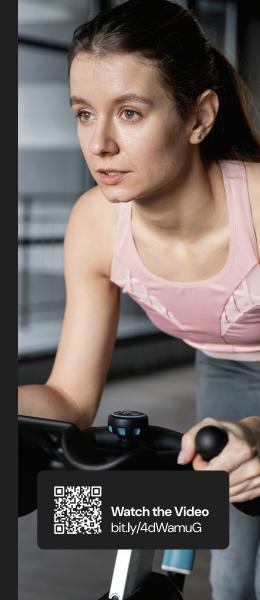
MOVEMENT

30 MINUTES EVERY DAY

A minimum of 30 minutes of movement or exercise daily will keep your crystal on the move. A crystal on the move means less discomfort and more time enjoying the things you love.

Crystals tend to embed themselves in the soft tissue of the urinary tract when you're not moving around or are not well hydrated. When you're engaged in activities like walking, running, playing with your kids, lifting weights, or even being intimate with your significant other (wink-wink), the crystal can't settle. Plus, when you're more active, you are also likely to drink more water, which improves your hydration.

So, to keep your crystal unsettled, you need to move! Ideally, for **at least 30 minutes daily** until the crystal passes.





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CONSISTENCY

FOLLOW SUGGESTED USE

Consistency is the key to success in almost every aspect of life, and passing a urinary crystal is no different.

By following the suggested use of this product, you will pass your urinary crystals faster with considerably less discomfort, allowing you to get back to living your life even quicker.

Follow these instructions every single day until your crystal passes:



MORNING: Take 2 capsules with food and water at breakfast.



NIGHT: Take 2 capsules with food and water at dinner.

That's it! If you follow this plan daily, your crystal will pass faster with less discomfort.

CAPTURE IT!

STRAIN YOUR URINE DAILY

Capturing your urinary crystal and all the particles associated with it is essential for starting your prevention journey.

Just like with fishing, if you're not using a net to catch the fish you have on the line, there's a chance it will get away. The same is true when it comes to capturing your urinary crystal. We've included a crystal catcher with your purchase for this very reason.

Use this **crystal catcher** every time you urinate at home. When you can capture the entire crystal or enough fragments, you can bring these trappings to your Doctor to have them chemically analyzed to determine the type of crystal you're forming, which is the first step to freeing yourself from the bondage of urinary crystals.





ANALYZE IT!

IDENTIFY YOUR STONE TYPE

Once you've passed your urinary crystal or several smaller fragments of the impurity, your next goal is to bring these items to your Doctor to have them chemically analyzed.

Chemical analysis is the only way to be 100% certain of the crystal type you're forming. There are four major types of urinary crystals, and they all form for their own unique reasons. And, if you never want to deal with these crystals again, you must identify the type of crystal you're forming, as crystals have over an 80% recurrence rate.

You can attempt to identify its type visually using the examples on the next page. However, many urinary crystals can be a blend of several different types, which can make visual identification less accurate.

ANYTHING LOOK FAMILIAR?

VISUALLY IDENTIFY YOUR CRYSTAL TYPE

CALCIUM OXALATE

Caused by inappropriate consumption of oxalate-containing foods or PH1





Watch the Video bit.ly/3CCvhoR

CALCIUM PHOSPHATE

Caused by dietary choices or bacteria that lead to overly alkaline urine pH





Watch the Video bit.ly/3OifJsJ

URIC ACID

Caused by metabolic dysfunction leading to acidic urine pH





Watch the Video bit.ly/3CCvhoR

CYSTINE

Caused by rare genetic condition called Cystinuria





Need help identifying your stone and getting started with a prevention plan?



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GLOSSARY

MEDICAL LINGO TRANSLATOR

If this is your first urinary crystal, you'll likely be presented with several unfamiliar words, terminologies, and medical lingo during this process. Our mission is to **EMPOWER YOU** with the information you need to achieve freedom from urinary crystals.

So, we've done our best to outline some of the significant things you'll need to know to have the best chance of passing your urinary crystal faster with less discomfort while avoiding the common pitfalls of surgery and pharmaceutical drugs.

Need help to achieve freedom from urinary crystals but don't know where to start?

Book a Consultation bit.ly/sr_coaching



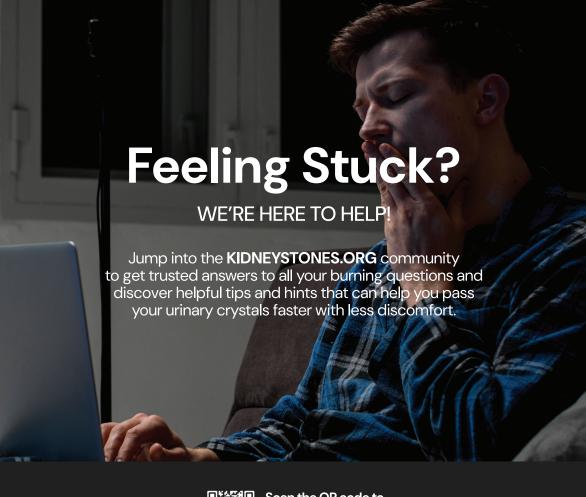
- **Nephrolithiasis**: the technical name for kidney stones also known as urinary tract crystals.
 - NOTE: The FDA has made using disease states like "kidney stones" illegal for any company like us to use. We apologize for any confusion. But, we are doing our best to operate within the current law.
- **Kidney**: organs that filter waste from the blood and create urine to get rid of the waste products from around the body.
- **Bladder**: the collecting area for urine produced by the kidneys before it is released during urination.
- **Urethra**: the tube that connects your bladder to the outside world that you urinate through.
- Renal Colic: the technical term for the tremendous pain associated with kidney stones cause by hydronephrosis.
- **Ureter**: the tubules that connect your kidneys to the bladder on either side of your body.

- **UVJ**: The Ureteral Vesicle Junction is the point where the ureter meets the bladder. It is a common place for stones to become stuck in the lower urinary tract due to a natural narrowing that occurs here.
- **UPJ**: The Ureteral Pelvic Junction is the point where the kidney drains into the ureter. Stones often become stuck at this point leading to massive pain known as renal colic.
 - NOTE: Typically if a stone makes it past this point in the urinary tract, it will pass without the need for surgery.
- **UltraSound**: the technical term for the Safe and inexpensive medical imaging technique that uses sound frequencies to identify stones. Low accuracy.
- **Ureteral Stent**: A hollow tube that is inserted into your urethra and then pushed up into the impacted kidney to allow for urine to drain.
 - NOTE: Stents do not increase the of stone passage and can cause significant irritation.rate

- Hydronephrosis: the degree to which the degree to which your kidney is unnaturally stretched by excess urine collecting due to an obstruction caused by the kidney stone. It is graded on a scale of 1–4, with 1 being mild and 4 being severe.
 - Mild hydronephrosis (Grades 1-2) are to be expected with EVERY KIDNEY STONE and will NOT cause any long-term damage to your kidneys.
 - NOTE: Mild grades will be felt like a slight to moderate pressure either in your mid to lower back or along your sides.
 - Moderate to Severe Hydronephrosis (Grades 3-4) are serious and can cause damage to kidneys.
 - NOTE: Moderate to Severe grades will have elevated levels of pain felt in your mid to lower back region where your kidneys are located and along your side.
 - CAUTION: If you experience 8/10+ pain for any longer than a 12 hour period, your stone has caused a significant obstruction and you should seek emergency care right away to eliminate the blockage.

- CT Scan: Medical imaging technique that uses ionizing radiation (like x-ray) to compile a 3D image. Very accurate and the Gold Standard in kidney stone identification imaging methods.
 - NOTE: Kidney stone density can also be obtained with CT scans and can be used to estimate stone type.
- Expulsive Therapy: A non-invasive approach to removing stones that involves either an herbal or pharmaceutical approach to relaxing the muscles in the urinary tract to allow stones to pass faster.
 - NOTE: According to the American Urological Association, expulsive therapy and observation should be the first line therapy for treating kidney stones under 10mm in the urinary tract in patients with pain that is well controlled and who still maintain the ability to urinate.
- **UltraSound**: the technical term for the Safe and inexpensive medical imaging technique that uses sound frequencies to identify stones. Low accuracy.

- X-Ray: Medical imaging technique that uses ionizing radiation (can be harmful if overused) to compile a 2D flat image. Moderate accuracy and relatively low cost.
- Shockwave Lithotripsy: Non-invasive procedure using sound waves to "blast" apart stones.
 - NOTE: You will still need to pass all the fragments after you stone is blasted which can feel like passing several smaller kidney stones.
- **Ureteroscopy**: Moderately invasive procedure involving surgical instruments being inserted through your urethra, into your bladder, and either up into the kidney or into the ureter to blast apart or remove a stone with a basket.
- Percutaneous Nephrolithotomy: Highly invasive procedure involving multiple punctures into the side of your body to gain access to the impacted kidney and stones that are inside. Typically reserved for infection stones or lower pole stones that are too large to pass.





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