With recent increases in obesity throughout the United States and other industrialized nations, fad diets continue to gain in popularity. Although little formal research has been undertaken regarding the health impact of these fads, each has its own questionable health benefits as well as potential health risks, including lithogenic effects (1). Furthermore, many are simply iterations of the same core fad diet tenet. For instance, several fad diets focus on low carbohydrates (Dukan, Atkins, or zone diets) which are often accomplished through increased intake of animal protein. Although little data exists regarding each diet type, one could reasonably expect an increased metabolic acid load from the animal protein leading to decreased urinary citrate and increased urinary calcium. The opposite problem can also exist. When not balanced with adequate calcium intake with meals, other diets focusing on the complete omission of animal protein, namely veganism, potentially have an increased lithogenic effect through increased uric acid and oxalate consumption. Regarding oxalate, it is often difficult for patients to identify high oxalate foods and successfully reduce them. Therefore, for patients with hyperoxaluria we recommend that these patients focus on consuming calcium with their meals through either a dairy product or oral, chewable calcium tablets (like calcium carbonate). This dietary calcium will bind the dietary oxalate and prevent its gastrointestinal absorption and subsequent renal excretion. Unlike most fad diets, a popular diet that likely does exert a protective effect on nephrolithiasis is the traditional Mediterranean diet. This, as with most balanced diets, focuses on moderation and overall healthy eating habits. Dietary advice is the first line prevention of nephrolithiasis and a healthy stone sensitive diet with low sodium, moderate protein, moderate calcium, and good oral fluid intake is likely to offer a greater medical and weight loss benefit than most current popular fad diets.

Acknowledgements
None.

Footnote
Conflicts of Interest: The authors have no conflicts of interest to declare.

References