



MANAGEMENT OF KALLADAIPPU (RENAL CALCULI)

Corresponding Author:

Dr. P Sathiyarajeswaran,
Reserach officer, Dept.of Literary & Documentation, Siddha Central Research Institute, Research officer Siddha Central Research Institute, Arumbakkam, Chennai, 600106 - India

Submitting Author:

Dr. Muthiah Kannan,
Research officer, Siddha Central Research Institute, CCRS, Dept. of AYUSH, MoH&FW, Govt. of India, , 600106 - India

Article ID: WMC003031

Article Type: Review articles

Submitted on: 16-Feb-2012, 10:06:48 AM GMT

Article URL: http://www.webmedcentral.com/article_view/3031

Subject Categories: INDIAN MEDICINE

Keywords: Siddha, Renal Calculi,

Source(s) of Funding:

No

MANAGEMENT OF KALLADAIPPU (RENAL CALCULI)

Author(s): Kannan M , Sathiyarajeswaran P , Natarajan S

Abstract

Urolithiasis is a significant source of morbidity, affecting all geographical, cultural, and racial groups. The lifetime risk is about 10 – 15% in the developed world, the increased risk of dehydration in hot climates, coupled with a diet that is 50% lower in calcium and 50% higher in oxalates. Although one might expect more calcium oxalate stones, uric acid stones are actually more common the annual incidence of kidney stones is roughly 0.5%. The prevalence (frequency in the population) of urolithiasis has increased from 3.2% to 5.2% . The total cost for treating urolithiasis was US\$2 billion in 2003. Eighty percent (80%) of those with kidney stones are men, Recurrence rates are estimated at 50% over a 10 year period and 75% over 20 years,[20] with some people experiencing ten or more episodes over the course of a lifetime. most stones in women are due to either metabolic defects (such as cystinuria) or infection. The existence of kidney stones was first recorded thousands of years ago, and lithotomy for the removal of stones is one of the earliest known surgical procedures. The Siddha System of medicine have the potency to treat the urolithiasis well effectively without any surgical procedures.

Introduction

Renal calculi @Urolithiasis is one of the most common hardships of the urinary tract. The etiology of stones remains approximate. Physicians look forward to gain a better understanding of this multifactorial disease process in the hope of developing effective prophylaxis. Affordability, anxiety towards surgical correction and repeated episodes even after surgery increase panic on the disease management. The therapies Mentioned in Traditional texts of Siddha medicine Provides space for Palliative care described in for the management of Urolithiasis.

Introduction

Urolithiasis, synonymously called as *Kalladaippu noi* in Siddha texts, as described in Yugi Vaithiya Chintamani. Four types of *Kalladaippu noi* is described by Yugi muni based on three *Thodam* (Three humors in our body). Many herbal and herbo-mineral formulations have been described in Ancient Siddha texts which may be evaluated in the management of Urolithiasis.

Siddha Classical text, Yugi Vaithiya Chintamani – 800 has classified *Kalladaippu* as follows:

1. *Vali Kalladaippu*
2. *Azhal Kalladaippu*
3. *Iya Kalladaippu*
4. *Thontha Kalladaippu*

Etiology in Siddha

Kalladaippu results due to intake of turbid water, food with stones, bones, hair and sand, intake of deteriorated starch foods and eating while indigestion.

Male female ratio

It occurs more frequently in men than in women. It is rare in children. There is a definite familial predisposition.

Urinary calculus

Urinary calculus is a stone-like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited. It is deposited commonly in kidneys, ureter, bladder or urethra.

Types

Basically the renal stones can be divided into two major groups

- I. Primary stones
- II. Secondary stones

Types

Basically the renal stones can be divided into two major groups

- I. Primary stones
- II. Secondary stones

PRIMARY STONE

According to the grapevine they appear in healthy urinary tract without any antecedent inflammation.

- (a) Calcium oxalate
- (b) Uric acid calculi
- (c) Cystine calculi
- (d) Xanthine calculi
- (e) Indigo calculi

Calcium oxalate and calcium phosphate stones make up 75 to 85% of the total and may be admixed in the same stone. Approximately 50% of people who form a single calcium stone eventually form another within the next 10 years. The average rate of new stone formation in recurrent stone formers is about one stone every 2 or 3 years.

SECONDARY STONE

They are usually formed as a result of inflammation.

- (a) Triple phosphate calculus
- (b) Mixed stones

SIGNS & SYMPTOMS

Intense, colicky pain radiates from the costal arch obliquely to the lower abdomen, groins, and testes.

Nausea and vomiting. Earlier episodes are often recognized from the history, and there are cases in the

family. Tendency for recurrences is 50% in 10 years.

The patient has difficulty in keeping still

Tenderness of the kidneys on percussion is often observed Microscopic, or rarely macroscopic, haematuria in 90%

Do's

- v Drink at least 8 -10 glasses of water per day and increase it in summer.
- v Reduce protein-intake (meats, beans, and nuts).
- v Consume dairy products (Buttermilk, ghee)
- v Eat foods with high fibre which include vegetables, fruits, grains, salads etc.
- v Go for a walk or exercise daily
- v Avoid intake of coffee and tea
- v Take orange juice daily.
- v Take plantain pith either in the form of Juice or as a food.

Don'ts

- v Consumption of high-salt foods which contribute to more calcium in urine
 - v Don't eat meat and other food with rich protein
 - v Don't drink carbonated drinks (they contain phosphorus) which include all sodas
 - v Don't eat foods with high sugar content
- Don't sleep after eating

Single herbs useful in Kalladaippu

1. Sirupeelai (*Aerva lanata*)
2. Mookirattai (*Boerhaavia diffusa*)
3. Nerunjil (*Tribulus terrestris*)
4. Neermulli (*Asteracantha longifolia*)
5. Maavilangam (*Crataeva nuruvola*)
6. Elumicham thulasi (*Ocimum gratissimum*)
7. Murungai (*Moringa oleifera*)
8. Mullangi (*Raphanus sativus*)
9. Nannari (*Hemidesmus indicus*)
10. Santhanam (*Santalum album*)

Some Siddha formulations useful in Kalladaippu

- v Neermulli Kudineer
- v Nerunjil kudineer
- v Sirupeelai Kudineer
- v Nandukkal Parpam
- v Vedyuppu chunnam
- v Kalludaikudori Maathirai
- v Amirthadhi Chooranam

Reference

Pothu Maruthuvam,

Aruvai Maruthuvam

Guna padam mooligai Vaguppu, Part 1

Gunapadam Thathu Jeeva Vaguppu, Part 2&3

http://en.wikipedia.org/wiki/Kidney_stone

Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.