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## MANAGEMENT OF KALLADAIPPU (RENAL CALCULI)

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# MANAGEMENT OF KALLADAIPPU (RENAL CALCULI)

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## 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

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### 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

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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

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- 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

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- 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

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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

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

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[http://en.wikipedia.org/wiki/Kidney\\_stone](http://en.wikipedia.org/wiki/Kidney_stone)

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