Management of Kalladaippu (Renal Calculi)

Corresponding Author:
Dr. P Sathiyarajeswaran,
Research Officer, Dept. of Literary and Documentation, Siddha Central Research Institute, 600106 - India

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

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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. 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 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 the management of Urolithiasis.

Urolithiasis, synonymously called as Kalladaippu no in Siddha texts, as described in Yugi Vaithiya Chintamani. Four types of Kalladaippu no 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

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 and 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 and Don'ts:

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

Don'ts:
* Consumption of high-salt foods which contribute to more calcium in urine
* Don't eat meat and other food with rich protein
* Don't drink carbonated drinks (they contain phosphorus) which include all sodas
* 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 nuruvala)
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

* Neermulli Kudineer
* Nerunjil kudineer
* Sirupeelai Kudineer
* Nandukkal Parpam
* Vediyppu chunnam
* Kalludaikudori Maathirai
* Amirthadhi Chooranam

Reference

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Gunapadam Thathu Jeeva Vaguppu, Part 2&3
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Reviews

Review 1

Review Title: Management of kalladaippu

Posted by Dr. Sonitha Sarathy on 22 Mar 2012 05:27:31 PM GMT

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Rating: 6

Comment:
still more treatment modalities can be explained
basic research paper good work

Competing interests: No

Invited by the author to make a review on this article?: Yes

Experience and credentials in the specific area of science:
i have treated 8 cases of this same kind of disease

Publications in the same or a related area of science: No

How to cite: Sarathy S. Management of kalladaippu [Review of the article 'Management of Kalladaippu (Renal Calculi)' by ]. WebmedCentral 1970;3(3):WMCRW001607
Review 2

Review Title: Management on Kalladaippu

Posted by Dr. Tamilselvi Umaithanu[pillai on 22 Mar 2012 01:21:51 AM GMT

Is the subject of the article within the scope of the subject category? Yes

Are the interpretations / conclusions sound and justified by the data? Yes

Is this a new and original contribution? Yes

Does this paper exemplify an awareness of other research on the topic? Yes

Are structure and length satisfactory? Yes

Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience? No

Can you suggest any reductions in the paper, or deletions of parts? No

Is the quality of the diction satisfactory? Yes

Are the illustrations and tables necessary and acceptable? Yes

Are the references adequate and are they all necessary? Yes

Are the keywords and abstract or summary informative? Yes

Rating: 5

Comment:
It s a basic article submitted for review further research articles are expected in this jorgan

Competing interests: These type of articles may still will b strong if also admixed with siddha basic philosophy

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science:
I ve used those medicines in my clinic for renal calculi

Publications in the same or a related area of science: No

How to cite: Umaithanu[pillai T.Management on Kalladaippu[Review of the article 'Management of Kalladaippu (Renal Calculi) ' by ].WebmedCentral 1970;3(3):WMCRW001605
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