

VOLUME 9 (SPECIAL ISSUE 2) 2023

ISSN 2454 – 3055

**Manuscripts under Special Issue are published under the
theme “Yoga Practices and Alternative Therapies on
Human Health”**

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**INTERNATIONAL
JOURNAL OF
ZOOLOGICAL
INVESTIGATIONS**

***Forum for Biological and Environmental
Sciences***

Published by Saran Publications, India



International Journal of Zoological Investigations

Contents available at Journals Home Page: www.ijzi.net

Editor-in-Chief: Prof. Ajai Kumar Srivastav

Published by: Saran Publications, Gorakhpur, India



ISSN: 2454-3055

Holistic Approach Through Siddha for Kalladaippu (Renal Calculi): An Evidence Based Case Study

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Received: 17th March, 2023; Accepted: 5th May, 2023; Published online: 11th July, 2023

<https://doi.org/10.33745/ijzi.2023.v09ispl2.020>

Abstract: The aim of this study was to evaluate the clinical manifestations in the management of Renal calculi (*Kalladippu*) through Siddha system of medicine. Urolithiasis refers to renal or ureteral calculi referred to in lay terminology as a kidney stone, affecting 10-12% of the population. Urolithiasis is a medical emergency that frequently causes acute abdominal, low back, flank or groin pain. A 29-year-old man presents with severe right flank discomfort with large calculi measuring 6 mm, 3 mm, and a few microliths were detected by Ultrasonography during the examination and inquiry. Patient was treated with evidence-based Kudineer, Parpam and Varmam Therapy. According to the literature, Siddha medications are efficient in removing moderate to large sized kidney stones. This case is one such example, demonstrating the necessity of individualization and, as a result, the efficiency of Siddha medicines in treating the underlying cause and evacuation of renal stones. The Siddha holistic method reduces discomfort, dysuria, and increased frequency of micturition, size reduction, and calculus ejection. The synergistic action enhanced resulting in disintegration and elimination of urinary stones from urinary tract.

Keywords: Renal calculus, Kalladippu kudineer, Maha Boopathy parpam, Megarajaga parpam, Varmam therapy. Kalladaippu

Citation: Thiruganam K., Sri Sakthi Logisha M., Nivetha G., Karpagavalli K., Subha V. and Meena Kumari: Holistic approach through siddha for kalladaippu (renal calculi): An evidence based case study. Intern. J. Zool. Invest. 9(Special Issue 2): 98-101, 2023.

<https://doi.org/10.33745/ijzi.2023.v09ispl2.020>



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Introduction

One of the most prevalent urological issues is kidney stone formation. Reduced urine volume or increased excretion of substances that might form

stones, such as calcium, oxalate, uric acid, cystine, xanthine, and phosphate, are linked to the development of the stones. Calculi may also result

from high urine acidity or low urinary citrate levels (Reesink *et al.*, 2018). Low urine volume as a result of poor hydration is the most frequent cause of renal stone disease. The four other most typical conditions- hypercalciuria, hyperoxaluria, hyperuricosuria, and hypocitraturia-are all known to cause urinary stones. The second to third decade of life is when the incidence peaks. Men are more likely than women to develop calcium stones (75–80%), and 50% of persons who get one calcium stone will go on to develop another one within the next 10 years. 5 to 10% of kidney stones are uric acid stones, which are more frequent in men. Studies have shown that Siddha remedies are efficient in removing kidney stones of average to large size. This instance presented here is an illustration of the significance of individualization and, consequently, the effectiveness of Siddha medicines in treating the root cause and ejection of renal stone (Asplin *et al.*, 2008).

The symptoms of "Kalladaippu" include difficulty urinating, discomfort in the penis, burning micturition, renal pain, low back pain, and tiny sand-like crystals in the urine. Consuming filthy stagnant water, eating more carbohydrates and foods that raise Vali humour, and controlling semen are the causes of kalladaippu. Kalladaippu is divided into four varieties based on bodily humours: Vali kalladaippu, Azhal kalladaippu, Iya kalladaippu, and Mukkuttra kalladaippu. Vali kalladaippu is characterised by prickling discomfort in the umbilical area, blockage of the urine stream during micturition, mucus membrane in the urine, soreness and swelling in the penis as a result of this pain, and dyspneic symptoms in the patient (Suliman *et al.*, 2020). The symptoms of Azhal Kalladaippu include a burning feeling throughout the body, haematuria, and tiny, red stones in the urine. Iya kalladaippu pain is present in the umbilicus, hip area, and thigh, as well as sweating in the penis and stones of a white color in the urine. Mukkuttra kalladaippu is characterised by a daily handful of stones containing semen and intense discomfort in the

lower urethra. Renal calculi are characterised by acute groin to loin colicky pain that is accompanied by nausea and vomiting in the allopathic medical system. With a sensitivity of 84% and a specificity of 99%, these symptoms, together with renal angle soreness and microscopic hematuria, are strongly predictive of urinary tract stone illness. One-third of unintentional stones could develop symptoms. 90% of individuals with calculi less than 5 mm experience spontaneous passage with hydration and pain management (York *et al.*, 2019).

As the stone size grows, the percentage of stone passage drops; a stone that is 10 mm in diameter has a 10% chance of passing naturally. Numerous studies have demonstrated the effectiveness of invasive procedures including ureteroscopy and extracorporeal shock wave lithotripsy (Bowen and Tasian, 2019).

These methods are nonetheless difficult, costly, and not risk-free. Siddha classifies several medications as lithotriptic and diuretic, which are successfully used to treat renal calculi.

Case Details:

A 29-year-old male patient working in marine complained of repeated episodes of mild to severe dull aching, burning pain in the right iliac and lumbar regions of his back, as well as abdominal pain that had been accompanied by trouble urinating over the previous two months. The patient's problems eventually become present. In the past, there was no particular complaint. There was no prior history of hypertension or diabetes mellitus. His food intake was erratic, according to his diet history. His vital signs were within acceptable ranges. When the abdomen was examined, there was no organomegaly, but both sides of the lumbar region and the left side of the renal angle aroused discomfort. As instructed, the patient had abdominal and pelvic Ultra sonography on July 21, 2021, and the results showed that there were two significant renal calculi, measuring 6 mm in the lower pole of kidney and 3 mm in the mid

Table 1 : Medications

S. No.	Form of Drug	Name of Drug	Dosage	Adjuvant
1	Tablet	Kalkaraichi Mathirai	500 mg- Trice a day	Hot water
2	Parpam	Maha Boobathy parpam	300 mg-Twice a day	Ghee
3	Parpam	Megarajaga parpam	300 mg-Twice a day	Tender coconut
4	Kudineer	Kalladaipu kudineer	30 ml- Trice a day	-

Table 2 Varmam therapy

S. No.	Varmam Points	Anatomical Location	Manipulation technique	Finger Selection	Duration	Frequency
1	Valakumizh Varmam	Located one third of the distance from right <u>anterior superior iliac spine</u> to the <u>umbilicus</u> point	Clockwise rotation by using middle three finger for 3 times	Middle 3 finger	10 seconds	3 times
2	Unthi Varmam	<u>Umbilicus</u> point	On/off pressure with middle 3 fingers	Middle 3 finger	10 seconds	3 times
3	Viruthi Kalam	Located web area Big toe and second toe	Pressure towards upwards by using thumb	Thumb	10 seconds	3 times
4	Kal Kulachu Varmam	Located in center of anterior aspect of ankle joint	Pressure towards upwards by using thumb	Thumb	10 seconds	3 times

pole left kidney, respectively. This proved that there were bilateral renal calculi. His blood and urine tests came back within the expected ranges.

All of his clinical characteristics were noticeably reduced during his initial follow-up. He was instructed to repeat the abdominal and pelvic Ultra sonography on August 25, 2021, at the second follow-up. According to the report, the right kidney had no calculi while the left kidney had a few microliths. The right renal calculus was likewise thrown out, as seen by this. Later, he received advice to follow the meal chart for the Pathyam (diet regimen).

The prevalence of calculus has been rising over the past 30 years and is of concern in an aging population. Several factors may contribute to this rise including improved diagnostic abilities, longer life spans, changes in health

related behaviors (e.g. consumption of soft drinks and animal proteins), environmental changes, or diuretic utilization). Calculi are typically diagnosed based on the presenting symptoms along with an imaging modality; however, classification of the calculus is based on its composition which requires analysis of the calculus after passage or removal. Conservative treatment options/recommendations are frequently determined and implemented at this point (Shafi *et al.*, 2016; Rajalakshmi *et al.*, 2018).

The size of the calculus was decreased to 3 mm in microliths by the use of internal medicine and varmam treatment, and the 6 mm stone was removed entirely. This, in turn, lowers pain as well as the symptoms linked with it. This outcome was achieved after taking the drug for a total of four days. This highlights how successful

conservative treatment can be in lowering the size of calculi and providing pain relief and relief from other symptoms in a relatively short amount of time (Kannan Rajaram, 2017). It also shows how effective conservative treatment can be. Many of them assert that it takes a considerable amount of time for Siddha medicines to treat an illness. However, the results of this study demonstrated that a more conservative treatment with Siddha drugs is successful as other therapies, and it offered relief from pain and other symptoms in a far shorter amount of time than many people had anticipated. Because the calculi that are present in the lower pole of the kidney make surgical removal not the best option owing to the invasiveness of the procedure, conservative therapy is the recommended way for lowering the size of the calculi and giving relief from the symptoms caused by them (Shafi *et al.*, 2016). This case study would be a testimonial to the efficacy of Siddha remedies and their capacity to bring treatment from a wide variety of different conditions if it were to be completed.

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