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

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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. Utolithiasis 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 microlithis 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, Kalladipu kudineer, Maha Boopathy parpam, Megarajaga parpam, Varmam therapy, Kalladaippu


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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 Mukkutra 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. Mukkutra 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

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

Table 2: Varmam therapy

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

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.

References


