A CASE REPORT ON KALLADAIPPU

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Abstract: The term “Kalladaippu” meant by calculai in Kidney or ureter or urinary bladder in siddha system of medicine. Modern system of medicine urinary tract calculai mention as Urolithiosis, Life style change, Changes in food habits, poor intake of watery diet, low water intake, high global temperature are predisposing, for Kalladaippu. Siddha medicine based on panchabha kolgai & mukkuttra theory, it give definite relief from urolithiosis. Kidney role as a excretory function mainly in the body, when the calculai is formed and it may moved to ureter. Calculai size less than 5mm it passed away easily. But calculai size greater than 5 mm it can obstruct the urinary tract, leads to fails in urinary excretion, causes renal damge and change in metabolism. So urinary tract calculai is harm to the patient. Siddha drugs give permenant relief from the burden of kalladaippu.

Key Words : Kalladaippu, Urolithiosis, Siddha medicine, mukkuttra theory

Introduction

Kalladaippu disease characterized by burning & Painful mixturition, dullache on lower back, loin pain, loin to groin pain, colicky umbilical pain, nausea, Vomiting, loss of appetite, hematuria (rare). Chronic untreated diarrhoea, Dehydration due excess heat, dry food, spicy food, junk food, working with hot environment, urinary tract infec
tion, habit with post-voiding of urine are increasing the chance of stone formation in the urinary track.

In siddha system of medicine kalladaippu classified as four types vali kalladaippu, azhal kalladaippu, iya kalladaippu and mukkuttra kalladaippu.

In modern aspect of medicine treat the urolithiosis by surgically (PCNL, URSL, RIRS ) & ESWL…

In siddha system of medicine give definite & risk free treatment for kalladaippu.

Description of the patient

39/ male patient coming with complaints of left renal calculai along with CT report as bilateral DJ stent, 9mm left renal calculai with HU 1000. On 15.02.2022. Patient was newly diagnosed with type 2 diabetes mellitus.

Siddha clinical assessment done to the patient. Neikkuri as snake shape indicate vatha neer. After 20 minute neikuri shape as pearl. Neikuri indicate first affected kuttram vaatha & second affected kuttram is kabha.

Patient naadi is kabha vaatha naadi with dull vaathanaadi. Accord
ing to the naadi and neerkuri medicine was selected as follows;

1. vaadha sura kudineer[impcos]- 30 ml Bd
2. kalldaippu kudineer[EIN]- 30 ML Bd
3. Nilavembu podi [Abdullah sahip paramedicals]- 1gm Bd
4. vediuuppun chunnam- 200mg bd
5. Nandukkal parpam- 200 mg bd

- after food for 45 days.

After 45 days naadi was checked for any alteration in kabavaatha. There is no change in naadi. Ct done at 31.03.2022 shows left renal caculi with HU-670.

Patient advice to take that above medicine for next 2 month and follow up. Another CT done at 22.06.22 Ct report proved that there was no left renal calculai. Vadha naadi retain retain get normal range.
Conclusion

It is concluded that from the observation made in this case study, siddha drug for renal calculai will treat effectively. The calculus in kidney decreased in density and dissolve naturally and do not obstruct in pathway of urinary track. According to the mukkutra theory all the patient are treated effectively in siddha system of medicine.

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