

A CASE REPORT ON KALLADAIPPU

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Abstract: The term “Kalladaippu” meant by calculai in Kidney or ureter or urinary bladder in siddhasystem 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 sizeis 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 damage and change in metabolism. So urinary tract calculai is harm to the patient. Siddha drugs give permanent relief from the burden of kalladaippu.

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

Introduction

Kalladaippu disease characterized by burning & Painful mixturation, 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 infection, habit with post-pond the voiding of urine are increasing the chance of stone formation in the urinary track.

In siddha system of medicine kalladaipu classified as four types vali kalladaipu, azhalkalladaippu, iya kalladapipu 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 caculai 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 vathaneer. 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. According to the naadi and neerkuri medicine was selected as follows;


1. vaadha sura kudineer[impcos]- 30 ml Bd
2. kalladaippu kudineer[EIN]- 30 ML Bd
3. Nilavembu podi [Abdullah sahip paramedicals]- 1 gm Bd
4. vediuppu 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 calculi. Vaddha naadi retain retain get normal range .

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NAME: ARUNKUMAR	OP/IP NO: 461/283-1394	DATE: 12.02.2022	CT NO: 25321
REF BY:	DEPT/ WARD:		
CONTACT NO:			
Clinical History: bilateral ureterocoele with left ureteric calculus/ post bilateral dj stenting 5 days back now complaining of fever			
MULTISLICE CT - ABDOMEN (Plain)			
Observation:			
Fatty liver.			
Bilateral DJ stent insitu.			
A calculus measuring 6.1x7x8.2 (TR)X(AP)X(CC)mm noted in the lower pole of left kidney with CT attenuation of value of +1000 HU			
Right kidney measures 11.5x5.6cm			
Left kidney measures 11.2x5.2cm			
Liver is normal in size. No focal lesion is seen.			
The intrahepatic biliary radicles and CBD are not dilated.			
GB is normal in size. Wall thickness is normal. No radio-opaque calculus is seen in.			
Pancreas is normal in size and uniform density. No calcification, mass or peripancreatic fluid collection is seen. The pancreatic duct is not dilated.			
Spleen is normal in size and density. Both adrenals appear normal in size and shape.			
Both kidneys are normal in size and position.			
The urinary bladder is normal. No evidence of calculus or diverticulum. foleys insitu.			
There is no mass or lymphadenopathy seen in the retro peritoneum. No free fluid is seen in the peritoneal cavity.			
Visualized dorso - lumbar vertebrae and bony pelvis show normal configuration and density. No lytic or sclerotic lesion is seen.			
Impression:			
<ul style="list-style-type: none"> • Known case of bilateral ureterocoele. • Left renal calculus. 			
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 DIAGNOSTICS

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Name	MR.ARUNKUMAR	ID	MED120929825
Age & Gender	39Y/MALE	Visit Date	31/03/2022
Ref Doctor	DR. ELAVARASI, MD		

The gastro-esophageal junction is normal. Mesenteric fat appears normal.

Both adrenal glands present normal size and position with normally developed crura. There is no evidence of a mass and no circumscribed expansion.

Both kidneys appear normal in size and position, with normal width and density of renal parenchyma.

Right kidney ms- 11.8 x 5.6 cm, Left kidney ms- 11.9 x 4.7 cm

Calculus measuring 8 x 6 x 9 mm (TR x AP x CC) noted in lower calyx of left kidney. HU- 670 IU

Both side DJ stent in-situ.

The ureters are not dilated.

The perirenal and pararenal spaces are unremarkable.

No retroperitoneal or mesenteric lymphadenopathy is seen.

The pelvic inlet appears normal, with normal configuration of the iliac wings and iliopsoas muscles.

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NAME: ARUN KUMARAGE/SEX 37M	DATE: 22.06.2022
REF BY:	OP/IP NO:
CT NO: 12880	

CONTACT NO:

**Clinical History: LEFT RENAL CALCULI
MULTISLICE VOLUME CT SCAN KUB (PLAIN)**

Volume scan of whole abdomen was performed from xiphisternum to pubis without IV Contrast. Appropriate 3D MPR, MIP and VRT reconstructions were evaluated.

Right kidney measuring 12 x 5.3 cm in size .
Left kidney measuring 10.5 x 4.7 cm in size.
DJ stent insitu on both sides.

No calculus or caliectasis is seen on either sides.

Ureters not dilated.
The urinary bladder is normal. No evidence of calculus or diverticulum is seen.

There is no mass or lymphadenopathy seen in the retro peritoneum.
No free fluid is seen in the peritoneal cavity.

Conclusion

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

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