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Management of *Kalladaippu Noi* (Renal calculi) through Siddha Medicine Vediuppu Chunnam- A case series

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ABSTRACT

A Kidney Stone is a hard crystalline mineral material formed within the kidney (or) urinary tract. Urolithiasis is one of the third most common afflictions found in humans. Kidney stones form when there is a decrease in urine volume and/or an excess of stone-forming substances in the urine. Dehydration is a major risk factor for Urolithiasis. Other risk factors including a blockage of the urinary tract, Obesity, High protein (or) Glucose diet, Cystic kidney diseases, Hyper para thyroid condition, Inflammatory of bowel diseases, Gout, Gastric bypass surgery, Recurrent UTI's, Renal tubular acidosis, Certain medications such as Diuretics, Calcium-based antacids, Anti-Seizure drugs. The Siddha system of Medicine has the potency to treat the renal stones without any surgical procedures. The drug Vediuppu chunnam provides such a tremendous remedial measures without any adverse events in combination with Malai kalli and documented as a case series.

KEY WORDS

Vediuppu Chunnam, Bryophyllum pinnatum(malai Kalli), Kidney stones (Kalladaippu Noi), Siddha Medicine.

INTRODUCTION

Among urinary tract disorders, kidney stones are one of the most common afflictions which have affected human beings since ages. Kidney stones form when compounds in the urine aggregate into a solid mass, typically consisting of insoluble calcium compounds, called as Renal calculus. Kidney stones are of two types i.e. primary stones which include stones of calcium, oxalate, uric acid, cystine, and xanthine.

The secondary stones are formed by urea-splitting organisms such as Proteus, Pseudomonas, Klebsiella species and are known as struvite stones. They are composed of magnesium, ammonium and phosphates. Kidney stones may lead to swollen kidneys, infections of kidneys and finally to kidney failure. Kidney stones cause excruciating pain and are extremely common.

The incidences of kidney stones are not only widespread in the world but the history of this disease is also very old. In the industrialized and countries of the developed world, the incidences of kidney stone are rapidly on the rise. The occurrence varies from country to country, region to region, race to race, sex to sex and according to the age. About 5-12percent of the world's population develops kidney stones during their lifetime. The number of people living in high-risk zones for kidney stones has grown up to 40 percent in 2000 and will grow to 50 percent by 2050. In the Indian scenario, the prevalence of kidney stones in India is 15percent and approximately 5 to 7 million patients are suffering from this painful disease, kidney stones are becoming a benign disease of the nation. Eighty percent of kidney stones are passed naturally without damage to kidney while 20 percent prove harmful. A patient with a stone episode has 50 percent chances of recurrence within the first five years without prophylactic intervention.

The exact etiology of renal stone is difficult to ascertain due to its multifunctional nature. Common epidemiological risk factors for kidney stones are age, sex, geographical location, family history and body size. Men are affected three times more than women . Individuals with a family history of the stone disease have a nearly threefold high risk of developing kidney stones than in those without a family history for the disease. Present-day medical management of urolithiasis mainly involves the surgical removal of stones. Techniques such as ESWL PCNL do not assure the prevention of recurrence of the stone. They cause side effects such as heamorrhage, hypertension, tubular necrosis and subsequent fibrosis of the kidney.

Hence, the search for herbal-mineral preparations is still ongoing. A large number of Indian medicinal plants have been used in the treatment of urolithiasis and they are reported to be effective with no side effects. Many chronic diseases, considered incurable in western medicine, can be treated successfully with Siddha medicine. According to our study, the treatment for it was done by Bryophylum pinnatum (Malai kalli) leaf juice and Vediuppu chunnam.

Bryophyllum pinnatum (Malai kalli):

B.pinnatum (malai kalli) which is a succulent perennial herb, used widely by the traditional practitioners for various alignments. It is especially effective in the treatment of Kidney stones. The plant grows all over India in hot and moist areas. In traditional medicine, the leaves of this plant have been used for antimicrobial, anti fungal, anti ulcer, anti-inflammatory, analgesic, anti hyper sensitive potent, anti-histamine and anti allergic activity.

S.NO	AGE/ SEX	OCCUPATION	ALCOHOL/ SMOKING	DIET/LIFE STYLE MODIFICATIONS	DURATION OF ILLNESS	PREVIOUS TREATMENT
1.	37/M	BPO with Shift duty	No	Nonvegetarian, Fast food/ Altered sleeping pattern	1 Month	Nil
2.	69/M	Watchmen	Drinking occasionally	Non vegetarian/ Altered sleeping pattern Non vegetarian/ Obese	2 Months	Allopathic medication
3.	30/F	Homemaker	No	Nonvegetarian, Fast food	1 Month	Nil
4.	41/M	Electrician	No	Nonvegetarian, Fast food/ Altered sleeping pattern	2 Months	Allopathic medication
5.	35/M	Driver	Drinking occasionally	Non vegetarian/ Stressful life Non vegetarian/ Obese	1 Month	Allopathic medication
6.	39/F	Homemaker	No		1 Month	
7.	41/F	Homemaker	No		1 Month	Nil Nil

Table 2. PATIENT DETAILS: (Ultra-Sonography Reports): (BEFORE TREATMENT)

S.NO	AGE	SEX	SIZE	NO. S	SITE	OBSTRUCTION
1.	37	M	5.0mm	1	Lower third of Right Kidney	Nil
2.	69	M	4.0mm 6.0mm	2	Left Kidney U-V Junction	Mild Hydro nephrosis
3.	30	F	4.3mm	1	Right kidney	Nil
4.	41	M	8mm 3mm	2	Left Kidney Upper pole calyx	Mild hydro nephrosis
5.	35	M	7mm	1	Left Mid Ureter	Mild hydro nephrosis
6.	39	F	4.0mm	1	Right Kidney	Nil
7.	41	F	3.7	1	Right Lower Polar Calyx	Nil

Table 3. PATIENT DETAILS: (Ultra-Sonography Reports): (AFTER TREATMENT)

S.NO	AGE	SEX	IMPRESSION
1.	37	M	NORMAL in Size Wall Thickness, NO CALCULI.
2.	69	M	NORMAL in Size Wall Thickness, NO CALCULI.
3.	30	F	NORMAL in Size Wall Thickness, NO CALCULI.
4.	41	M	NORMAL in Size Wall Thickness, NO CALCULI.
5.	35	M	NORMAL in Size Wall Thickness, NO CALCULI.
6.	39	F	NORMAL in Size Wall Thickness, NO CALCULI.
7.	41	F	NORMAL in Size Wall Thickness, NO CALCULI.

VEDIUPPU CHUNNAM

Vediuppu chunnam is highly acclaimed dosage form of alkaline group of drugs indicated for chronic degenerative diseases in Siddha System of Medicine. It is prepared from Salt Peter, Purified with quenching in different plant juices and subjected to calcinations (or) incineration in pudam method with cow dung cakes as specified in the formula. Shelf life - when properly stored, they retain their potency up to 500 years.

CLINICAL FINDINGS AND ASSESSMENT

The study was conducted in our clinic, Chennai, where the Renal stone Patients came with the complaints of Abdominal pain, radiating pain from loin to groin, nausea sometimes, pain in the urethra.

METHODOLOGY

The Siddha drug Vediuppu chunnam along with prepared fresh leaf juices of B.pinnatum was given as a Adjuvant for these 7 patients.

DOSAGE

1) Vediuppu chunnam - 25mg (Morning & Night/Before food) Along with adjuvant

2) Bryophyllum pinnatum leaf juice - 20ml (Adjuvant)

DURATION OF TREATMENT COURSE

The treatment was scheduled for 20 days with the above classified drug.. The patients were asked to follow the following dietary regimen and lifestyle modifications during the treatment and follow up period.

Diet and life Style Modifications:(1) Drink at least 2 lit of water every day (2) Increase intake of dietary fiber, green leafy vegetables (3) Consume adequate dietary calcium (4) Reduce intake of high oxalate containing foods (black tea, cocoa, spinach, betel leaves, parsley, nuts) (5) Limit dairy products (6) Avoid sugar, salt, processed meat, alcohol consumption (7) Avoid controlling of voiding.

Where the patients Ultra sonography reports of "Before treatment and after treatment and thereby results were gained with no calculi noted in the patients.

Informed Consent Documentation

The patients were assessed with necessary examination and Informed consent was taken as per the ethical guidelines.

RESULTS AND DISCUSSION

At the end of treatment, patient symptoms were relieved within a duration of 20 days of treatment. The number of calcium oxalate monohydrate crystals which are injurious to epithelial cells disappeared. This study revealed that the drugs Vediuppu chunnam and Bryophyllam pinnatum in ancient siddha literature had given enough clinical data to move for further large scale clinical studies.

According to Siddha Medicine Kalladaippu Noi (Kidney Stones) was described by ,One of the siddhars named *Yugi Munivar* in his treatise Yugi vaidhya chinthamani 800 elaborately deals with Kalladaippu noi under the Kalladaippu roga nithanam. There are also evidence of this disease in works of other prominent Siddhars like Theran and Agasthiyar.

Bryophyllum pinnatum Leaf juice and Vediuppu chunnam lower the levels of oxalate as well as calcium excretion. Decreased excretion of oxalate may be due to the Inhibition of formation of oxalate suggests the efficacy of that the herbal drug and siddha drug as an Anti-lithic agent. B.pinnatum and Vediuppu chunnam in traditional Siddha medicine which implies its stone breaking property. Control of crystal size and formation of COD rather than COM crystals in combination with the diuretic action of the given medicines is an important way to contorl Urolithiasis.

CONCLUSION

It may be concluded from the study that taking the fresh juice of Bryophyllum pinnatum (Malai kalli) and Vediuppu chunnam *favorably* remove the Kidney stones, not only cure the disease but also may prevent the recurrence of the stone formation. Combination therapy is found to be more effective and this Indigenous Siddha Medicine can be used successfully as an antilithic agent.

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