A Descriptive study on causes of Kalladaippu (Urolithiasis)

Priyanka.G¹, Rajarajeswari .A², Manoharan.A³

¹PG Scholar, Department of PothuMaruthuvam, ²Lecturer, Department of NanjuMaruthuvam, ³Head and Professor Department of Pothu Maruthuvam, Government Siddha Medical College, Palayamkottai, Tirunelveli, Tamilnadu,India

Corresponding author: drpriyankaganesan234@gmail.com

ABSTRACT

Background: The *kalladaippunoi* is common disease in now a days, untreated kalladippu was produced many complications like recurrent urinary tract infections and obstructive pathology. In Siddha literatures clearly explained thecauses of *Kalladaippunoi*(Urolithiasis)is occurrence ismore intake ofprotein diet ,retention of urine in long period,poor intake of water,working under heat circumference, recurrent UTI and other causes were analysed in this study.Family history,oral intake of calcium pills and past history of *Kalladaippu*(urolithiasis) are other causes is included in this study.

Aim and Objective: To determine the various etiological causes of *Kalladaippu*.

Methods: Cross sectional Descriptive study was conducted 110cases inkalladaippu patients, andreporting to outpatient department at Government Siddha Medical College and hospital, Palayamkottai, Tirunelvelifrom June 2018 to August 2018.

Corresponding author Priyanka.G

PG Scholar, Department of Pothu Maruthuvam drpriyankaganesan234@gmail.c om

Result: In this study, *Kalladaippu* was more common in males (68.18%) were as in female 31.82%. Causes of *Kalladaippu* wasincreased intake protein diet 66.36%,retention of urine56.36%,decreased intake of drinking water 47.27%, working under heat circumference 47.27%,past history of urolithiasis 46.36%, recurrent UTI 36.36%, intake of calcium pills 9.09%, hereditary 3.63%. In this studies

Key words: *Kalladaippu*, Urolithiasis, Achmari.

concluded that90% patients were eaten mixed diet. **Conclusion:** According to above the studyin Siddha system of medicine has been described various causes of Urolithiasis which can be correlated in Siddha and modern text books. This will be important role to Siddha physicians to early diagnose and avoid the recurrence of *kalladippunoi*. Further literary and clinical studies are necessary in future.

INTRODUCTION

The siddha system is a unique and historical medical system with philosophical foundation. Among urinary problems the formation of stone in the urinary tract is one of the main problems of urology. In siddha system of medicine, Kalladaippu is characterized by pain in the tip of genitalia, sudden intermittent obstruction flow of urine, low back pain, pain in loin and groin and presence of small sand like stone in urine. The causes of kalladaippu were drinking of bore-well water and wellspring water, rich protein diet, food which increases vaathahumor were described in siddha text.

The formation of stone in the urinary system, i.e. in kidney, ureter, and urinary bladder or in urethra is called urolithiasis. Urolithiasis is one of major disease of the urinary tract and is a major source of morbidity. Stone formation is one of the painful urologic disorders that occur in approximately 12% of the global population and its recurrence rate in male is 70-81%, in female 47-60%. There are many types of stones. They are calcium

oxalate, calcium phosphate,uric acid, struvite, cysteine, and medication induced stone. The main symptom of a urolithiasis is an extreme pain in the back, nausea and vomiting can also accompany the pain. The risk factors associated with the development of urolithiasis such as genetic factor, age, climate, Body Mass Index (BMI), weight, water intake, occupation and diet. Urolithiasis is more common in males than in female.

MATERIALS AND METHODS

This study used the cross sectional descriptive method. A four month duration study from june2018september2018 was conducted in the Government Siddha Medical College and Hospital, Palayamkottai. The study was started after obtaining the ethical clearance from the Institutional Ethical Clearance(IEC). **Patients** were checked for eligibility for inclusion in the present study and then only their informed consent was obtained. If the patient was not willing to participate in the present study, then they were not included in this study.

Objective of the study to describe the various causes of Kalladaippu (urolithiasis) . It was a cross sectional descriptive study. The data was collected in the predesigned questionnaire for this study. The questions were prepared to assess the knowledge on urolithiasis. The questions were to assess knowledge on food habits, type and amount of liquid intake, history retention of of urine, history of UTI, hereditary, intake of calcium pills, working under heat area. In which patients with the both sex, age 20 between 60 were included. The other symptoms like chronic appendicitis, renal failure, cholecystitis were excluded.

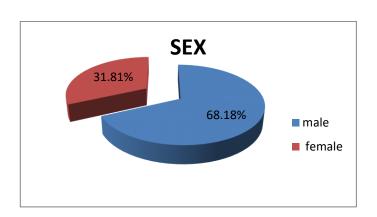
This study includes both the sex and detailed history was taken regarding the disease. A total number of 110 patients were included. In this study, eligible participants were between the ages 20-60. Personal profileof every included recorded. patient In this was questionnaire both modified and nonmodified risk factors including age, sex, address. anthropometry, smoking alcohol consumption, family history, diet history, occupation, educational status were recorded.

DISCUSSION

According to survey highest people i.e, people drinking bore well water and people having body mass index more than 30 having more chances for urolithiasis. In this study, increased BMI was more prevalence in 30% ofurolithiasis. In recent studies, they found that renal stone formation is more frequent in male than female. They found that most of the patients with urolithiasis were male. This could be due to anatomical difference in urinary tract between male female. Male urethra is longer than female urethra. Recent studies shows diet is also an important factor for development of urolithiasis. In this study, intakeof mixed diet which leads to the formation of urolithiasis. A diet in high sodium and calcium intake also causes for formation of urolithiasis. Another major cause for urolithiasis is fewer intakes of water and non- vegetarian diet. In this study shows maximum number of non-vegetarians are affected with urolithiasis.

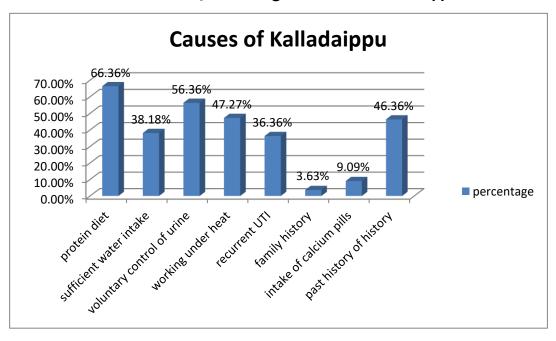
Table no:1Percentage of sex Table no:2 Percentage of

BMI



ВМІ	NUMBER		
		Percentage	
<20	10	9.09%	
20-25	63	57.27%	
25-30	29	26.36%	
30-40	8	7.27%	

Table no:3 Percentage of causes of Kalladaippu.



FOOD	NUMBER	PERCENTAGE
HABITS		
VEG	11	10%
NON VEG	0	0%
MIXED	99	90%

RESULTS

this study totally 110 cases was recorded. In this, maximum cases were at the between 30-60years.The incidence ofkalladaippu(urolithiasis) was affected commonly in both sex comparatively male are affected than female. Male was 75 members (68.18%) and female was 35 members (31.82%). This study showed maximum patients were taking mixed type of diet was 99 members(90%); were as vegetarians was 11members (10%). In this study, body mass index plays an important role. BMI < 20 was 9 members(9.09%); 20-25 was 63 members(57.27%); 25-30 was 29(26.36%); 30-40 was 8 members (7.27%). The causes of urolithiasis were high intake of protein diet was 73 members (66.36%), retention of urine was 62 members(56.36%), working under heat area was 52 members(47.27%), past history of urolithiasis was 51 members (46.36%), less intake of water was42 members(38.18%), recurrent UTI was40 members (36.36%), taking calcium pills was 10 members(9.09%), family history was 4 members(3.63%)

CONCLUSION

Analysis of data shows that the most the people were affected in age of 40-50 years. And the majority of patients were male. The retention of urine is considered as the major cause for formation of urolithiasis. High intake of protein diet is considered as a main cause for formation of urolithiasis. Family history and intake of calcium pills are minor cause for urolithiasis. The majority of peoples are in normal body mass index. This will be important role to Siddha physicians to early diagnose and avoid the recurrence of kalladippunoi. Further literary and clinical studies are necessary in future.

REFERENCES

- 1.Dr.Ka.Na.KuppusamyMudhaliyar 2004;
 Directorate of Indian medicine and
 Homeopathy,6th edition; Siddha
 maruthuvam pothu;Pg.no:461
- 2.Dr.Ka.Su.Utthamarayan,2013; SiddharAruvaiMaruthuvam; Directorate of Indian medicine-Homeopathy; Pg.no:112-114.
- 3.A. concise Text book of Surgery-Dr.S.Dass, 3rdedition, pg.no:378

4. T.Vijaya et al;Urolithiasis and its causesshort review,The Journal of Phytopharmacology 2013;2(3):1-6;

5.;Mr.Sapna k. Choudhari; To assess the risk factor of urolithiasis among general population;Global journal for research analysis volume -7; issue-8, August-2018.

6.EnadAjlan Al-Qurashi; Urolithiasis, Epidemiology, Etiological factors, and Treatment: an overview; International journal of healthcare sciences; volume-4, issue2,pp(1275-1281), October-march 2017.

Pethiyagoda 7.AUB et al;Survey Knowledge attitudes and practicesonurolithiasis among final year Faculty of medicine students in University of PeradeniyaInternational Journal of Scientific and Research Publications, volume 7, issue 2, February 2017.

8. M. Nandhini, et.al; A Prospective review on siddha treatment for Kalladaippu (Renal calculi); ; www.ijcrims.com volume 4; issue 8- 2018.



To cite this: Priyanka. G¹, Rajarajeswari .A², Manoharan. A³, A Descriptive study on causes of Kalladaippu (Urolithiasis)., International Journal of Reverse Pharmacology and Health Research, 2018, 1(1): 32-37.