

A Cross Sectional Study on Kalladaippu with Siddha Concept Reporting At Outpatient Department of National Institute of Siddha

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Abstract

Original Research Article

Aim: To Observe the types of *kalladaippu* among the OPD cases of *kalladaippu* on the basis of *vadha*, *pitha*, *kabha* and *mukkutram*. **Design and setting:** This was 'A Cross Sectional Study on *kalladaippu* with *siddha* concept' conducted in National Institute of Siddha, Chennai from (April 2018-August 2018). **Methods:** I review the medical records of *kalladaippu* patients who had visited in National Institute of Siddha OPD (50 patients/month) carried out. A total of 100 individuals were enrolled in the study according to exclusion criteria, those with an age of (>15yrs<60yrs). All the collected data were recorded in the relevant forms and were analyzed statistically. **Results:** Based on the study incidence of *kalladaippu* is results the increased in the age group of males(31-40yrs), females(41-50yrs). On observing the types of *kalladaippu* incidence of *vatha kalladaippu* is 36.4%, *pitha kalladaippu* is 27.2%, *kabha kalladaippu* is 30.5 %, *mukkuttra kalladaippu* is 4.4%. This study makes us to improve our treatment method, on the basis of three humours.

Keyword: Kalladaippu siddha concept, cross sectional study.

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INTRODUCTION

Kidney stones one of the most painful of the urologic disorders are not a product of modern life unfortunately kidney stones are one of the most common disorders of urinary tract. A large number of peoples are suffering from urinary stone problem all over the globe. Kidney stones which are solid crystals that form from dissolved minerals in urine can be caused by both environmental and metabolic problems. Kidney stones are quiet common and usually affect people who are between 30 and 60 years of age. It affects men more than women.

It is estimated that renal colic (severe pain caused by a kidney stone) affects about 10-20 % of men and 3-5% of women. In India 12% of the population is expected to have urinary damage. Recurrent stone formation is a common problem with all types of stones and therefore an important part of the medical care of patients with stone disease. In most countries with a relatively high incidence of renal calculi due to climate, diet habits, local geology with hydro mineralogy and sanitation by affecting geo minerology. Rising global

temperatures could lead to an increase in kidney stones according to research presented at the 103rd annual scientific meeting of the American urological association. Postmenopausal women with low oestrogens levels have an increased risk of kidney stones. Women who have had their ovaries removed are also at increased risk. This study deals about the *kalladaippu* with *siddha* concept.

MATERIALS AND METHODS

It was a cross sectional study conducted in outpatient department of National Institute of Siddha, Ayothidass Pandithar hospital. The study was approved by IEC (Institutional Ethics Committee)-NIS/IEC/2018/8. The study is also registered in CTRI (Clinical Trial Registry India)-/2018/06/014421. The study takes place from June 2018 to August 2018 (3 months). In this study approximately 100 out patients in between the age group 15-60 were selected without any bias for a sex, occupation, socio economic status & duration of disease. A pre designed self-administrated questionnaire interview method is used for collecting data about the patients. Data on demographic

characteristics (including age, address of residence, education levels, occupation, and personal habits) was obtained.

RESULTS

AGE

Table-1: (Age)

AGE	MALE	FEMALE
11-20	-	3%
21-30	14%	2%
31-40	34%	11%
41-50	12%	15%
51-60	4%	10%

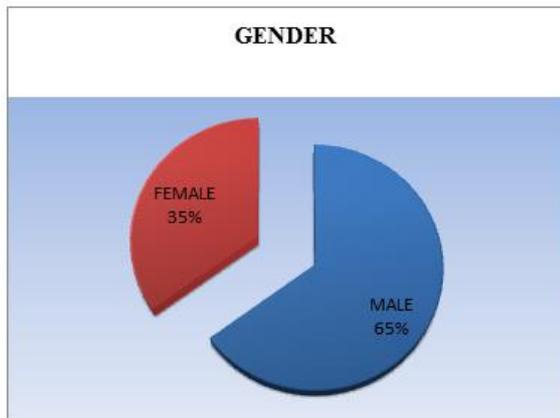
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Out of 100 cases taken for this study, most of the cases were 31-40 yrs in male 34%,41-50 yrs in females 15%.It is shown table 1.

GENDER

Table-2: (Gender)

Gender	Frequency	Percentage	Cu mm
Male	65	65	65
Female	35	35	100
Total	100	100	



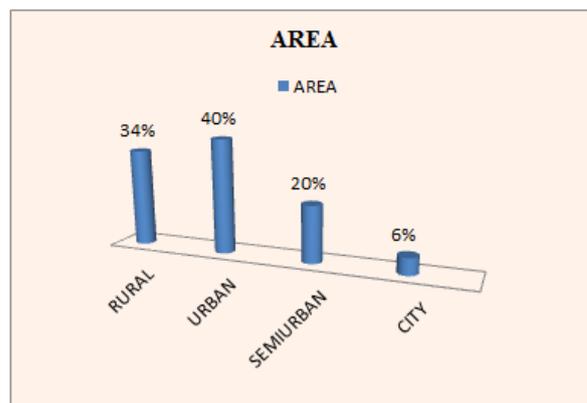
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For the study on kalladaippu, 100 patients (adults) were included in this study. 65% of males and 35% of females.it is shown in the table 2.

AREA

Table-3: Area

Area	Frequency	Percentage	Cu mm
Rural	34	34	34
Urban	40	40	74
Semi urban	20	20	94
City	6	6	100



INFERENCE

Out of 100 cases taken for this study, most of the 40% cases were belongs to urban area. It is shown table 3.

MARITAL STATUS

Table-4: (Marital status)

Marital status	Frequency	Percentage	Cu mm
Married	83	83	82
Unmarried	17	17	98



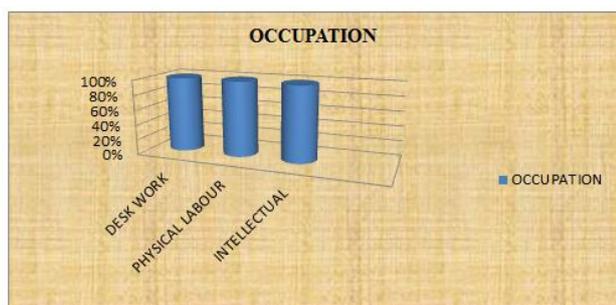
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Out of 200 cases 83% cases were married, 17% were unmarried. It is shown table 4.

OCCUPATION

Table-5: (Occupation)

Occupation	Frequency	Percentage	Cu mm
Desk work	40	40	40
Physical labour	54	54	94
Intellectual	6	6	100



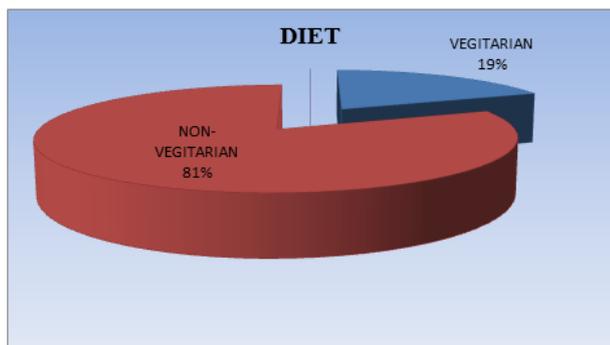
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Out of 100 cases taken for this study, most of the cases were 54% field work with physical labour persons. It is shown table 5.

DIET

Table-6: Diet

Diet	Frequency	Percentage	Cu mm
Vegetarian	19	19	19
Non-vegetarian	81	81	100
Total	100	100	



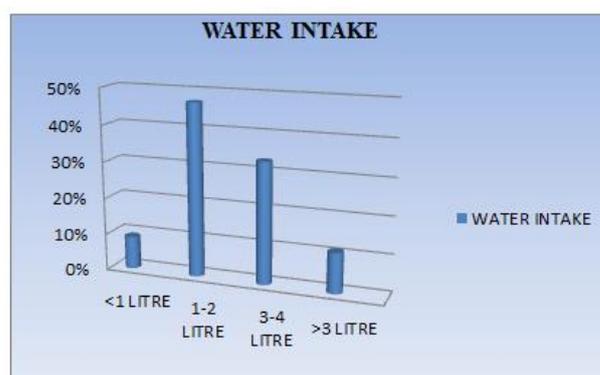
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Out of 100 cases 19% was taken a vegetarian, 81% was taken a non-vegetarian. It is shown table 6.

WATER INTAKE

Table-7: Water intake

Water Intake	Frequency	Percentage	Cumm
>1 ltr	9	9	9
1-2ltr	47	47	56
3-4ltr	33	33	89
<3ltr	11	11	100



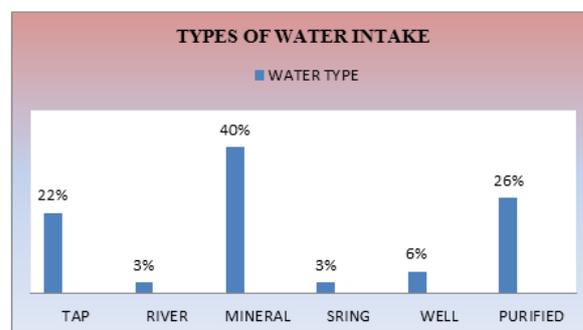
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Out of 100 cases taken for this study, 47% of cases were taken a quantity of water is 1-2 ltr. It is shown table 7.

TYPES OF WATER

Table-8: Types of water

Water Type	Frequency	Percentage	Cumm
Tap	22	22	22
River	3	3	25
Mineral	40	40	71
Spring	3	3	74
Well	6	6	80
Puried	26	26	100



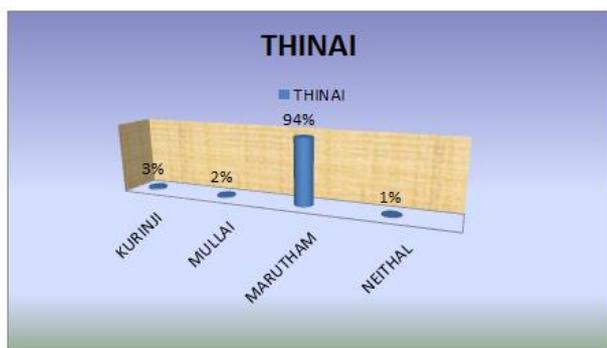
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Out of 100 cases taken for this study, mostly 40% of cases were used mineral water for drinking purpose. It is shown table 8.

THINAI

Table-9: Thinai

THINAI	PERCENTAGE
KURINJI	3%
MULLAI	2%
MARUTHAM	94%
NEITHAL	1%



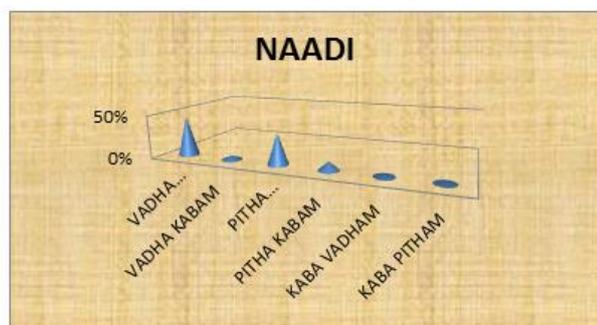
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Out of 100 cases taken for this study, mostly 94% of affected peoples are live in marutham nilam. It is shown in the table 9.

NAADI

Table-10: Naadi

NAADI	PERCENTAGE
VADHA PITHAM	46%
VADHA KABAM	5%
PITHA VADHAM	36%
PITHA KABAM	10%
KABA VADHAM	2%
KABA PITHAM	1%



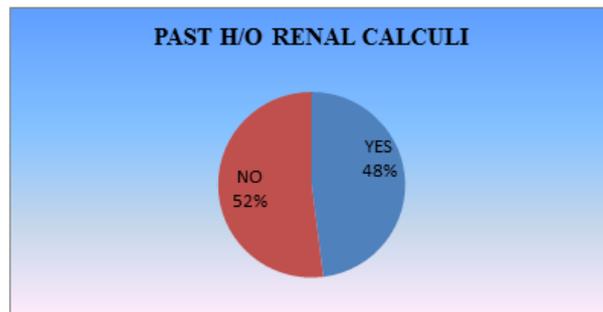
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Out of 100 cases 46% cases had vadhapitha naadi, 36% cases had pithavadha naadi. It is shown in table 10.

PAST HISTORY OF RENAL CALCULI

Table-11: P/H/O Renal calculi

PAST H/O RENAL CALCULI	PERCENTAGE
YES	48%
NO	52%



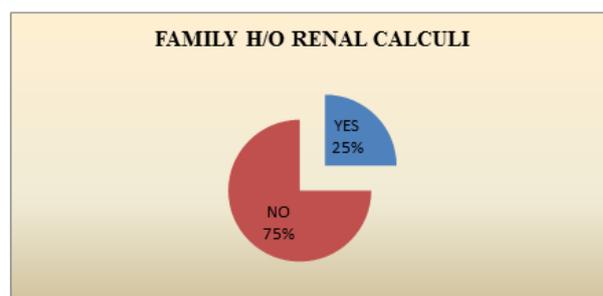
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Out of 100 cases 52% cases had no past history of renal calculi, 48% cases had a past history of renal calculi. It is shown table 11.

Family history of renal calculi

Table-12: Family history

FAMILY H/O RENAL CALCULI	PERCENTAGE
YES	25%
NO	75%



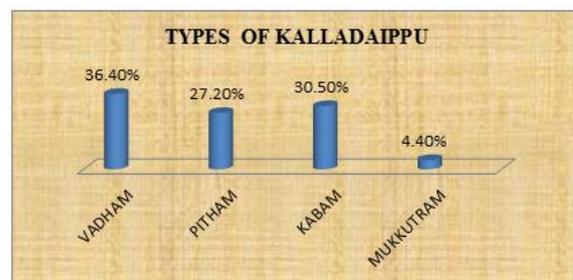
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Out of 100 cases 75% case had no relevant family history, 25% case had a family history. It shown table 12.

Types of kalladaippu

Table-13: Types of Kalladaippu

TYPES OF KALLADAIPPU	PERCENTAGE
VADHAM	36.40%
PITHAM	27.2%
KABAM	30.50%
MUKKUTRAM	4.4%



INFERENCE

On observing the types of kalladaippu incidence of vadha kalladaippu is 36.40%, pitha kalladaippu is 27.2%, kabha kalladaippu is 30.50%,mukutra kalladaippu is 4.4%.It is shown table 13.

DISCUSSION

Urolithiasis is one of the hallmark urological problems that affect both sexes. Its considered to be a multifactorial problem that is influenced by genetic predisposition, race, diet, weather and body weight. Different environments and diets contribute variably for the incidence of urolithiasis. In this study it is found that there is association of urolithiasis with the occupation. People who are in field work with physical labour are prone to urolithiasis this study found the association of urolithiasis with the water intake and dietary habits. People who are with less water intake are prone to urolithiasis. In this study there is no association of urolithiasis with the family history.

CONCLUSION

In this study it is found that many patients are seeking siddha treatment for renal calculi. Males are more prone to renal calculi when compared with females. The study finally concludes that vadha kalladaipu is more prominent than pitha, kabha and mukutra kalladaipu. A public health intervention on

kalladaipu aiming at correcting misconceptions and enhancing preventive measures must be recommended.

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