website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS

Management of Renal Calculi through Siddha Herbal Formulation Kalladaippu Kudineer: A Case Report

Pushpa P,[1*] Karthikaa T[1]

[1]PG Scholars, Department of Gunapadam, Government Siddha Medical College, Chennai, Tamil Nadu, India

ABSTRACT:

Urolithiasis, referred to as *Kalladaippu* in Siddha medicine, is a common urological condition characterised by the formation of calculi in the urinary tract. Classical Siddha literature advocates the use of herbal formulations with diuretic and lithotriptic properties for its management. *Kalladaippu Kudineer* is one such time-tested classical Siddha decoction widely used in clinical practice for the dissolution and expulsion of urinary calculi. A 29-year-old male patient presented with complaints of intermittent right-sided flank pain and burning micturition. CT KUB (Plain), revealed a right distal ureteric calculus measuring 5.2 × 6.0 mm located approximately 1.5 cm proximal to the vesico-ureteric junction (VUJ), causing mild hydro uretero nephrosis, along with a microlith in the right renal lower pole. Based on classical Siddha diagnostic methodology (*Envagai Thervu*), the condition was diagnosed as *Kalladaippu*. The patient was treated with *Kalladaippu Kudineer* 30 ml twice daily along with appropriate dietary regimen. Following the course of *Siddha* treatment, the patient reported significant symptomatic relief. The calculus was subsequently expelled naturally within 48 hours. No adverse effects were observed during the entire treatment period, confirming the safety of the intervention. This case report highlights the efficacy and safety of *Kalladaippu Kudineer* in facilitating spontaneous expulsion of a distal ureteric calculus. The outcome supports the potential of classical Siddha herbal formulations as a safe, non-invasive, and effective therapeutic approach in the management of urolithiasis. Further clinical trials with larger sample sizes are recommended to validate these findings.

KEYWORDS: *Kalladaippu Kudineer, Siddha* medicine, Ureteric calculus, Urolithiasis.

Received: 03.08.2026	Accepted: 13.09.2026	Published: 04.10.2026

This work is licensed under a Creative Commons Attribution 4.0 International License © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code

***Corresponding Author:**

Dr. Pushpa P

PG Scholars, Department of Gunapadam, Government Siddha Medical College, Chennai, Tamil Nadu, India

Email: pushpa.sivagami@gmail.com

INTRODUCTION:

Urolithiasis is one of the most common urological disorders worldwide, characterized by the formation of calculi within the urinary tract. It predominantly affects young to middle-aged males, with a global prevalence of 1–15%[1]. In India it stands approximately at 12 % and nearly 15% within the northern regional "stone belt".[2] The condition presents with severe flank pain, dysuria, haematuria, and in complicated cases, hydronephrosis [3]. Conventional management ranges from conservative hydration therapy to invasive procedures such as Ureteroscopy (URS) and Extracorporeal Shock Wave Lithotripsy (ESWL), which are often costly and associated with procedural risks, prompting growing interest in traditional medicine alternatives [4].

Siddha medicine, indigenous to South India, describes urolithiasis under the term *Kalladaippu*, a disease that is caused due to the fluctuations in diet and lifestyle [5]. Classical Siddha texts including *Yugi Vaidhya Chinthamani* and *Therayar Vagadam* have well-documented its aetiology and management. *Kalladaippu*, a term derived from the Tamil words 'Kal' (stone) and 'Adaipu' (obstruction). The Siddha literature describes this condition comprehensively, classifying it based on the site of stone formation, associated symptoms, and underlying constitutional imbalance (*Mukkutra Vali*). RClassical *Siddha* pharmacopoeia documents several formulations with lithotriptic (stone-dissolving), diuretic, and antispasmodic properties for the management of *Kalladaipu*.

The pathophysiology and symptoms of urolithiasis can be corelated to *Kalladaippu noi* present in the *Siddha* text *Pothu Maruthuvam* [6]. *Kalladaippu Kudineer*, a classical Siddha polyherbal decoction, mentioned in *Siddha* materia medica and is widely used in clinical practice for its diuretic, lithotriptic, and anti-inflammatory properties, facilitating stone dissolution and natural expulsion [7]. Despite its traditional application, documented clinical case reports validating its efficacy with modern investigative evidence remain limited.

This case report presents the successful management of a radiologically confirmed right distal ureteric calculus in a 29-year-old male patient through *Kalladaippu Kudineer*, aiming to contribute to the scientific validation of the formulation.

CASE REPORT:

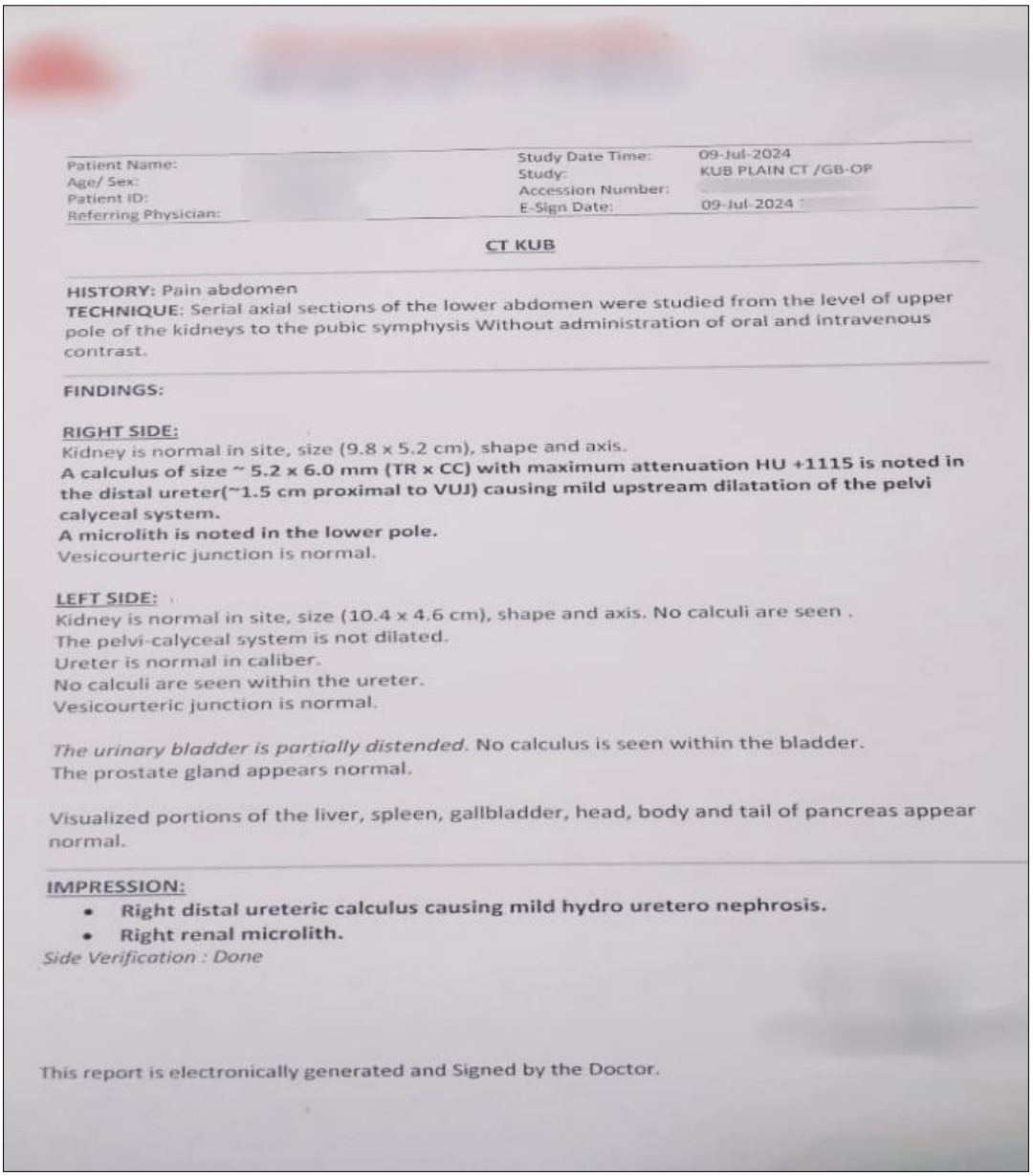
A 29-year-old male patient presented to the outpatient department on 23rd July 2024 with complaints of intermittent right sided flank pain and dysuria in the past 1 month. There was no associated haematuria or fever at the time of presentation. The patient had no significant past medical or surgical history.

On clinical examination, the patient was conscious, oriented, and afebrile. Mild tenderness was elicited in the right iliac fossa and suprapubic region. Systemic examination was unremarkable.

The patient had previously undergone a plain CT KUB (Kidney-Ureter-Bladder) at another healthcare facility before presenting to our institution on 09th July 2024 as shown in Figure 1. The CT report revealed a calculus of approximately 5.2 × 6.0 mm in the right distal ureter, located approximately 1.5 cm proximal to the vesicoureteral junction (VUJ), with a maximum attenuation of HU +1115, causing mild upstream dilatation of the pelvic-calyceal system. An additional microlith was noted in the lower pole of the right kidney. The left kidney, bilateral ureters, urinary bladder, prostate gland, and other visualized abdominal organs were reported as normal. The final radiological impression was right distal ureteric calculus causing mild hydroureteronephrosis with right renal microlith as in Figure 1.

Based on the clinical presentation and radiological findings, a diagnosis of *Kalladaipu* (urolithiasis) was established according to *Siddha* medical principles [8]. The patient was treated with *Kalladaipu Kudineer*, a classical *Siddha* herbal decoction known for its lithotriptic and diuretic properties, administered at a dosage of 30 ml twice daily, after food as per *Siddha* pharmacopoeia. No special *Siddha* diet (*pathiyam*) is need for the drug. Dietary advice was provided alongside treatment, including increased fluid intake, restriction of oxalate-rich foods like spinach, tomatoes, nuts, chocolates, beetroot, peanuts. Consumption of high-salt foods which contribute to more calcium in urine, meat and other food with rich protein, carbonated drinks (as they contain phosphorus) were asked to be avoided. [9]

On follow-up, the patient reported spontaneous passage of the calculus the next day at 9:00 PM, approximately 33 hours after initiation of treatment. The expelled stone was retrieved and photographed as in figure 2 appearing as a small, brownish, irregular calculus consistent with the radiologically identified right distal ureteric stone. The patient's symptoms of pain abdomen and dysuria resolved completely following expulsion of the calculus. No adverse effects or complications were reported during the course of treatment.



Patient Name:
Age/ Sex:
Patient ID:
Referring Physician:

Study Date Time: 09-Jul-2024
Study: KUB PLAIN CT /GB-OP
Accession Number:
E-Sign Date: 09-Jul-2024

CT KUB

HISTORY: Pain abdomen
TECHNIQUE: Serial axial sections of the lower abdomen were studied from the level of upper pole of the kidneys to the pubic symphysis Without administration of oral and intravenous contrast.

FINDINGS:

RIGHT SIDE:
Kidney is normal in site, size (9.8 x 5.2 cm), shape and axis.
A calculus of size ~ 5.2 x 6.0 mm (TR x CC) with maximum attenuation HU +1115 is noted in the distal ureter(~1.5 cm proximal to VUJ) causing mild upstream dilatation of the pelvi calyceal system.
A microlith is noted in the lower pole.
Vesicourteric junction is normal.

LEFT SIDE:
Kidney is normal in site, size (10.4 x 4.6 cm), shape and axis. No calculi are seen .
The pelvi-calyceal system is not dilated.
Ureter is normal in caliber.
No calculi are seen within the ureter.
Vesicourteric junction is normal.

The urinary bladder is partially distended. No calculus is seen within the bladder.
The prostate gland appears normal.

Visualized portions of the liver, spleen, gallbladder, head, body and tail of pancreas appear normal.

IMPRESSION:
- **Right distal ureteric calculus causing mild hydro uretero nephrosis.**
- **Right renal microlith.**

Side Verification : Done

This report is electronically generated and Signed by the Doctor.

Figure 1: Radiological report with the calculus of 5.2 x 6.0 mm.



Figure 2: The expelled calcium oxalate stone.

DISCUSSION:

Ureteric calculi, particularly those lodged in the distal ureter near the vesicoureteral junction (VUJ), carry a relatively higher probability of spontaneous passage compared to proximal ureteric stones, owing to the wider ureteric lumen in this region. However, stones measuring above 5 mm in diameter are associated with significantly lower rates of spontaneous expulsion, most often require medical expulsive therapy or surgical intervention such as ureteroscopy or shock wave lithotripsy. In this case, the stone measured 5.2 × 6.0 mm a size at the threshold where spontaneous passage may or may not occur without assistance making the outcome clinically noteworthy.

In *Siddha* medicine, *Kalladaipu* is considered to be due to the aggravation of *Pitham* (metabolic/thermal) and *Kabam* (anabolic/fluid) humours, leading to crystallization and precipitation of mineral salts within the urinary tract. *Kalladaipu Kudineer* is a classical polyherbal decoction taken from *Siddha* Materia medica text[7]. Its constituent herbs are documented in classical *Siddha* texts to possess lithotriptic (stone-fragmenting), diuretic, antispasmodic and anti-inflammatory properties. These actions are believed to collectively facilitate the dissolution or fragmentation of calculi, relax the ureteric smooth muscle, promote urine output and ease the passage of stones through the urinary tract.

The rapid response observed in this case with spontaneous stone passage within 2 days of initiating *Kalladaipu Kudineer* is a significant finding. The mechanism may be attributed to the diuretic action of the formulation increasing urine flow and hydrostatic pressure in the urinary tract, combined with a relaxant effect on ureteric smooth muscle facilitating stone propulsion. The high attenuation value of HU +1115 noted on CT KUB suggests a calcium oxalate composition, which are the most common stone types.

It must be acknowledged that a limitation of this case report is the absence of post-treatment imaging to radiologically confirm complete clearance of the urinary tract, including the right renal microlith identified on the baseline CT. However, the physical retrieval and photographic documentation of the expelled calculus, combined with complete symptom resolution and absence of any complications, constitute clinically acceptable evidence of therapeutic success. Stone analysis of the expelled calculus could not be performed because the patient did not preserve the expelled calculus for laboratory examination.

The concurrent dietary advice provided including increased fluid intake and restriction of oxalate-rich foods may have contributed synergistically to the outcome. This holistic approach, addressing both therapeutic and lifestyle factors simultaneously, is a distinctive strength of the Siddha system and may account for the favourable outcome observed in this case.

This case adds to the limited but growing body of clinical case evidence

supporting the efficacy of Siddha formulations in urolithiasis. It highlights the need for prospective clinical trials and randomized controlled studies to systematically evaluate *Kalladaipu Kudineer* as a safe and effective alternative or adjunct to conventional medical expulsive therapy in distal ureteric calculi.

CONCLUSION:

This case report describes the successful spontaneous expulsion of a radiologically confirmed right distal ureteric calculus (5.2 × 6.0 mm) following administration of Kalladaipu Kudineer, a classical Siddha herbal decoction, at a dose of 30 ml twice daily. Complete symptomatic resolution, corroborated by photographic documentation of the expelled calculus, was achieved within approximately 24 hours, with no adverse effects observed.

The clinical outcome suggests that Kalladaipu Kudineer may possess lithotriptic, diuretic, and smooth muscle relaxant properties that collectively facilitate ureteric stone passage. While this observation is compelling, the inherent limitations of a single case report preclude definitive conclusions regarding efficacy and safety. The possibility of spontaneous passage independent of intervention cannot be excluded without a controlled comparator.

Prospective observational studies and randomized controlled trials are warranted to systematically evaluate the therapeutic potential of Kalladaipu Kudineer across varying stone compositions, sizes, and anatomical locations. Biochemical characterization of expelled calculi in future cases will be essential to elucidate the pharmacological mechanisms underlying this formulation's putative activity. Standardization of dosage, treatment duration, and patient selection criteria should be prioritized in the design of such studies to generate robust, generalizable evidence.

Declaration of Patient consent:

Written informed consent was obtained from the patient for the publication of this case report and the accompanying images.

Limitation of study:

This is a single case study, it needs further clinical trials for its validation.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Pushpa P[1], Karthikaa T. Management of Renal Calculi Through Siddha Herbal Formulation Kalladaippu Kudineer: A Case Report. Int. J. AYUSH Case Reports. 2026; 10(3): 1-7.

REFERENCES:

1. Scales CD Jr, Smith AC, Hanley JM, Saigal CS. Prevalence of kidney stones in the United States.

European Urology. 2012;62(1):160–165.
2. Singh S, et al. Risk Factors of Incident Kidney Stones in Indian Adults. Cureus. 2023 ;15(2): e35558.
3. Türk C, Neisius A, Petřík A, Seitz C, Skolarikos A, Thomas K, et al. EAU Guidelines on Urolithiasis. European Association of Urology; 2022.
4. Pearle MS, Goldfarb DS, Assimos DG, Curhan G, Denu-Ciocca CJ, Matlaga BR, et al. medical management of kidney stones: AUA guideline. Journal of Urology. 2014;192(2):316–324.
5. Uthamarayan KS. Siddha Maruthuvanga Surukkam. Chennai: Department of Indian Medicine and Homeopathy; 1983. P-267.
6. Kuppusamy Mudhaliar. Siddha Maruthuvam (Podhu), Rev ed. Chennai: Indian Medicine and Homoeopathy Department; 2018. P-110.
7. Murugesa Muthaliar KS. Gunapadam- Mooligai Vaguppu (Part I). Chennai: Department of Indian Medicine and Homeopathy; 1988. P-90.
8. Shanmugavelu M. Noi Naadal Noi Mudhal Naadal Thirattu (Part II). Chennai: Department of Indian Medicine and Homeopathy; 1988. P-76.
9. Kannan M, Sathiyarajeswaran P, Natarajan S. Management of Kalladaippu (renal calculi). Webmed Central. 2012;3(2):1-5.