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Management of Renal Calculi with Siddha System of Medicine: A Case Study

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ABSTRACT:
Renal calculus, also known as Urolithiasis or nephrolithiasis is a global problem and it has affected mankind since ancient times. It is a medical emergency situation that causes acute abdominal, low back, flank or groin pain. In siddha system of medicine, Renal calculi is described as *Kalladaippu* which is further divided into *Vatha kalladaippu, Pitha kalladaippu, Kapha kalladaippu, Venneer kalladaippu* based on mukkutram. In this case report a male patient, 44-year-old with complaints of severe colicky pain, painful micturition, pain in the lower abdomen with no complaints of haematuria was treated with Siddha medicine. His ultra-sonogram revealed that the patient has bilateral renal calculi with details as Right kidney- 5.0mm in the mid and lower pole calyx, 8.5mm in the vesico-ureteric junction (VUJ) causing mild hydroureteronephrosis. Left kidney-5.0mm in mid & lower pole calyx. He consulted modern doctors and they suggested surgery to remove the calculi. But he was successfully treated with Siddha medicines like *Kalladaippu kudineer 15ml, bd, before food, Kalkaraichi tablet 2 tabs, twice a day, Amirthathi sanjeevi tablet* 1gm, 1 tablet twice a day for 45 days and the calculi got resolved completely. The patient completed the medicines without any adverse effects. Thus this case study reveals the potential efficacy of Siddha medicines with lithotropic activity is highly effective in the treatment of *Kalladaippu.*

KEYWORDS: Nephrolithiasis, Renal calculi, Siddha, Urolithiasis.

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INTRODUCTION:

Kidney stone disease, also known as Urolithiasis or nephrolithiasis, is a disorder in which urinary solutes precipitate to form aggregates of crystalline material in the urinary space.[1] Development of the stones is related to decreased urine volume or increased excretion of stone-forming components such as calcium, oxalate, uric acid, cysteine, xanthine, and phosphate.[2] Renal calculi may present with excruciating pain and most patients present to the emergency department in agony. A single event does not cause renal failure, but recurrent renal calculi can damage the tubular epithelial cells, leading to functional loss of the renal parenchyma.[2] Urolithiasis may occur due to anatomic features leading to urinary stasis, low urine volume, dietary factors (ex. High oxalate or high sodium), urinary tract infections, systemic acidosis, medications or rarely, inheritable genetic factors such as cystinuria[3,4]

The most common causes of urinary stone disease are inadequate hydration and low urine volume. The four most common chemical factors contributing to urinary stone formation are hypercalciuria, hyperoxaluria, hyperuricosuria, and hypocitraturia.[5,6] It is a multi-factorial process caused due to an imbalance between the promoters and the inhibitors of renal calculi and finally may cause kidney failure also. About 75% of renal stones are composed of calcium oxalate crystals [9] Diabetes, hypertension, gout, male sex, metabolic syndrome, and obesity appear to increase the risk of urolithiasis[7] Dietary risk factors include high salt intake, high animal protein, high oxalate foods, inadequate fluid intake, higher sugar-sweetened beverages.[2] Renal calculi, in Siddha system is associated with *"Kalladaippu"*, which manifests as a sharp pain and burning sensation during urination. Siddha texts categorize *Kalladaippu* into four main types based on dominant bodily humors: *Vali, Azhal, Iyya and Mukkutra kalladaippu.*[8] The present case exemplifies the Siddha approach to managing Renal calculi. It acts as a unique case report because the patient was treated for a short period of time and also the size of the calculus and location were also critical which required surgical removal of calculi in modern system of medicine.

CASE REPORT:

A 44-year-old male patient came to our hospital (SKM Chikitchaalaya, V.O.C Park Road, Erode, Tamilnadu), with complaints of severe pain in the lower abdomen and colicky pain which was severe, flank pain. The patient was frightened by the pain and consulted modern doctors. They advised the patient to undergo surgery to remove the calculi. The patient was not ready for surgeries and opted to visit our hospital. His abdominal ultra-sonogram revealed that he had bilateral renal calculi with the following details, as in Right kidney – 5mm calculus in mid and lower pole calyx, 8.5mm calculus in the vesico-ureteric junction (VUJ) causing mild hydroureteronephrosis, Left kidney – 5mm calculus in mid and lower

pole calyx [Figure 1]. He had no previous history of the disease. He was a non-smoker and non-alcoholic. His occupation insisted him to sit for long hours and he was not hydrating himself properly. He was a mixed diet person who consumes non-vegetarian diet at least once in a week. The patient's symptoms were so intense that the patient wanted to treat it completely without any invasive techniques.

Personal history

The detailed personal history is mentioned in Table 1.

Diagnosis

The patient was newly diagnosed with the disease after developing severe flank and colicky pain, pain in the lower abdomen. The patient was advised to go through an ultra-sonogram which revealed that he had bilateral multiple renal calculi with the measurements as already mentioned. All the clinical symptoms and evidence of ultra-sonogram strongly support the diagnosis of renal and ureteric calculi, which lead to severe and colicky pain for the patient.

Timeline

A detailed history and examination were taken and the treatment protocol was chosen as per the drugs which contain lithotropic activity and those which proved to be efficient in resolving the renal calculi. The patient was advised to follow the medication properly and follow the *pathiyam* and avoid *abathiya unavugal* i.e avoidance of bittergourd, agathi (general siddha pathiyam) and foods that can increase the risk of renal calculi like excessive milk and milk products, cabbage, protein, increased salt (sodium chloride), calcium, oxalate and fat[10]. The detailed timeline of events is mentioned in Table 2.

Assessment

The primary condition and outcome of the intervention were assessed with periodic follow-up of the case. The changes in subjective parameters were evaluated using Modified STONE score[11], while objective parameters were evaluated by using ultra-sonogram report.

THERAPEUTIC INTERVENTION:

On the basis of present symptoms, lithotropic activity *(karkaraichi*) drugs and *Vatha miguthi* drugs were chosen to facilitate the movement of stone and also to dissolve the calculi like *Kalladaippu kudineer* with *Nandukkal parpam*, *Nilavembu kiyazham* for 7 days, *Tab. Kalkaraichi, Tab. Amirthathi sanjeevi chooranam* were given for 15 days. The patient's pain was heavily reduced on the second visit. Thus the same medications were repeated except *Nilavembu kiyazham*. On third visit, the patient was completely alright symptomatically and so an ultra-sonogram of abdomen was advised, which revealed that there is no calculi. [Figure-2] All the medications were thus stopped. A detailed intervention is mentioned in Table 4. The patient was treated only with Siddha medicines mentioned in Table 2. No pain killers or injections were taken.

Follow Up and Outcome

The assessment of subjective parameters was conducted using STONE score, (Reference 11 shows the article

which explains STONE score.) while objective evaluation was performed by evaluating Ultra-sonogram of abdomen [Figure 1]. Initial medicine course was given for 15 days but the patient revisited only after one month as the complaints were heavily reduced. On the first revisit, i.e after one month, the patient was symptomatically completely better. Still the medicines were repeated for 15 more days considering the multiple calculi in the previous scan report. On the second revisit, the patient has completed medicines for a total of 30 days in 45 days. The patient was advised to repeat an ultra-sonogram to evaluate calculi status, which revealed that there were no calculi [Figure 2].

Table 1: Personal history

Diet	Mixed diet
Appetite	Normal
Bowel pattern	Normal
Micturition	Mild pain
Sleep	Normal

Table 2: Timeline

Date	**Event**	**Consultation**
November 15, 2025	First visit	History taking, Diagnosis and Ultrasound report assessment.
December 17, 2025	Second visit	Assessed the condition, advised to continue the medicines.
January 20, 2026	Third visit	Assessed the condition and repeated ultrasound. Complete resolving of the calculi was observed.

Table 3: STONE score

Event	**STONE Score**
First visit	5
Second visit	2
Third visit	NA

Table 4: Therapeutic Intervention

Event	Medicines advised	Dose & frequency of administration
1st visit (15/11/2025)	*Kalladaippu kudineer with Nandukkal parpam* *Nilavembu kiyazham*	15ml BD with lukewarm water, 100mg parpam with kudineer 15ml, BD, with lukewarm water for 7 days only 2 tab BD with water

	Kalkaraichi tablet *Amirthathi sanjeevi tablet*	1 tab BD with water
2nd visit (17/12/2025)	*Kalladaippu kudineer* *Kalkaraichi tablet* *Amirthathi sanjeevi tablet*	15ml BD with lukewarm water 2 tab BD with water 1 tab BD with water
3rd visit (20/01/2026)	All the medicines were stopped.	
Don'ts – Milk & milk products, fried food, processed food containing more salt, Non-veg items.		

DISCUSSION:

In Siddha, renal calculus is describes as *Kalladaippu*, which is further divided into *Vatha kalladaippu, Pitha kalladaippu, Kabha kalladaippu and Venneer kalladaippu* based on *dosha* predominance and symptoms. In this particular case, the patient had symptoms of lower abdominal pain and colicky pain with no complaints of haematuria. It represents the characters of *Vatha kalladaippu*. Thus the medications were chosen on the concept of drugs having lithotropic activity and facilitating the movement of calculus by increasing *Vatha.*

Thus the medications chosen were *Kalladaippu kudineer* with *Nandukkal parpam*, *Kalkaraichi tab, Amirthathi sanjeevi chooranam tab* for 15 days, *Nilavembu kiyazham* for 7 days.

Kalladaippu kudineer was chosen because of its active ingredients like *Nerunjil* (*Tribulus terrestris* L.), *Sirukanpeelai* (*Aerva lanata (*L.) Juss. ex Schult.), *Mavilangam* (*Crateva magna* (Lour,) DC), *Peramutti* (*Pavonia odorata* Willd.,) which have diuretic and lithotropic activites[12] . *Nandukkal parpam* 100mg was given along with the kashayam. *Arunai nambiraj et al*. tested the effect of oral administration of *Nandukkal parpam* on calcium oxalate microlithiasis in male wistar rats. The deposition of calcium oxalate crystals in kidneys of wistar rats on ethylene glycol and treated with *Nandukkal parpam* is much lesser than in the group of rats on ethylene glycol only ($p<0.001$)[13]. *Nilavembu kiyazham*[14] was administered because the ingredients of *Nilavembu kiyazham* like *Nilavembu (Andrographis paniculata (*Burm.f) Wall. ex Nees*), Vilamichanver (Plectranthus vettiveroides* K.C. Jacob*), Chandanathool (Santalum album L.)*, *Peippudal (Trichosanthus curcumerina* L.*)*, *Milagu (Piper nigrum* L.), *Parppadakam (Mollugo cerviana (*L.) Ser.*)* are bitter in taste with combination of Air and space bootha (Bitter = Air + Space)[15].

Similarly *Vatham*, one among the three doshas as per Siddha fundamentals is also having same combination (*Vatham* = Air + Space)[15]. Thus bitter taste will increase *Vatham*. *Abanan* is one among the *panchapranathivayu* which is responsible for activities such as micturition and excretion of waste. It is a *vayu* that is responsible for downward movements. When a drug with bitter taste is given it will increase this *abana*

vayu and it will lead to an increase in downward movement. Additionally, *Nilavembu* (*Andrographis paniculata* Burm.f.) has anti urolithiatic effect and has the ability to disintegrate and disrupt calcium oxalate calculi. The major bio active component of this plant is *Andrographolide* which contribute the efficacy to the plant [16].

Kalkaraichi tablet, an SKM proprietary medicine has major ingredients such as *Urukku Chendooram, Silasathu Parpam, Nandukkal Parpam, Neermulli Kiyazham* (*Asteracantha longifolia* (L.) Nees) and *Sirupeelai Kiyazham* (*Aerva lanata* (L.) Juss. ex Schult) which all have anti urolithiatic activity. *Amirthathi sanjeevi chooranam tablet*, an SKM Siddha proprietary medicine was given because it has potential ingredients which can increase the *Vatha* like *Vettiver* (*Vetiveria zizanoides* L. Nash), *Vilamichanver* (*Cymbopogon jwarancusa* (Jones ex Roxb.) Schult*.), Chandanam* (*Santalum album* L.), *Kunkumapoo* (*Crocus sativus* L.) and also dissolve the calculi with its lithotropic activity like *Sirupeelai ver* (*Aerva lanata Linn.,*), *Nerunchil ver* (*Tribulus terrestris* L.), *Koogaineeru* (*Maranta arundinaceae* L.), *Nandukkal parpam* and *Silasathu parpam*. *Amirthathi sanjeevi chooranam* has exhibited significant Nephrolithiasis activity by reducing the symptom of burning micturition, dysuria and haematuria, abdominal pain from loin to groin, back pain in a case study conducted [17].

Thus this combination of medicine was taken for 30 days at an interval of 15 days in between (AMA) and thus at the end of 45 days, ultra-sonogram report revealed that there is no evidence of calculi.

CONCLUSION:

The present case acts as evidence and justifies that the rational use of herbal and herbo- mineral combination drugs can cure conditions like renal calculi. In this present case, a patient who was suggested surgery for his multiple calculi of various sizes has been treated and cured from his condition in just 30 days of Siddha medication. Thus Siddha formulations are very much effective in treating even complex cases. However, further exploration through a randomized controlled trial can give more exploration.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

Since this case report is based on a single case which shows a positive outcome and hence it cannot be generalized. Further clinical trials can be conducted on a larger scale to assess the efficacy of this treatment.

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

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REFERENCES:

1. Shastri S, Patel J, Sambandam K. Kidney Stone Pathophysiology, Evaluation and Management: Core Curriculum 2023, American Journal of Kidney Diseases, 2023; 82, 617-634
2. Leslie SW, Sajjad H, Murphy PB. Renal Calculi, Nephrolithiasis. [Updated 2024 Apr 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-.
3. Hoffman A, Braun MM, Khayat M. Kidney Disease: Kidney Stones. FP Essent. 2021 ;509:33-38.
4. Kachkoul R, Touimi GB, El Mouhri G, El Habbani R, Mohim M, Lahrichi A. Urolithiasis: History, epidemiology, aetiologic factors and management. Malays J Pathol. 2023 ;45(3):333-352.
5. Bowen DK, Tasian GE. Pediatric Stone Disease. Urol Clin North Am. 2018 ;45(4):539-550.
6. Aune D, Mahamat-Saleh Y, Norat T, Riboli E. Body fatness, diabetes, physical activity and risk of kidney stones: a systematic review and meta-analysis of cohort studies. Eur J Epidemiol. 2018 ;33(11):1033-1047.
7. Abate N, Chandalia M, Cabo-Chan AV, Moe OW, Sakhaee K. The metabolic syndrome and uric acid nephrolithiasis: novel features of renal manifestation of insulin resistance. Kidney Int. 2004 ;65(2):386-92.
8. M. Nandhini, S. Pavithra, M. Naga Lakshmi, I.S. Gnanavel. . A prospective review on Siddha treatment for Kalladaippu (Renal Calculi). Int. J. Curr. Res. Med. Sci. 2018;4(8): 1-4.
9. Atmani F, Slimani Y, Mimouni M, Hacht B. Prophylaxis of calcium oxalate stones by Herniaria hirsuta on experimentally induced nephrolithiasis in rats. BJU Int. 2003;92:137–40.
10. Ghoneim SH, Alghaythee H, Alasmari B, Safdar OY. Impact of diet on renal stone formation. J Family Med Prim Care. 2024;13(11):4800-4809.
11. Uzun, Ahmet1; Korkut, Mustafa2; Kartal, Mutlu3; Bedel, Cihan2,*. Evaluation of Modified STONE Score in Patients Presenting to the Emergency Department with Flank Pain. Urological Science 2020;31(5):p 221-225,
12. Nalini Sofia, H., Manickavasakam, K., Vetha Merlin Kumari, H., Thomas, M. W., & Mohan, S. Anti urolithiatic herbs and effective Siddha formulations. World Journal of Pharmaceutical Research, 2015;4(4), 892–911.
13. c. Nambiraj, A., Panicker, T., & SSC, A.. N., Prophylactic effect of Nandukkal parpam (a siddha combination drug) on ethylene glycol induced calcium oxalate microlithiasis in the kidneys of wistar rats. *Bombay Hospital Journal*, 2002; *3:* 402-5.
14. Kuppusamy Mudaliyar, Utthamarayan ,Siddha Vaidhiya Thirattu. Chennai: Directorate of Indian Medicine and Homeopathy.1998: P- 294.

15. Shanmugavel M. Noi Naadal Noi Mudhal Naadal. Chennai: Directorate of Indian Medicine and Homeopathy. 1967
16. R. Gayatri, B.K.Priya, S.Vinayak.S, S.Elansekaran , M.Ramamurthy , V.Srinivasan , G. J. Christian . Efficacy of Nilavembu Kudineer For Treating Renal Calculi: A Case Series. Int J Trans Res Ind Med 2019 ; 1(1): 21-24
17. Eleza Chellakkan, Chandrasekar Nainarpandian, Finney Blessed, Victor Rajamanickam Gnanamanickam. Amirthathi Churnam and Nandukal Chunnam of Siddha Formulation and Clinical Evaluation of Nephrolithiasis. J Complement Med Alt Healthcare .2018; 6(2): 555684..
18. Vinayak Hirwe, D. P. Ambhore, P. N. Folane, K. R. Biyani, Pharmacological Investigation of Traditional Medicinal Plants for the Management of Urolithiasis, Int. J. Sci. R. Tech., 2026, 3 (4), 460-484.