# Lithotriptic, Diuretic and Antispasmodic activities of

# NERUNJILMUL CHOORANAM

8

# **VIRAHLMEEN THALAIKAL PARPAM**

(DISSERTATION SUBJECT)



For the partial fulfillment of requirements to the Degree of DOCTOR OF MEDICINE (SIDDHA)

(GUNAPADAM BRANCH)

## GOVERNMENT SIDDHA MEDICAL COLLEGE

Tirunelveli – 627002

(Affiliated to the Tamilnadu Dr.M.G.R. Medical University, Chennai)

SEPTEMBER – 2008

CERTIFICATE

Certified that I have gone through the dissertation submitted by

Dr.V.Sreedevi, (Reg No: 32051508) a student of final M.D.(S) Branch II-

Gunapadam of this college and the dissertation work has been carried out by

the individual only. This dissertation does not represent or reproduce the

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Above all the author dedicates this piece of work to God, who has showered His graceful blessings on her..

### **INTRODUCTION**

Lord Shiva, imbibed this divine medicine (Siddha) to Parvathi Devi and she told to Nandhi deva who spread this to Dhanvantri and his disciples.

Siddha treatment is based on humoral pathology i.e., air, bile, and phlegm (Vatha, Pitha, Kaba) which are the three main compositions of the body. When these humours get deranged, diseases result.

Siddha Medicine is based on the basic principles of nature. It is purely associated with spiritualism and philosophy, and as such is evendetly based on Truth. The aim of the Siddha Medicine is not to drive away the diseases temporarily but give refined permanent cure in a natural way.

Siddha system lays great emphasis on the preventive and dietary methods during illness. Medicines are of two kinds.

- i. Promotion of vigour in the healthy.
- ii. Cure diseases in the sick.

It is really astonishing to note how Siddhars without the advantages of modern equipments or tests observed the secrets of life so accurately and gave very good remedies.

Modern science has drugs which have diuretic action but they do not dissolve renal calculi. The test drug Nerunjil mul is not only a diuretic but

also has lithotriptic action. It crushes the stone into small particles and expels out in the urine.

Nerunjil is one of the drugs of Sirupanjamoolam ( சிறுபஞ்ச மூலம் - கண்டங்கத்திரி, சிறுவழுதுணை, சிறுமல்லி, பெருமல்லி, நெருஞ்சில்)
Nerunjilmul is a commonly available drug and its efficacy in kalladaippu noi is analyzed in this project work.

### **AIM AND OBJECTIVE**

The aim of the dissertation is to establish the drug Nerunjilmul as an effective remedy for the disease Kalladaippu (Renal calculi).

The number of patients attending Govt. Siddha Medical College Hospital, Palayamkottai, seeking treatment for Kalladaippu is increasing day by day. So the author aimed at finding a cost effective and result oriented drug for the disease Kalladaippu.

When the author was reading the text 'Pathaartha Guna Vilakkam' the following lines impressed her.

## நெருஞ்சில் வித்து

"சொல்லொண்ணா நீர்க்கட்டு துன்மா மிசமருகல் கல்லடைப்பெ னும்பிணிகள் கண்டக்கால் - வல்லக் கருஞ்சினவேற் கண்மாதே காசினிக்குள் நல்ல நெருஞ்சி நறும் வித்தை நினை."

"மேக வழலாற்றும் மேவு நீர்க் கட்டறுக்கும் போக மதிலின்பமே பூரிக்கும் - மோகமிக உண்டாக்கும் மெல்லியர் பால் ஓது நெருஞ்சில்முள் கொண்டார்க்கிங் கிக்குணத்தைக் கூறு".

The author was immensely impressed by verse which revealed that Nerunjilmul relieves the disease kalladaippu. All though the drug has got

strong literary evidences, the efficacy has not been proved by scientific therapeutic parameters. Therefore the author had selected this for her project.

Nerunjilmul is easily available and commonly known. In folklore medicine also, decoction and powder of fruits is given to cure calculus.

So the author has justified evaluation of "Nerunjil mul" in the following aspects.

- 1. Botanical aspect
- 2. Gunapadam aspect
- 3. Biochemical analysis
- 4. Pharmacological analysis
- 5. Anti Microbial study
- 6. Clinical assessment
- 7. Bio statistical analysis

## **REVIEW OF LITERATURE**

#### **BOTANICAL ASPECT**

Tamil Name : நெருஞ்சில்

Botanical Name : Tribulus terrestris

**Taxonomy Classification** 

Kingdom - Plantae (Plants)

Subkingdom - Tracheobiosta (Vascular plants)

Division - Spermatophyta (Seed plants)

Sub division - Angiospermae

Class - Dicotyledonae

Sub class - Polypetalae

Series - Disciflorae

Order - Geraniales

Family - Zygophyllaceae

Genus - Tribulus

Species - terrestris

- Benthem and Hooker

# **Family:**

Genera 22, species 160, Xero and halophytes of tropical and subtropical regions.

#### Genus

A genus of ascending or prostrate herbs, commonly known as **Caltrops**, distributed in the tropics, and warm-temperate regions of the world.

Important botanical features of Tribulus terrestris, linn.

The following are the important botanical features mentioned in "The Wealth of India," Vol X Page no. 283.

## **Morphological Characters:**

A variable, prostrate annual, upto 90cm in length, commonly found throughout India. The herb is a common weed, springing up everywhere soon after the first showers. The herb flowers and fruits almost throughout the year. Leaves paripinnate, leaflets 5-8 pairs, subequal, oblong to linear oblong, flowers leaf opposed, solitary, pale yellow to yellow, flowering starts with in 20-35 days, fruits globose spinous or tuberculate consisting of 5-12 woody cocci, each with 2 pairs of hard, sharp, divaricate spines, one pair longer than the other, seeds several in each coccus with transverse partitions between them. Fruits matures in 14 days after the formation of seeds. Roots slender, cylindrical, fibrous 10-15cm long, light brown and faintly aromatic.

#### Habitat:

This trailing plant is common in sandy soil throughout India and Ceylon, plentiful in the United Provinces and in Madras.

#### Action and uses of Tribulus terrestris

Plant and dried spiny fruit are esteemed as cooling, demulcent, diuretic, tonic and aphrodisiac. "The diuretic properties of the plant, no doubt, are due to the large quantities of the nitrates present as well as the essential oil which occurs in the seeds".

- Nadkarni's Indian Materia Medica

Vol.I Page no. 1229

The fruits are credited with diuretic and tonic properties and are used for the treatment of calculus affections and painful micturition.

- The Wealth of India – Vol X

Page no. -283

The fruit and root are sweetish, cooling, tonic, fattening, aphrodisiac, alternative, improve appetite, useful in strangury, urinary discharges, vesicular calculi, pruritis ani, alleviate burning sensation, reduce inflammation, remove "tridosha", cough, asthma, pain, cure skin and heart disease, piles, leprosy.

The seeds are cooling, fattening, diuretic, aphrodisiac, removes inflammation, urinary troubles, stones in the bladder.

The fruit is sour with a bad taste, diuretic, removes gravel from the urine and stone in the bladder.

The fruits are regarded as cooling, diuretic, tonic and aphrodisiac and are used in painful-micturition, calculus affections, urinary disorders and impotence.

In Southern India, the fruit is highly valued as a diuretic. In many cases where this has been tried, the result was quite perceptible in the increase of the urinary secretion.

- Indian Medicinal plants part.I

Kirtikar & Basu Page no. 419

#### Action and uses in Ayurvedha and Siddha

Mathura rasam, Seetha veeryam, mootralam, Vrishyam, dipanam, balakaram, pustikaram, in asmari, prameham, arsas, krichram, swasakasam, hridrogam.

#### **Action and uses in Unani**

Murakabul Khuva, diuretic, aphrodisiac, increases semen, removes stones, caused nugi in madda, in colic due to heat.

#### **Uses:**

Plant and dried spiny fruits are used in decoction or infusion in cases of spermatorrhoea, phosphaturia, diseases of the genito urinary system such as dysuria, gonorrhoea, gleet, chronic cystitis, calculus affections, urinary

disorders, incontinence of urine, gout and impotence, also in uterine disorders after parturition and to ensure fecundity.

The fruits also form an ingredient in medicines for urinary disorders and impotence and are one of ingredients of the "Dasamulakvatha".

A compound powder called "Gokhsuradi churnam" is popular in all urinary diseases. It is made up of

Tribulus terrestris - 9 tolas (108 grams)

Cubebs - 3 tolas (36 grams)

Mesua ferrea - 3 tolas (36 grams)

Rhee radix - 3 tolas (36 grams)

Pottasium nitrate - 3 tolas (36 grams)

Powdered and mixed

Dose: 10-20 grains (650mg – 1.3 gram)

- Nadkarni's Indian Materia Medica Vol. I , Page no. 1229

#### **Tribulus terrestris in Folklores:**

The decoction or powder of seeds is given in calculi and sexual weakness.

- Medicinal plants and Folklores Page no. 34.

By V.K. singh & ABRAR M. Khan

## **PHYTOCHEMISTRY**

#### The fruit contains

- ▲ An alkaloid in traces (0.001%)
- ▲ A fixed oil 3.5%, consisting mainly of unsaturated acids.
- ▲ An essential oil in very small quantities
- ▲ Resins and
- ▲ Fair amount of nitrates.

- Nadkarni's Indian Materia Medica

Vol.I Page no. 1229

The fruit contains alkaloids, resins, and a fixed oil (3.5 - 5%) consisting mainly of unsaturated acids) tannins, reducing sugars, sterols, an essential oil, nitrates, peroxidase, (stable below  $50^{\circ}$ C) diastase and traces of a glucoside.

- The Wealth of India Vol. X Page no. 283

## **GUNAPADAM ASPECT**

# நெருஞ்சில்

# வேறுபெயர்கள்:

திரிகண்டம், திரிகண்டகம், திரிதண்டம், நெருஞ்சிபுதும், அசுவசட்டிரம், சுவதட்டம், கோகண்டம், காமரசி, சுவாது கண்டம், கிட்டிரம், கோண்டம், சுதம்.

#### Vernacular Names:

Eng : Small caltrops

Land caltrops

Puncture vine

Tel : Palleru

San : Gokshura

Hind : Gakhru

Mal : Nerunji

- குணபாடம் மூலிகை வகுப்பு

Page no. 595

Arab : Khara - Khusk

Ben : Gokhuri

Can Kan : Negil-mullu

Eng : Small caltrops

Gwalior Hindi : Chota gokhru

Mal : Nerungil, Nerinnil

Punj : Kurkundai

Sans : Jkshugandha; Gokshura; Trikantah

Sinh : Trimen; Sambunerinchi

Tam : Cherunerinche; Nerinji ; Nerinjal

Tal : Pallerumullu, Nirunji

- Nadkarni's Indian Materia Medica Vol. I

Page no. 1229

Ben & Oriya : Gakhura, gokshra

Guj : Betagokhru, mithagokhru, naganagokhru

Hindi : Gokhru

Kan : Sanna neggilu

Ladakh : Rasha, Kokulla

Mar : Lahangokhru, Sarala, Sharatte

Punjab : Lotak ; bakhra

Rajasthan : Gokhatri; gokhru – bara; kanti; kohru – desi

Sans : Gokshura; ikshugandha

Tam – mal : Nerunji; Nerunjeckai (fruits)

Tel : Chinni palleru: Chiru – palleru;

Palleru – kayalu (fruits)

- The Wealth of India. Vol.X Page no. 283

### பயன்படும் உறுப்பு:

செடி முழுமையும் (Whole plant), விதை

- குணபாடம் மூலிகை வகுப்பு

Fruit and Root, especially the entire plant is used.

- Nadkarni's Materia medica

# **Organoleptic Characters:**

சுவை : துவர்ப்பு, இனிப்பு

தன்மை : சீதம்

பிரிவு : இனிப்பு

# **Therapeutic actions:**

Plant and dried spiny fruit

Cooling - குளிர்ச்சியுண்டாக்கி

Demulcent - உள்ளழலாற்றி

Diuretic - சிறுநீர்ப் பெருக்கி

Aphrodisiac - ஆண்மைப் பெருக்கி

Tonic - உரமாக்கி

#### Stem:

Astringent

Therapeutic effects of the plant Nerunjil is explained as follows:

"நல்ல நெருஞ்சிலது நாளுங்கி ரிச்சரத்தை வல்ல சுரமனலைமாற்றுங்காண்- மெல்லியலே மாநிலத்தில் கல்லடைப்பும் வாங்காத நீர்க்கட்டும் கூனுறுமெய் வாதமும் போக் கும்"

- அகத்தியா் குணவாகடம்

"மேகவெட்டை நீர்ச்சுருக்கு வீறுதிரி தோடம்புண் வேகாசுர தாகவெப்பம் விட்டொழியும்- போகந் தருஞ்சின மதலைமொழித் தையலே நல்ல நெருஞ்சி லதனை நினை"

- அகத்தியா் குணவாகடம்

## பொருள்:

இதனால் சொட்டுநீர், சுரவெதும்பல், கல்லடைப்பு, நீரடைப்பு, முடவாயு, வெள்ளை, சிறுநீர் எரிச்சல், முக்குற்றம், நீர்வேட்கை, வெப்பம் ஆகியவை நீங்கும். நெருஞ்சில் வித்து (விதை)

"சொல்லொண்ணா நீர்க்கட்டு துன்மா மிசமருகல் கல்லடைப்பெ னும்பிணிகள் கண்டக்கால்- வல்லக் கருஞ்சினவேற் கண்மாதே காசினிக்குள் நல்ல நெருஞ்சிநறும் வித்தை நினை"

- பதார்த்த குணவிளக்கம் - 442

### பொருள்:

இதனால் சிறுநீர்க்கட்டு, சிறுநீர் எரிச்சல், சதையடைப்பு, கல்லடைப்பு ஆகியவை நீங்கும்.

"மேக வழலாற்றும் மேவு நீர்க்கட்டறுக்கும் போகமதி லின்பமுமே பூரிக்கும்- மோகமிக உண்டாக்கும் மெல்லியர்பால் ஓது நெருஞ்சில் முள் கொண்டார்க்கிங் கிக்குணத்தைக் கூறு".

- பதார்த்த குணவிளக்கம் - 442

### பொருள்:

நெருஞ்சில் வித்தால் மேகஅனல், நீர்க்கட்டு முதலியன நீங்கும் இணைவிழைச்சில் புத்தி அதிகமாகச் செல்லும் என்க.

## ഖിത്വ

நெருஞ்சில் வித்தைப் பசுவின்பாலில் போட்டு வேகவைத்து உலர்த்தி, இடித்துச் சூரணம் செய்து வைத்துக் கொண்டு, வேளைக்கு ¼ - ½ தோலா (3-6 கிராம்) எடை பசுவின் பாலில் போட்டு சர்க்கரை சேர்த்துத் தினம் 2 வேளை கொடுத்து வரத் தாது கட்டும். இளநீரில் போட்டுக் கொடுக்க நீர்க்கட்டு நீங்கும்.

🔺 சுத்தி செய்த நெருஞ்சில் முள் சூரணம் 🕒 9 தோலா (98 கிராம்)

வால்மிளகு - 3 தோலா (36 கிராம்)

சிறுநாகப்பூ - 3 தோலா (36 கிராம்)

வெடியுப்பு - 3 தோலா (36 கிராம்)

இவைகளை இடித்துச் சூரணம் செய்து வைத்துக் கொண்டு வேளைக்கு 5-10 குன்றி எடை (650 மி.கி - 1.3 கிராம்) இளநீரில் கொடுத்துவரச் சிறுநீர் தாராளமாக இறங்கும்.

- பதார்த்த குணவிளக்கம் பக்கம் - 443

## சிறுநெருஞ்சில் குடிநீர்

நசுக்கிய நெருஞ்சிக்காய் - 68 கிராம்

கொத்துமல்லி விதை - 68 கிராம்

நீர் - 68 கிராம்

இவைகளை நேர் பாதியாய் சுண்ட வைத்து வடிகட்டவும்.

அளவு - 40 மி.லி இருவேளை

**தீரும் நோய்** - நீரடைப்பு, சதையடைப்பு, கல்லடைப்பு, நீர்எரிச்சல்

- குணபாடம் மூலிகை வகுப்பு

## கல்லடைப்பு குடிநீர்

பனங்குருத்து, நெருஞ்சில், நீர்முள்ளி, சூரைவேர், காஞ்சொறிவேர், வில்வவேர், குரோசாணி ஓமம், நீர்க்கடம்பின் வேர் இவைகளை ஓர் அளவாய்க் கொண்டு முறைப்படி குடிநீராக்கிக் கொள்ளவும்.

அளவு - 1 ஆழாக்கு (168 மி.லி)

**தீரும் நோய்**- கல்லடைப்பு

– சித்த மருத்துவம் பக்கம் 444

"கக்குஞ் சிறுபீளை கார் நெருஞ்சில் மாவிலிங்கை விக்கும் பேராமுட்டி வேருடனே- யொக்கவே கூட்டிக் கியாழமிட்டுக் கொள்ளவே கல்லடைப்புக் காட்டிக் கழன்றோருங் காண்"

சிறுபீளை சமூலம், மாவிலங்க வேர், பேராமுட்டி வேர் இவைகளை ஓரெடை எடுத்து போதிய நீர் விட்டு முறைப்படி எட்டில் ஒன்றாகக் குறுக்கிக் குடிநீர் செய்து வடிகட்டிப் பருக, கல்லடைப்பு தீரும். நீரடைப்பு நீங்கி நீரிழியும்.

### குறிப்பு:

மேற்கூறிய குடிநீரை வெங்காரம், சீனாக்காரம், வெடியுப்பு, சிலாசத்து, கல்நார், நண்டுக்கல், விரால் மீன் தலைக்கல் இவைகளின் பற்பத்திற்கு துணைமருந்தாக கூட்டினால் கல்லடைப்பு நீங்கும்.

- குணபாடம் மூலிகை வகுப்பு பக்கம் - 686

## குங்குமப்பூ லேகியம்

## செய்முறை :

குங்குமப்பூ, வெள்ளரிப்பழ விதை, சாதிக்காய், கிராம்பு, லவங்கப்பட்டை, கசகசா, ஏலம், லவங்கப்பத்திரி, சாதிப்பத்திரி, நீர்முள்ளிவேர், நிலப்பனைக் கிழங்கு, கற்றாழை வேர், கசப்பு நெருஞ்சி வித்து, கொடி மாதுளம் வித்து, ஆனை நெருஞ்சி வித்து, துளசி வித்து, நெல்லிக்காய் வித்து, திப்பிலி, அதிவிடயம், கடுக்காய், சுக்கு, நறுவிலிப்பழம், தான்றிக்காய், கூகைநீறு, மிளகு, கோதுமை மாவு, வாதுமைப்பருப்பு, கஞ்சாவித்து, அதிமதுரம், சடாமாஞ்சில், தேத்தான் கொட்டை, கடுகுரோகிணி இவைகள் அனைத்தும் வகைக்கு - 1 பலம் (35 கிராம்).

ரோஜா மொட்டு -5 பலம் (175 கிராம்)

இவைகளை உலர்த்திச் சூரணித்து, அத்துடன் அப்பிரகச் செந்தூரம்  $\frac{1}{4}$  பலம் (8.75 கிராம்)சேர்த்துக் கொள்க. 5 பலம் (175 கிராம்) கற்கண்டுப் பொடியை  $\frac{1}{4}$  படி (375 மி.லி) பசுவின் பாலிலிட்டு பாகு செய்து அதில் மேற்படி சூரணத்தைப் போட்டு பிறகு நெய்  $\frac{1}{4}$  படி (375 மி.லி) விட்டு கிண்டி லேகியமாக்கிக் கொள்ளவும்.

அளவு: 5கிராம், இருவேளை

### தீரும் நோய்

மேகநீர், வெள்ளை, வெட்டை, நீர்அடைப்பு, நீரக்கடுப்பு, சதையடைப்பு, கல்லடைப்பு, மது மூத்திரம், நீரிழிவு, ரத்தப் பிரமேகம், பெரும்பாடு, குஷ்டம், கிரந்தி, சூலை, கிறுகிறுப்பு, கை கால் எரிவு, பித்த வெட்டை, மேகம், அஸ்திசுரம், அரையாப்பு, மலடுரோகம் தீரும்.

- பிராணரக்ஷாமிர்த சிந்து - 2வது பாகம்

# நெருஞ்சில் லேகியம்

நெருஞ்சில் -12 ½ சேர் (3.5 கி.கிராம்)

நீர் - 64 சேர் (17.92 கி.கிராம்)

இவற்றை நாலிலொன்றாகக் காய்ச்சி வடிகட்டி 6½ சேர் (1.75 கி.கிராம்) சர்க்கரை சேர்த்துக் காய்ச்சிப் பாகாக்கி அத்துடன், சுக்கு, மிளகு, திப்பலி, கருவாப்பட்டை வகைக்கு 16 தோலா (196 கிராம்), ஏலம், சிறுநாகப்பூ, சாதிக்காய், வெள்ளரிவிதை வகைக்க 16 தோலா (196 கிராம்).

மூங்கிலரிசி - ½ சேர் (140 கிராம்)

இவைகளை நன்றாய்ப் பொடித்து மேற்கூறிய பாகுடன் சேர்த்துக் கிளறி இலேகியமாக்கிக் கொள்ளவும்.

அளவு - 24 கிராம்

#### தீரும் நோய் -

சிறு நீர் எரிச்சல், நீரடைப்பு, சதையடைப்பு

- குணபாடம் மூலிகை வகுப்பு பக்கம் 596

## நீா்- மலக்கட்டுக்கு நெரிஞ்சிமுள் சூரணம்

சிறு நெருஞ்சி முள் - 3½ பலம் (122.5 கிராம்)

இரேவல் சின்னி - ½ பலம் (17.5 கிராம்)

பொரித்த வெங்காரம் - ½ பலம் (17.5 கிராம்)

வெடியுப்பு - ½ பலம் (17.5 கிராம்)

சிறுநாகப்பூ - ½ பலம் (17.5 கிராம்)

எவச்சாரம் - ½ பலம் (17.5 கிராம்)

சுத்தித்த பூநீறு - ½ பலம் (17.5 கிராம்)

#### செய்பாகம்

உப்புத் தினுசுகள் நீங்கலாக மற்றச் சரக்குகளை நன்றாய் இடித்துக் கல்வத்திலிட்டு உப்பு இனங்களைக் கூட்டி நன்கு அரைத்துச் சீசாவில் பத்திரப்படுத்துக.

#### பிரயோகம்

இந்தச் சூரணத்தைவேளைக்கு 5 முதல் 10 குன்றி எடை (650மி.கி - 1.3 கிராம்) தினம் 3 அல்லது 4 வேளை வெந்நீர், இளநீர் முதலியவற்றில் கொடுத்து வருக.

## தீரும் வியாதி

நீர்க்கட்டு, நீர்எரிச்சல், நீர்க்கடுப்பு முதலியவைகள் போம். சிறுநீரை அளவுக்கு மிஞ்சி வெளிப்படுத்தும் வெள்ளை ரோகத்தில் இந்தச் சூரணத்தை முதலில் கொடுத்தால் குண்டிக்காய், மூத்திரப்பை, நீர்த்தாரை முதலியவற்றை சுத்தப்படுத்தி அங்குள்ள விரணங்களை ஆற்ற உதவி செய்யும். பின் வெள்ளைக்கு உரிய எந்த மருந்து கொடுத்தாலும் நற்பயனை அளிக்கும்.

#### பத்தியம்

காரசாரமில்லாத ஆகாரமே உட்கொள்ள வேண்டும். மோர்சாதம் உண்ணுதல் அதிக உத்தமம். நீரும், பாலும் கலந்து அடிக்கடி உட்கொண்டுவரின் அதிகமாக சிறுநீரை வெளிப்படுத்தும். நீரிலுள்ள வண்டல்கள் யாவும் வெளியேறும்.

- கண்ணுசாமிப் பரம்பரை வைத்தியம்

பக்கம் 110

## பிரமேகப் பொதுமருந்து

நெருஞ்சிமுட்தூள் - 15 பலம் (525 கிராம்)

கருஞ்சீரகம் - 3 பலம் (105 கிராம்)

சீனிசர்க்கரை - 18 பலம் (630 கிராம்)

இவை எல்லாவற்றையும் ஒன்றாக கலந்து பீங்கான் பாத்திரத்தில் பத்திரப்படுத்தவும்.

**அளவு** 1 ½ -2 ½ வராகனெடை (6.3 - 10.5 கிராம்)

**துணைமருந்து** பசுநெய், பசுவெண்ணெய்

### தீரும் நோய்

இதனை 40 நாள் உபயோகித்தால், எல்லாவகைப் பிரமேகங்கள், நீரடைப்பு, சதையடைப்பு, கல்லடைப்பு, கை கால் எரிவு, உட்டிணநோய்கள், எலும்புருக்கி நோய், குன்ம நோய் ஆகியவை நீங்கும்.

- அகத்தியா் பள்ளு - 200 பக்கம் 62

## திரிகண்டகாதி சூரணம்

நெருஞ்சில் முள் சூரணத்தில் தேன், ஆட்டுப்பால் கலந்து 7 நாள் சாப்பிட்டால் கல்லடைப்பு நோய் குணமாகும்.

- அனுபவ வைத்திய தேவ ரகசியம்

4-ம் பாகம் பக்கம் 533

# நெருஞ்சில் முள் சேரும் பிறநோய்க்கான மருந்துகள்

# தாதுவிருத்திக்கு நிலப்பனைச் சூரணம்

நிலப்பனங்கிழங்கு - 1 பலம் (35 கிராம்)

சீந்தில் சர்க்கரை - 1 பலம் (35 கிராம்)

நெருஞ்சில் முள் - 1 பலம் (35 கிராம்)

பெரும் பூனைக்காலி வித்து - 1 பலம் (35 கிராம்)

நெல்லி வற்றல் - 1 பலம் (35 கிராம்)

முள்ளிலவம் பிசின் - 1 பலம் (35 கிராம்)

கற்கண்டு - 1 பலம் (35 கிராம்)

### செய்பாகம்

கற்கண்டையும், சீந்தில் சர்க்கரையையும் நீக்கி மற்ற 5 சரக்குகளையும் நன்றாய் உலர்த்தி நன்கு இடித்துச் சூரணம் செய்து கல்வத்திலிட்டு கற்கண்டையும், சீந்தில் சர்க்கரையையும் கூட்டி அரைத்து மிருதுவான பதத்தில் பத்திரப்படுத்துக.

## பிரயோகம்

இந்தச் சூரணத்தில் வேளைக்குத் திரிகடிப் பிரமாணம் அந்தி சந்தி பாலில் கலந்தாவது அல்லது பசுவின் நெய்யில் கலந்தாவது அல்லது நெய்யில் மத்தித்தாவது சிலநாள் கொடுத்து வருக.

### தீரும் வியாதி

தாதுபலவீனம், ஸ்திரிகளுக்குக் காணும் வெள்ளை, ஒழுங்கீனமான வீட்டு விலக்கு குணமாகும்.

# பத்தியம்

இச்சா பத்தியம்.

#### MATERIALS AND METHODS

The drug was prepared with reference from "Anubhava vaithiya deva ragasiam" Vol . IV by Kannusamy pillai page 533

#### **Collection of test drug**

Nerunjil mul was purchased from a private raw drug store at Nagercoil.

## **Purification of the test drug**

Foreign particles were removed from the collected Nerunjil mul and dried in shade.

## Preparation of the test drug

The dried nerunjil fruits (Mul) were ground into a fine powder and sieved by a white cotton cloth.

#### **Purification of Chooranam**

A pot is taken with equal quantity of milk and water. The mouth of the pot is covered with cotton cloth. The chooranam is kept over it and covered with a lid and a moist cloth is wound tightly round the lid and the rim of the pot. The contents are boiled till steam escapes, which means chooranam is well cooked and purified. Then the chooranam was taken and dried then powdered. This Chooranam was used within 3 months of preparation.

**Dose** : 2 gm twice a day after food

Adjuvant : Honey

**Route of admisistration :** Enteral route (oral)

This prepared Nerunjimul chooranam was used for the following methods

- ➤ Biochemical analysis
- > Pharmacological analysis
- ➤ Microbiological analysis
- ➤ Clinical studies.

## **BIO - CHEMICAL ANALYSIS**

# BIO - CHEMICAL ANALYSIS OF NERUNGIL MUL CHOORANAM

## **Preparation of the Extract**

5gms of Chooranam was weighed accurately and placed in a 250ml clean beaker. Then 50ml distilled water is added and dissolved well. Then it is boiled well for about 10 minutes. It was cooled and filtered in a 100ml volumetric flask and then it is made up to 100ml with distilled water. This fluid is taken for analysis

# **QUALITATIVE ANALYSIS**

S. No	Experiment	Observation	Inference
1.	Test for calcium  2ml of the above prepared extract is taken in a clean test tube. To this add  2 ml of 4% ammonium oxalate solution.	No white precipitate is formed.	Absence of calcium.
2.	Test for sulphate:  2ml of the extract is added to 5%  barium chloride solution.	A white precipitate is formed.	Indicates trace amount of sulphate.

3.	Test for chloride	No white	
	The extract is treated with silver	precipitate is	Absence of chloride.
	nitrate solution.	formed	
4.	Test for carbonate	No brisk	Absence of
	The substance is treated with	effervescence	carbonate.
	concentrated Hcl.	is formed.	carbonate.
5.	Test for Starch	No blue	Absence of
	The extract is added with weak iodine	colour is	starch.
	solution.	formed	
6.	Test for iron		
	<u>Ferric</u>	No blue	Absence of
	The extract is treated with	colour is	ferric iron.
	concentrated glacial acetic acid and	formed.	
	potassium ferro cyanide.		
7.	Test of iron :		
	Ferrous:	Blood red	Indicates the
	The extract is treated with	colour is	presence of
	concentrated Nitric acid and	formed.	ferrous iron.
	ammonium thio cynate.		

8.	Test for phosphate	V-11	Indicates
	The extract is treated with ammonium	Yellow precipitate is	trace amount
	molybdate and concentrated nitric	formed.	of
	acid.	rormea.	phosphate.
9.	Test for albumin	No yellow	Absence of
	The extract is treated with Esbach's	precipitate is	
	reagent.	formed.	albumin.
10.	Test for Tannic acid	No blue black	Absence of
	The extract is treated with ferric	precipitate is	
	chloride reagent.	formed.	Tannic acid.
11.	Test for unsaturation		Indicate the
	Potassium permanganate solution is	It gets	presence of
	added to the extract.	decolourised.	unsaturated
			compound.
12.	Test for the reducing sugar		
	5ml of benedict's qualitative solution	No colour	Absence of
	is taken in a test tube and allowed to	change	reducing
	boil for 2 mts and added 8-10 drops of	occurs.	sugar.
	the extract and again boil it for 2 mts.		

13.	Test for amino acid:		
	One or two drops of the extract is	NI - XV: -1-4	
	placed on a filter paper and dried it	No Violet colour is	Absence of
	well. After drying, 1% ninhydrin is	formed.	amino acid.
	sprayed over the same and dried it	Tormed.	
	well.		

# **INFERENCE**

The given sample of Nerunjilmul chooranam contains ferrous iron, Chloride, trace amounts of sulphate and phosphate.

### PHARMACOLOGICAL ANALYSIS

#### Lithotriptic action of Nerunjilmul

#### Aim

To evaluate the lithotriptic effect of Nerunjilmul.

#### Preparation of extract of Nerunjilmul

The dried materials were, pulverized by a mechanical grinder sieved through No. 40 mesh. The powdered materials were extracted with ethanol using soxhlet extraction apparatus. This Ethanol extract was then concentrated and dried under reduced pressure. The Ethanol free semisolid mass thus obtained was used for the experiment.

## **Preparation of the test drug**

1 gm of ethanol extract of Nerunjilmul was dissolved in 10ml of distilled water, thus 1 ml contains 100mg of test drug.

#### Procedure

Groups of 24 inbred male albino rats of the Wistar strain (150-180gm) were fed standard pelleted diet and water was given ad libitum. They were acclimatized to the animal house conditions for a week. They were then divided into 4 groups comprising six animals in each. Group I received the commercial diet and served as controls. Group II was administered a calclui – producing diet (CPD) commercial diet mixed with 3% glycolic acid for 40

days (Chow et.al., 1974). Group III – IV received the commercial diet for 40 days with Nerunjilmul chooranam (100mg/kg & 200 mg/kg) respectively being administered during the last 20 days. The drugs were administered orally by stomach tube.

#### Collection and analysis of urine samples

On the day before being killed, the rats were housed in metabolic cages for 24hr urine collections. A drop of concentrated HCL was added to the urine before being stored at 4° C. Urine samples were centrifuged and one drop of deposit was transferred using Pasteur pipette on to a glass slide. Size of the crystals in the three zones at random was measured by light microscope using calibrated eyepiece and micrometer (Eliotte et.al.,1980). Urine samples were tested spectrophotometrically to determine the contents of Calcium, Oxalate and Phosphate. The blood samples were tested to determine the urea and creatinine.

#### **Histological Examination**

The kidneys were isolated and homogenized with normal saline and estimated for the Calcium, Oxalate & Phosphate.

The Kidneys were fixed in 10% Normal saline, sectioned and stained with Haematoxylin & Eosin (Clayden, 1971). The Kidney specimens were

examined under light microscopy to evaluate glomerular damage, tubular dilatation and inflammation.

Urinary calcium, phosphate and oxalate content were found to be increased in the glycolic acid control group as compared to the solvent control. All these parameters were brought to near normal in the treated group when compared to the glycolic acid control. In our study it was noted the urinary output of the treated group increases as compared to the solvent control indication diuretic activity of the drugs which may also contribute in preventing the deposition of oxalate, calcium and phosphates.

Histological examination of kidneys showed tubular necrosis and damage in all the animals in the glycolic acid control group. The morphology of kidneys in the treatment group was almost normal indicating the protective effect of the drugs against ethylene glycol induced toxicity.

The result indicate the potential antiurolithiatic activity of the Nerunjilmul chooranam on glycolic acid induced urolithiasis.

#### Reference

Chow, FHC., Dysart, MI., Hamar, DW.and Udall, R.H.Invest Urol, 1975,13,113.

Clayden, EC., 1971 Practical section, cutting and staining, 5<sup>th</sup> ede, Chruchill Livingstone, Edinburgh.

Elliot, JS.and Rabinowitz, I N., Calcium oxalate crystalluria crystal size in urine, The Journal of urology, 1980, 123, 324-27.

#### **Result and discussion**

Urolithiasis is a condition where there is formation of stone in the urinary system, i.e., in the kidney, ureter, urinary bladder or in the urethra. Generally there are five different types of stones of which calcium oxalate is most common and calcium phosphate, magnesium, ammonium phosphate, cystine and uric acid stones. There are two varieties in calcium oxalate stone, i.e., monohydrate type (in the form of dumble or oval ) and dehydrate type (in the form of double pyramid). The cause is multifactorial including diet, genetic and environmental.

The animals treated with Nerunjilmul chooranam had excreted significantly smaller calcium oxalate crystal of dihydrate and monohydrate variety in the treatment group than in the positive control group (P<0.01). This indicates that the drug inhibit the growth of the crystals or dissolve the preformed crystals (Table 1). This treatment lowered the level of serum urea and creatinine in the treatment groups, when compared with that of the positive control (Table 3).

Hyperoxaluria is usually the initiating factor of oxalate urolithiasis.

The increase in calcium and oxalate concentration in the kidneys were found

to be very high in the glycolic acid treated control group (Table 2). There was significantly low deposition in the kidneys of the treated group animals and the concentration of calcium and oxalate was found to be very low (P<0.001) as compared to the glycolic acid control. The results were tabulated.

Effect of extract of test drug on urinary calcium, oxalate and phosphate on induced urolithiasis Table -1.

Treatment	Calcium mg/dl	Phosphate mg/dl	Oxalate mg / dl
Control (Vehicle)	$8.93 \pm 0.41$	$47.34 \pm 3.8$	$4.39 \pm 0.33$
Glycolic acid	$13.37 \pm 0.81$	$71.93 \pm 5.3$	$9.6 \pm 0.88$
Nerunjilmul chooranam (100 mg/kg	8.83 ± 0.71*	49.47 ± 3.8*	5.31± 0.28*
Nerunjilmul chooranam (200 mg/kg	8.02 ± 0.78*	48.01 ± 3.3*	4.52± 0.38*

Data are expressed as mean  $\pm$  S.E., n = 6

<sup>\*</sup> P < 0.001 Vs Control by students 't' test.

# Effect of Nerunjilmul chooranam on Size and type of calcium oxalate crystals in the urine samples of rats.

Table 2

Group	Size (µm)	Types of crystals
Control (Vehicle)	$0.12 \pm 0.02$	Dihyrate
	$0.19 \pm 0.03$	Monohydrate
Control (1% glycolic	$0.33 \pm 0.02$	Dihydrate
Acid)	$0.45 \pm 0.02$	Monohydrate
Treatment (1% Glycolic	$0.18 \pm 0.01$	Dihydrate
acid + Nerunjilmul	$0.28 \pm 0.02$	Monohydrate
chooranam 100mg/kg)		
Treatment (1% Glycolic	$0.14 \pm 0.01$	Dihydrate
acid + Nerunjilmul	$0.22 \pm 0.01$	Monohydrate
chooranam 200mg/kg)		

Data are expressed as mean  $\pm$  S.E., n = 6.

# Effect of Nerunjilmul chooranam on Serum Urea & Creatinine on Glycolic acid induced urolithiasis

Table 3

Treatment	Urea (mg / dl)	Creatinine (mg / dl)
Control (Vehicle)	$38.91 \pm 3.5$	$0.68 \pm 0.03$
Glycolic acid (Control)	$45.31 \pm 3.8$	$0.71 \pm 0.05$
Nerunjilmul chooranam (100mg / kg)	$44.3 \pm 3.8$	$0.70 \pm 0.05$
Nerunjilmul chooranam (200mg /kg)	41.21 ± 2.3*	$0.68 \pm 0.03$

Data are expressed as mean  $\pm$  S.E., n = 6,

\*P<0.05 Vs Control by students 't' test.

# Inference

From the above experiment, it was inferred that the drug ethanol extract of Nerunjilmul has got significant lithotriptic action.

## ANALYSIS OF DIURETIC EFFECT OF NERUNJILMUL

#### Aim

To evaluate the diuretic effect of Nerunjilmul

# Preparation of the test drug

1gm of Nerunjilmul extract was dissolved in 10ml of distilled water, thus 1ml contains 100mg of Nerunjilmul extract.

#### **Procedure**

The method of lipschitiz et.al was employed for the assessment of diuretic activity. Groups of 9 male albino rats, each weighing 80-120gm were fasted and deprived of water for 18 hours prior to the experiments. They were divided into 3 equal groups of 3 rats each and put into 3 different metallic cages. On the day of the experiment all the animals were given normal saline or ally 2.5 ml/ 100gm body weight. Group I served as the negative control which received only normal saline 2.5 ml/100gm. Group II received Frusemide 2 mg/ 100gm as reference diuretic and Group III received test drug at a dose of 100 mg/ 100 gm or ally, 1 hour prior to the administration of normal saline.

Immediately after dosing, the animals were placed in metalic cages specially designed to separate urine and faeces and kept at room temperature of  $25^0 \pm 0.5^0$  C. The urine was collected in measuring cylinder upto 5 hours

after dosing. During this period no water and food was made available to the animals. The total volume of urine collected was measured for the control and treated groups.

# Diuretic effect of Nerunjilmul chooranam

	Name of the	Dose	After Drug Administration			
S.No.	Drugs/Groups	/100gram body weight	1 ½ hour	3 hours	4 ½ hours	
1.	Control (Saline)	-	3.0ml	6.0ml	7.0ml	
2.	Nerunjilmul Chooranam	200mg	5.0ml	9.0ml	14.0ml	
3.	Frusemide	2mg				

## **Inference**

From the above experiment, it was inferred that the drug extract of Nerunjilmul has got significant diuretic action.

# ANTI-SPASMODIC EFFECT OF NERUNJILMUL CHOORANAM ON ISOLATED RABBIT ILEUM

#### Aim

To find out the anti-spasmodic effect of Nerunjilmul chooranam on isolated Rabbit ileum.

# Preparation of the test drug

250 mg Nerunjilmul chooranam was dissolved in 10 ml of water and boiled for 15 minutes. The filtrate was used for the experiments.

# **Solutions required**

Acetyl- choline -10mg/ml, Homatropine10mg/ml

Test Drug Nerunjilmul chooranam 25mg/ml.

#### **Nutrient solution**

Tyrode-1 to 2 litres

#### Tissue used

Rabbit ileum

# **Apparatus required**

Student's Organ bath, Sherrington rotating drum.

#### **Procedure**

A Rabbit was starved for 48 hours and was allowed water ad-libtum.

It was sacrificed by a blow on the head and by carotid bleeding. The

abdomen was quickly opened and the ileo-caecal junction was found out. A small piece of ileal portion was cut, removed and placed in a dish containing warm aerated Tyrode solution. The lumen of the ileum was gently rinsed out by pushing Tyrode solution into it. 3 cms length segment was cut from this part of ileum and was tied with thread on both ends without closing the lumen and the tissue was mounted in the organ bath containing Tyrode solution maintained at 37° C bubbled with air by an oxygen tube.

First the drum was allowed to run for 1 minute from the baseline. Drugs were given to study the inhibiting effect of Acetyl-choline. 0.2ml (10mg/ml) of Acetyl-choline was added and allowed to run the drum for 30 seconds. Thus the tissue was standardised and then the drum was stopped and the Acetyl choline was washed out.

Again the Tyrode solution was added to the organ bath till the lever comes to the baseline. The drum was allowed to run for 1 minute.

To the organ bath 1 ml of test drug and 0.2 ml (10mg/ml) Acetyl-choline was simultaneously added and the drum was allowed to run for 30 seconds. The response was recorded. Then the drum was stopped and the Acetyl-choline solution and test drug solutions were washed out. Then the above experiment was done for 0.2ml dose of Acetyl – choline. The drum was allowed to run for 30 seconds. The response was recorded.

Then 0.2 ml of Homatropine and 0.2ml of Acetyl-choline was added and the drum was allowed to run for 30 seconds. There is no elevation in the graph and it seems to be a at baseline. Then 0.2ml of Acetyl-choline was added to standardise the tissues. Then the tracing was labelled and fixed.

#### **Inference:**

From the graph it is inferred that the test drug antagonize the effect of Acetyl-choline when added together. So the Nerunjilmul chooranam has got significant anti-spasmodic activity.

# ANTI-MICROBIAL (BACTERIAL) ACTIVITY OF NERUNJIL MUL CHOORANAM

#### Aim

To identify the anti-microbial (Bacterial) activity of Nerunjil Mul chooranam against Streptococcus, Staphylococcus, Proteus, Psuedomonas, E.coli.

**Medium** : Muller Hinton agar

# **Components of Medium**

Beef extract : 300gms /lit

Agar : 17gms /lit

Starch : 1.50gms /lit

Casein Hydroxylate : 17.50gms /lit

Distilled Water : 1000 ml

pH : 7.6

#### **Procedure**

The media was prepared from the above components and poured and dried on a Petri dish. The organism was streaked on the medium and the test drug (1 gm drug in 10 ml of Water) was placed on the medium. This is incubated at 37°C for one over night and observed for the susceptibility shown up clearance around the drug.

# KIRBY BAUER ANTIMICROBIAL SUSCEPTIBILITY METHOD RESULT TABLE

S. No.	Name of the Organism culture	Susceptibility
1.	Staphylococcus aureus	R
2.	Streptococcus pneumoniae	R
3.	Escherichia coli	R
4.	Proteus	R
5.	Pseudomonas aeruginosa	R
6.	Klebsiella	R
7.	Candida albicans	R

## R – Resistant

# Result

The test drug Nerunjil Mul Chooranam is resistant to all the above organisms.

# **CLINICAL ASSESSMENT**

Cases for clinical trial of Lithotriptic effect on Kalladaippu Noi were selected from the out patient department of the Government Siddha Medical College Hospital, Palayamkottai.

The Patients were selected as Kalladaippu Noi according to the following criteria.

#### **INCLUDING CRITERIA**

- **❖** Pain abdomen
- ❖ Pain in the loin radiating to groin
- ❖ Intermittent dull pain in the loin
- **&** Burning micturition.
- Dysuria
- **❖** Haematuria
- ❖ Increased frequency of micturition
- Nausea
- Vomiting
- ❖ Presence of crystals in the urine
- Ultrasonogram of abdomen and pelvis with positive results for Kalladaippu Noi.

#### **EXCLUDING CRITERIA**

- \* Renal calculus with renal failure
- Renal calculus with acute severe colic pain associated with severe vomiting
- \* Renal calculus found along with malignancy of kidney
- ❖ Ureteric calculus with urethral obstruction

The trial was done on 30 patients of different age and both sexes.

#### PARAMETERS FOLLOWED

The clinical condition was diagnosed and confirmed on the basis of clinical signs and symptoms, lab investigation and ultrasonogram of abdomen and pelvis and routine investigation like.

#### **BLOOD ANALYSIS**

❖ Blood sugar
❖ ESR

❖ Urea ❖ Hb

❖ WBC/TC, DC

#### URINE ANALYSIS

- **❖** Albumin
- **❖** Sugar
- Deposits

were done in laboratory of Government Siddha Medical College Hospital, Palayamkottai before and after treatment.

#### LINE OF TREATMENT

The patients were orally administered Nerunjil mul Chooranam in a dose of 2 grams along with Honey twice a day after food.

Ultrasonogram abdomen and pelvis, Clinical Pathological examination were carried out before and after treatment. The clinical improvements were recorded for every seven days.

#### **Instructions**

- ❖ Not to take any other lithotriptic drug of any other system whether indigenous or modern, when they were on trial.
- ❖ Incidental ailments were treated with appropriate Siddha medicine.
- ❖ Advised to attend out patients department every week Thursday for the collection of medicine, clinical examination and lab investigation.

#### உணவு முறைகள்

- முள்ளங்கி, சுரைக்காய், வெள்ளரிக்காய், வாழைத்தண்டு, சிறுபீளை முதலியவைகளை சாறாகவோ, நெருஞ்சில், மாவிலிங்கப் பட்டை, காணப்பயிறு (கொள்ளு) முதலியவைகளைக் குடிநீராகவோ சேர்த்துக் கொள்ள அறிவுறுத்தப்பட்டது.
- ❖ சுண்ணச்சத்து (Calcium) அதிகமாக உள்ள பசலைக்கீரை,
  அகத்திக்கீரை முதலியவைகளையும் தக்காளி, முட்டைகோஸ்,
  காலி∴பிளவர், பிளம்ஸ்,ஸ்ட்ரா-பெரி (Strawberry) முதலியவைகளையும்
  உணவில் குறைவாக சேர்க்க அறிவுறுத்தப்பட்டது.
- உணவில் பால் மற்றும் பால் சேர்த்து செய்யப்படும் உணவுப் பண்டங்களை குறைக்க அறிவுறுத்தப்பட்டது.
- அசைவ உணவுகளான மீன், மாமிசம், முட்டை, குடல், ஈரல், மூளை போன்றவற்றை அடிக்கடி உணவில் சேர்த்து கொள்வதை தவிர்க்க அறிவுறுத்தப்பட்டது.
- ❖ முக்கியமாக Vitamin A சத்து குறைபாடு இல்லாமல் பார்த்துக் கொள்ள வேண்டும். இச்சத்து மிகுதியாக உள்ள பப்பாளி, கொய்யா, தர்ப்பூசணி, பூசணி, கேரட் போன்ற பச்சைக் காய்கறிகளை அதிகமாக உணவில் சேர்த்துக் கொள்ள அறிவுறுத்தப்பட்டது.
- ❖ காய்ச்சி ஆறிய வடிகட்டிய நீரையே பருக அறிவுறுத்தப்பட்டது. (தினமும்
  சுமார் 2 முதல் 3 லிட்டர் வரை)
- சிறுநீரகத் தொற்றுநோய்களுக்கு உடனே மருத்துவம் செய்ய அறிவுறுத்தப்பட்டது.

- சிறுநீரை அதிகநேரம் அடக்கி வைத்திருப்பதை தவிர்க்க வலியுறுத்தப்பட்டது.
- வாரம் இருமுறை திரிபலை தைலத்தை தலையில் தேய்த்துக் குளிக்க வலியுறுத்தப்பட்டது.

# அஸ்மரிரோக பத்தியம்

கொள்ளு, பச்சைப்பயறு, கோதுமை, பழைய அரிசி, யவதானியம், சிறுகீரை, பூசினிப்பழம், இஞ்சி, யவட்சாரம் அவை அஸ்மரிரோக பத்தியங்கள். மற்றும் விரேசன சிகிச்சை, வமன சிகிச்சை, இலங்கணம், வியர்வை வாங்கல், சலாகைவிடல், பீச்சுதல், பற்று, ஒற்றடம் முதலியவைகளையும் சந்தர்ப்பத்திற்குத் தக்கப்படி செய்யலாம்.

# அபத்தியங்கள்:

மூத்திரம், சுக்கிலம் இவைகளின் வேகத்தைத் தடுத்தல், மலத்தை பந்திக்கும் படியான அன்னம், பழைய அன்னம், குளிர்ந்த அன்னம்.

## **OBSERVATION AND RESULTS**

This study has been done to establish the role of Nerunjilmul as a lithotriptic agent in Kalladaippu noi and assess that how far it can be helpful in the management of the disease.

Among the symptoms of Kalladaippu noi nausea, vomiting, burning micturition, dysuria, haematuria, back pain were reduced significantly within 15 days, other symptoms gradually subsided during the remaining course of treatment.

Treatment was given from 28 to 56 days. Gradation of results and the clinical assessments are tabulated.

Among 30 cases 21 cases (70%) showed good response in relief of symptoms and signs, 6 cases (20%) showed fair response and 3 cases (10%) showed poor response.

The age and sex incidence of these cases are shown in Table -1

S. No.	Age in years	S	ex	Total	
<b>5.110.</b>	rige in years	Male	Female	Total	
1.	21-30	6	-	6	
2.	31-40	7	3	10	
3.	41-50	2	3	5	
4.	51-60	4	1	5	
5.	5. 61-70		1	4	
	30				

# The drug efficacy on Renal calculus, ure teric calculus and vesical calculus are shown in Table -2

	Site of the	No. of cases	No. of cases	Percentage
S. No.	calculus	treated	cured	of cured
1.	Renal calculus	20	14	70%
2.	Ureteric calculus	7	4	57%
3.	Vesical calculus	3	2	67%

# The drug efficacy, based on the size of calculus are shown in Table -3

C N	Site of the	No. of cases	No. of cases	Percentage	
S. No.	calculus	treated	cured	of cured	
1.	5mm and	11	10	91%	
	below				
2.	6mm to	16	11	69%	
3.	Above 10mm	3	-	-	

# **Gradation of Results Table – 4**

S. No.	Results	No. of cases	Percentage		
1.	Good	21	70%		
2.	Fair	6	20%		
3.	Poor	3	10%		

# **BIO-STATISTICAL ANALYSIS**

#### Aim

The study subjects and the effectiveness of the drugs were analyzed as Mean, Standard deviation and Percentages. The interpretations were made on the basis of student; test 't' test. The S.P.S.S. package was used for the above analysis and interpretations.

#### **Result and discussions:**

The study subjects were analysed based on their age and sex. Since the age and sex were independent variable.

# Age and Sex

The study subjects selected from the study are 30 in number. Among them 21 are male and 4 are female. They were described by their age and sex as follows.

Sex and Age wise distribution of study subjects shown in Table -1

			Age				95% C.I of the
S.No	Sex	n	Mean	Std.deviation	't'	significance	population mean
1.	Male	21	40.2	14.3	3.3	< 0.001	-
2.	Female	9	47.2	10.3		<b>VO.001</b>	
3.	Total	30	42.33	13.43	-	-	37.3 to 47.3 years

The above table shows the descriptive statistic of the study subjects in respect of age and sex . The mean age of the male is  $40.2 \pm 14.3$  years and the female is  $47.2 \pm 10.3$  years. The difference of age is statistically significatically since 't' value is 3.3 and P<0.001. The mean age of the total study subjects  $42.3 \pm 13.43$  years and same of the population mean will be in between 37.3 to 47.3 years.

# **Effectiveness of the drug**

In this analysis also both kidneys of study subjects were taken in to account. If there is no calculus before treatment then the kidneys treated as normal and the size of the calculus present is treated as zero and it there was no calculus found after treatment is also taken as normal and the size of calculus is zero. The bellows mentioned analysis and interpretation clearly shows the effectiveness of the drug Nerunjilmul chooranam.

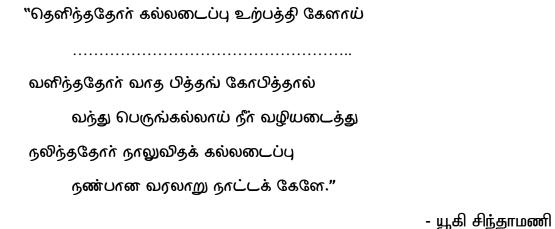
Distribution of calculus before and after treatment of the study subjects in right and left kidneys shown in Table-2

S.No	Kidney	n	befo	before reatment t		Calculus after treatment		·t'	Significance
			Mean	S.D	Mean	S.D			
1.	Right kidney	30	3.32	3.54	1.10	2.59	2.21	5.1	P<0.000
2.	Left kidney	30	2.71	3.14	0.93	2.46	1.78	4.134	P<0.000

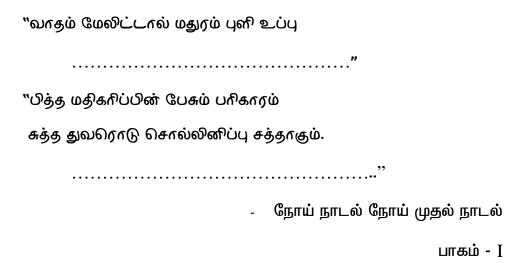
The analysis and interpretations presented in the above table clearly show that the effectiveness of the drug. The mean reduction in the right kidney is 2.21 + 2.3 mm of calculus. The reduction is highly statistically significant. Similarly the left kidneys mean reduction is 1.78 + 2.35 mm of calculus. This reduction is also highly statistically significant. The above reduction of calculus are attributed to the effectiveness of drug Nerunjimul chooranam. This interpretation is also supported by the response of the cases for administration and management of the kalladaippu discuses. Among the 30 cases, 21 are showing good response to the drug. The percentage of good response is 70% and the Pair response is 20% the poor response is 10%. Two third of the study subjects are significantly relieved from the signs and symptoms.

## **DISCUSSION**

According to the Siddha system of medicine, Kalladaippu noi is caused by the derangements of vatha and pitha humours, as said in the following poem.



Thus the vitiated vatha and pitha humours reflect in the clinical symptoms like nausea, loin to groin pain, burning micturition and dysuria. The above signs and symptoms were relieved by the administration of the drug Nerunjilmul chooranam.



As per the text it is understood that to neutralize the vitiated vatha and pitha humours, we have to give a drug which possess Inippu and Thuvarppu suvai.

The Nerunjilmul chooranam had Inippu and Thuvarppu suvai. Inippu suvai is made up of mann + neer and Thuvarppu suvai is made up of mann+ vali according to Panjabootham theory. It possesses that pa veeriyam. There fore the drug neutralizes the vitiated vatha and pitha humours.

The above Gunapadam explanation of the drug is supported by the pharmacological and clinical studies.

The Chemical analysis of the drug was done in the Bio-chemistry Laboratory of Govt. Siddha Medical College, Palayamkottai. The analysis report confirms that the drug contains trace amount of sulphate, ferrous iron, trace amount of phosphate and unsaturated compound.

The Pharmacological analysis of the drug was done in the Department of Pharmacology, Govt. Siddha Medical College, Palayamkottai and Periyar Maniyammai College for Girls, Trichy. The analysis establishes that the drug has got significant lithotriptic, diuretic and antispasmodic actions.

In the clinical trial 30 out patients of both sexes and different age groups were selected. The author diagnosed the disease Kalladaippu according to the siddha aspect. Ultrasonogram of abdomen and pelvis was

taken for all patients before and after treatment to confirm the diagnosis and improvement.

All the patients were given 2 grams of Nerunjilmul Chooranam twice a day with honey after food.

Out of 30 cases 21 cases (70%) showed good response, 6 cases (20%) showed fair response and 3 cases (10%) showed poor response.

There was no withdrawl symptoms and no adverse effects during the trial period.

## **SUMMARY**

- ➤ The test drug Nerunjilmul chooranam was selected for this study to establish the Lithotriptic, diuretic and antispasmodic actions in the management of Kalladaippu noi.
- From the review of Botanical aspect, the identification of the Nerunjilmul was made possible.
- ➤ The review of Gunapadam aspect from the literature supports the therapeutic efficacy of the drug.
- ➤ The Biochemical analysis revealed that the Nerunjilmul chooranam contains sulphate, ferrous iron, phosphate and unsaturated compounds.
- The pharmacological analysis revealed that the drug has got significant diuretic, antispasmodic and lithotriptic actions.
- From the clinical assessment, it is inferred that the drug had a good response in 70% of cases, fair response in 20% of cases and poor response in 10% of cases. Therfore the test drug Nerunjilmul chooranam is safe, simple, cost effective in the treatment of Kalladaippu noi.

# **CONCLUSION**

It is concluded that the drug Nerunjilmul chooranam has got significant effect in the treatment of Kalladaippu noi without producing any untoward effects.

# **INTRODUCTION**

Siddars were experts in preparing drugs from animal origin or Jeeva vahuppu. Animal sources are rich in minerals. Oyster shell, conch etc., are rich in calcium and phosphate.

Our Siddhars in early days itself had given in detail about each and every living organism which is useful for mankind, the animal products which can be used to prepare medicines etc.

In Gunapadam Jeeva vahuppu it is discussed elaborately about edible fishes, meat, eggs etc., which have therapeutic value.

The author was much interested in Jeeva vahuppu which made her to choose Virahlmeen thalaikal (CHANNA STRIATUS - OTOLITH) parpam to study the lithotriptic action mentioned in literatures. The author wanted to do a detailed study in lithotriptic action as no other system has an exact medicine for calculus.

In this fast going world no body finds time to consume adequate water to keep the uro-genital tract healthy. Aerated drinks, fast foods, high calorie condensed milk products have caused a rise in persons suffering from calculus. The drug Virahlmeen thalaikal parpam proves to be a very effective lithotriptic.

# **AIM AND OBJECTIVE**

In Siddha system of medicine, the products of animal origin such as flesh, blood, bile, eggshells, hair, nails, bone, teeth, excreta etc., are used as raw materials in the preparation of drugs which can cure various diseases.

Several research attempts have been made in Gunapadam Jeeva vahuppu so far. But pharmacological aspects are not evaluated for many drugs. The author has chosen Virahlmeen thalaikal parpam as her dissertation.

Parpams are quickly assimilated into the general system and they directly undergo metabolism and have a definite action. Even a small dose has optimum effect. The clinical study was made on the effect of Virahlmeen thalaikal parpam on Kalladaippu patients.

**REVIEW OF LITERATURE** 

**ZOOLOGICAL ASPECT** 

:

TAMIL NAME

விரால் மீன்

**ZOOLOGICAL NAME** 

CHANNA STRIATUS

It is an one of the fresh water fish. The fresh water fishery resources

consist of rivers, canals, irrigation channels, pools, lakes, jheels, bheels,

tanks, ponds and low lying areas which contain water either perennially or

temporarily.

In India major rivers are the main source of fresh water fisheries.

The following species are generally stocked in ponds.

Catla catta (Ham.)

Labeo rohita

L.fimbriatus

L.calbasu

L.kontius

L.bata

Cirrhinus mrigala

C.cirrhosa

C.reba

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Puntius carnaticus (Jeedou)

Cyprinus carpio

Etoplus suratensis

Osphronemus goramy

Chanos chanos

Mugil cephalus

Channa marulius

#### Channa striatus

The principal freshwater fisheries, in order of importance

Major carps : Catla catla, Labeo rohita, L.calbasu, L.fimbriatus,

Cirrhinus mrigala, Tor and puntius spp.

Cat fishes : Bagarius bagarius, Pangasius pangasius, Silonia

silonia, Mystus seenguala (Sykes) M.aor,

Eutropiichthys vacha.

Sheat fishes : Wallago attu, Ompok bimaculatus

**Live fishes** : C; aroas batrachus, Heteropneuster fossil, Anabas

testudineus, Channa striatus C.gachua and

C.punctatus.

Mullets : Liza corsula, L.cascasia

Feather Backs : Notopterus chitala and N.notopterus

Alerrings : Hilsa ilisha.

Anchovies : Setipinna phasa

Eels : Anguilla bengalensis and Mastocembelus armatus

Miscellaneous : Cirrhinus reba, Labeo bate and various species of the

genera Puntius, Oxygaster, Etroplus and Tor.

It is found in freshwater of the plains of India. Commonly known as snake heads. Body dark brown or black above, yellowish or orange below the lateral line. Body elongated, anteriorly cylindrical, posteriorly compressed; head depressed single long dorsal and anal fins of uniform flexible rays; gill openings wide and membranous with vascular folds enabling air breathing. These fishes chiefly in habit muddy shallow waters and are useful for stocking unreclaimed swamps, foul waters and wells in arid regions. They can be transported alive and are commonly known as joolmachh or live fishes all over the Indopacific region. Their muddy taste can be eliminated by keeping them in clean water for some days.

## **ZOOLOGICAL CLASSIFICATION**

Kingdom : Animalia

Phylum : Chordata

Subphylum : Vertebrata

Superclass : Osteichthyes

Class : Actinopterygii

Subclass : Neopterygii

Infraclass : Teleostei

Superorder : Acanthopterygii

Order : Perciformes

Suborder : Channoidei

Family : Channidae

Genus : Channa (Scopoli 1777)

Species : striatus (Bloch 1793)

**Other Names:** 

HINDI : Morrul, Murl, dheri-murl

BENG : Shol, holi

MAR : Sohr, dakhu

TEL : Korra meenu, budda matta

TAMIL : Virahl (Madras), Veralu, caruppu veralu

KAN : Pooli kuchi, Koochina murl , Kuchhi meenu

MAL : Kannan, Choliyan, Warl

ORIYA : Sola

PUNJAB : Sowl, dhoalec

BIHAR : Sowra

ASSAM : Hal, Shaul, gojhal (young),Latta

COOR : Owlu menu

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# **OTOLITH**

An Otolith called 'ear stone' is present in the head of fishes of particular types in the area between two eyes behind the nostrils.

They are of different shapes and sizes in different fishes. They are very important in the growth of fishes.

They increase the auditory capacity of the fish and also helps in maintaining equilibrium in streamline.

Otoliths are formed due to deposition of calcium carbonate. The age of the fish can be calculated with the help of annuli present in the otolith.

## **GUNAPADAM ASPECT**

### விரால்மீன் (வரால்மீன்)

சங்க இலக்கிய பெயர் : வரால்

அறிவியல் பெயர் : Channa spp

ஆங்கிலப் பெயர் : Snake head murrel

தமிழ் வழக்குப் பெயர் : விரால், வரால்

A fresh water fish which invariably possess a stone in the head. The stone is diuretic.

- T.V.Sambasivam pillai Vol-V Page no. 3636

வரால் மீன் : (Channa spp/ Snake head murrel/ River murrels)

# பொதுகுணம்

கடலில் வாழும் வரால்மீனை உண்பதைத் தவிர்த்து, குளத்தில் வாழ்கின்ற வரால்மீனை உண்ணுதல் உடலுக்கு நலம்தரும் என்பதைக் கீழ்வரும்.

> "உடலை வளர்க்கும் உறுபிணியைத் தீர்க்குங் குடலுக் கதிகசுகங் கொடுக்குங் - கடலை யுழக்கும் வராலை விட்டிங் வூக்குளத்துச் சேற்றை யுழக்கும் வராலதனை யுண்."

என்ற பாடலானது விளக்குகிறது. குளத்து வரால்மீனை உண்பவர்களது உடற்பிணிகள் அனைத்தும் நீங்கி உடல் நன்கு வளருமென்றும், குடலுக்கு அதிக சுகம் தருமென்றும் கூறப்படுகிறது.

் மீன்கள் அன்றும் இன்றும் பக்கம் எண்:79

#### சங்க இலக்கியங்களில் வரால் மீன்

"கருங்கண் **வராஅல்** பெருந்தடி, மிளிர்வையொடு புகர்வை அரிசிப்பொம்மல் பெருஞ்சோறு கவர்படு கையை கழும மாந்தி."

நற்றிணை 60: 4-6

"வலைவல் பாண்மகன் வாயிலெற்று மடமகள் வராஅல் சொரிந்த வட்டியுண் மனையோள்."

\_ ஐங்குறுநூறு -48

"நாள்துறைப் பட்ட மோட்டுஇரு வராஅல் துடிக்கண் கொழுங்குறை நொடுத்து உண் ஆடி."

அகநானூறு -196, 2-3

"நாண்கொள் நூண்கோலின் மீன்கொள் பாண்மகள் தான்புனல் அடைகரைப் படுத்த **வரால்அல்** நார் அரி நறவு உண்டு இருந்த தந்தைக்கு"

அகநானூறு 216-13

"கண்புமலி பழனல் கமழத் துழைஇ வலையோர் தந்த விருஞ்சுவல் வாளை நிலையோரிட்ட நெடுநாண் டூண் டிற் பிடிக்கையென்ன செல்கண் வராஅற் றுடிக்கணன்ன குறையொடு விரைஇ."

மலைபடுகடாம் 454-458

"அஞ்சனக் குன்றேய்க்கும் யானை யமருழக்கி
இங்குலிகக் குன்றேபோற் றோன்றுமே - செங்கண்
வரிவரால் மீன் பிறழுங் காவிரி நாடன்
பொருநரை யட்ட களத்து"

- களவழி நாற்பது -7

"சிறிய பொருள் கொடுத்துச் செய்த வினையால் பெரிய பொருள் கருதுவாரே \_\_ விரிபூ விராஅம் புனலூர் வேண்டயிரையிட்டு வராஅஅல் வாங்குபவர்."

- பழமொழி நானூறு - 302

"முட்ட முதுநீ ரடைகரை மேய்ந்மெழுந்து தொட்ட **வரிவரால்** பாயும் புனலூரன் கட்டலர் கண்ணிப் புதல்வனைக் கொண்டெம்மில் சுட்டி யலைய வரும்."

கைந்நிலை- 39

### மீன்கல்

மீன்கள் தலையிலுண்டாகும் கெட்டியாயுள்ள வெளுத்த கல். இதைத் தண்ணீரிலுரைத்துக் குடிக்கக் கல்லடைப்புப் போம்.

A Stone in the head of some fish. It is a good diuretic, even removes stones in the bladder and kidney.

T.V.Sambasivam pillai Vol-V

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### மீன்கல் சேரும் பிறநோய்க்கான மருந்துகள்

பெரிய வரால்மீனின் தலையிலுள்ள கல்போன்ற **காதுறுப்பினைப்** (Ear stone) பயன்படுத்திக் தயாரிக்கப்படும் மச்ச இரத்தின அஞ்சனமை அல்லது வரால்மீன்மை கண்நோய்களைப் போக்கிடும் என்பதைக் பின்வரும் பாடல் விளக்குகிறது.

"பெரிய வரால்மீன் கல்குங்கு மப்பூபேசும் அந்நிறையாங் கரியஞ்சனக்கல் துட்டிடையுங் கனக்கக் குழியில் தானிட்டுத் தெரியப்புளி மாதுளைச் சாற்றில் திறமாயரைத் தேயதிலுலர்த்தி அரிய பொடியைக் கண்ணிலிட அகலும் பூச்சதை அஞ்சனமே"

வரால்மீனின் தலையிலுள்ள கல், (இதனை மச்ச இரத்தினம் என்று கூறுவர்) அதே நிறையுள்ள குங்குமப்பூ, கரியநிறமுள்ள அஞ்சனக்கல் இம்மூன்றையும் கல்வத்திலிட்டு புளிப்பு மாதுளம் பழச்சாறு விட்டு அரைத்து உலர்த்திப் பொடியாக்கிக் கண்ணிலிட கண்சதை, பூ ஆகியவை தீரும்.

மீன்கள் அன்றும் இன்றும்

பக்கம் எண் - 79

முதிர்ந்த வரால்மீனின் தலையிலுள்ள கல்லை எடுத்து பற்பம் செய்து
 கொடுக்க காசநோய் விலகும்.

- பதார்த்த குணபாடம் பக்கம் எண்- 355

### வரால் மீன்மை

"நலமுடன் விரால்மீன் இரைகுடல் தன்னை நன்னிரை ஆ வெண்ணெய தனை நன்மையாம் மதுரைக் கலந்த தனிலமைத்து நல்முறிச்

செம்பதாலிழைத்துப்

பெலமுடன் வழித்துச் சிமிழ் தனிலடைத்துப் பேணி நீமை தனைக் குறித்துப்

ഗിനിധരനധ് ക് കിനിധ വധന്തണ വെധുക്കി വിത്തിയന്ത്രൻ കുൽത്തിൽ വിനിക്ക് പാരാധകന്യ

நீயும் மதிமுகம் நோக்கி வரிசையாய்ப் பாக்குமப்

ഠെന്യൂക്കീര് ഖങ്കുക്കെ വാര്യക്

குந்தம் மருவிய நாக மாம்படலம்

குலமதாங் கழலை ஆணிப் பூமுதலாய்க் குடியொடுங் கடிகை நாலாறில்

குணமுள்ள வமிர்தாஞ் சீவியெனும் பேர்கூறினர் மலை முனிதெரிந்தே" என்ற பாடல், வரால்மீன் மையின் குணங்களை விவரிக்கிறது. வரால்மீனின் குடல் பகுதியினை எடுத்து அதனுடன் அதே நிறை யுள்ள பசுவெண்ணெயைச் சேர்த்து அதனைச் செப்பு பாத்திரத்தில் வைத்து, அதனை வெண்கலப் பாத்திரத்தால் இழைத்து பிறகு வழித்து எடுத்து ஒரு சிமிழில் அடைத்துக் கொள்வர். இந்த மையில் ஒரு சிறிய பயறளவு எடுத்துக் கண்ணில் தடவிவர கண்ணில் ஏற்படும் படலம், குந்தம், நாகபடலம், கழலை, ஆணிப்பூ இவைகள் குணமாகும் என்பார்கள். இம்மருந்தினை "அமிர்த சஞ்சீவி" என்று கூறுவர்.

மீன்கள் அன்றும் இன்றும்

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#### MATERIALS AND METHODS

The drug Virahlmeen thalaikal parpam was prepared with reference from "Noikalukku Siddha Parikaram" Part II, Page no. 4

#### **Collection of test drug:**

Virahlmeen thalaikal was purchased from a fish market at Dharmapuri.

#### Purification of the test drug

Blood and dirt on the Virahlmeen thalaikal were washed with luke warm water and dried.

#### Preparation of the test drug

The dried virahlmeen thalaikal were ground into powder in the kalvam. Rose water (Panneer) was added in small quantities to the powder as and when needed and ground it well for 2 days. After 2 days, the karkam was made into small villais. The villais were dried well in shade. Then the dried villais are again put into kalvam and ground into very fine powder. This was stored in a dry clean air tight container.

**Dose** : 65 mg twice a day after food

**Adjuvant** : Nerunjil kudineer / Sirupeelai kudineer.

**Route of admisistration** : Enteral route

This prepared Nerunjimul chooranam was used for the following methods

- ➤ Biochemical analysis
- > Pharmacological analysis
- ➤ Microbiological analysis
- > Clinical studies.

#### **BIO - CHEMICAL ANALYSIS**

## BIO - CHEMICAL ANALYSIS OF VIRAHLMEEN THALAIKAL PARPAM Preparation of the Extract

100mgs of Parpam was weighed accurately and placed in a 250ml clean beaker. Then 50ml distilled water is added and dissolved well. Then it is boiled well for about 10 minutes. It was cooled and filtered in a 100ml volumetric flask and then it is made up to 100ml with distilled water. This fluid is taken for analysis

#### **QUALITATIVE ANALYSIS**

S. No	Experiment	Observation	Inference
1.	Test for calcium		
	2ml of the above prepared extract is	A white	Indicates the
	taken in a clean test tube. To this add	precipitate is	presence of
	2 ml of 4% ammonium oxalate	formed.	calcium.
	solution.		
2.	Test for sulphate	No white	
	2ml of the extract is added to 5%	precipitate is	Absence of
	barium chloride solution.	formed.	sulphate.

3.	Test for chloride	A white	Indicates the
	The extract is treated with silver	precipitate is	presence of
	nitrate solution.	formed	chloride.
4.	Test for carbonate  The substance is treated with	No brisk effervescence	Absence of
	concentrated Hcl.	is formed.	carbonate.
5.	Test for Zinc	No white	Absence of
	The extract is added with Potassium	precipitate is	zinc.
	ferro cyanide solution.	formed	Zme.
6.	Test for iron		
	<u>Ferric</u>	No blue	Absence of
	The extract is treated with	colour is	ferric iron.
	concentrated glacial acetic acid and	formed.	Terric from.
	potassium ferro cyanide.		
7.	Test of iron		
	<u>Ferrous</u>	Blood red	Indicates the
	The extract is treated with	colour is	presence of
	concentrated Nitric acid and	formed.	ferrous iron
	ammonium thio cynate.		

8.	Test for phosphate  The extract is treated with ammonium molybdate and concentrated nitric acid.	No Yellow precipitate is formed.	Absence of phosphate.
9.	Test for albumin  The extract is treated with Esbach's reagent.	No yellow precipitate is formed.	Absence of albumin.
10.	Test for Tannic acid  The extract is treated with ferric chloride reagent.  Test for unsaturation  Potassium permanganate solution is added to the extract.	No blue black precipitate is formed.  It does not get decolourised.	Absence of Tannic acid.  Absence of unsaturated compound.
12.	Test for the reducing sugar  5ml of benedict's qualitative solution is taken in a test tube and allowed to boil for 2 mts and added 8-10 drops of the extract and again boil it for 2 mts.	No colour change occurs.	Absence of reducing sugar.

T 1' (1
Indicates the
presence of
amino acid.

## **INFERENCE**

The given sample of Virahlmeen thalaikal parpam contains ferrous iron, calcium, chloride and amino acid.

#### PHARMACOLOGICAL ANALYSIS

#### LITHOTRIPTIC ACTION OF VIRAHLMEEN THALAIKAL PARPAM

#### Aim

To evaluate the lithotriptic effect of Virahlmeen thalaikal parpam.

#### Preparation of extract of Virahlmeen thalaikal parpam

The dried materials were, pulverized by a mechanical grinder sieved through No. 40 mesh. The powdered materials were extracted with Ethanol using soxhlet extraction apparatus. This Ethanol extract was then concentrated and dried under reduced pressure. The Ethanol free semisolid mass thus obtained was used for the experiment.

#### Preparation of the test drug

1 gm of ethanol extract of Virahlmeen thalaikal was dissolved in 10ml of distilled water, thus 1 ml contains 100mg of test drug.

#### **Procedure**

Groups of 24 inbred male albino rats of the Wistar strain (150-180gm) were fed standard pelleted diet and water was given ad libitum. They were acclimatized to the animal house conditions for a week. They were then divided into 4 groups comprising six animals in each. Group I received the commercial diet and served as controls. Group II administered a calclui – producing diet (CPD) commercial diet mixed with 3% glycolic acid

for 40 days (Chow et.al., 1974). Group III – IV received the commercial diet for 40 days with Virahlmeen thalaikal parpam (10mg/kg & 20 mg/kg) respectively being administered during the last 20 days. The drugs were administered orally by stomach tube.

## Collection and analysis of urine samples

On the day before being killed, the rats were housed in metabolic cages for 24hr urine collections. A drop of concentrated HCL was added to the urine before being stored at 4° C. Urine samples were centrifuged and one drop of deposit was transferred using Pasteur pipette on to a glass slide. Size of the crystals in the three zones at random was measured by light microscope using calibrated eyepiece and micrometer (Eliotte et.al.,1980). Urine samples were tested spectrophotometrically to determine the contents of Calcium, Oxalate, Phosphate. The blood samples were tested to determine the urea and creatinine.

#### **Histological Examination**

The kidneys were isolated and homogenized with normal saline and estimated for the Calcium, Oxalate & Phosphate.

The Kidneys were fixed in 10% Normal saline, sectioned and stained with Haematoxylin & Eosin (Clayden, 1971). The Kidney specimens were examined under light microscopy to evaluate glomerular damage, tubular dilatation and inflammation.

Urinary calcium, phosphate and oxalate content were found to be increased in the glycolic acid control group as compared to the solvent control. All these parameters were brought to near normal in the treated group when compared to the glycolic acid control. In our study it was noted the urinary output of the treated group increases as compared to the solvent control indication diuretic activity of the drugs which may also contribute in preventing the deposition of oxalate, calcium and phosphates.

Histological examination of kidneys showed tubular necrosis and damage in all the animals in the glycolic acid control group. The morphology of kidneys in the treatment group was almost normal indicating the protective effect of the drugs against ethylene glycol induced toxicity.

The result indicate the potential antiurolithiatic activity of the Virahlmeen thalaikal parpam on glycolic acid induced urolithiasis.

#### Reference

Chow, FHC., Dysart, MI., Hamar, DW.and Udall, R.H.Invest Urol, 1975,13,113.

Clayden, EC., 1971 Practical section, cutting and staining, 5<sup>th</sup> ede, Chruchill Livingstone, Edinburgh.

Elliot, JS.and Rabinowitz, I N., Calcium oxalate crystalluria crystal size in urine, The Journal of urology, 1980, 123, 324-27.

#### **RESULT AND DISCUSSION**

Urolithiasis is a condition where there is formation of stone in the urinary system, i.e., in the kidney, ureter, urinary bladder or in the urethra. Generally there are five different types of stones of which calcium oxalate is most common and calcium phosphate, magnesium, ammonium phosphate, cystine and uric acid stones. There are two varieties in calcium oxalate stone, i.e., monohydrate type (in the form of dumble or oval ) and dehydrate type (in the form of double pyramid). The cause is multifactorial including diet, genetic and environmental.

The animals treated with Virahlmeen thalaikal parpam had excreted significantly smaller calcium oxalate crystal of dihydrate and monohydrate variety in the treatment group than in the positive control group (P<0.01). This indicates that the drugs inhibit the growth of the crystals or dissolve the preformed crystals (Table 1). This treatment lowered the levels of serum urea and creatinine in the treatment groups, when compared with that of the positive control (Table 3).

Hyperoxaluria is usually the initiating factor of oxalate urolithiasis.

The increases in calcium and oxalate concentration in the kidneys were found to be very high in the glycolic acid treated control group (Table 2). There was significantly low deposition in the kidneys of the

treated group animals and the concentration of calcium and oxalate was found to be very low (P<0.001) as compared to the glycolic acid control. The results were tabulated.

Effect of extract of test drug on urinary calcium, oxalate and phosphate on induced urolithiasis. Table  $-\,1$ 

Treatment	Calcium mg/dl	Phosphate mg/dl	Oxalate mg / dl
Control (Vehicle)	$8.93 \pm 0.41$	$47.34 \pm 3.8$	$4.39 \pm 0.33$
Glycolic acid	$13.37 \pm 0.81$	$71.93 \pm 5.3$	$9.6 \pm 0.88$
Virahlmeen thalaikal parpam (10 mg/kg)	9.81 ± 0.53*	51.58 ± 3.2*	5.73± 0.28*
Virahlmeen thalaikal parpam (20 mg/kg)	8.33 ± 0.71*	48.32 ± 3.3*	4.91 ± 0.38*

Data are expressed as mean  $\pm$  S.E., n = 6

<sup>\*</sup> P < 0.001 Vs Control by students 't' test.

Effect of Virahlmeen thalaikal parpam on Size and type of calcium oxalate crystals in the urine samples of rats. Table 2

Group	Size (μm)	Types of crystals
Control	$0.12 \pm 0.02$	Dihyrate
(Vehicle)	$0.19 \pm 0.03$	Monohydrate
Control	$0.33 \pm 0.02$	Dihydrate
(1% Glycolic acid)	$0.45 \pm 0.02$	Monohydrate
Treatment	$0.17 \pm 0.01$	Dihydrate
(1% Glycolic acid +		
virahlmeen thalaikal	$0.25 \pm 0.01$	Monohydrate
parpam (10mg/kg)		
Treatment	$0.18 \pm 0.01$	Dihydrate
(1% Glycolic acid +		
virahlmeen thalaikal	$0.28 \pm 0.02$	Monohydrate
parpam (20mg/kg)		

Data are expressed as mean  $\pm$  S.E., n = 6.

## Effect of Virahlmeen thalaikal parpam on Serum Urea & Creatinine on Glycolic induced urolithiasis.

Table 3

Treatment	Urea (mg / dl)	Creatinine (mg / dl)
Control (Vehicle)	$38.91 \pm 3.5$	$0.68 \pm 0.03$
Glycolic acid (Control)	$45.31 \pm 3.8$	$0.71 \pm 0.05$
Virahlmeen thalaikal parpam (10mg / kg)	$43.8 \pm 1.8$	$0.69 \pm 0.03$
Virahlmeen thalaikal parpam (20mg/kg)	39.12 ± 3.2*	$0.68 \pm 0.01$

Data are expressed as mean  $\pm$  S.E., n = 6,

\*P<0.05 Vs Control by students 't' test.

#### **Inference**

From the above experiment, it was inferred that the drug ethanol extract of Virahlmeen thalaikal has got significant lithotriptic action.

# ANALYSIS OF DIURETIC EFFECT OF VIRAHLMEEN THALAIKAL PARPAM

#### Aim

To evaluate the diuretic effect of Virahlmeen thalaikal parpam.

#### **Preparation of the test drug**

1gm of Virahlmeen thalaikal parpam was dissolved in 10ml of distilled water, thus 1ml contains 100mg of Virahlmeen thalaikal extract.

#### Procedure

The method of lipschitiz et.al was employed for the assessment of diuretic activity. Groups of 9 male albino rats, each weighing 80-120gm were fasted and deprived of water for 18 hours prior to the experiments. They were divided into 3 equal groups of 3 rats each and put into 3 different metallic cages. On the day of the experiment all the animals were given normal saline or ally 2.5 ml/ 100gm body weight. Group I served as the negative control which received only normal saline 2.5 ml/100gm. Group II received Frusemide 2 mg/ 100gm as reference diuretic and Group III received test drug at a dose of 100 mg/ 100 gm or ally, 1 hour prior to the administration of normal saline.

Immediately after dosing, the animals were placed in metabolic cages specially designed to separate urine and faeces and kept at room temperature

of  $25^{\circ} \pm 0.5^{\circ}$  C. The urine was collected in measuring cylinder upto 5 hours after dosing. During this period no water and food was made available to the animals. The total volume of urine collected was measured for the control and treated groups.

## Diuretic effect of Virahlmeen thalaikal parpam

S.No.	Name of the	Dose	After Drug Administration			
	Drugs/Groups	/100gram body weight	1 ½ hour	3 hours	4 ½ hours	
1.	Control (Saline)	-	3.0ml	6.0ml	7.0ml	
2.	Virahlmeen thalaikal parpam	40mg	4.0ml	7.0ml	12.0ml	
3.	Frusemide	2mg				

#### **Inference**

From the above experiment, it was inferred that the drug extract of Virahlmeen thalaikal parpam has got significant diuretic action.

#### ANTI-SPASMODIC EFFECT OF VIRAHLMEEN

#### THALAIKAL PARPAM ON ISOLATED RABBIT ILEUM

#### Aim

To find out the anti-spasmodic effect of Virahlmeen thalaikal parpam on isolated Rabbit ileum.

## **Preparation of the test drug**

250 mg Virahlmeen thalaikal parpam was dissolved in 10 ml of water and boiled for 15 minutes. The filtrate was used for the experiments.

### **Solutions required**

Acetyl- choline -10mg/ml

Homatropine 10mg/ml

Test Drug Virahlmeen thalaikal parpam 25mg/ml.

#### **Nutrient solution**

Tyrode-1 to 2 litres

#### Tissue used

Rabbit ileum

## Apparatus required

Student's Organ bath, Sherrington rotating drum.

#### **Procedure**

A Rabbit was starved for 48 hours and was allowed water ad-libitum. It was sacrificed by a blow on the head and by carotid bleeding. The abdomen was quickly opened and the ileo-caecal junction was found out. A small piece of ileal portion was cut, removed and placed in a dish containing warm aerated Tyrode solution. The lumen of the ileum was gently rinsed out by pushing Tyrode solution into it. 3 cms length segment was cut from this part of ileum and was tied with thread on both ends without closing the lumen and the tissue was mounted in the organ bath containing Tyrode solution maintained at 37° C bubbled with air by an oxygen tube.

First the drum was allowed to run for 1 minute from the baseline. Drugs were given to study the inhibiting effect of Acetyl - choline. 0.2ml (10mg/ml)of Acetyl- choline was added and allowed to run the drum for 30 seconds. Thus the tissue was standardised and then the drum was stopped and the Acetyl - choline was washed out.

Again the Tyrode solution was added to the organ bath till the lever comes to the baseline. The drum was allowed to run for 1 minute.

To the organ bath 1 ml of test drug and 0.2 ml (10mg/ml) Acetyl - choline was simultaneously added and the drum was allowed to run for 30 seconds. The response was recorded. Then the drum was stopped and the

Acetyl - choline solution and test drug solutions were washed out. Then the above experiment was done for 0.2ml dose of Acetyl - choline. The drum was allowed to run for 30 seconds. The response was recorded.

Then 0.2 ml of Homatropine and 0.2ml of Acetyl - choline was added and the drum was allowed to run for 30 seconds. There is no elevation in the graph and it seems to be at a baseline. Then 0.2ml of Acetyl - choline was added to standardise the tissues. Then the tracing was labelled and fixed.

#### **Inference:**

From the graph it is inferred that the test drug antagonize the effect of Acetyl - choline when added together. So the Virahlmeen thalaikal parpam has got significant anti-spasmodic activity.

## ANTI-MICROBIAL (BACTERIAL) ACTIVITY OF VIRAHLMEEN THALAIKAL PARPAM

#### Aim

To identify the anti-microbial (Bacterial) activity of Virahlmeen thalaikal parpam against Streptococcus, Staphylococcus, Proteus, Psuedomonas, E.coli.

**Medium** : Muller Hinton agar

#### **Components of Medium**

Beef extract : 300gms /lit

Agar : 17gms /lit

Starch : 1.50gms /lit

Casein Hydroxylate : 17.50gms /lit

Distilled Water : 1000 ml

pH : 7.6

#### Procedure

The media was prepared from the above components and poured and dried on a Petri dish. The organism was streaked on the medium and the test drug (1 gm drug in 10 ml of Water) was placed on the medium. This is incubated at 37°C for one over night and observed for the susceptibility shown up clearance around the drug.

## KIRBY BAUER ANTIMICROBIAL SUSCEPTIBILITY METHOD RESULT TABLE

S. No.	Name of the Organism	Susceptibility
5.110.	culture	Susceptibility
1.	Staphylococcus aureus	R
2.	Streptococcus pneumoniae	R
3.	Escherichia coli	R
4.	Proteus	R
5.	Pseudomonas aeruginosa	R
6.	Klebsiella	R
7.	Candida albicans	R

#### R – Resistant

## Result

The test drug Virahlmeen thalaikal parpam is resistant to all the above organisms.

#### **CLINICAL ASSESSMENT**

Cases for clinical trial of Lithotriptic effect on Kalladaippu Noi were selected from the out patient department of the Government Siddha Medical College Hospital, Palayamkottai.

The patients were selected as Kalladaippu Noi according to the following criteria.

#### **INCLUDING CRITERIA**

- **❖** Pain abdomen
- ❖ Pain in the loin radiating to groin
- ❖ Intermittent dull pain in the loin
- **&** Burning micturition.
- Dysuria
- **❖** Haematuria
- ❖ Increased frequency of micturition
- Nausea
- Vomiting
- ❖ Presence of crystals in the urine
- Ultrasonogram of abdomen and pelvis with positive results for Kalladaippu Noi.

#### **EXCLUDING CRITERIA**

- \* Renal calculus with renal failure
- ❖ Renal calculus with acute severe colic pain associated with severe vomiting
- \* Renal calculus found along with malignancy of kidney
- ❖ Ureteric calculus with urethral obstruction

The trial was done on 20 patients of different age and both sexes.

#### PARAMETERS FOLLOWED

The clinical condition was diagnosed and confirmed on the basis of clinical signs and symptoms, lab investigation and ultrasonogram of abdomen and pelvis and routine investigation like

#### **BLOOD ANALYSIS**

❖ Blood sugar
❖ ESR

❖ Urea ❖ Hb

❖ WBC/TC, DC

#### URINE ANALYSIS

- **❖** Albumin
- **❖** Sugar
- Deposits

were done in laboratory of Government Siddha Medical College Hospital, Palayamkottai before and after treatment.

#### LINE OF TREATMENT

The patients were orally administered Virahlmeen thalaikal parpam in a dose of 65 mgm along with Sirupeelai kudineer twice a day after food.

Ultrasonogram abdoncen and pelvis, clinical Pathological examination were carried out before and after treatment. The clinical improvements were recorded for every seven days.

#### **Instructions**

- ❖ Not to take any other lithotriptic drug of any other system whether indigenous or modern, when they were trial.
- ❖ Incidental ailments were treated with appropriate Siddha medicine.
- ❖ Advised to attend out patients department every week Thursday for the collection of medicine, clinical examination and lab investigation.

#### உணவு முறைகள்

- முள்ளங்கி, சுரைக்காய், வெள்ளரிக்காய், வாழைத்தண்டு, சிறுபீளை முதலியவைகளை சாறாகவோ, நெருஞ்சில், மாவிலிங்கப் பட்டை, காணப்பயிறு (கொள்ளு) முதலியவைகளைக் குடிநீராகவோ சேர்த்துக் கொள்ள அறிவுறுத்தப்பட்டது.
- ❖ சுண்ணச்சத்து (Calcium) அதிகமாக உள்ள பசலைக்கீரை,
  அகத்திக்கீரை முதலியவைகளையும் தக்காளி, முட்டைகோஸ்,
  காலி∴பிளவர், பிளம்ஸ்,ஸ்ட்ரா-பெரி(Strawberry) முதலியவைகளையும்
  உணவில் குறைவாக சேர்க்க அறிவுறுத்தப்பட்டது.
- உணவில் பால் மற்றும் பால் சேர்த்து செய்யப்படும்
   உணவுப்பண்டங்களை குறைக்க அறிவுறுத்தப்பட்டது.
- அசைவ உணவுகளான மீன், மாமிசம், முட்டை, குடல், ஈரல், மூளை போன்றவற்றை அடிக்கடி உணவில் சேர்த்து கொள்வதை தவிர்க்க அறிவுறுத்தப்பட்டது.
- ❖ முக்கியமாக Vitamin A சத்து குறைபாடு இல்லாமல் பார்த்துக் கொள்ள வேண்டும். இச்சத்து மிகுதியாக உள்ள பப்பாளி, கொய்யா, தர்ப்பூசணி, பூசணி, கேரட் போன்ற பச்சைக் காய்கறிகளை அதிகமாக உணவில் சேர்த்துக் கொள்ள அறிவுறுத்தப்பட்டது.
- ❖ காய்ச்சி ஆறிய வடிகட்டிய நீரையே பருக அறிவுறுத்தப்பட்டது. (தினமும்
  சுமார் 2 முதல் 3 லிட்டர் வரை)
- சிறுநீரகத் தொற்றுநோய்களுக்கு உடனே மருத்துவம் செய்ய அறிவுறுத்தப்பட்டது.

- சிறுநீரை அதிகநேரம் அடக்கி வைத்திருப்பதை தவிர்க்க வலியுறுத்தப்பட்டது.
- வாரம் இருமுறை திரிபலை தைலத்தை தலையில் தேய்த்துக் குளிக்க வலியுறுத்தப்பட்டது.

#### அஸ்மரிரோக பத்தியம்

கொள்ளு, பச்சைப்பயறு, கோதுமை, பழைய அரிசி, யவதானியம், சிறுகீரை, பூசினிப்பழம், இஞ்சி, யவட்சாரம் அவை அஸ்மரிரோக பத்தியங்கள். மற்றும் விரேசன சிகிச்சை, வமன சிகிச்சை, இலங்கணம், வியர்வை வாங்கல், சலாகைவிடல், பீச்சுதல், பற்று, ஒற்றடம் முதலியவைகளையும் சந்தர்ப்பத்திற்குத் தக்கப்படி செய்யலாம்.

#### அபத்தியங்கள்

மூத்திரம், சுக்கிலம் இவைகளின் வேகத்தைத் தடுத்தல், மலத்தை பந்திக்கும் படியான அன்னம், பழைய அன்னம், குளிர்ந்த அன்னம்.

#### **OBSERVATION AND RESULTS**

This study has been done to establish the role of Virahlmeen thalaikal as a lithotriptic agent in the patient of Kalladaippu noi and assess that how far it can be helpful in the management of Kalladaippu noi.

Among the symptoms of Kalladaippu noi nausea, vomiting, burning micturition, dysuria, haematuria, back pain were reduced significantly with in 15 days, other symptoms gradually subsided during the remaining course of treatment.

Treatment was given from 28 to 56 days. Gradation of results and the clinical assessments are tabulated.

Among 20 cases 15 cases (75%) showed good response, in relief of symptoms and signs, 4 cases (20%) showed fair response and 1 case (5%) showed poor response.

The age and sex incidence of these cases are shown in Table -1

S. No.	Age in years	Sex		Total
<b>5. 110.</b>	Age in years	Male	Female	1 otai
1.	1-10	-	1	1
2.	11-20	1	1	2
3.	21-30	2	-	2
4.	4. 31-40		2	8
5.	41-50	2	-	2
6.	51-60	2	-	2
7.	61-70	2	-	2
8. Above 70		1	-	1
	20			

## The drug efficacy on Renal calculus, ure teric calculus and vesical calculus are shown in Table $-\,2$

S. No.	Site of the calculus	No. of cases treated	No. of cases cured	Percentage of cured
1.	Renal calculus	13	10	77%
2.	Ureteric calculus	5	4	80%
3.	Vesical calculus	2	1	50%

## The drug efficacy is based on the size of calculus are shown in Table -3

G N	Size of the	No. of cases	No. of cases	Percentage
S. No.	calculus	treated	cured	of cured
1	5mm and	10	9	90%
1.	below	10	9	90%
2.	6mm to	8	6	75%
2.	10mm		o o	7576
3.	Above 10mm	2	-	-

## **Gradation of Results Table – 4**

S. No.	Results	No. of cases	Percentage	
1.	Good	15	75%	
2.	Fair	4	20%	
3.	Poor	1	5%	

#### **BIO STATISTICAL ANALYSIS**

#### Aim

The study subjects and the effectiveness of the drugs were analyzed as Mean, Standard deviation and Percentages. The interpretations were made on the basis of student; test 't' test. The S.P.S.S. package was used for the above analysis and interpretations.

#### **Result and discussions**

The study subjects were analysed based on their age and sex. Since the age and sex were independent variable.

### Age and Sex

The study subjects selected from the study are 20 in number. Among them 16 are male and 4 are female. They were described by their age and sex as follows.

Age and Sex wise distribution of study subjects shown in Table -1

S.No	Sex	n	Age				95% C.I of
			Mean	Std.deviation	't'	significance	the population mean
1.	Male	16	41.5	19.825		P>0.05	-
2.	Female	4	23.5	13.429	1.703	170.05	
3.	Total	20	37.9	19.833	-	-	28.6 to 47.2 years

The above table clearly shows that the mean age of the male clinical trial is  $41.5 \pm 19.825$  years and the female is  $23.5 \pm 13.429$ . But the difference in the means age is not statistically signification. Since the 't' value is 1.703 and P>0.05. The mean age of the total study subjects  $37.9 \pm 19.833$  years. The mean age of the Kallaidaippu population will be in between 28.6 to 47.2 years based on the estimation from the study subjects.

#### **Effectiveness of the drug**

Among 20 clinical trials. Six were affected by the Kalladaippu in both kidneys. The remaining were affected either of the kidneys. The analysis were made by taking the not affected kidney as normal since no calculus was found. After treatment also the calculus was not found in the kidney is also taken as normal and response is good. Because of that reason 20 right and 20 left kidneys were analysis and the results are furnished in the below table.

Distribution of calculus of the study subjects in right and left kidneys of before and after treatment shown in Table-2

S.N o	Kidney	n	Calcu befor treatm	re	Calc aft treat	ter	Mean deference	't'	Significance
			Mean	S.D	Mean	S.D			
1.	Right kidney	20	3.57	2.95	0.55	1.7	3.02	4.43	P<0.00
2.	Left kidney	20	2.71	3.67	1.30	3.2	1.41	2.83	P<0.01

The above table clearly shows the effectiveness of Virahlmeen thalaikal parpam in curing Kalladaippu. The right kidney had a mean size of  $3.57 \pm 2.95$  mm calculus before undergoing the treatment. After the treatment the mean calculus size is  $0.55\pm1.7$  mm. The mean reduction is  $3.02 \pm 3.05$ mm. The reduction is the effected of the drug since the reduction is highly statistically significant. Similarly the left kidneys of the study subjects are also  $1.41 \pm 2.22$ mm of mean reduction is observed. This also statistically significant (t = 2.83 and P<0.01)

The above interpretation of the effectiveness of the drug was supported by the analysis of response. Among the 20 affected clinical trials 15 cured out percentage and they are treated as good response. This works out to 75% only 4 and 1 study subjects were cured partially and not cured respectively. They are termed as fair and poor. These responses or 20 and 5 percentages of fair and poor respectively.

## **DISCUSSION**

The lithotriptic activity of Virahlmeen thalaikal parpam was studied by clinical, biochemical and pharmacological analysis.

The Biochemical analysis revealed that the test drug contains calcium, chloride, ferrous iron and amino acids.

The Pharmacological analysis inferred that the drug virahlmeen thalaikal parpam possesses significant diuretic and antispasmodic action.

Study of lithotriptic activity indicates that the drug inhibits the growth of the crystals or dissolved the preformed crystals. It is evident that treatment with Virahlmeen thalaikal parpam lowered the levels of serum urea and creatinine in the treatment group when compared with that of positive control.

Virahlmeen thalaikal parpam was given in very small doses and only for a short period of time, it did not cause any adverse effects or any increase in the size of calculi and the symptoms were not aggravated.

Among 20 patients treated with Virahlmeen thalaikal parpam 15 cases (75%) showed good response, 4 cases (20%) showed fair response and 1 case (5%) showed poor response.

## **SUMMARY**

- ❖ The test drug Virahlmeen thalaikal parpam was selected for this study to establish the lithotriptic, diuretic and antispasmodic actions in the management of Kalladaippu noi.
- ❖ From the review of Zoological aspect, the identification of the Channa striatus (Virahlmeen) and removing the stone from that species has been documented.
- ❖ The review of Gunapadam arpect from the literature supports the therapeutic efficacy of the drug.
- ❖ The Biochemical analysis revealed that the Virahlmeen thalaikal parpam contains calcium, chloride, ferrous iron and aminoacids.
- ❖ The Pharmacological analysis revealed that the drug has got significant diuretic, antispasmodic and lithotriptic actions.
- ❖ From the clinical assessment, it is inferred that the drug had a good response 75% of cases, fair response in 20% of cases and poor response in 5% of cases. Therefore the test drug is an effective choice in the treatment of Kalladaippu noi.

# **CONCLUSION**

It is concluded that the drug Virahlmeen thalaikal parpam has got significant effect in the treatment of Kalladaippu noi without producing any untoward effects.

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1. Drug: NERUNJIL N	<b>MUL CHOORANA</b>	M /Dose:2gm bd with Honey			Diagnos	Diagnosis : Kalladaippu		
O.P.No : 1709	Name	: NAINAR A	ŭ			4.08	No. of days treated: 35	
Complaints and Durati	on : Loin pain, bu	uring micturition Since 10 day	ys					
INVESTIGATIONS								
Before Treatment				After Treatm	ent			
Blood	Urine	Ultrasonogram – abdomei	n Blood	U	rine	Ultrasono Respons	ogram – abdomen e	
TC: 9,300 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	TC: 9,300ce	Ils/cumm A	lbumin : Nil	Rt.Kidne	y: Normal.	
DC:	Sugar :Nil		DC:	S	ugar :Nil			
P:65%	Deposits:		P:62%	D	eposits:	Lt. Kidne	<b>y:</b> Normal.	
L:30%	NAD	Lt. Kidney: Shows 2 calcul	us L:36%	N	AD			
E:5%		measuring 5 mm	E:2%			UB:Norm	al	
ESR: ½ Hr:3mm 1 Hr:7mm		UB: Normal	ESR: ½ hr:3 1hr:6			IMPRESS	SION: Normal study	
Hb:78%			Hb:80%			ODCEDY	ATION - COOD	
Sugar:82mgs% Urea :19mgs%		IMPRESSION: Lt. Renal ca	Sugar:80mg Urea: 19mg			RESPON	ATION: GOOD SE	

2. Drug: NERUNJIL	MUL CHOORA	NAM/ Dose:2gm bd with Honey	Diagno	sis : Kalladaipp	u	
O.P.No : 1861	6 Name	: SOWGATH ALI Age/Sex: 38/M	From: 13.3.08	T	o: 3.4.08	No. of days treated: 35
Complaints and Dura	tion : Loin to gr	oin pain, burning micturition since 3 r	nonths.			
		INVES	TIGATIONS			
	Before Tre	eatment		After <sup>-</sup>	<b>Freatment</b>	
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultra	isonogram – abdomen Response
TC: 8,700cells/cumm	Albumin : Nil	Rt.Kidney: Normal. There is a	TC:8,700cells/cumm	Albumin : Nil	Rt.Kidney:	Normal
DC:	Sugar :Nil	calculus 3.5 mm seen in the Rt. ureter	DC:	Sugar :Nil		
P:58%	Deposits:	Lt. Kidney: Normal .There is a	P:58%	Deposits: NAD		
L:36%	NAD.	calculus 3.3 mm seen in the Lt. ureter	L:38%		Lt. Kidney:	: Normal
E:6%	=		E:4%			
ESR: ½ Hr:5mm	=	UB:Normal	ESR: ½ hr:4mm		UB: Norma	I
1 Hr:11mm		IMPRESSION: Bilateral ureteric	1hr:9mm		IMPRESSIO	ON: Normal study
Hb:71%		Calculi	Hb:74%		IIIII KEGOK	ord Horman Stady
Sugar:102mgs% Urea 16mgs%		Saloun	Sugar:97mgs% Urea: 16mgs%		OBSERVA	TION: GOOD RESPONSE

Poor Response – Insignificant relief of signs and symptoms.

3. Drug: NERUNJIL MUL CI	HOORANAM /Dos	e:2gm bd with Honey				Diagnosis : Kalladaippu			
O.P.No :18619	Name : GIF	ΓILIN	Age/Sex:2	5/M	From: 13.3	3.08 T	o: 3.4.08	No. of days treated: 35	
<b>Complaints and Duration: Burn</b>	ning micturition , lo	in pain since 1 month.							
		I	NVESTIG	ATIONS					
	Before Treatn	nent				Aft	er Treatment		
Blood	Urine	Ultrasonogram – ab	domen		Blood	Urine	Ult	trasonogram – abdomen	
								Response	
TC: 7,800 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC:8,100	cells/cumm	Albumin : Nil	Rt.Kidr	ey: Normal	
DC:	Sugar :Nil			DC:		Sugar :Nil			
P:56%	Deposits: 1-3	Lt. Kidney: Normal		P:62%		Deposits: NAI	D Lt. Kid	ney: Normal	
L:40%	Puscells			L:36%					
E:4%	1-2 Epi cells			E:2%			UB: No	rmal	
ESR: ½ Hr:3mm		UB: Normal		ESR: ½ h	r:3mm				
1 Hr:7mm				1h	r:6mm		IMPRE	SSION: Normal Study	
Hb:75%	1	IMPRESSION: Small l	Lt. Renal	Hb:78%			on and	THE TOTAL COOR	
Sugar:102mgs%	1	calculus.		Sugar:102	2mgs%			VATION: GOOD	
Urea 17mgs%		Rt. ureteric calculus		Urea: 12n	ngs%		RESPO	NSE	

4. Drug: NERUNJIL	MUL CHOORAN	NAM/ Dose:2gm bd with Hone	e <b>y</b>			Diagnosis : Kal	lladaippu				
O.P.No: 18770	Name: N	ATCHIYAR A	ge/Sex: 4	47/F	From: 1	3.3.08	To: 3.4.08	No. of days treated: 35			
Complaints and Duration	on : Burning mict	urition, back pain since 1 mon	th.								
	INVESTIGATIONS										
Before Treatment After Treatment											
Blood	Urine	Ultrasonogram – abdome	en	Blood Urine			Ultrason	ogram – abdomen			
								Response			
TC: 9,700 cells/cumm	Albumin : Nil	<b>Rt.Kidney:</b> Shows a calculus	,	TC:9,700cells/cumm		Albumin : Nil	Rt.Kidney: Normal				
DC:	Sugar :Nil	measuring 5mm seen in the mi	ddle ]	DC:		Sugar :Nil					
P:62%	Deposits:	calyx	]	P:65%		Deposits: NAD	Lt. Kidney: Normal				
L:36%	2-4 puscells		]	L:33%							
E:2%		Lt. Kidney: Normal	]	E:2%			UB:Normal				
ESR: 1/2 Hr:4mm		UB:Normal	]	ESR: ½ h	r:4mm						
1 Hr:11mm			_	1hr:9mm			IMPRESSION: Not				
Hb:80%	1	IMPRESSION: Rt. Renal cald	culus –	Hb:82%			OBSERVATION:	GOOD RESPONSE			
Sugar:96mgs%	1		<u> </u>	Sugar:90r	ngs%						
Urea 14mgs%	1			Urea: 14n							

Poor Response – Insignificant relief of signs and symptoms.

5. Drug: NERUNJI	L MUL CHOORANA	M/ Dose:2gm bd with Honey		Diagnosis : Kalladaippu					
O.P.No: 17009	Name : LIN	GAN Age/Sex: 69	m /m	From:6.3.2008	To: 3.4.2008	3	No. of days treated: 35		
<b>Complaints and Dura</b>	tion : Pain in the loin	(Rt Side), burning micturition since 3	weeks.						
INVESTIGATIONS									
	Before Tr	eatment			After T	reatment			
Blood	Blood Urine Ultrasonogram – abdomen				Urine	U	ltrasonogram – abdomen		
							Response		
TC: 9,100	Albumin : Nil	Rt.Kidney: Shows 12mm calculus se	en TC:9	9,100cells/cumm	Albumin: Nil	Rt.Kidn	ey: Shows 7mm calculus seen in		
cells/cumm		in the lower pole				the lower	calyx		
DC:	Sugar :Nil		DC:		Sugar :Nil				
P:50%	Deposits : 3-5 pus	Lt. Kidney: Normal	P:56	5%	Deposits: NAD	Lt. Kidn	ey: Normal		
L:48%	cells		L:42	2%					
E:2%	1-3 epicells	UB: Normal	E:29	%		UB: Nor	mal		
ESR: ½ Hr:3mm				:: ½ hr:3mm					
1 Hr:6mm		IMPRESSION: Rt.Intra renal calculu	S	1hr:7mm		IMPRES	SSION: Rt.Renal calculus		
Hb:78%			Hb:8	80%	1	ODGED	WATELON EATE DESPONSE		
Sugar:(F) 75mgs%			Suga	ar: 80mgs%		OBSER	VATION: FAIR RESPONSE		
Urea 26mgs%			Urea	a: 25mgs%					

6. Drug: NERUNJIL	MUL CHOORAN	IAM/ Dose:2gm bd with Honey	Diagnosis :	Diagnosis : Kalladaippu							
O.P.No : 17085	Name: VIJAY	AKUMAR Age/Sex:	42/M	From: 6.3	3.08	To: 3.4.08	No. of days treated: 35				
Complaints and Durat	ion : Pain in the	loin radiating to the groin, bu	rning mictu	rition since	1 month.						
	INVESTIGATIONS										
Before Treatment After Treatment											
Blood	Blood Urine Ultrasonogram – abdomen Blood					Ultraso	nogram – abdomen				
						Response					
TC: 8,700 cells/cumm	Albumin : Nil	Rt.Kidney: Shows a small	TC:9,600cells/cumm		Albumin : Nil	Rt.Kidney: Normal					
DC:	Sugar :Nil	calculus 6mm seen in middle	DC:		Sugar :Nil						
P:58%	Deposits:	calyx	P:60%		Deposits: NAD						
L:38%	NAD		L:38%			Lt. Kidney:Norm	al				
E:4%		Lt. Kidney:a Normal	E:2%								
ESR: ½ Hr:2mm			ESR: ½ hr:	3mm							
1 Hr:5mm		UB:	1hr:	5mm		<b>UB:</b> Normal					
Hb:78%			Hh-80%		-						
				ac%	<u> </u>						
		calculus cystitis		•	<u> </u>	OBSERVATION	: GOOD RESPONSE				
TC: 8,700 cells/cumm DC: P:58% L:38% E:4% ESR: ½ Hr:2mm	Urine  Albumin : Nil Sugar :Nil Deposits:	Ultrasonogram – abdomen  Rt.Kidney: Shows a small calculus 6mm seen in middle	TC:9,600ce DC: P:60% L:38% E:2% ESR: ½ hr:	ells/cumm  3mm 5mm	Sugar :Nil	Rt.Kidney: Norm  Lt. Kidney:Norm  UB:Normal	Response nal				

Poor Response – Insignificant relief of signs and symptoms.

7. Drug: NERUNJIL MUL	CHOORANAM/ Dos	e:2gm bd with Honey			Dia	agnosis : Kalladaipp	ou	
O.P.No : 10148	Name : BEE	VI JOHN	י	From: 07.2.2	008	To: 20.3.2008	No. of days treated: 49	
Complaints and Duration: Lo	oin pain burning mic	turition since 1 month.						
			INVESTIGAT	TIONS				
	Before Treatme	ent				After T	reatment	
Blood	Urine	Ultrasonogram – al	bdomen		Blood	Urine	Ultrasonogra	am – abdomen
							Res	ponse
TC: 9,000 cells/cumm	Albumin : Nil	Rt.Kidney: 5 mm calcul	lus in the	TC:9,10	00cells/cumm	Albumin : Nil	Rt.Kidney: 4mm c	alculus calculus seen
DC:	Sugar :Nil	upper calyx		DC:		Sugar :Nil	in the upper calyx	
P:60%	Deposits : 2-3 pus	Lt. Kidney: Normal		P:65%		Deposits: NAD		
L:36%	cells seen	UB: Normal		L:30%			Lt. Kidney: Norma	1
E:4%		<b>Ureter:</b> Upper protion-di		E:5%				
ESR: ½ Hr:4mm		portion -6mm calculus pr	esent	ESR: 1/2	hr:4mm		<b>UB:</b> Normal /	
1 Hr:8mm					1hr:8mm		Ureter: Normal	
Hb:75%	1	IMPRESSION: Rt. Low	er ureteric	Hb:78%	6		IMPRESSION: Rt.	renal calculus
Sugar:110mgs%		calculus Rt.Renal calculus		Sugar:	107mgs%		OBSERVATION :	EAID DECDONCE
Urea 28mgs%		Kt.Kenai calculus		Urea: 2	6mgs%		ODSERVATION:	TAIR RESPONSE

8. Drug: NERUNJIL I	MUL CHOORANA	M/ Dose:2gm bd with Honey	Diagnosi	is : Kalladaippu	
O.P.No :13611	Name : SANT	HI Age/Sex:40/F	From: 21.2.2008	To:3.3.0	No. of daystreated:49
Complaints and Durat	ion : Loin pain, b	urning micturition since 1 month.			
			STIGATIONS		
	Before Treatr	nent		After Treatm	ent
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram abdomen Response
TC: 8,700 cells/cumm	Albumin : Nil	Rt.Kidney: 7.5 mm Calculus	TC:8,800cells/cumm	Albumin : Nil	Rt.Kidney: A calculus measuring
DC:	Sugar :Nil	seen in Rt.ureter at vu junction	DC:	Sugar :Nil	6mm seen in the lower pole
P:65%	Deposits : 1-3	4,6mm calculus are noted in upper	P:65%	Deposits: NAD	Lt. Kidney: 4 calculus measuring
L:32%	pus cells	& lower pole	L:32%		5mm Seen in the middle pole
E:3%		Lt. Kidney: 8.4,8.5mm calculus	E:2%		Another calculus measuring 9mm
ESR: ½ Hr:4mm		noted in mild and lower pole	ESR: ½ hr:4mm		seen in the lower calyx.
1 Hr:9mm		UB: Normal	1hr:7mm		UB: Normal
Hb:75%		IMPRESSION: Bilateral multiple	Hb:78%		
Sugar:98mgs%		intra renal calculi grade I	Sugar: 98mgs%		IMPRESSION: Bilateral Renal
Urea 18mgs%		hydronephrosis of Rt.Kidney due to vu junction calculus.	Urea: 18mgs%		Calculi OBSERVATION: FAIR RESPONSE

Poor Response – Insignificant relief of signs and symptoms.

9. Drug: NERUNJIL	MUL CHOORANA	AM/ Dose:2gm bd with Honey	I	Diagnosis : Kalladaippu		
O.P.No :13614	Name: MURU	JGAN Age/Sex:33/M	From: 21.2.08		To: 3.4.08	No. of daystreated:49
<b>Complaints and Durati</b>	ion: Loin to groin p	pain, burning micturition since 1 mon	ıth.			
		IN	VESTIGATIONS			
	Before Treati	ment	After Treat	ment		
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasono	gram – abdomen
					I	Response
TC: 9,200 cells/cumm	Albumin : Nil	Rt.Kidney: shows a small calculus	TC:8,800cells/cumm	n Albumin : Nil	Rt.Kidney: Norm	nal, No calculus
DC:	Sugar :Nil	measuring 4mm in size	DC:	Sugar :Nil		
P:58%	Deposits : 2-4 pus		P:58%	Deposits: NAD	Lt. Kidney: Norn	nal, No calculus
L:34%	cells	Lt. Kidney: shows a small calculus	L:36%		<b>UB:</b> Normal	
E:8%		measuring 2.5 mm in size	E:6%			
ESR: ½ Hr:4mm			ESR:½hr:3mm		IMPRESSION: 1	Normal Study
1 Hr:8mm		UB: Normal	1hr:7mm			
Hb:76%			Hb:78%		OBSERVATION	: GOOD RESPONSE
Sugar:90mgs%		IMPRESSION: Bilateral renal	Sugar: 95mgs%			
Urea 25mgs%		calculi without obstruction.	Urea: 25mgs%			

10. Drug: NERUNJIL N	IUL CHOORANAM/	Dose:2gm bd with	Honey		Diagi	nosis : Kalladai	ppu	
O.P.No :18727	Name: NAINAF	₹	Age/Sex: 33/N	И	From: 13.3.08	}	Го: 10.4.	.08 No. of days treated: 28
Complaints and Duration	on :Loin  pain, burn	ing micturition, na	usea since 50	davs.				
	<u> </u>	,		STÍGA	TIONS			
	Before Treatn	nent				Af	ter Trea	itment
Blood	Urine	Ultrasonogram	n – abdomen		Blood	Urine		Ultrasonogram – abdomen
								Response
TC: 8,200 cells/cumm	Albumin : Trace	Rt.Kidney: Show		TC:8,	800cells/cumm	Albumin : Ni		t.Kidney: shows a calculus measuring
DC:	Sugar :Nil	measuring 12mm	n size, seen in	DC:		Sugar :Nil	9	mm size, seen in the lower pole
P:62%	Deposits : NAD	the lower pole		P:55%	6	Deposits: NA		
L:36%				L:429	, 0		Lt	t. Kidney: Normal, No calculus
E:2%		Lt. Kidney: Norn	nal	E:3%				
ESR: ½ Hr:4mm				ESR:	½ hr:3mm		U	B: Normal
1 Hr:9mm		<b>UB:</b> Normal			1hr:9mm			
Hb:78%	7			Hb:80	)%			MPRESSION: Rt. Renal calculus
Sugar:110mgs%	1	IMPRESSION: R	t renal	Suga	r: 117mgs%		0	BSERVATION: FAIR RESPONSE
Urea 28mgs%	1	calculus			26mgs%			

Poor Response – Insignificant relief of signs and symptoms.

11. Drug: NERUNJIL	<b>MUL CHOORANAM</b>	/ Dose:2gm bd with Honey	Diagnosis : Kalladaippu				
O.P.No : 18622	Name : REG	3	From: 13.3.08	To:	3.4.08	No. of days treated: 28	
Complaints and Dura	tion: Back pain, bur	ning micturition since 1 month.					
			IGATIONS				
	Before Trea	tment		After	Treatment		
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultras	sonogram – abdomen Response	
TC: 7,900 cells/cumm	Albumin : Nil	Rt.Kidney: Normal There is a	TC:8,100cells/cumr	n Albumin : Nil	Rt.Kidney:	Normal, There is a	
DC:	Sugar :Nil	calculus measuring 6x4 mm is size	DC:	Sugar :Nil	calculus m	easuring 5x3mm in size	
P:65%	Deposits : 1-5pus	seen in the middle third of the rt.	P:62%	Deposits: NAD	seen in the	middle third of the rt. ureter.	
L:32%	cells	ureter. There is a small calculus	L:35%				
E:3%	2-3 epicells	measuring 2.5 mm seen in the of	E:3%		Lt. Kidney:	Normal,	
ESR: 1/2 Hr:5mm		Rt. Vesico ureteric junction.	ESR: ½ hr:4mm		UD None		
1 Hr:11mm		Lt. Kidney: There is a small	1hr:9mm		<b>UB</b> : Norma	I	
Hb:74%		calculus measuring 2.5 mm in size seen in the it distal ureter	Hb:75%		IMPRESSIO	ON: Rt. ureteric calculus	
Sugar:96mgs% Urea 17mgs%		UB: Normal IMPRESSION: Bilateral ureteric calculi	Sugar: 96mgs% Urea: 16mgs%		OBSERVA <sup>-</sup>	TION: FAIR RESPONSE	

12. Drug: NERUNJIL	<b>MUL CHOORANA</b>	M/ Dose:2gm bd with Hor	ney	Dia	gnosis : Kalladai	ppu	
O.P.No : 11809	Name : ESA	AKKI Ag	je/Sex: 30/M	From: 14.2.08	1	Го: 20.3.08	No. of days treated: 35
Complaints and Durat	tion : Loin to groin	pain since 1month.					
			INVESTI	GATIONS			
	Before Tre	atment			Aft	er Treatment	
Blood	Blood	Urine	Ultrasor	nogram – abdomen			
TC: 8,700 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC:8,800cells/	Albumin : Nil	Rt.Kidney: Norm	Response nal
DC:	Sugar :Nil	Lt. Kidney: shows a sm		DC:	Sugar :Nil	Lt. Kidney: Norr	mal
P:62% L:32% E:6% ESR: ½ Hr:4mm 1 Hr:7mm Hb:71% Sugar:95mgs% Urea 16mgs%	Deposits : Few pus cells seen	measuring 6mm in midd  UB: Normal  IMPRESSION: Lt renal of	·	P:64% L:34% E:2% ESR: ½ hr:3mm 1hr:7mm Hb:74% Sugar: 96mgs% Urea: 16mgs%	Deposits: NAD	UB: Normal IMPRESSION: N OBSERVATION	Normal Study : GOOD RESPONSE

Poor Response – Insignificant relief of signs and symptoms.

13. Drug: NERUNJIL M	IUL CHOORANAM/ De	ose:2gm bd with Hone	<del>y</del>	Diagnosis :	Kalladaippu	
O.P.No : 17014	Name : DAVID	Age	/Sex: 30/M	From: 6.3.2008	To: 3.4.2008	No. of days treated: 36
Complaints and Duration	on : Loin to groin pair	n, burning micturition	since 15days.	i		
			INVESTI	GATIONS		
	Before Treatme	ent			After Treatm	nent
Blood	Urine	Ultrasonogram – abdomen		Blood	Urine	Ultrasonogram – abdomen Response
TC: 9,100 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC:8,800cells/ cumm	Albumin : Nil	Rt.Kidney: Normal
DC:	Sugar :Nil	Lt. Kidney: shows a c	alculus	DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus
P:55%	Deposits : 1-2 pus	measuring 6mm seen	in the middle	P:56%	Deposits: NAD	
L:41%	cells	calyx		L:42%		UB: Normal
E:4%	0-1 epicells			E:2%		
ESR: ½ Hr:5mm		<b>UB</b> : Normal		ESR: ½ hr:4mm		IMPRESSION: Normal Study
1 Hr:11mm				1hr:7mm		
Hb:73%		IMPRESSION: Lt rena	al calculus	Hb:75%		OBSERVATION: GOOD
Sugar:100mgs%				Sugar: 96mgs%		RESPONSE
Urea 24mgs%				Urea: 21mgs%		

14. Drug: NERUNJIL M	14. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis : Kalladaippu								
O.P.No : 32463	Name : CHELL	ADURAI Age/Sex: 62/	M From: 22.5.2008	To: 19.6.20	No. of days treated: 36				
Complaints and Duration	on : Back pain, dysu	ria since 1 month.							
		INV	ESTIGATIONS						
	Before Treatn	nent		After Treat	ment				
Blood	Urine	Ultrasonogram – abdome	en Blood	Urine	Ultrasonogram – abdomen Response				
TC: 9,200 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	TC9,100cells/ cumm	Albumin : Nil	Rt.Kidney: Normal				
DC:	Sugar :Nil	Lt. Kidney: Multiple small calc	ulus DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus				
P:48%	Deposits :NAD	seen	P:50%	Deposits:					
L:48%			L:46%	NAD	UB: Normal				
E:4%		UB: Normal	E:4%						
ESR: ½ Hr:6mm 1 Hr:12mm		IMPRESSION: Lt .Renal calculu	ESR: ½ hr:5mm 1hr:11mm		IMPRESSION: Normal Study				
Hb:78%			Hb:80%		OBSERVATION: GOOD				
Sugar:108mgs%			Sugar: 104mgs%		RESPONSE				
Urea 20mgs%			Urea: 19mgs%						

Poor Response – Insignificant relief of signs and symptoms.

15. Drug: NERUNJIL M	15. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu							
O.P.No : 17019	Name : SURE	SH Age/Sex: 26/M	From: 6.3.2008	To: 3.4.200	No. of days treated: 36			
Complaints and Duration	on : Burning micturi	tion, nausea, vomiting since 2 days.						
		INVES	TIGATIONS					
	Before Treatr	nent		After Trea	tment			
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response			
TC: 7,800 cells/cumm	Albumin : Nil	Rt.Kidney: shows as mall calculus measuring 4mm is seen in the	TC8,000cells/ cumm	Albumin : Nil	Rt.Kidney: Normal . No calculus			
DC:	Sugar :Nil	middle calyx	DC:	Sugar :Nil	Lt. Kidney: Shows a calculus measuring 7mm size seen in the lower			
P:62%	Deposits :2-3		P:60%	Deposits:				
L:36%	puscells	Lt. Kidney: Shows a calculus	L:38%	NAD	calyx.			
E:2%		measuring 8mm is seen in the lower	r E:2%					
ESR: ½ Hr:5mm		calyx	ESR: ½ hr:4mm		UB: Normal			
1 Hr:11mm			1hr:9mm					
Hb:81%		UB: Normal	Hb:82%		IMPRESSION: Lt. Renal calculus.			
Sugar:104mgs% Urea 21mgs%		IMPRESSION:Bilateral Renal calculus	Sugar: 101mgs% Urea: 19mgs%		OBSERVATION: FAIR RESPONSE			

16. Drug: NERUNJIL M	16. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu									
O.P.No : 17004	Name : MAHA	DEVAN Ag	je/Sex: 57/M	From: 6.3.2008	To: 3.4.2008	No. of days treated: 36				
Complaints and Duration	on : Loin to groin pa	in since 3 months.								
	INVESTIGATIONS									
	Before Treatn	nent			After Treat	ment				
Blood	Urine	Ultrasonogram	- abdomen	Blood	Urine	Ultrasonogram – abdomen Response				
TC: 9,400 cells/cumm	Albumin : Nil	Rt.Kidney: Shows a calculus measuring 5mm in the upper calyx		TC9,600cells/ cumm	Albumin : Nil	Rt.Kidney: Normal . No calculus				
DC:	Sugar :Nil			DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus				
P:58%	Deposits :NAD	Lt. Kidney: Normal		P:60%	Deposits:					
L:38%		<b>UB:</b> Normal		L:36%	NAD	UB: Normal study				
E:4%				E:4%						
ESR: ½ Hr:4mm		IMPRESSION: Rt .R	enal calculus	ESR: ½ hr:3mm		IMPRESSION: Normal Study				
1 Hr:7mm				1hr:7mm						
Hb:77%				Hb:79%		OBSERVATION: GOOD RESPONSE				
Sugar:96mgs%				Sugar: 94mgs%						
Urea 23mgs%				Urea: 20mgs%						

Poor Response – Insignificant relief of signs and symptoms.

17. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu								
O.P.No : 32452	Name : PARV	'ATHY Aç	ge/Sex: 52/F	From: 22.5.2008	To: 19.6.200	No. of days treated: 36		
Complaints and Duration : Loin to groin pain since 2 months.								
			INVEST	TIGATIONS				
	Before Treat	ment			After Trea	tment		
Blood	Urine	Ultrasonogram – abdomen		Blood	Urine	Ultrasonogram – abdomen Response		
TC: 8,000 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC8,100cells/ cumm	Albumin : Nil	Rt.Kidney: Normal		
DC:	Sugar :Nil	Lt. Kidney: A calcu	lus measuring	DC:	Sugar :Nil	Lt. Kidney: Normal		
P:60%	Deposits :1-3	7mm seen in the low	er calyx	P:58%	Deposits:	UB: Normal		
L:38%	epicells			L:36%	NAD			
E:2%		UB: Normal		E:4%		IMPRESSION: Normal Study		
ESR: ½ Hr:10mm 1 Hr:22mm		IMPRESSION: Lt .R	enal calculus	ESR: ½ hr:9mm 1hr:20mm		OBSERVATION: GOOD RESPONSE		
Hb:68%				Hb:70%				
Sugar:97mgs%				Sugar: 96mgs%				
Urea 18mgs%				Urea: 18mgs%				

18. Drug: NERUNJIL	MUL CHOORANAI	M/ Dose:2gm bd with Honey	Diagnosis : Kalladaippu				
O.P.No : 32463	Name : SUDA	LAIMANI Age/Sex: 65/M	From: 22.5.2008	To: 19.6.20	08 No. of days treated: 36		
<b>Complaints and Durat</b>	ion : Back pain, dy	ysuria since 4 months.					
		INVE	STIGATIONS				
	Before Trea	tment		After Tre	eatment		
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response		
TC: 8,800 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	TC9,000cells/ cumm	Albumin : Nil	Rt.Kidney: Normal		
DC:	Sugar :Nil	Lt. Kidney: shows a calculus	DC:	Sugar :Nil	Lt. Kidney: Shows a calculus measuring		
P:62%	Deposits :few	measuring 8 mm seen in the upper	P:62%	Deposits:	8.5 mm seen in the upper pole.		
L:32%	puscells	pole.	L:34%	NAD	UB: Normal		
E:6%			E:4%				
ESR: ½ Hr:7mm		UB: Normal	ESR: ½ hr:9mm		IMPRESSION: Lt. Renal calculus		
1 Hr:15mm			1hr:20mm				
Hb:78%		IMPRESSION: Lt .Renal calculus	Hb:70%		OBSERVATION: POOR RESPONSE		
Sugar:80mgs%			Sugar: 96mgs%				
Urea 18mgs%			Urea: 18mgs%				

Poor Response – Insignificant relief of signs and symptoms.

19. Drug: NERUNJIL M	19. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu							
O.P.No : 32509	Name : KANA	GARAJ A	ge/Sex: 35/M	From: 22.5.2008	To: 19.6.200	No. of days treated: 36		
<b>Complaints and Duratio</b>	n : Back pain, dysı	uria since 20days.						
			INVEST	IGATIONS				
	Before Treati	ment			After Trea	tment		
Blood Urine Ultrasonogram – abdome		n – abdomen	Blood	Urine	Ultrasonogram – abdomen			
						Response		
TC: 10,400 cells/cumm	Albumin : Nil	Rt.Kidney: There a		TC10,400cells/	Albumin : Nil	Rt.Kidney: Normal. No calculus		
		in lower pole largest measured 5mm		cumm				
DC:	Sugar :Nil			DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus		
P:68%	Deposits :1-3	Lt. Kidney: Normal		P:64%	Deposits:			
L:30%	puscells	<b>UB:</b> There is a calc	ulus of 7mm seen	L:34%	NAD	UB: Normal		
E:2%	0-2 epicells			E:2%				
ESR: ½ Hr:2mm		IMPRESSION: Rt .	Renal calculus.	ESR: ½ hr:2mm		IMPRESSION: Normal Study		
1 Hr:4mm		Vesical calculus.		1hr:4mm				
Hb:84%				Hb:85%		OBSERVATION: GOOD RESPONSE		
Sugar:119mgs%				Sugar: 110mgs%				
Urea 32mgs%				Urea: 30mgs%				

20. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu								
O.P.No : 33887	Name : ESAK	KI Age/Sex	x: 43/M	From: 29.5.2008	To: 26.6.200	No. of days treated: 36		
Complaints and Duration: Back pain, occasional burning micturition since				week.				
			INVE	STIGATIONS				
	Before Treat	tment			After Tre	atment		
Blood	Urine	Ultrasonogram – abdomen		Blood	Urine	Ultrasonogram – abdomen Response		
TC:8,700 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC8,800cells/ cumm	Albumin : Nil	Rt.Kidney: Normal		
DC:	Sugar :Nil	Lt. Kidney: Shows 2 calcu		DC:	Sugar :Nil	Lt. Kidney: Shows 2 calculus measuring		
P:62%	Deposits :1-5	measuring 8 mm seen in l	ower pole	P:64%	Deposits:	8mm seen in lower pole		
L:36%	puscells			L:34%	0-2 puscells			
E:2%		UB: Normal		E:2%		UB: Normal		
ESR: ½ Hr:4mm 1 Hr:7mm		IMPRESSION: Lt .Renal of	calculus	ESR: ½ hr:4mm 1hr:7mm		IMPRESSION: Lt.Renal calculus		
Hb:72% Sugar:98mgs% Urea 24mgs%	_			Hb:72% Sugar: 100mgs% Urea: 23mgs%		OBSERVATION: POOR RESPONSE		

Poor Response – Insignificant relief of signs and symptoms.

21. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis : Kalladaippu								
O.P.No : 32444	Name : ARUN	ACHALAM	Age/Sex: 58/M	From: 22.5.2008	To:19.6.200	8 No. of days treated: 36		
Complaints and Duration	on : Loin to groin pa	in since 2 moi	nths.					
			INVES	TIGATIONS				
	Before Treatr	nent			After Trea	tment		
Blood Urine		Ultrason	ogram – abdomen	Blood	Urine	Ultrasonogram – abdomen		
						Response		
TC: 7,600 cells/cumm	Albumin : Nil	Rt.Kidney: S	hows a calculus	TC8,100cells/	Albumin : Nil	Rt.Kidney: Normal. No calucls		
		measuring 6 r	nm	cumm				
DC:	Sugar :Nil			DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus		
P:58%	Deposits : few		hows a calculs	P:60%	Deposits:			
L:38%	puscells and	measuring 5 r	mm	L:38%	NAD	UB: Normal		
E:4%	epicells			E:2%				
ESR: ½ Hr:2mm		<b>UB</b> : Normal		ESR: ½ hr:2mm		IMPRESSION: Normal		
1 Hr:14mm				1hr:4mm		OBSERVATION: GOOD RESPONSE		
Hb:8%			I: Bilateral Renal	Hb:82%				
Sugar:104mgs%		calculus		Sugar: 101mgs%				
Urea 22mgs%				Urea: 21mgs%				

22. Drug: NERUNJIL M	UL CHOORANAM	Dose:2gm bd with Honey	Diagnosis : I	Kalladaippu	
O.P.No : 32452	Name : MURU	GESAN Age/Sex: 31/M	From: 22.5.2008	To: 19.6.20	No. of days treated: 36
Complaints and Duration	on : Back pain, dys	suria since 1 month.	•		
		INVES	TIGATIONS		
	Before Treat	ment		After Treat	atment
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response
TC:8 9,200 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	TC9,200cells/ cumm	Albumin : Nil	Rt.Kidney: Normal
DC:	Sugar :Nil	Lt. Kidney: Normal	DC:	Sugar :Nil	Lt. Kidney: Normal. No calculus
P:62%	Deposits :few		P:66%	Deposits:	
L:34%	puscells	<b>UB:</b> A fairly largest stone measuring	L:32%	NAD	<b>UB:</b> Shows a calculus measuring 1.5 cm
E:4%		1.5 cm in size seen in the dependent	E:2%		seen in dependant portion
ESR: ½ Hr:5mm		portion.	ESR: ½ hr:5mm		
1 Hr:11mm			1hr:110mm		IMPRESSION: Vesical calculus.
Hb:71%		IMPRESSION: Vesical calculus	Hb:71%		ADAEDWATION DOOD DEODONOE
Sugar:88mgs%			Sugar: 90mgs%		OBSERVATION: POOR RESPONSE
Urea 20mgs%			Urea: 20mgs%		

 $\label{eq:Good_signs} \textbf{Good Response-Significant relief of signs and symptoms.}$ 

Poor Response – Insignificant relief of signs and symptoms.

23. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu								
O.P.No : 33225	Name: VANN			n: 22.5.2008	To: 19.6.20	No. of days treated: 36		
Complaints and Duration : Burning micturition, abdominal pain since 1 mon								
		IN	VESTIGATIO	NS				
	Before Treat	ment			After Trea	itment		
Blood	Blood Urine Ultrasonogram – abdomen		en	Blood	Urine	Ultrasonogram – abdomen		
						Response		
TC: 9,700 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	TC9,	400cells/	Albumin : Nil	Rt.Kidney: Normal		
			cumr	n				
DC:	Sugar :Nil	Lt. Kidney: Normal	DC:		Sugar :Nil	Lt. Kidney: Normal.		
P:61%	Deposits :1-5	<b>UB:</b> There is a calculus of 6 mn	n seen P:60	%	Deposits:			
L:36%	epicells	in dependent part	L:38°	%	NAD	UB: Normal. No calculus		
E:3%			E:2%	)				
ESR: ½ Hr:6mm		IMPRESSION: Vesical calculus	ESR	: ½ hr:5mm		IMPRESSION: Normal Study		
1 Hr:13mm				1hr:11mm				
Hb:72%			Hb:7	5%		<b>OBSERVATION</b> : GOOD RESPONSE		
Sugar:107mgs%			Suga	ır: 100mgs%				
Urea 24mgs%				: 22mgs%				

24. Drug: NERUNJIL M	24. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu								
O.P.No : 33229	Name : JEYA	BALAN Ag	je/Sex: 52/M	From: 22.5.2008	To: 19.6.200	No. of days treated: 36			
Complaints and Duration	on : Nausea, fever, I	burning micturition sin	ice 14 days.						
			INVESTI	GATIONS					
	Before Treatr	ment			After Trea	tment			
Blood	Urine	Ultrasonogram	- abdomen	Blood	Urine	Ultrasonogram – abdomen Response			
TC: 7,900 cells/cumm	Albumin : Nil		Rt.Kidney: There Is a calculus 7 mm seen in the middle calyx.		Albumin : Nil	Rt.Kidney: shows a calculus measuring 7mm seen in the middle			
DC:	Sugar :Nil			DC:	Sugar :Nil	calyx.			
P:58%	Deposits :1-3	Lt. Kidney: Normal		P:60%	Deposits:				
L:40%	puscells			L:38%	1-2 puscell	Lt. Kidney: Normal.			
E:2%	1-5 epicells	<b>UB</b> : Normal		E:2%		UB: Normal			
ESR: ½ Hr:7mm 1 Hr:14mm		IMPRESSION: Rt .R	enal calculus	ESR: ½ hr:6mm 1hr:13mm		IMPRESSION: Normal Study			
Hb:75%				Hb:75%		ODGEDVATION DOOD DEODONGE			
Sugar:111mgs%				Sugar: 104mgs%		OBSERVATION: POOR RESPONSE			
Urea 17mgs%				Urea: 17mgs%					

Poor Response – Insignificant relief of signs and symptoms.

25. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu							
O.P.No : 32451	Name: SARAVANAN Age/Sex: 32/M			From: 22.5.2008	To: 19.6.2008	No. of days treated: 36	
<b>Complaints and Duratio</b>	n : Abdominal pain	i, dysuria since 2 months	s				
			INVESTI	GATIONS			
	Before Treatr	ment			After Treat	ment	
Blood	Blood Urine Ultrasonogram – abdomen		Blood	Urine	Ultrasonogram – abdomen		
						Response	
TC: 10,200 cells/cumm	Albumin : Nil	Rt.Kidney: Normal	Rt.Kidney: Normal		Albumin : Nil	Rt.Kidney: Normal	
				cumm			
DC:	Sugar :Nil	Lt. Kidney: Normal, shows a calculus		DC:	Sugar :Nil	Lt. Kidney: Norma, No calculus	
P:58%	Deposits : 2-5	measuring 6mm seen in lower ureter		P:56%	Deposits: NAD	UB: Normal	
L:36%	puscells			L:42%			
E:6%		<b>UB:</b> Normal	UB: Normal			IMPRESSION: Normal Study	
ESR: ½ Hr:12mm				ESR: ½ hr:10mm			
1 Hr:25mm		IMPRESSION: Lt. Ureteric calculus		1hr: 24mm		OBSERVATION: GOOD RESPONSE	
Hb:84%				Hb:85%			
Sugar:120mgs%				Sugar: 115mgs%			
Urea 24mgs%				Urea: 23mgs%			

26. Drug: NERUNJIL M	IUL CHOORANAM/ [	Oose:2gm bd with Honey	Diagnosis : Kalladaippu					
O.P.No: 32470 Name: PRABHU Age/Sex: 27/M			From: 22.5.2008	To: 19.6.200	No. of days treated: 36			
Complaints and Duration	on : Loin to groin pa	in, burning micturition since 1 week.						
		INVEST	TIGATIONS					
	Before Treatm	nent		After Treatment				
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response			
TC: 9,500 cells/cumm	Albumin : Nil	Rt.Kidney: Shows a calculus measuring 6 mm seen in the lowyer	TC9,200cells/ Cumm	Albumin : Nil	Rt.Kidney: Normal, No calculus.			
DC:	Sugar :Nil	pole.	DC:	Sugar :Nil	Lt. Kidney: Normal.			
P:62% L:36%	Deposits : NAD	Lt. Kidney: Normal	P:50% L:48%	Deposits: NAD	UB: Normal			
E:2%	_		E:2%		IMPRESSION: Normal Study			
ESR: ½ Hr:3mm 1 Hr: 7mm		UB: Normal	ESR: ½ hr: 3mm 1hr: 5mm		OBSERVATION: GOOD RESPONSE			
Hb:81% Sugar: 98mgs%		IMPRESSION: Rt .Renal calculus	Hb:82% Sugar: 100mgs%					
Urea 21mgs%			Urea: 20mgs%					

Poor Response – Insignificant relief of signs and symptoms.

27. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu								
O.P.No : 18620	O.P.No : 18620 Name : RANI Age/Sex: 40/F			From: 13	From: 13.3.2008 To: 03.		)8	No. of days treated: 28
Complaints and Duration	on : Back pain, dys	uria since 20 days						
			INVEST	TIGATIONS				
	Before Treat	ment				After Trea	tment	
Blood	Blood Urine Ultrasonogram – abdomen			Blood	Urine	U	Jitrasonogram – abdomen	
								Response
TC: 8,400 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC8,100	cells/	Albumin : Nil	Rt.Kid	ney: Normal
				cumm				
DC:	Sugar :Nil	Lt. Kidney: Shows a calculus		DC:		Sugar :Nil	Lt. Kid	Iney: Normal, No calculus
P:54%	Deposits :0-1	measuring 2mm in th	measuring 2mm in the lower calyx.			Deposits: NAD	UB: No	ormal
L:42%	puscells			L: 42%				
E:4%		UB: Normal		E:2%			IMPRE	SSION: Normal Study
ESR: ½ Hr:4mm				ESR: ½ h	nr:3mm			
1 Hr: 7mm		IMPRESSION: Lt .Renal calculus		1h	r: 7mm		OBSE	RVATION: GOOD RESPONSE
Hb:79%				Hb: 80%				
Sugar: 99mgs%				Sugar: 10	02mgs%			
Urea 21mgs%				Urea: 20	)mgs%			

28. Drug: NERUNJIL MUL CHOORANAM/ Dose:2gm bd with Honey Diagnosis: Kalladaippu							
O.P.No: 17019 Name: SORNA Age/Sex: 35/F			From: 06.3.2008	To: 3.4.2008	No. of days treated: 35		
<b>Complaints and Duratio</b>	n : Nausea, loin to	groin pain since 5 days					
		INVESTI	GATIONS				
	Before Treatn	nent		After Treatr	ment		
Blood	Urine	Ultrasonogram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response		
TC: 10,400 cells/cumm	Albumin : Nil	Rt.Kidney: Normal, shows a calculus measuring 5 mm seen in the lower	TC10,200cells/ Cumm	Albumin : Nil	Rt.Kidney: Normal, No calculus		
DC:	Sugar :Nil	ureter.	DC:	Sugar :Nil	Lt. Kidney: Normal.		
P:48%	Deposits :1-5		P:52%	Deposits: NAD	UB: Normal		
L:46%	puscells	Lt. Kidney: Normal	L:46%		IMPRESSION: Normal Study		
E: 6%	0-2 epicells		E:2%				
ESR: ½ Hr:7mm		UB: Normal	ESR: ½ hr:6mm				
1 Hr:15mm			1hr:12mm		OBSERVATION: GOOD RESPONSE		
Hb:68%		IMPRESSION: Rt .Ureteric calculus	Hb:71%				
Sugar:87mgs%			Sugar: 98mgs%				
Urea 16mgs%			Urea: 16mgs%				

Poor Response – Insignificant relief of signs and symptoms.

29. Drug: NERUNJIL M	UL CHOORANAM/ [	Kalladaippu				
O.P.No: 16999 Name: KARNA Age/Sex: 32/M			From: 6.3.2008	To: 3.4.2008	No. of days treated: 35	
Complaints and Duration	on : Abdominal pain	nausea, fever since 3 day	'S			
			INVEST	TIGATIONS		
	Before Treatment				After Treat	ment
Blood	Urine Ultrasonogram – abdomen Blood Urine Ultras		Ultrasonogram – abdomen Response			
TC: 9,600 cells/cumm	Albumin : Nil	Rt.Kidney: Normal		TC9,800cells/ Cumm	Albumin : Nil	Rt.Kidney: Normal
DC:	Sugar :Nil	Lt. Kidney: Normal		DC:	Sugar :Nil	Lt. Kidney: Normal.
P: 50%	Deposits : NAD			P:54%	Deposits: NAD	UB: Normal, No calculus
L:46%		<b>UB:</b> Shows a calculus measuring 6.5mm seen in the dependent part.		L:44%		
E:4%				E:2%		IMPRESSION: Normal Study
ESR: ½ Hr:3mm 1 Hr: 8mm		IMPRESSION: Vesical ca	alculus	ESR: ½ hr:3mm 1hr: 7mm		OBSERVATION: GOOD RESPONSE
Hb:73%				Hb:73%		
Sugar:107mgs%				Sugar: 96mgs%		
Urea 27mgs%				Urea: 26mgs%		

30. Drug: NERUNJIL N	IUL CHOORANAM/	Dose:2gm bd with	Honey	Diagnosis :	Kalladaippu				
O.P.No : 17025	Name : SELV	A KUMARI	Age/Sex: 43/F	From: 06.03.2008 To: 3.4.2008		No. of days treated: 35			
Complaints and Duration : Dysuria, Ioin pain since 2 months									
			INVEST	<b>IGATIONS</b>					
	Before Treatment					After Treatment			
Blood	Urine	Ultrasono	gram – abdomen	Blood	Urine	Ultrasonogram – abdomen Response			
TC: 8,100 cells/cumm	Albumin : Nil	Rt.Kidney: Shows a calculus measuring 4 mm seen in the lower pole.		TC8,300cells/ Cumm	Albumin : Nil	Rt.Kidney: Normal, No calculus			
DC:	Sugar :Nil			DC:	Sugar :Nil	Lt. Kidney: Normal.			
P: 63%	Deposits :1-3			P:60%	Deposits: NAD	UB: Normal			
L: 35%	epicells	Lt. Kidney: Shows a calculus measuring 3mm seen in the middle calyx.		L:38%					
E:2%				E:2%		IMPRESSION: Normal Study			
ESR: ½ Hr: 11mm 1 Hr: 24mm				ESR: ½ hr: 10mm 1hr: 20mm		OBSERVATION: GOOD RESPONSE			
Hb: 69%		<b>UB</b> : Normal		Hb:70%					
Sugar: 98mgs% Urea 24mgs%		IMPRESSION: calculus	Bilateral Renal	Sugar: 103mgs% Urea: 23mgs%					

Poor Response – Insignificant relief of signs and symptoms.