INTRODUCTION
The process of stone formation in kidney is called nephrolithiasis and in any part of urinary tract including kidney, urethra, ureters and urinary bladder is called Urolithiasis. Urolithiasis denotes stones originating anywhere in the urinary tract, including the kidneys, ureters and bladder (cystolithiasis). The formation of crystal aggregates in the urinary tract results in kidney stones, the clinical condition referred to as nephrolithiasis. The process of stone formation, urolithiasis, is also called nephrolithiasis. "Nephrolithiasis" is derived from the Greek nephros- (kidney) lithos (stone) = kidney stone "Urolithiasis" is from the French word "urine" which, in turn, stems from the Latin "urina" and the Greek "ouron" meaning urine = urine stone. The stones themselves are also called renal calculi.

Urinary stones can be classified according to the following aspects: stone size, stone shape, stone location, stone composition (mineralogy), X-ray characteristics of stone and aetiology of stone formation. There are mainly four types of stones according to its chemical composition viz. calcium stone (calcium oxalate and calcium phosphate), uric acid stone, struvite stone, magnesium ammonium phosphate (struvite) stone, cystine stone.

Urolithiasis is a common disease with an increasing prevalence and incidence worldwide that appears even more prone in industrialized countries. (Knoll T, 2010) India has high incidence of calculi especially in Gujarat, Rajasthan, Punjab, and Madhya Pradesh. In India, 12% of the population is expected to have urinary stones, out of which 50% may end up with kidney or renal damage. Also, nearly 15% of the population of northern India suffers from kidney stones. (Joseph KC et al., 2005) Western India (Saurashtra region of Gujarat state), which comes under the region of hot climate, low rain fall, and increased salinity of ground water, is a highly urinary stone disease prone area. (Bhatt PA and Paul P, 2008) Its world prevalence is estimated between 1 to 5%, in developed countries 2- 13%. The studies have demonstrated that genetic, geographical, climatic and seasonal factors have a roll in the lithogenesis so the kidney stones are more frequent in tropical and subtropical than in cool regions of different countries. The risk of developing nephrolithiasis in normal adults appears to be lower in Asia (1- 5 %) than Europe (5-9%) and North America (12% in Canada, 13 % in USA). The highest risk was reported in Saudi Arabia (20.1%). (Adriano R et al., 2000) A family history of kidney stones (increases
risk by three times), some disease conditions, anatomical abnormality of the urinary tract and certain medicines are all associated with increased risk of kidney stones.

Kidney stone formation is initiated by supersaturation of urinary salts and crystal retention in the urinary tract. The whole process of stone formation can be explained by three major principles i.e. Concept of metastability (activity product between saturation and formation product), Concept of saturation (minimum activity product to support crystallization) and Concept of formation product (activity product that forces crystallization. (Wasserstein A, 2005) Deficiency of inhibitors (Citrate, Magnesium, Pyrophosphate, Tamm-Horsfall protein, Urinary Prothrombin fragment 1, Protease inhibitor: inter α inhibitor, Glycosaminoglycans, Osteopontin, Renal lithostathine, Bikunin, Calgranulin and High urine flow) and/or an abundance of promoters (Calcium, Sodium, Oxalate, Urate, Cystine, Low urine pH, Low urine flow and Tamm-Horsfall protein) which means imbalance between them in the urine are almost certain to predispose to stone disease. (Basavaraj DR et al., 2007)

Approximately 85% of stones are composed predominantly of calcium compounds. Calcium stones are composed of calcium that is chemically bound to oxalate (calcium oxalate) or phosphate (calcium phosphate). Of these, calcium oxalate is much more common. Patients with renal calculi suffers from severe flank or back pain, nausea, vomiting, increased urinary frequency/urgency, blood in the urine, abdominal pain, painful urination or excessive urination at night. Sometimes testicle pain, groin pain or chills may also be observed. (Harrison L, 2004) Various therapeutic strategies including diet management, diuretics, expulsion therapy, chelating agents and probiotic therapy have been applied in combinations to have effective treatment. (Bijarnia RK et al., 2010) Thus, surgery is the only prime treatment of urolithiasis. Extra corporeal shock wave lithotripsy (ESWL) is a widely used technique for treatment of urolithiasis and it has become first line therapy in children. (Duarte RJ et al., 2002) Percutaneous nephrolithotomy (PCNL) is a valuable treatment for the complete staghorn stones with a stone free rate approaching that of open surgery and has the advantages of lower morbidity, shorter operative time, shorter hospital stay and earlier return to work. (Al-Kohlany KM et al., 2005)

So urolithiasis is still a mysterious disease even after extensive research in urology and need both preventive and curative therapy for better relief. Actually, there are no satisfactory drugs in modern medicine, which can dissolve the stone and the physician’s remains to be depending on alternative systems of medicine for better
relief. (Galib BS et al., 2006) Herbal medicines are efficacious and have lesser side effects compared to modern medicines and also reduce the recurrence rate of renal stone. Unlike allopathic medicines which targets only one aspect of urolithiatic pathophysiology, most of plant based therapy have been shown to be effective at different stages of stone pathophysiology.

The marketed composite herbal formulations, Cystone (Himalaya Drug Company, India), Calcuri (Charak Pharmaceuticals, Bombay, India), Chandraprabha bati (Baidyanath, India), YI DAN, Succinum, gokshura, uriflush and uriflow have been widely used clinically to dissolve urinary calculi in the kidney and urinary bladder. *Foeniculum vulgare* and *Cucumis melo* are herbal plants. *Foeniculum vulgare* is commonly known as Fennel (in English), Sounf (in Hindi), Madhurika (in Sanskrit) while *Cucumis melo* is commonly known as Musk melon, Sweet melon, Sakkarteti, Kharbooja, Chibunda, Kharmuj, madhuphala, Cantalope, Chiral, Thai Kumbalom.