

## A REVIEW ON ROLE OF AGNIKARMA IN THERAPTIC MANAGEMENT OF KADARA (CORN)

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### ABSTRACT

As a science of Life and Health, the different branches of Ayurveda have evolved over the long period as health being mainly concerned with preventing as well as curing the diseases. There are few diseases which have simple pathology but difficult to cure that called as Kshudra-roga. Kadar is one of them. Kadara (corn) is initially painless in condition but with its progress, it may become painful. In modern science, corn is being treated by using anti-inflammatory drugs, corn cap, salicylic acid and excision. In the present article we are discussing regarding the role of agnikarma in threptic management of corn.



## INTRODUCTION

A Corn is a specially-shaped callus of dead skin that occurs on thin or glabrous surface of toe. Repeated injuries and friction to sole cause the corn. It is a localized hyperkeratosis of the skin(1), usually occurs at pressure sites such as on the soles and toes, occurring due to defective foot wear, thorn prick, etc<sup>2</sup> . There is usually a horny induration of the cuticle with a hard centre. Corn has tendency to recur after excision. It has a deep central core which reaches to the deeper layers of dermis<sup>3</sup> . In Ayurveda corn can be correlated with Kadar which is described under "Kshudra-roga". It is said that repeated injuries & friction to the sole with thorns, stones etc. leads to this condition<sup>4</sup> . Acharya Sushruta is described its clinical features as. Keelavat (lesion have a central core) kathin (hard), granthi (knotted), Madhyo Nimna (depressed in the central) or Unnat (elevated in the central) Kolamatra (seed of plum) in size, painful and sometimes with Srava (discharge).<sup>5</sup> Modern science has provided some preventive measures such as soft shoes or soft pads at pressure point of the sole, application of salicylic acid on corn, use of central local application such as cornac or carnation cap and lastly excision of corn<sup>6</sup> . As per Ayurvedic concept, Kadara may develop as the vitiation of Vata with Kapha Dosha. Vata and Kapha Dosha have been considered as the important factors for causation of Shotha (inflammation) and Shoola (pain)<sup>7</sup> . Agnikarma (cauterization) introduces heat in the affected area. This heat is Ushna, Tikshna, Laghu, Sukshma, Vyavayi

and Vikashi in properties, which is helpful to break the Kapha thus reducing Shotha and ultimately Vata do Vata Dosha gets pacify so that Shool (pain) is relieved<sup>8</sup> . In reference to Chikitsa of Kadara, Acharya Sushruta and Dalhana mentioned the seat of the affected lesion should be excised and Agnikarma should be carried out with oil<sup>9</sup> . But for further evaluation in Agnikarma we carried out Pratisaran and Bindu in combination with the help of Panchadhatu Shalaka in the oil medium<sup>10</sup>. This combined therapy seems to be more effective to provide instant relief. If done perfectly, the disease does not reoccur. A single case study of corn is reported here which was treated by combination or fusion Agnikarma in 3 sittings at an interval of 5 days. After 15 days, the patient got relief from elevation of swelling and pain.

Shushrut samhita is the main pillar of Ayurvedic surgery. According to Acharya Shushruta 'Kadar' is one of the "Kshudra-roga". The disease corn is a localized hyperkeratosis of the skin It usually occurs at the site of pressure e.g. on the sole and toes. There is usually a horny induration of the cuticle with a hard centre (11) Corn is initially painless but it may be painful particularly when it is rubbed. Corn has tendency to recur after excision. It has a deep central core which reaches to the deeper layers of dermis (12) Too much pressure or repeated friction, injury on some part of body give rise to Kadar (corn). Due to these cause the Doshas becoming aggravated together with fat and blood, it gives rise to a tumour, hard like bolt (13). Most of them are hard corns

and soft corn occur in between the toes.(14) Modern science has provided some preventive measures such as soft shoes or soft pads at pressure point of the sole, application of salicylic acid on corn, use of central local application such as cornac or carnation cap and lastly excision of corn(15). As per Ayurvedic concept, Kadara may develop as the vitiation of Vata with Kapha dosha. Vata and Kapha dosha have been considered as the important factors for causation of Shotha (inflammation) and Shoola (pain)(16)

Skin is the largest organ of the body. [17]It forms the protective layer over the body. Apart from other function it protects internal parts of the body from injury. As skin is the outer most layer it is exposed to environmental hazards like trauma, friction, heat, cold, radiation, skin can well protect itself from these factors normally. But due to genetic causes, strength of environmental factors persuades bodily factors and may result in development of certain skin lesions

Ayurveda has a rich and comprehensive concept of life and health. Callosity is a French word meaning a local thickened or hardened part of the skin. It is a plaque of hyperkeratosis caused by repeated friction or pressure. It is assumed that frictional forces induce hyperkeratosis leading to thickening of stratum corneum of the skin over certain areas prone to mechanical stresses. Kadara, as described by the *Samhitas*, can be closely related to lesions of the skin caused by hyperkeratosis. Kadara has been enumerated and described in the classical literature under the heading

of *Kshudra Roga*. *Agni Karma* has been mentioned for the proper management of Kadara.

Ayurveda has reference of large number of diseases. Among them some have been grouped as *Kshudrarogas* about this we get references in *Sushruta samhita*, *vagbhata samhita* and *Laghutrayees*. Even though they are considered as *Kshudraroga* their prevalence and incidence can be seen to a greater extent now a days. Corn is a localised hyperkeratosis of the skin. It usually occurs at the sites of pressure e.g. on the sole and toes.[1] Kadara, can be closely related with the corn which is said in contemporary science due to its similarity in etiopathogenesis and symptoms. Kadara has enumerated and described under the heading of *Kshudraroga*[2] is painful, hard and thorny swelling in the foot which is resembling to the *Kolaphala*[3] and caused due to pricking of stones and thorns to the foot while walking on the road.

*Agni Karma* due to the following reasons:

1. Kadara has been considered as a *Vatadosha Pradhana Vyadhi*. *Pippali* contains *Snigdha* and *Tikshana Guna*. Due to the *Snigdha Guna*, it shows *Vatahara* properties and *Tikshana Guna* promotes better penetration of the active principles into the skin
2. When *Pippali* is used for *Agni Karma*; essential oil present in it evaporates from the burning surface in the form of fumes. When this red-hot fuming *Pippali* is touched to raw skin surface, the fumes condense over the tissue and the essential oil containing various active principles of the plant penetrates deeper into the skin. These

eventually cause discoloration, drying and peeling off of the diseased tissue; hence healing the surface lesion

3. *Pippali* contains essential oils that have been proven to exhibit antibacterial and fungicidal activity[
4. The *Adhithana* of the disease *Kadara* is the skin tissue; hence, *Pippali* proved effective to treat superficial hyperkeratosis/*Kadara* lesions.

#### [4] AIM AND OBJECTIVES

1. To understand the etiopathogenesis of *Kadara*(Corn)
2. To consider *Agnikarma* as effective mode of treatment.

**PROCEDURE** *Purvakarma* – Patient is examined to check whether he is fit for the *Agnikarma* procedure or not. Then all the required materials for the procedures are kept ready like *Betadine*, *Surgical spirit*, *Sponge holder*, *Artery forceps*, *Allis forceps*, *Cotton*, *Gauze piece*, *Anaesthetic drug*, *Syringe*, *Surgical blade*, *Snigdha Dravya*, *Agni* and *Roller bandage*. *Pradhanakarma* – Patient is asked to lie down in comfortable supine position then the *Kadara* is located part is draped with the antiseptic solution like *Betadine* and *Surgical spirit*. Then locally the anaesthetic drug is filtered around the *Kadara* and it is excised with the surgical blade in a conical shape. After complete excision the hot *Snigdha dravya* is poured at the excised part of the *Kadara*. *Paschatkarma* – After complete haemostasis, the part is tightly bandaged and advised the foot end elevation and not to walk for a day. Regular wound dressing is done with *Vruna ropana dravyas* on alternate days. **Prevention** • Using soft shoes or soft pads

at the pressure points of the sole. • Attending the doctors as early as possible if any problem in foot this can decrease the chance of disease moving into further stage

*Pradhankarma* Then *Tila tailam* was applied with gauze. The red hot *Panchadhatu shalaka* is then applied to corn. Firstly, *Agnikarma* on corn was done for *Pratisaran* (flat type of cauterization) with the base of *Panchadhatu shalaka* and followed by *Bindu* (dotted type of cauterization) with the tip of *Shalaka*. Every *Shalaka* is applied within the area of corn for 25 seconds. During entire procedure, a *Kumari Svaras* (fresh pulp of *Aloe vera*) was applied after application of red hot *Shalaka* to get relief from burning sensation. Appropriate precautions were taken to avoid production of *Asamyak dagdha* (neither superficial nor deep burn). *Paschatkarma* After completion of procedure, *Dagdha vrana* should be covered with mixture of *Gritham* and *Haridra powder*. Patient was advised to apply the paste of *Haridra powder* mixed with *Gritham* at bed time upto normal appearance of skin. The entire procedure was repeated 3 times at the interval of 5 days for desirable results.

**DISCUSSION** *Kadara* is an acquired disease Entity which is formed due to friction of the foot with the hard surface. Disease may not be a fatal but can cause a great hindrance in the daily routine activity. Even after the many development in the modern medical surgery it has become a challenge of reoccurrence of *Kadara* even after the surgical excision. *Ayurveda* has said a solution for this from those days to treat it

with the Snigdha Agnikarma which is OPD based minimal invasive treatment with a maximum amount of success rate. CONCLUSION Agnikarma is an efficient treatment modality explained Ayurveda which is having the properties like the disease treated with Agnikarma will not relapse and the Agnikarma does the Sira sankocha[21,22,23,24,25] hence decrease the blood loss. Hence it can be concluded that Agnikarma is economic, day care procedure with minimal tissue damage and recurrence rate as compared to excision in the management of Kadar.

Vata & Kapha are mainly responsible Dosha and Dushya Meda and Rakta in the pathogenesis of Kadar. Agnikarma is for local Vata & Kaphaja Vyadhi and diseases treated by Agnikarma do not reoccur. It gives instant relief to the patients. There is no fear of complication such as purification and bleeding due to contact with Agni. As only Agnikarma therapy has a property to destroy the pathology in the deeper structure. Even modern science has also mentioned that central core of corn reaches in the deeper layers of dermis and hence Agnikarma is the only therapy which can destroy the hyperkeratosis of skin with the properties of Ushna, Tiksha, Sukshma, Vyavai, Vikasi and Pachana Gunas of Agni & Tila Tail . CONCLUSION Kadar (corn) can be re-occur if its only surgical excision done. 1) Agnikarma therapy is more suitable in the management of corn. Agnikarma is superior for local Vata & Kaphaja Vyadhi because it gives instant relief to the patients and diseases treated by Agnikarma do not reoccur. 2) Instead of surgical excision, Agnikarma therapy is more satisfactory in the

management of corn. It has no side effects, complications & recurrence. 3) It enables the patient to do his or her daily routine activities within a few minutes of Agnikarma procedure. 4) The therapy is cost effective as compared to surgical excision with respect to, number of post excision dressing, Antibiotic, Analgesic and Anti inflammatory and wound healing promoting drugs.

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