

ROLE OF AGNIKARMA IN MANAGEMENT OF KADAR (CORN) A CASE STUDY**Dr. Anuradha S. Bhendekar^{*1}, Dr. Annasaheb Bhujbal² and Dr. Gadve B. N.³**¹PG Scholar Department of Shalyatantra, C.S.M.S.S. Ayurved Mahavidyalaya, Kanchanvadi, Aurangabad.²Associate Professor and Guide Department of Shalyatantra, C.S.M.S.S. Ayurved Mahavidyalaya, Kanchanvadi, Aurangabad.³Professor and H.O.D. Department of Shalyatantra, C.S.M.S.S. Ayurved Mahavidyalaya, Kanchanvadi, Aurangabad.***Corresponding Author: Dr. Anuradha S. Bhendekar**

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ABSTRACT

In Ayurveda, Agnikarma refers to application of heat on the affected part. Kadar (Corn) is the hard thickening, hyperkeratosis of skin in sole, palm due to constant pressure and repeated minor trauma. Kadar (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. Even today there is no satisfactory and permanent treatment available for corn because of its high recurrence tendency. According to Ayurveda, Kadar can be correlated with the condition of corn. Acharya Sushrut has advised Agnikarma for Kadar. Hence, in this study corn (Kadar) was treated by Agnikarma with Panchadhātu Shalaka in a systematic manner for a duration of 21 days with intervals of 5 days in 3 sittings. Here, we have applied Bindu (dotted type of cauterization) Agnikarma, which were used in combination with application of Tilatailam for better results. This combination therapy provided cured management, which is observed in the present case study. The patient was followed up to 3 months for observation of recurrence.

KEYWORDS: Agnikarma, Kadar, Corn, Shalaka, Panchadhātu shalaka.**INTRODUCTION**

Corn is a localized hyperkeratosis of the skin. It usually occurs at the site of pressure on the sole and toes. There is usually a horny induration of the cuticle with a hard centre. Corn can be painful particularly when it is rubbed. Corn has a tendency to recur after excision. It has a deep central core which reaches the deeper layer of dermis.^[1]

According to Ayurveda, Kadar may develop as the vitiation of Vata dosha with Kapha Dosha. Vata Dosha and Kapha Dosha have been considered as the important factors for causation of Shotha (inflammation) and Shoola (pain).^[2]

Kadar, (Granthi) a painful, hard growth raised at the middle or sunk at the sides, which exudes a secretion and resembles an Indian Plum (Kola in shape) and appearing at the soles (palm according to – Bhoja) of a person as an outcome of the vitiated condition of the local blood and fat produced by the deranged Doshas incidental to the pricking of a thorn etc. or of gravel is called Kadar.^[3]

It is usually white/grey/yellow in color and is common in females.^[4] Most of them are hard corns and soft corn occur in between the toes.^[5] Kadar can be correlated

with Corn. Modern science prefers to the excision of the symptomatic corn and also application of salicylic acid preparation or mixture of salicylic acid, lactic acid and collodian can be helpful.^[6]

But in Ayurveda, Acharya Sushrut mentioned the treatment of Kadar by application of Agnikarma with Tiltail in Kshudrarog Chikitsa chapter of Sushrut Samhita.^[7]

Agnikarma is a procedure in which there is the application of heat in the affected part. The therapeutic use of Agni is described as Agnikarma in Sushrut Samhita Strasthana Chapter 12. There is no chance of recurrence of disease which is treated with Agnikarma.^[8]

It is also included in Anushastra. Anushastra means Parasurgical procedures.^[9]

Agnikarma can be correlated to Thermal Cauterization.

MATERIALS AND METHODS**Materials**

Panchadhātu shalaka, Tila taila, Kumari svarasa, Haridra churna, Yashtimadhu Gritha, Triphala Kwath, Gauze pieces,

Sponge holding forceps, Artery forceps.

Methods Purvakarma

Before Agnikarma informed written informed consent were taken.

CBC, CT, BT, HbsAg, HIV, Blood sugar etc routine blood investigation done before procedure. The sole of the left foot was applied with Triphala Kwathand wiped up with sterilized gauze piece.^[10]

Pradhankarma

Then Tila taila was applied with gauze. The red hot Panchadhatu shalaka is applied to corn. Firstly, Agnikarma on corn was done 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 was applied after application of red hot Shalaka to get relief from Daha. (burning sensation).

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 Yashtimadhu gritha at bed time upto normal appearance of skin. The entire procedure was repeated 3 times at the interval of 7 days for desirable results.

DISCUSSION

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 pain 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 Taila.^[11]

CONCLUSION

Kadar (corn) can be re-occurred if its only surgical excision done.

1. Agnikarma therapy is more suitable in the management of corn. Agnikarma is superior for local Vata & Kaphaja Doshaj 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. Patient can do his regular work during the sittings of Agnikarma
4. The therapy is cost effective as compared to surgical

excision with respect to, number of post excision dressing, Antibiotic, Analgesic and Anti-inflammatory drugs.

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