

AYURVEDIC MANAGEMENT OF KADAR W.S.R. TO CORN- A literature Review

1. Dr. Madhura Sunil Adsul

BAMS MS Shalyatantra (PG scholar), L.R.P Ayurvedic Medical college, Islampur.

2. Dr. Amit Shedge

BAMS MS Shalyatantra (HOD Shalyatantra), L.R.P Ayurvedic Medical college, Islampur.

3. Dr. Veerendra Meenkire

BAMS MS Shalyatantra, Dean, L.R.P Ayurvedic Medical college, Islampur.

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. Kadara is initially painless in condition but with its progress, it may become painful. A Corn is a specially-shaped callus of dead skin that occurs on thin or glabrous surface of toe. 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. Shalyatantra has been hailed as the most important branch of Ayurveda. The uniqueness of Shalyatantra is due to the availability of dual treatment procedure i.e., shalya karma and Anushastra karma (para surgical procedure like Agnikarma, Raktamokshana etc.) Acharya Shushruta has advised Utkartan (excision) followed by 'Agnikarma'. It is the best treatment for preventing recurrences of Kadar.

Keywords – corn, katar, agnikarma, kshudra roga

INTRODUCTION

Shushruta 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⁽¹⁾. Corn is initially painless but it may be painful particularly when it is rubbed. Corn has a tendency to recur after excision. It has a deep central core which reaches to the deeper layers of dermis⁽²⁾.

Too much pressure or repeated friction, injury on some part of the body give rise to Kadar (corn). Due to these causes the Doshas become aggravated together with fat and blood, it gives rise to a tumour, hard like a bolt⁽³⁾. Most of them are hard corns and soft corns occur in between the toes.⁽⁴⁾

Modern science has provided some preventive measures such as soft shoes or soft pads at pressure points of the sole, application of salicylic acid on corn, use of central local application such as corn cap or carnation cap and lastly excision of corn⁽⁵⁾. 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)⁽⁶⁾.

Corn has tendency to recur after excision. According to Acharya sushrut the seat of the affected lesion should be Utkartan (excised) and Agnikarma.⁽⁷⁾ But for further evaluation in Agnikarma we carried out Pratisaran and Bindu in combination with the help of Panchadhatu Shalaka in the oil medium⁽⁸⁾. Diseases treated by Agnikarma do not recur. It gives instant relief to the patients. There is no fear of complication such as purification and bleeding due to contact with Agni.

Materials

For present study the material used are -

- Surgical blade no.15
- BP handles
- Gloves
- Sterile gauze piece
- tooth forceps
- Artery forceps
- Flame source
- Madhu (honey)
- Tila Taila
- Triphala kwath
- Sarpi (ghee), Yastimadhu
- Agnikarma shalaka.



Methods

1. Purvakarma – ⁽⁹⁾

- Written informed consent
- Pre-operative investigation like CBC, BT CT, HbsAg, HIV, Random Blood sugar etc done before Pradhan karma.
- Inj T.T. 0.5 ml IM should be given before procedure
- Xylocaine sensitivity test should be done

2. Pradhankarma –

- Cleaning of cadar part done with Triphala kwath.
- Drape it with sterile cut drape sheet

- After cleaning and draping of part local Infiltration anesthesia of 3 to 5 ml of 2% Xylocaine in surrounding area of corn given.
- Surgical blade put into BP handle and complete corn has excised in shape of a conical hard tissue.
- Cauterized it with very hot Agnikarma shalaka which dipped in Tila Taila, till then Samyak dagdha lakshan are not appear (eg. Shabda pradurbhava, Sira sankoch, Krishna vranta etc.).
- Appropriate precautions have taken to avoid production of Asamyak dagdha (neither superficial nor deep burn), because too deep wound get delay in healing and too shallow has create recurrence of corn.

3. Paschat karma-

- Dagdha vrana should be anointed with mixture of Madhu and Sarpi ⁽¹⁰⁾
- Patient has advised to alternate day dressing till wound get completely heal. Wound get heal within 7 to 10 days.

Discussion

The disease 'Kadar' is explained in "Kshudra-roga" by Acharya Shushruta. According to him, "Kshudra Roga" is a disease having simple pathology but very difficult to be cured. Meda & Rakta are mainly responsible Dosha in the pathogenesis of Kadara. According to Acharya Sushruta when Bhesaja Chikitsa, Kshar Chikitsa and Shastra Chikitsa are unable to cure the disease only then Agnikarma can be used ⁽¹¹⁾. Agni burns the body residing in substances which are unctuous (fatty, oily) and dry. Fatty substance (sneha dravya) getting heated by fire, by their action of travelling through minute vein, pore (sukshmasiranusari twagadinamanupravishyasho) enter quickly into the skin etc. and cause burning Hence there will be severe pain when burnt by fatty substances ⁽¹²⁾. Only Agnikarma therapy has a property to destroy the pathology in the deeper structure.

Conclusion –

Excision with Sneha Dagdha therapy is more suitable in the management of corn instead of surgical excision. It has no side effects, complications & recurrence. It enables the patient to do his or her daily routine activities within a few minutes of procedure. This therapy is less costly as compared to surgical excision in respect to, number of post excision dressing, antibiotics Analgesic and Anti inflammatory and wound healing promoting drugs.

References -

1. S.Das; A concise textbook of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 122.
2. Bailey & Love, Short Practice of Surgery, Oxford University Press Publication, New York, 23rd Edition, 2000, Pg.no. 173
3. kaviraj ambikadatta shastri , ,choukhamba Sanskrit sansthan ,sushrut Samhita part 1 ,nidan sthan chapter 13, page no. 368
4. 4.Rajgopal Shenoy, Anitha Shenoy (Nilkeshwar), Manipal Manual of surgery, Skin Tumours, CBS Publishers And Distributors Pvt Ltd, New Delhi. 4th ed. 2014, P-167
5. 5.S.Das; A concise textbook of surgery; S.Das publication, Calcutta, 4th edition, 1999, Page. No.122.

6. Ayurvedacharya shreeyadunandanaopadhyaya, Madhavanidanam Part-1, Commentry of Bhoja, Chokhamba Sanskruta Sansthana, Varanasi, 31st Edition, 2002,Adhyaya no.55, Kshudraroganidan, Sutra no.26, Page.no. 203.
7. kaviraj ambikadatta shastri , ,choukhamba Sanskrit sansthan ,sushrut Samhita part 1, chikitsa sthan chapter 20 ,page no.117
8. . Dr.Anantkumar Shekokar & Dr.Kanchan Shekokar, Principles & Practices of Agnikarma, Vol.1, Edition 2nd, Shantanu Publication, 2007, Pune, Page no.49
9. Dr.chaturvedi sonal & Dr.katara pankaj: Dahan Chikitsa in Kadar Wsr Planter Corn, www.iamj.in. vol 2; issue 5 ; September-October -2014
10. kaviraj ambikadatta shastri , ,choukhamba Sanskrit sansthan ,sushrut Samhita part 1,sutra sthan chapter 12 ,page no. 52
11. kaviraj ambikadatta shastri , ,choukhamba Sanskrit sansthan ,sushrut Samhita part 1,sutra sthan chapter 12 ,page no. 50
12. kaviraj ambikadatta shastri , ,choukhamba Sanskrit sansthan ,sushrut Samhita part 1,sutra sthan chapter 12 ,page no. 53

