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## Case Report

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# Efficacy of Agnikarma with Pippali in the Management of Kadara (Corn) - A Case Report



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## ABSTRACT

Kadara is a disorder among the Kshudra Rogas that causes lots of discomfort and pain. It poses no threat to life. In the beginning, Kadara doesn't hurt, but as it gets worse, it might. The illness Kadara is comparable to Corn in contemporary medicine based on its clinical manifestation. Due to horny induration with a hard center, corn is a localized hyperkeratosis of the skin that has an externally placed base and an internally pointed apex. It is palpable as a nodule. Histologically, it consists of intact basal layers surrounded by keratin masses. Although several treatments, including ointments, corn caps, surgical excision, and others, are available to treat Kadara, none of them are comprehensive and guaranteed to stop reoccurring. In Sushruta Samhita Sutra sthana 12th chapter the substances used for twak dagda are pippali, shara, shalaka, godanta, aja shakrit. In the present study Agni Karma with Pippali.



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## INTRODUCTION:

Kadara is a Kshudra Roga<sup>1,2</sup>. But gives more trouble for the patient and intervenes with routine work. The disease is characterized by the formation of hard swelling in the soles and palms. The management of Kadara is aimed at the removal of swelling by Agnikarma or by shastra karma. Kadara has been correlated to the disease corn as described in modern medical science. Agni karma by Pippali<sup>3</sup> is selected for the present study as logically it should help in better prevention from recurrence by destroying the tissue due to its direct heat. Apart from this it also helps in controlling the bleeding. There will be less pain as the nerve fibers are destroyed by Agni karma<sup>4,5</sup>, Chances of infection are also less as Agni karma itself is a sterile procedure. In the present study, the Agnikarma procedure was critically analyzed to suggest standard guidelines for this procedure. Shastrakarma<sup>6</sup> is of eight types and Anushastrakarma includes Ksharakarma, Agnikarma, and Raktamokshana. Amongst Anushastra karma, Agnikarma is unique because of its simple technique and optimum result. By this technique, various diseases are treated successfully without recurrence. cauterization mainly as of 2 types<sup>7</sup> :-

1. - Twak Dagdha (Skin burning)
2. -Mamsa Dagdha (Muscle burning),

Agnikarma in the below-mentioned dhatu is also not prohibited<sup>8</sup>.

3. Sira
4. Snayu
5. Sandhi
6. Asthi,

Kadara is a TwakRoga where Agnikarma is indicated.

Corn is a specially-shaped callus of dead skin that occurs on the thin or glabrous surface of the toe. Corns are usually 4mm to 10mm in diameter and have a hard center. Repeated injuries and friction to sole cause the corn. It is a localized hyperkeratosis of the skin<sup>9</sup>. It usually occurs at the sites of pressure e.g. on the sole and toes. There is usually a horny induration of the cuticle with a hard center. Corn may be painful particularly when it is

rubbed. Corn has a tendency to recur after excision. Corn has a deep central core which reaches the deeper layers of the dermis.

Modern science has provided some preventive measures such as soft shoes or soft pads at the pressure point of the sole, application of salicylic acid on corn, use of a central local application such as a carnation cap, and lastly excision of corn. There is no satisfactory and permanent treatment available for corn and have a high recurrence tendency.

(i) Some preventive measures may be taken such as using soft shoes or soft pads at the pressure points of the sole.

(ii) Salicylic acid in collodion on successive nights may be applied.

(iii) Central local applications have been effective such as the Cornac or Carnation cap.

(iv) If these measures fail and the corn is painful, it should be excised with particular care to take off the deep root of the central core. This often prevents recurrence.<sup>10</sup>

#### **AIMS AND OBJECTIVES:**

- To introduce the safe & effective modality of treatment in the management of Kadara.
- The efficacy of Agnikarma with Pippali in managing Kadara.

#### **MATERIALS AND METHODS:**

Patient selection took place in the OPD of the S.V. Ayurvedic Hospital in Tirupati, Andhra Pradesh.

#### **REQUIRED MATERIALS:**

A stove, Gauze pieces, Cotton pads, Pippali, Kumari Swarasi (Alo vera pulp).

#### **INCLUSIVE CRITERIA:**

- Irrespective of Gender.
- Patients with ages ranging from 20 to 60 years.
- Patient with clinical features of kadara (Corn).

**EXCLUSIVE CRITERIA:**

- Patient having serious systematic diseases.
- Pregnant women, children, and patients aged below 20 years and above 60 years.
- Patient with infective conditions like HIV, AIDS, HBsAg.

**SUBJECTIVE AND OBJECTIVE PARAMETERS:**

- a) Pain
- b) Size
- c) Tenderness

**GRADATION OF PARAMETERS:**

**PAIN<sup>11</sup>**

Pain was recorded before and after treatment based on the McGill Pain Index Score.

- 0 - No pain
- 1 - Mild pain
- 2 - Discomforting pain
- 3 - Distressing pain
- 4 - Horrible pain
- 5 - Excruciating pain

**SIZE\***

- 0 - No Corn.
- 1 - Radius measures from the Centre up to the periphery of hard mass were less than 0.5 cm.
- 2 - Radius measures from the Centre up to the periphery of hard mass were in between .5-1cm.
- 3 - Radius measures from the Centre up to the periphery of hard mass were in b/w 1cm -

1.5cm.

4 - Radius measured from the Centre up to the periphery of the hard mass was 1.5 cm or more.

### **TENDERNESS\***

0-No tenderness

1-Mild tenderness

2-Moderate tenderness

3-Severe tenderness

### **CASE REPORT:**

This is the case of a 24-year-old boy.

who reported to S.V. Ayurvedic Hospital presenting with a chief complaint of the development of a hard growth of skin over his left sole causing pain during ambulation in the last 2 months. The patient was normal before 2 months. One day he started using tight-fitting shoes which resulted in discomfort over his left sole. Later the affected part of the skin thickened and hardened which gradually resulted in painful ambulation. On local examination, the site was on the plantar aspect of the left foot region; 2cm below the great toe.

Circumscribed grey-colored deep lesion, forming a localized painful nodule. On palpation, it was hard at the center. On deep palpation the area was tender. Hence the case was diagnosed as Kadara or corn foot as per conventional medicine<sup>12</sup>.

### **PROCEDURE OF AGNIKARMA:**

It includes Purva karma, Pradhana karma, and Paschat karma<sup>13</sup>.

Initially, all the materials required for the procedures were collected, if the patient has more than one corn, then the more painful corn will be selected first. The patient was made to assume a comfortable position over the minor OT table, as per the site of the lesion. Then the site of the lesion will be cleaned with an aseptic solution.

Then the area is to be mopped, dried, and draped with a sterile swab. Then the pippali will be held with forceps heated to red hot and directly placed over the midpoint of the lesion of corn for a duration of 10 to 20 seconds. Again, the pippali will be reheated and reapplied over the lesion till the Kadara is completely burnt. If necessary, a new pippali will be used.

Then the kumari swarasa will be anointed properly on the burnt area. The area is dressed with the help of a dry sterile pad and gauze piece. The patient is advised to take rest and instructed to keep the area clean and dry.

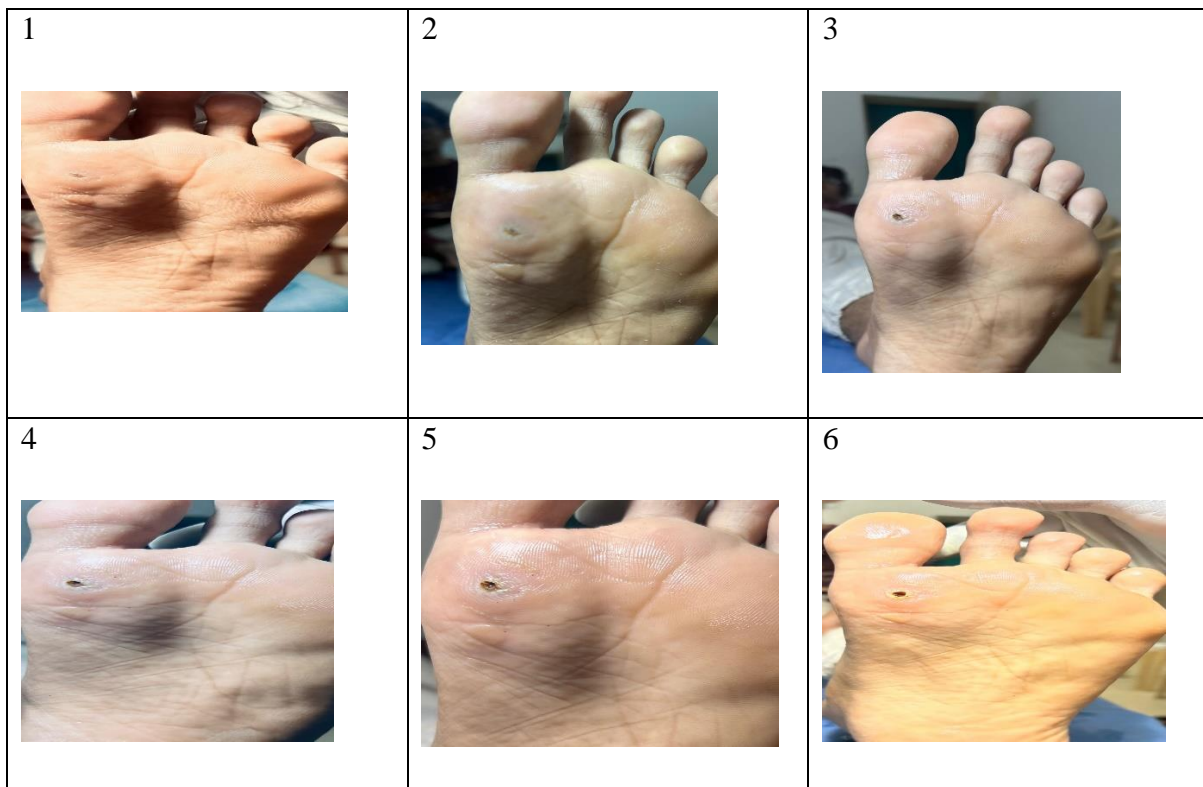
**PROGRESS AND FOLLOW UP:**

The progress of the patient was noted for 30 days at the interval of 7 days. The patient was followed up every week for 1 Month.

**TREATMENT PROTOCOL:**

DATE	FINDINGS	INTERVENTION	OUTCOME
07-11-2023	The Patient was diagnosed with kadara at the foot below the left great toe.	Agnikarma's first sitting is done with pippali. Tab.Triphala guggulu, 2-0-2 (oral), after food	Corn superficially burned
14-11-2023	A wound is healthy and has no infection.	The burn area was peeled using scalpel no. 11, and then pippali was used to apply cauterization. Dressing done with vrana sodana taila. Tab. Tab.Triphala guggulu, 2-0-2 (oral), after food	No infection over the site.
21-11-2023	Corn wound is healthy and no infection is there.	Third sitting agnikarma has done with pippali. Dressing done with vrana sodana taila. Tab. Tab.Triphala guggulu, 2-0-2 (oral), after food.	Corn is not entirely burned, but corn size and discomfort are better than in the first and second sittings.
28-11-2023	The corn area had softened.	Advise to wear soft footwear.	Simple Relief of pain, but partial burning of the corn area.

### One-month progress of Agnikarma



### DISCUSSION:

In Ayurveda, Agnikarma is superior to Chaturvidha Chikitsa. It can be better explained in Two theories.

It is said that Kadara is a Vatadosha Pradhana Vyadhi. Snigdha and Tikshana Guna are found in Pippali. It demonstrates Vatahara qualities because the Snigdha Guna, and Tikshana Guna encourages greater absorption of the active ingredients into the epidermis.

When pippali is used; The essential oil, which contains several active elements of the plant, penetrates deeper into the skin when this red-hot, fuming Pippali is applied to raw skin. The fumes condense over the tissue. In due course, these induce the diseased tissue to become discolored, dry, and peel off, therefore curing the surface lesion.

Pippali contains essential oils that have been proven to exhibit antibacterial and fungicidal activity.

Theory 1:

Agnikarma → Ushnaguna → Pacifies vata and kapha → Reduces Sula and Stambha.

Theory 2:

Agnikarma → Ushnaguna → Increases the Dhatwagni at the site → Mandhadatwagni get improved → Amapachana → Enhances nourishment and formation of new tissues → Vyadhisamana. (su.su.12/17-18)<sup>14</sup>

### CONCLUSION:

To conclude, Foot Corn mainly affects middle-aged men. It is not cured by internal medicines and patient satisfaction is less. The temperature retention with Pippali is 57 C.

The Adhithana of the disease Kadara is the skin tissue; hence, Pippali proved effective in treating superficial hyperkeratosis/Kadara lesions.

### PATIENT CONSENT:

Before the Agnikarma procedure, the patient gave their informed written consent, as well as this information was also published for research.

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