

**A REVIEW ON KADARA (CORN)**

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Article Received on 08/08/2021

Article Revised on 29/08/2021

Article Accepted on 19/09/2021

**ABSTRACT**

Kadara is one among the Kshudrarogas. We get the description of this disease among all Bruhatrayees and Laghutrayees while explaining about the Kshudrarogas. This can be correlated with the disease Corn, which is common benign hardened layer of skin in foot or palm. Which is caused due to the constant friction and pressure on particular part, despite of surgical management like excision, failure rate and recurrence rate are high leading to considerable disturbance in normal life style of an individual. This article discusses the etiopathogenesis and effective management approach of Kadara(corn). The procedure Agnikarma, a para surgical procedure explained in Ayurveda is a minimally invasive OPD Procedure, which has no reoccurrence and complications if performed classically.

**KEYWORDS:** Corn, Kadara, Etiopathogenesis, Management, Agnikarma.

**INTRODUCTION**

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.<sup>[1]</sup>

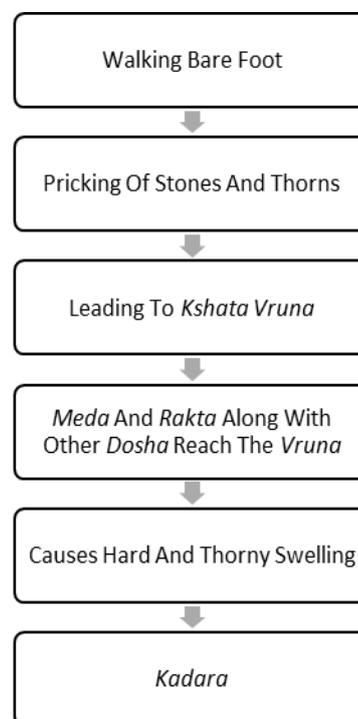
*Kadara*, can be closely related with the corn which is said in contemporary science due to its similarity in etiopathogenesis and symptoms. *Kadara* has enumerated and described under the heading of *Kshudraroga*<sup>[2]</sup> is painful, hard and thorny swelling in the foot which is resembling to the *Kolaphala*<sup>[3]</sup> and caused due to pricking of stones and thorns to the foot while walking on the road.<sup>[4]</sup>

**AIM AND OBJECTIVES**

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

**Pathophysiology**<sup>[5]</sup>

Pricking of stones and thrones to the persons who are walking bare foot on the road leading to the *Kshataja vruna* and at that site *Meda* and *Rakta* along with other *doshas* form the hard and thorny swelling called *Kadara*



**Clinical features**<sup>[6]</sup>

- Horny induration of the cuticle with a hard centre
- Painful particularly when it is rubbed.
- It has a tendency to recur after excision
- It has a deep central core which reaches the deeper layers of dermis.

**Treatment**I. Modern<sup>[7]</sup>

1. Salicylic acid in collodion on successive nights may be applied.
2. Central local applications have been effective such as Cornac or Carnation cap.
3. 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.

II. Ayurveda<sup>[8]</sup>

1. Excision followed by *Snigdha Agnikarma*

**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.

**Pradhanakarama** – 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 in 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

**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<sup>[9]</sup> and the *Agnikarma* does the *Sira sankocha*<sup>[10]</sup> 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 *Kadara*.

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