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CASE REPORT **OPEN ACCESS**

A CASE STUDY ON EFFECT OF *TAMRA SHALAKA AGNIKARMA* IN THE MANAGEMENT OF *KADARA* (FOOT CORN)

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ABSTRACT:

Ayurveda has a deep and all-encompassing understanding of life and health as a science. Over the course of many years, Ayurveda various branches have developed, with the primary focus being on disease prevention and treatment. There are a few illnesses known as *Kshudra-Roga* that have straightforward pathologies but are challenging to treat. Foot corn can be correlated with *Kadara* in Ayurveda, and it is one among the 44 *Kshudra Rogas* mentioned by *Acharya Sushruta*. *Kshudra* means little, diminutive or tiny means they are less severe when compared to *Mahavyadhi*. *Acharya Bhoj* describes it as *Mamsakeela*. Its form is identical to *Koalmatra's*. The pathophysiology of these conditions is caused by the vitiation of *Meda* and *Rakta Dhatu* and the *dosha* of *Kapha* and *Vata*. It is localized because the affected skin develops hyperkeratosis on the tips of the toes, the sole, and the inter phalangeal joints as a result of thorn puncture, continual friction, individual susceptibility, and other factors. Corn in western medical literature exhibit striking similarities in their presentations. Salicylic acid treatment, corn caps, and invasive techniques such as laser, chemical, electric, and cryotherapy cauterization, as well as surgical excision, are used in the management of corn. However, there is a greater probability of recurrence and the results of these operations are not good. However, the after effects of corn surgery are promising due to its recurrence and wound healing. *Agnikarma* (Cauterisation) is the best treatment for the *Kadara*. This present Case report describes a case of *Kadara* (Foot corn) diagnosed as per clinical features and managed successfully by *Agnikarma*.

KEYWORDS: *Agnikarma, Electrocautery, Kadara,* Foot corn, *Chedana,* Excision

INTRODUCTION:

In *Ayurveda*, foot-related ailments are categorized under the broader concept of *"Pada roga"* (diseases of the feet) and western people correlate *Pada roga* with Podiatric Disorders. *"Kadara"* one of a *pada roga* is considered to be one of the *"Kshudra-roga"* by *Acharya Sushruta.*

Kadara the knotty (*granthi*), a painful, hard growth raised at the middle or depressed at the sides, which exudes a secretion and resembles an Indian plum (*Kola* – in shape) and appearing at the soles (Palms 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 pricking of thorn etc. or of a gravel is called *Kadara* (Foot Corn) [2]. Because *Shastra Karma* (a surgical operation), *Anushastra Karma* (Para surgical method), and *Bheshaja* (medication) are available, *Shalya Tantra* has been praised as an important branch of *Ayurveda*. [3]

A corn is a type of localized hyperkeratosis that develops at the location of pressure, such as the palm and soles, and has a thick, hard core that reaches the deeper layer of dermis. The corn is a cone-shaped fibrosis with an externally oriented base and an inverted pointed apex. Because of the firm centre and horny induration, it is perceptible as a nodule. Different foot lesions result from foot neglect, which primarily affects the feet and toes.[4] So, the diseases treated by *Agnikarma* do not recur and gives instant relief to the patients. According to *Acharya* the seat of the affected lesion should be *Utkartan* (excised) and *Agnikarma. [*5]

CASE REPORT:

A 24 years old male patient visited the OPD of *Shalya Tantra*, with history of thorn prick 6 months back at right foot which slowly led to the formation of a hard mass which enlarged in size along with pain at right foot. Associated with difficulty in walking, increased pain while wearing and removing footwears along with slight discomfort in his daily activity, in the last 2-3 days. No history of diabetes mellitus, hypertension or any other major disorder. Family history not significant with the patient's condition.

Clinical Examination-

Local Examination

Location: Right plantar aspect foot region

Size: 1.9 x 2.5 cm

Discharge: Absent

Margins: Depressed

Tenderness: + +

Consistency: Hardness present

Investigations:

Hb: 11.5 %gm/dl

RBS: 96.5 mg/dl

BT: 4 min 10 sec

CT: 3 min 35 sec

HIV: Non-Reactive

HbsAg: Non-Reactive

Surgical intervention:

Chedana karma with *Tamra Shalaka Agnikarma*

Pre operative:

Written consent was obtained from the patient. Footbath with Luke warm water was advised to the patient. Required instruments for the procedure was collected and placed on the trolley.

Operative:

Patient was made to lie down in suitable comfortable position depending on the site of corn. Painting and draping of the area was done, under local anaesthesia *Tamra Shalaka Agnikarma* followed by excision was done till the level of base. Haemostasis was achieved and dressing was done.

Post operative:

Patient advised for Post Op Footwear (MCR Slippers). Maintain hygiene and to avoid scratch over the operated site. Advised for daily dressing with *Jatyadi taila.* Follow up on 7th, 14th, 21st, 30th day of the treatment.

Internal Medications:

Tab. *Kaishor Guggulu* 1-0-1 (After food)

Tab. *Gandhaka Rasayana* 1-0-1 (After food)

Results:

Pain and tenderness were reduced considerably after 3rd day of treatment, complete wound healing was observed on the 30th day and consistency was soft on 60th day.

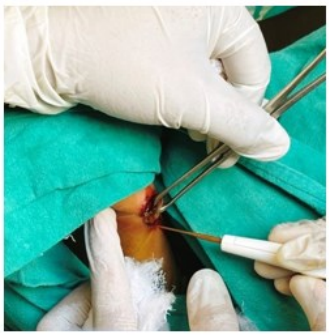

Image 1- Agni karma with Tamra shalaka

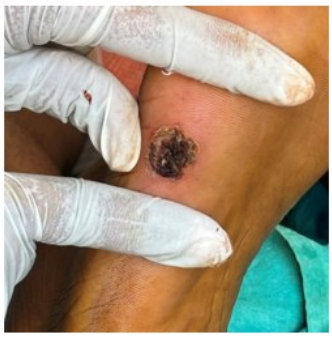

Image 2- Post excision of Kadara by Agni karma.

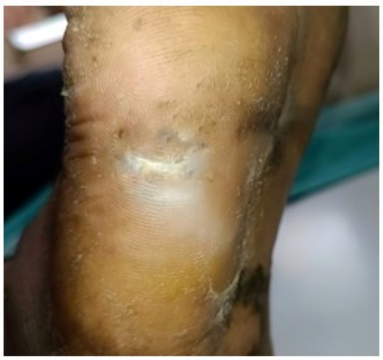

Image 3 - Healed Wound.

DISCUSSION:

Effect of *Tamra Shalaka Agnikarma: 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 [6]*. Copper having properties in peptides form, are a key ingredient that offers a multitude of benefits for the skin regeneration, skin elasticity, acceleration of wound healing, relief from inflammation, protection of the skin against free radical damage.[7]

Effect of *Jatyadi Taila:* In this case *Jatyadi Taila* shows its *Shodhana, Ropana* and *Raktaprasadana* (blood purifier) property so it is more effective in *Kadara*. Most of *Jatyadi Taila* contents are having *Tikta* (bitter) *Kashaya* (astringent) *rasa* and *Laghu* (lightness), *Ruksha* (dry) *Gunas Pradhanata* (dominances). *Jatyadi Taila* act on *Kadara* mainly in 2 ways *Shodhana* and *Ropana*, which help in proper healing of wound.[8]

Effect on *Kadara*: All the clinical signs & symptoms of Kadara was relieved from the intervention. Pain was reduced *Agnikarma* with *Tamra Shalaka* applied over skin tissue, heat is transferred from *Tamra Shalaka* to skin tissue in the form of *Usna, Teekshna, Sukshma* and *Laghu guna*, neutralizes the *Sheeta Guna* of *Vata* and *Kapha* resulting in minimizing the severity of the pain. Raising the temperature of damaged tissue through *Agnikarma* (Cauterisation) may speed up the metabolic

process, improves circulation by vasodilatation, reduce oedema, accelerate repair, which can reduce pain.[9]

CONCLUSION:

On the basis of this case study, it can be concluded that*, Agnikarma* with *Tamra Shalaka* was found to effective in the Management of *Kadara. Agnikarma* which destroys the hyperkeratosis of skin with the properties of *Ushna, Tiksha, Sukshma, Vyavai, Vikasi* and *Pachana Gunas* of *Agni* & possess high efficacy in *Vrana Shodana* with fine scaring without producing any adverse effect and relief in the signs and symptoms of *Kadara*. *Agnikarma* (Cauterisation) holds high success rate & low recurrence rate, hence considered as one of successful *Anushastra Karma* (para surgical procedures).

DECLARATION OF PATIENT CONSENT:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

CONFLICT OF INTERESTS: Nil

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