

The Role of Agnikarma in the Management of Corn (Kadar) : A case study

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ABSTRACT

Plantar corn (kadar) is a localized thickening of the skin due to repeated pressure or friction, commonly seen on weight-bearing areas of the foot. It often causes pain and interferes with daily activities. This case report highlights the effective management of a painful plantar corn using Agnikarma (therapeutic cauterization), an Ayurvedic para-surgical procedure. The treatment resulted in significant pain relief, functional improvement, and minimal chances of recurrence during the follow-up period.

Keywords: Triphala, Non-healing ulcer, Dushta Vrana, Ayurvedic wound management, Triphala Kwatha, wound healing

Keywords: Agnikarma Therapy, Plantar Corn, Kadar, Ayurvedic Para-surgery, Shalya Tantra, Pain Relief

I. INTRODUCTION

Corn, known as Kadar in Ayurvedic terminology, can be correlated with conditions exhibiting features of Padadari or chronic Dushta Vrana. It presents as a localized area of thickened, hardened skin, often accompanied by pain and difficulty in ambulation. Conventional treatments such as surgical removal or application of keratolytic agents may provide temporary relief but are often associated with recurrence. Agnikarma, a para-surgical technique described in the Sushruta Samhita, is traditionally recommended for disorders involving Vata and Kapha doshas. It has shown promising outcomes in the management of conditions like Kadar, offering long-lasting relief with minimal recurrence.

Case Report

Patient Information

A 48-year-old female presented with a complaint of a painful lesion on the plantar surface of the right foot, persisting for the past three months.

The patient reported no history of trauma but had a prolonged history of standing for extended periods due to occupational demands.

Clinical Findings

Lesion Size: Approximately 1.5 cm in diameter

Location: Plantar aspect at the base of the third metatarsal

Characteristics: Painful on palpation, with a well-demarcated, indurated central core suggestive of a typical plantar corn.

Before Treatment

Lab investigations

BSL (random)- 62 mg/dl

Treatment Protocol

Agnikarma Procedure

1. Poorva Karma (Pre operative procedure)

All necessary materials for the Agnikarma procedure—such as the Agnikarma Shalaka, Aloe vera pulp, gas stove, sterile gauze, and sponge holder—were assembled in advance. Informed written consent was obtained from the patient after thoroughly explaining the procedure. The patient was then positioned comfortably on the operating table according to the location of the lesion. The affected area was cleansed thoroughly and dried using sterile cotton gauze to maintain aseptic conditions.

2. Pradhana Karma (Para operative procedure)

The surrounding area was draped in a sterile sheet. A Panchadhatu Shalaka (five-metal rod) was heated until red-hot and used to perform Bindu Agnikarma — applying multiple cauterization points over the central core and peripheral margins of the corn.

After the procedure, we applied aloe vera at the site for soothing effect and site was dressed

with Jatyadi Ghrita, a traditional medicated formulation known for its wound-healing and soothing properties.

3. Paschyat karma (Post-procedure Care):

Advised rest for 24–48 hours.

Dressing with Jatyadi Ghrita daily for 7 days.

Gandhaka Rasayana given for internal healing.

No recurrence observed up to 3 months follow-up.

After Treatment

II. DISCUSSION

Corn formation occurs due to repeated pressure or friction over a localized area, leading to thickened skin. From an Ayurvedic perspective, such hard swellings are associated with an imbalance of Vata and Kapha doshas. Agnikarma, a therapeutic heat-based procedure, is believed to balance these doshas and offers several benefits:

Disintegrates the fibrotic core, Enhances local blood flow, Provides immediate pain relief While modern medicine uses techniques like cauterization with similar objectives, Agnikarma differs in being minimally invasive, safe, and suitable for outpatient care. Existing Ayurvedic case studies have reported high success rates and low recurrence, supporting its clinical utility in managing plantar corns.

III. CONCLUSION

Agnikarma is a reliable and minimally invasive outpatient method used in managing corn (Kadar), providing rapid pain relief and effective excision of the hardened fibrotic core. Rooted in Ayurvedic treatment principles, it serves as a cost-efficient and holistic approach for addressing hyperkeratotic conditions. Studies and clinical experiences indicate low recurrence rates and favorable patient feedback, highlighting its therapeutic value in routine practice.

Consent:

Written informed consent was obtained from the patient for treatment and use of images.

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