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CASE REPORT

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A CASE STUDY ON PAIN MANAGEMENT IN KADAR THROUGH AGNIKARMA

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Abstract

The description of Kadar is given in kshudraroga by Acharya Sushruta in Sushruta Samhita. Acharya Bhoj described it as Manskeel. According to Acharya Sushruta, Kadar has very simple pathology but is very difficult to cure. There is involvement of meda and rakta with dosha. Initially this disease is painless but later on it becomes very painful. In modern sciences it can be compared with corn. In modern surgery the only form of treatment of a corn that affords any reliable prospect of cure is excision. In this study corn is treated by Agnikarma using Ashtadhatu shalaka in a systematic manner for a duration of 12 days with intervals of 6 days in 3 sittings.

Keywords: Kadar, Corn, Agnikarma, AshtadhatuShalaka

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INTRODUCTION

Kadar commonly known as corn are very common in those persons who wear hard shoes or sleepers. It is very painful condition. Common site of corn is planter surface(Sole) of foot. Corn develops due to intermittent pressure over a limited area. It is a localized hyper-keratinization of the skin with a hard central core [1]. It is a smaller lesion which is pushed deep into the skin (dermis)forming a localized palpable tender nodule with a central yellow-white core of dead cornified skin. It presses over the adjacent nerves causing pain. It can get infected causing severe pain and tenderness with inability to walk [2].It usually occurs at the site of pressure e.g. on the soles and toes, occurring due to defective wear, thorn prick, etc. There is usually a horny indurations of the cuticle with a hard center. Corn is initially painless but it may be painful particularly when it is rubbed. Corn has tendency to recur after excision[3].

In *Ayurveda* the disease Corn is similar to *Kadar* which is explained by *Acharya Sushrutin Kshudra-roga*. It is said that repeated injuries & friction to the sole with thorns, stones etc. ,or by the doshas becoming aggravated together with fat and blood, it give rise to a tumor ,hard like bolt, in the middle or at the end of feet, of the size of a *kola* ,having pain and exudation; known as *Kadar*[4]. The

chikitsasutra of Kadar, according to *Acharya sushruta* the seat of the affected lesion should be *utkartan*(excised) with *Shastra* and the site should burnt with oil [5]. This combined therapy seems to be more effective to provide instant relief. If done perfectly, the disease never reoccurs. But for evaluation of *Agnikarma* we carried out treatment of *Kadar* by *Bindudahan* (a type of *Agnikarma*) with the help of *Ashtadhatushalaka*.

A single case study of corn is reported here which is treated by *Agnikarma (Bindudahan)* in 3 sittings at an interval of 06 days. After 12 days, the patient got relief from elevation of swelling and pain.

CASE REPORT

A 25 year old male patient of *Kadar*(corn) visited OPD of *Panchakarma* Department, Rishikul campus &Hospital, Uttrakhand Ayurveda University, Haridwar on January 2019 with complaints of pain and elevated mass present on dorsal aspect of right sole since 1 month. Patient was previously diagnosed with Plantar corn on right sole last year(2017, march) at the same site for which he had undergone surgical intervention in 2017, June. Since 10 days, he was suffering from severe pain in the right plantar region radiating to medial aspect of foot. There was no history of direct injury except that the patient used to wear tight shoes.

On the basis of clinical examinations the patient was diagnosed as a case of corn at the right sole. The patient's attendant was not willing for excision and requested Ayurveda treatment. After careful assessment and examination *Agnikarma* procedure was explained to them, and they agreed to give their consent.

MATERIALS AND METHODS

Materials: For present study, the materials used are *Ashtadhatushalaka*, Gas Stove, *Triphala* decoction, Gauze pieces, *Goghrit*, *Kumariswarasa* and *Haridrachurna*.

Methods-

1. *Purvakarma*- lightsnigdhadiet was given to the patient, written informed consent was taken, pre-operative investigations (CBC, CT, BT, HbsAg, HIV, Blood sugar etc.) were normal in range.
2. *Pradhan karma*—the part was cleaned by *Trifala* decoction and wiped up with sterilized gauze piece. The red hot *Ashtadhatushalaka* was then applied to corn. *Agnikarma* on corn was done by *Bindudahan*(dotted type of cauterization) with the tip of *Shalaka*.

Every *Shalakais* applied within the area of corn for 10 seconds. During entire procedure, a *kumaripatra swaras*(fresh pulp of Aloe Vera) mixed with *haridra* was applied after application of red hot *Shalakato* get relief from burning sensation. Appropriate precautions were taken to avoid production of *Asamyakdagdha*(neither superficial nor deep burn).

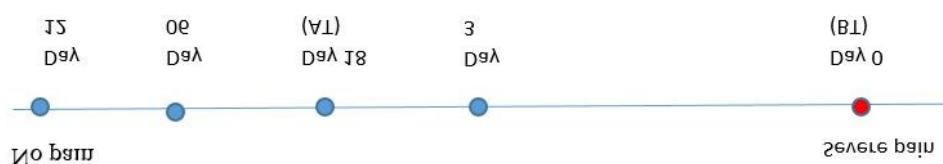
3. *Paschat karma-Dagdhavrana* was covered with mixture of *Ghrita* and *Haridra* powder. Patient was advised to apply the paste of *Haridra* powder mixed with *Ghrita* at bed time up to normal appearance of skin. The entire procedure is repeated 3 times at the interval of 6 days for desirable results.

DISCUSSION

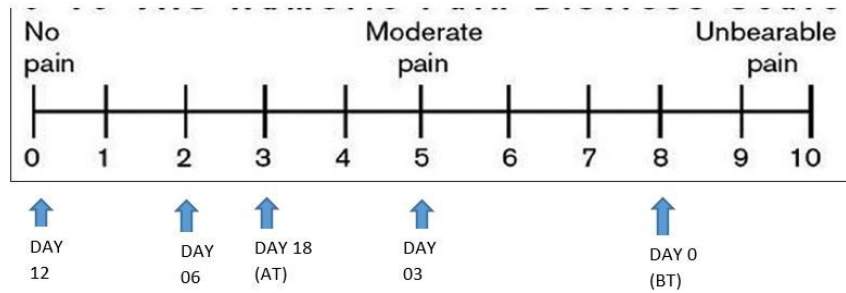
According to *Acharya Sushruta*, when *Bheshaja Chikitsa*, *Kshar Chikitsa* and *Shastra Chikitsa* are unable to cure the disease only then *Agnikarma* can be used.

After *Agnikarma*, there is marked relief in pain in this case. The relief in pain was measured by the following 3 scales:

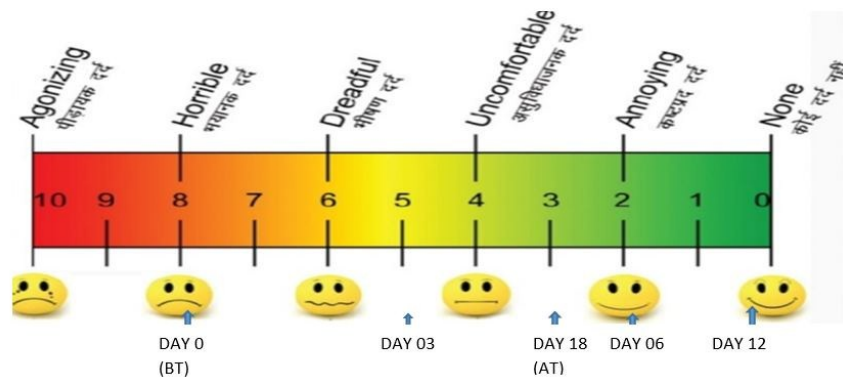
1. Verbal analogue scale (after treatment)



2. Numerical rating scale (after treatment)

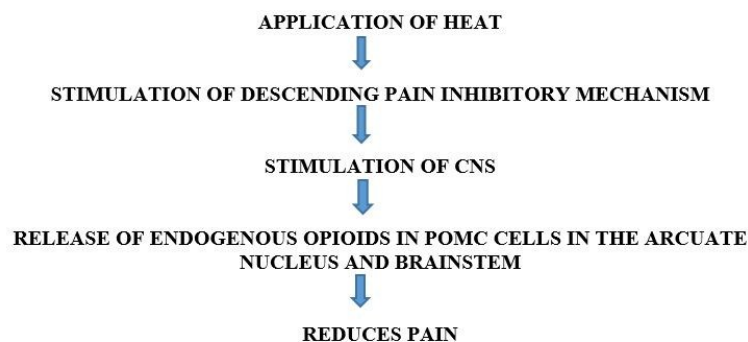


3. Wong Bakers Pain Rating Scale (after treatment)



Pain due to corn decreased on first sitting. On 3rd day there was slight increase in pain. On 2nd sitting pain subside and after 3rd sitting pain

was minimal. The probable mode of action for this can be:



CONCLUSION

- *Agnikarma* is a drugless treatment modality for controlling pain in corn. Instead of surgical excision, *Agnikarma* therapy is more satisfactory in the

management of corn. It has no side effects, complications & recurrence.

- It is cost effective as compared to surgical excision with respect to number of post excision dressing, Antibiotic, Analgesic and Anti-

inflammatory and wound healing promoting drugs.

- Also it is easy to perform (under expert supervision). This therapy can be performed on OPD basis. It enables the patient to do his or her daily routine activities within a few minutes of *Agnikarma* procedure.

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