

## Proficiency of *Agnikarma* in Managing a Critical Planter Corn: A Case Report

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### Abstract

**Background:** Corn is a localized hyperkeratosis of the skin. 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 in duration of the cuticle with a hardcentre. In modern science corn is being treated by using anti-inflammatory drugs, corn cap, salicylic acid and excision. This condition very well resembles *Kadar*, one among the *Kshudraroga* illuminated by Acharya Sushruta. The Chikitsa sutra for *Kadar* given by Acharya Sushruta is Utkartan (Excision) followed by Snigdha Dagdh. In the present case the critical corn was resulted as a complication of excised corn, growing gradually, causing pain and discomfort to the patient. Patient was suffering from the same since one year and was not ready to excise it again. Hence we decided to perform *Agnikarma* only by using the Shalaka.

**Materials and Method:** In this case report patient with critical planter corn was on her left heel treated with *Agnikarma* followed by the application of Ghrutkumari pulp and *Yashtimadhu Churna* after all the mandatory investigations. *Agnikarma* was done by using *panchdhatuyuktaagnishalaka*.

**Results:** Patient showed significant reduction in clinical parameters evaluated.

**Conclusion:** From the above case it was concluded that simple *Agnikarma*, without undergoing excision, helps in managing Critical Corns. At the same time there is no fear of any complications, which is associated with usual excision.

### Keywords

*Corn, Hyperkeratosis, Kadar, Utkartan, Snigdha Dagdh, Agnikarma*



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## INTRODUCTION

Kadaris is explained under “Kshudra-roga” by Acharya Shushrut. According to him, “Kshudra Roga” is an ailment having simple pathology but very difficult to be cure. Meda & Raktaare mainly responsible Dosha in the pathogenesis of Kadar<sup>1</sup>.The Chikitsa sutra for Kadar given by Acharya Sushrut is Utkartan (Excision) followed by Snigdha Dagdh<sup>2</sup>.It can be correlated with Corn in modern Science. It is a localized hyperkeratosis of skin. It usually occurs at the sites of pressure e.g. on the sole and toes. There is usually horny in duration of the cuticle with a hard centre. Corn may be painful particularly when it is rubbed. Corn has a tendency to reoccur after excision. A corn has a deep central core which reaches the deeper layer of Dermis. It is being treated by using anti-inflammatory drugs, corn cap, salicylic acid and excision<sup>3</sup>. Even today there is no satisfactory and permanent treatment available for corn because of its high recurrence tendency. In the present case the critical corn was resulted as a complication of excised corn, growing gradually, causing pain and discomfort to the patient. Because of which patient was not willing to excise it again. Therefore we

tried to manage it simply with the help of Agnikarma.

## CASE REPORT

Sixty five years old female patient came in OPD of Shalya Tantra of Mahatma Gandhi Ayurveda Hospital and Research centre, Salod (H), Wardha, Maharashtra complaining of a stony hard abnormal growth present on her left heel. History reveals that before one year corn was excised from the same site and gradually the growth has taken place causing difficulty during walking. Patient was not having any relevant documentation regarding the excision surgery and was not ready to excise it again and came to the hospital for conservative treatment.

### Systemic Examination

General condition of patient was moderate, was well oriented, air entry was equal on both sides; her blood pressure was under control (K/C/O HTN) and was on regular medication. Her weight was 35 kgs and height was 150 cm.

### Ashtavidh Pariksha

Nadi- Vatapradhanpitta

Mala – Samyak

Mutra – Samyak

Jivha – Sama

Shabda – Spashta

Sparsh – Ushna

Druk – Pandu

Akruti – Madhyam

### Local Examination

Irregular growth over the left heel was stony hard in consistency, black in colour and mild tenderness (pain on pressure) was there.

### Investigations

Haemoglobin - 8.2 gm%, RBS – 90 mg %, HIV – Non reactive, HBsAg - Non reactive and Histopathological features suggestive of corn. After screening the patient we came to know that she was suffering from the complication caused due to excision of planter corn.

### Assessment Criteria

Size of the growth

Photographs

### Material used

1. Panchdhatu Agnishalaka
2. Ghrutkumari pulp
3. Yashtimadhuchurna

### Methods

The site of the corn was cleaned by antiseptic solution. Agnishalaka was heated till it become red hot. Agnikarma was done on the corn followed by application of Ghrutkumari pulp. Dusting of

Yashtimadhuchurna was done on the dagdha area and it was covered with a sterilized gauze piece. This procedure was repeated daily upto 1 month.

Follow Up – After every 15 days for 2 months

## RESULTS

### First day



### Fifteenth day



### 30<sup>th</sup> day



## DISCUSSION

According to Acharya Sushrutawhen Bhashaj Chikitsa, Kshar Chikitsa and Shastrachikitsa are unable to cure the disease only then Agnikarma can be used<sup>4</sup>. As per Ayurvedic concept, Agnikarma due to its Usna Sukshma, Ashukriguna pacifies the Vata and Kapha Dosha. Using this reference we started treating this critical planter Corn by Agnikarma only as the patient was not willing to excise it again and there is no other treatment modality available in this case. Acharya Sushruta has very rightly illuminated that Agnikarma is obliging therapy for destroying the hyperkeratosis of skin (ucchitkathinsuptamamse)<sup>5</sup>. Therefore we used Agnikarma in this particular case resulted as the complication of corn excision. This Agnikarma was followed by application of Ghrut kumari pulp to get rid

instant and Yashtimadhu churna which are basically Dahashamak in nature. The procedure was repeated daily for 1 month and then follow up was taken after every 15 days for 2 months. At the end of one month the growth was left negligible with some black base which was no obstacle in walking for lady. Hence in this way the critical planter corn was treated and even after two month follow up the growth didn't reoccur.

## CONCLUSION

In present case the critical planter corn was very well managed by merely doing Agnikarma. At least it enabled the patient to walk comfortably. At the same time there is no fear of any complications that usually used to be after excision. This whole procedure proved helpful for managing this complication. The resultant of Agnikarma therapy was this that the lady was ultimately prevented from another surgery.

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