



Review Article

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A COMPREHENSIVE REVIEW OF KADARA

Gupta Bal Govind *

Assistant Professor, Department of Rachana Sharir, SKS Ayurvedic Medical College and Hospital, Mathura, Uttar Pradesh, India

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***Corresponding author**

E-mail: balgovind63@gmail.com

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ABSTRACT

Some diseases are simple or less pathology but challenging to cure, known as kshudra roga. Kadar is one such kind of disease, which causes more trouble for the person and hampers daily life. Acharya Sushruta describes 'Kadar' under kshudra roga. In contemporary sciences, it can be correlated with corn. The corn is localised hyperkeratosis of the skin. The Kadara is mentioned as being keela sadrusa (cone-shaped), presenting with ruk (pain) and srava (discharge). It may have nimna (depressed) or unnata (raised) madhya (central part). Corn is an intractable plantar hyperkeratosis, a type of callosity. It has three kinds- hard, soft and seed. The repeated friction and pressure of the skin overlying the bony prominences leads to a hyperkeratotic thickness. There is various treatment option available in Ayurveda as well as modern surgery. There are multiple approaches to the management of Kadara. The key in all cases is to eliminate the continuous pressure on the foot. Above all the procedures, the Ayurvedic approach is more beneficial, especially agnikarma, than modern science's surgical excision.

Keywords: Kadara, Corn, Callosity, Hyperkeratosis, Agnikarma

INTRODUCTION

Ayurveda, an ancient Indian life science, is a medical and philosophical and spiritual system based on fundamental scientific natural principles. Ayurveda as a medical science demand understanding the structural and functional constitution of the human body. The Kadara (corn) is considered one of the kshudra roga in Ayurveda. It occurs due to the vitiation of vata and kapha dosha; both doshas are responsible for the aggravation of meda dhatu and rakta (blood) dhatu, which leads to Kadara roga. In contemporary science, Kadara is compared with corn or calluses. This study reviews the features and treatments procedure of Kadara from Ayurvedic literature and current science.

The term kshudra means small, trivial, mediocre or less critical. Kshudra roga comprises two words kshudra means small or less important, and roga means diseases. Kshudra means alpa; alpavyadhi said to be kshudra roga. The paryaya of this is swalpa (small, minor), adhama (low, unholy), and krura (cruel, unbearable).

Kshudra roga is a disease occurring in children, as mentioned in the Madhukosha commentary. Whereas Madhav Nidana includes all those severe or non-severe with less pain or without pain, small or big, all diseases are grouped as Kshudra roga¹. Charaka has not mentioned kshudra rogas separately; Sushruta has mentioned 44 Kshudrarogas², while Vagbhata has mentioned only 36 Kshudra rogas³ and Madhav nidana mentioned 43 kshudra roga. The Kadara is one of the kshudra roga.

The Kadara is the condition where a rigid tumour-like structure forms at the middle or edges of the foot. it resembles a kola (jujube fruit). It presents with pain and exudation. It is categorised under the kshudra roga. The Kadara form due to the injury of a

thorn, placing of foot on a hard or rough surface or aggravated doshas mixed with medo, rakta⁴.

The corn or heloma is a focal intractable plantar hyperkeratosis. It is a type of callosity. It is a typical, uncomfortable, thickened skin lesion which results from repeated mechanical trauma due to friction or pressure forces. This condition is commonly seen in athletes, unequal friction force from footwear or gait problems, including the elderly, patients with diabetes, and amputees, higher in females, certain ethnic groups, and mentally ill patients⁵. They often form on feet and toes or hands and fingers most preferential site of corns next to the condyles of the metatarsals and phalanges.

There are three types of corn: hard, soft, and seed. Hard corn or heloma durum is the most common type. It is seen on the dorsolateral aspect of the fifth toe or the dorsum of the interphalangeal joints of the lesser toes, sometimes beneath the nail plate⁶. If hard corns are infiltrated by blood vessels and/or nerve endings, it is known as vascular corns (heloma vasculare) or neurovascular corns (heloma neurovasculare). Untreated hard corns eventually become surrounded by a meshwork of fibrous tissue known as fibrous corns (heloma fascia). The soft corn or heloma molle is seen between opposing surfaces of adjacent foot digits, most commonly the fourth and fifth toes. Sometimes soft corn may be infected by secondary fungal or bacterial infections⁶. The seed corn or heloma millare is seen around the heel or non-weight-bearing areas of the plantar surface. Most seed corns are not painful⁷.

Pathologically there is significant changes occur in layers of the skin. In the epidermis stratum corneum, stratum granulosum, and keratinocytes increase in thickness, but the density of the keratinocytes decreases⁸. The lamellae of the stratum corneum become impacted to form a hard central core known as the radix or nucleus (Figure 1). In the dermis, there is degeneration of collagen fibres, and a proliferation of fibroblasts,

hypertrophied nerves, and scar tissue may extend to the subcutaneous fat. The pain occurs due to the pressure of the keratin plug into the dermis⁹. However, this lesion will increase the pressure in a tight shoe, thus creating a vicious cycle¹⁰.



Figure 1: Radix or nucleus of corns

There are different treatment modalities for the management of Kadara: agnikarma, ksharkarma, shastrakarma and lepana karma. The Agnikarma is a most common practice for Kadara by the use of Panchaloha shalaka and dravyas (herbs) like Pippali and Ajashakrth are commonly used. Kshara karma is another procedure for practice in Kadara management; Arka kshara is frequently used to manage Kadara. Surgical excision of corn tissue is another commonly used procedure for managing Kadara; Shastra karma has shown significant beneficial results compared to other procedures. For lepana karma, various dravyas are used, like Tutha (copper), Haridra (turmeric), Madayantika (Henna) and Karpoora (Camphor).

In contemporary science, various treatment procedures are available, like soaking corn in warm water, using padding, surgical excision of corn tissue, using keratolytic agent, laser therapy, and avoiding ill-fitting shoes.

CONCLUSION

The Kadara (corn) is a soft tissue disorder most commonly seen in females than males. In Ayurveda, there is various approach to the management of Kadara. From all the available treatment modalities of Kadara, it is clear that it may not have a complete cure, as a chance of recurrence may be there. Comparing all

treatment procedures, agnikarma can be considered the most appropriate management of Kadara (corn). It has a significant result, and the chance of recurrence is significantly lower.

REFERENCES

1. Madhavakara, Madhava Nidana with Madhukosha Sanskrit Commentary of Yadunandana Upadhyaya. Vol-2, Reprint edition, Kshudra roga Nidana Adhyaya, Chapter 55, Verse 1, Chaukhamba Prakashan, Varanasi; 2008. P 228.
2. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary Vol. I, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chapter 13, Verse 3, Chaukhamba Orientalia, Varanasi; 2017. P 544.
3. Vagbhata, Ashtanga Samgraha, Edited by K.R Srikanta Murthy English Commentary, Vol III, Uttara Sthana Kshudra roga Vijnaniya Adhyaya, Chapter 36, Verse 1, Reprint ed, Chaukhamba Orientalia, Varanasi; 2016. P 315.
4. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy English Commentary Vol. I, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chapter 13, Verse 30, Chaukhamba Orientalia, Varanasi; 2017. P 549.
5. Dunn JE *et al.* Prevalence of foot and ankle conditions in a multi-ethnic community sample of older adults. *Am J Epidemiol* Mar 1; 159(5):491-8, 2004.
6. Singh D, Bentley G, Trevino S. Keratotic lesions, corns and calluses. *BMJ*;1996. 312:1403-1406.
7. George DH. Management of hyperkeratotic lesions in the elderly patient. *Clin Podiatr Med Surg*. 1993; 10:69-77.
8. Rubin L. Hyperkeratosis in response to mechanical irritation. *J Investigative Dermatol*. 1949; 13:313-315.
9. Freeman DB. Corns and calluses resulting from mechanical hyperkeratosis. *Am Fam Physician*. 2002; 65:2277-2280.
10. Silfverskiold JP. Common foot problems. Relieving the pain of bunions, keratoses, corns, and calluses. *Postgrad Med*. 1991; 89:183-8.

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