

A Clinical Evaluation Of Chhedana Karma Followed By Snehadagdha In The Management Of Kadara W. S. R. To Corn

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Abstract

Background: *Kadara*, categorized under *Kshudra Roga* in classical Ayurvedic literature, is characterized by localized, hard, hyperkeratotic and painful skin lesions commonly occurring over pressure-bearing areas such as the soles and palms. Clinically it resembles corn in modern medicine and often leads to significant discomfort, restricted mobility and impairment in daily activities. Despite various conventional treatment modalities, recurrence of corn remains common due to persistent pressure, friction, and improper footwear. Therefore, identifying an effective and sustainable treatment modality that ensures long-term remission without recurrence is of substantial clinical relevance.

Objectives: To evaluate the clinical efficacy of *Chhedana Karma* followed by *Snehadagdha* in the management of *Kadara*, with special reference to corn.

Methods: Patients diagnosed with *Kadara* underwent *Chhedana Karma* followed by *Snehadagdha* as per classical Ayurvedic surgical principles. Clinical outcomes were assessed based on pain, tenderness, unit healing time and recurrence during follow-up.

Results: The intervention resulted in significant reduction in pain, tenderness and wound healing along with improved functional comfort. Wound healing was satisfactory in all cases with no major adverse events observed. Importantly, no recurrence was reported in any of the treated cases throughout the entire follow-up period, indicating sustained remission and durable therapeutic efficacy.

Conclusion: *Chhedana Karma* followed by *Snehadagdha* emerges as a safe, effective and definitive treatment modality for *Kadara*. The complete absence of recurrence highlights its potential as a superior long-term management strategy when performed in accordance with classical Ayurvedic surgical guidelines. Further large-scale studies are recommended to validate these findings and establish standardized clinical protocols.

Keywords: *Kadara*, Corn, *Chhedana Karma*, *Snehadagdha*, *Kshudra Roga*, Ayurvedic Surgery, Recurrence.

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INTRODUCTION

In Ayurveda, *Kadara* is included under *Kshudra Rogas* and presents clinically as a painful hyperkeratotic lesion caused by repeated pressure and friction.¹ It commonly affects pressure bearing areas such as the soles and palms, which clinically corresponds to corn in modern practice.² The condition frequently leads to pain, difficulty in walking, functional discomfort and reduced quality of life.

In contemporary medicine management options for corn include keratolytic agents, mechanical paring, cryotherapy and surgical excision.³ Although several treatment methods are available, recurrence is frequently observed because the underlying mechanical factors often persist. Therefore, there is a need for an effective treatment modality capable of providing long-term relief with minimal recurrence.

Classical Ayurvedic literature particularly the *Sushruta Samhita* describes *Kadara* as a condition to surgical

management. *Acharya Sushruta* describes *Chhedana Karma* (surgical excision) followed by *Dahana Karma* (cauterization) for complete removal of the lesion and prevention of recurrence. This approach is based on the principle of eliminating vitiated tissue and ensuring proper wound healing while minimizing the chances of recurrence.⁴

As described in classical Ayurvedic texts, *Kadara* is managed through *Chhedana Karma* followed by *Snehadagdha*. The present work is based on applying this classical surgical method in clinical practice.

Therefore, this study aims to observe and present the clinical outcomes of *Chhedana Karma* followed by *Snehadagdha* in the management of *Kadara*, particularly regarding pain, tenderness, wound healing and recurrence as experienced during practical application of the classical procedure.

Aim and Objectives

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Aim:

To clinically evaluate the efficacy of *Snehadagdha* followed by *Chhedana Karma* in the management of *Kadara* w.s.r. to corn.

Objectives:

- To assess the reduction in pain and tenderness after treatment.
- To evaluate the healing of the lesion post-procedure.
- To observe recurrence during the follow-up period.

Materials and Methods

- **Study Design** - A single-arm clinical evaluation study.
- **Selection of Patients** – 10 Patients presenting with classical features of *Kadara*/corn were selected from the *Shalya Tantra* OPD of *Shree Khudadada Dunga ji* Hospital Raipur Chhattisgarh. \

Inclusion Criteria

- The patients who presented with classical signs and symptoms of *Kadara* (corn).
- Patients included fall in the age group of 18 to 60 years.
- Patients of either sex were selected.
- Patients with controlled diabetes mellitus.
- Patients with controlled hypertension
- Both rural and urban residents were considered.

Exclusion Criteria

- Patients with uncontrolled diabetes mellitus and hypertension.
- Patients with known history of malignancy.
- Pregnant ladies.
- Autoimmune disease.
- Tuberculosis.
- Patient with Anatomical deformity of legs.
- Infected corn and infection on foot.

Intervention

Surgical Excision followed by *Snehadagdha (Tila Taila)* was done on 10 screened patients.

Required Materials

Allie's forcep, Tooth forcep, B.P. Handle, Scalpel No. 15, Cotton Pads, Cotton Swabs, Gauze piece, Roller Bandage, Povidone iodine solution, Surgical spirit, Small cotton ball, Syringe 5 ml, Xylocaine 2%, *Tila Taila*.

Procedure for Surgical excision and Snehadagdha –

The procedure was divided into 3 steps –

- 1) Poorvakarma
- 2) Pradhan karma
- 3) Pashchat karma

1) Poorvakarma -

It includes preparation in relation to the patient and procedure –

- The procedure was explained to the patient.
- Instruments preparation.

- Written consent.
- Inj. TT 0.5ml IM for sensitivity.
- Inj. Lignocaine 0.3ml ID for sensitivity.
- Investigation. (CBC, CT, BT, HIV, HbsAg, RBS)

1) Pradhan karma -

CHHEDANA KARMA-

Patient was shifted to Operation Theatre.

- The patient was asked to lie down on the operation table.
- The operative part was cleaned with aseptic solutions and draped with sterile cut drape sheet.
- Local infiltration anaesthesia of 3 to 5 ml of 2% Lignocaine in surrounding area of corn was given.
- Surgical blade no. 15 (*Vridhhi Patra*) put into BP handle and complete corn was excised in shape of a conical hard tissue.
- For *Sneha Dagdha*, *Tila Taila* was heated up to its smoking point. A small cotton ball was dipped in hot *Tila Taila* and then applied over the excised corn wound with gentle pressure for 2–5 seconds. This procedure was repeated until *Samyaka Dagdha Lakshana* appeared. (*e.g. Krishanonnavranta stravsannirodhasch etc*)⁵

Paschat Karma

- Proper Antiseptic dressing of the wound was done followed by bandaging.
- Advised antiseptic dressing on alternate days.
- The condition of the wound was keenly observed in each follow up visit.

Assessment Criteria

The patient was assessed on the basis of subjective and objective parameters before & after treatment.

- Pain
- Tenderness
- Unit Healing Time
- Recurrence

Grading

1. Pain - As the sufferer himself expressed the pain in his own terms, so this was graded starting from mild to severe as per with the Visual Analogue Scale (VAS).

- 0 - No pain/ Absence of pain
- 01 - Mild pain- between 1-3 mark on scale
- 02 - Moderate pain-between 4-6 mark on scale
- 03 - Severe pain-between 7-10 mark on scale

2. Tenderness

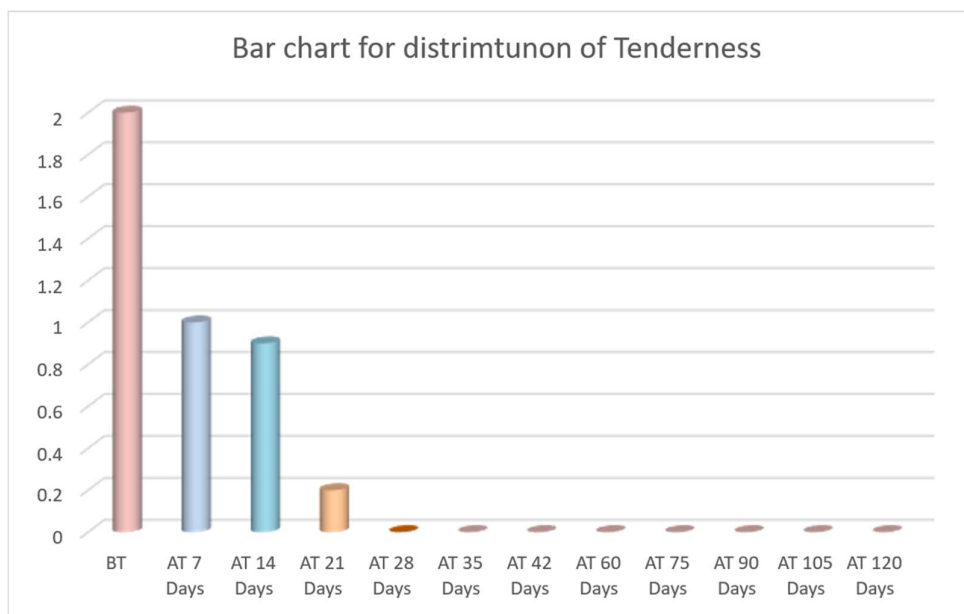
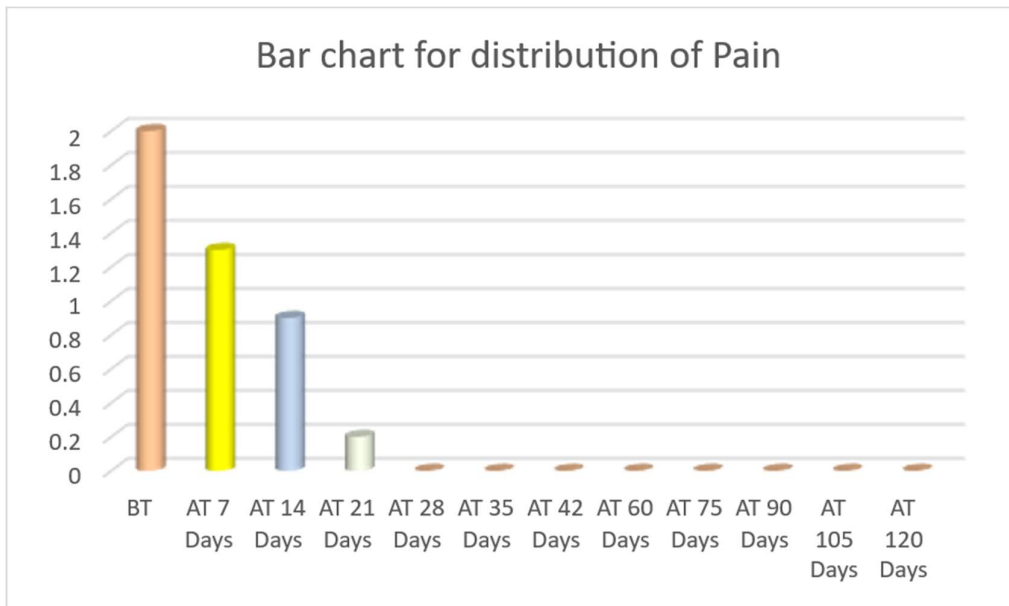
- 0 - No tenderness
- 01 - Pain on deep palpation
- 02 - Pain on slight pressure
- 03 - Pain even on touching

3. Unit Healing Time (UHT) – Unit healing time was calculated by dividing the total duration required for complete wound healing by the wound area. It helps in assessing the rate and progress of wound healing.

4. Recurrence

Recurrence was monitored up to 3 months after procedure.

RESULT AND DISCUSSION



Statistics	Unit Healing Time
Mean	33.60
Std. Error of Mean	2.33
Std. Deviation	7.38

Based on assessment criteria of pain, tenderness, unit healing time and recurrence, observations were recorded before and after treatment. Before treatment the mean score of pain was high, which gradually reduced during

the course of treatment. On 21st day the mean score of pain was reduced to 0.20 and on 28th day there was complete relief of pain in all patients. Thereafter no pain

was observed during the follow-up period, indicating 100% relief.

Before treatment the mean score of tenderness was 2.40, which gradually reduced with treatment. On 28th day the mean score of tenderness was reduced to 0.20 and thereafter tenderness subsided completely in all patients. The percentage relief in tenderness reached up to 100% by the end of treatment.

Unit healing time was assessed on the basis of duration required for complete healing. The mean unit healing time observed in this study was 33.60 days with standard error of mean 2.33 and standard deviation 7.38, indicating satisfactory and consistent healing among patients.

Regarding recurrence, no recurrence was observed in any patient during the follow-up period. Thus, the recurrence rate was found to be 0%.

DISCUSSION

Kadara is a localized painful condition caused by repeated pressure and friction over the prominent surface, leading to formation of a hard lesion. According to Ayurveda, it is mainly due to vitiation of *Vata* and *Kapha Dosh*, where *Vata* is responsible for pain and *Kapha* contributes to the thickened structure of the lesion. In the present study, *Chhedana Karma* followed by *Snehadagdha* was adopted as the treatment modality. The significant reduction in pain observed during the study may be attributed to the effect of *Chhedana Karma*, which removes the core of the lesion and relieves pressure on underlying tissues. *Snehadagdha*, due to its *Snigdha* and *Ushna* properties, helps in pacifying *Vata Dosh*, thereby reducing pain effectively.

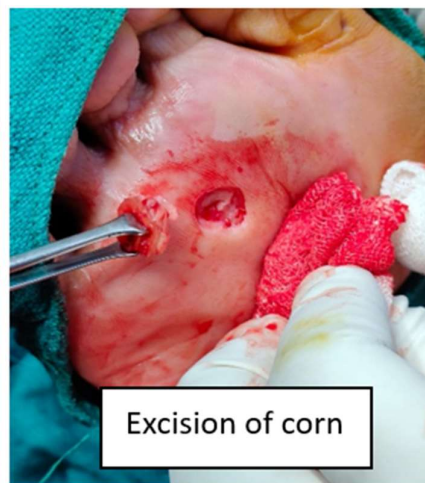
The complete relief of pain by 28th day indicates the efficacy of the combined procedure.⁶

Tenderness, which indicates local inflammation and tissue sensitivity, also showed marked improvement. The gradual reduction and complete absence of tenderness suggest proper removal of diseased tissue and reduction of inflammatory response. The *Ushna* property of *Snehadagdha* may have improved local circulation and facilitated resolution of inflammation.

The mean unit healing time of 33.60 days indicates satisfactory healing. The thermal effect of *Snehadagdha* may have enhanced tissue metabolism, improved blood circulation and promoted proper granulation and epithelialization. The low variability in healing time suggests uniform response to treatment among patients. No recurrence observed in the study indicates that the procedure effectively eliminates the root cause of *Kadara*. *Chhedana Karma* removes the nidus of the lesion, while *Snehadagdha* destroys any residual pathological tissue, thereby preventing regrowth.

CONCLUSION

In the present clinical study, it was observed that *Chhedana Karma* followed by *Snehadagdha* has significant effect in the management of *Kadara*. There was complete relief in pain and tenderness, satisfactory healing within a mean duration of 33.60 days and no recurrence during follow-up period. The procedure was found to be simple, effective and economical. Hence, this treatment can be considered as a safe and effective modality in the management of *Kadara*. Further studies on larger sample size are recommended to validate the findings.





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