

LITERATURE REVIEW ON THE MANAGEMENT OF *KADARA* WITH
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ABSTRACT

Kadara is a common disorder described in Ayurvedic literature under *Kṣhudra Rogas*. It is characterized by a hard, painful, nail-like growth occurring predominantly on the plantar surface of the foot due to repeated pressure, friction, trauma, or improper walking habits. Clinically, *Kadara* resembles corn (*Clavus*), a localized hyperkeratotic lesion resulting from chronic mechanical stress. Although not life-threatening, it significantly affects mobility, daily activities, and quality of life. **Objective:** The present review aims to explore the classical Ayurvedic concept of *Kadara* and correlate it with contemporary understanding of corn (*Clavus*), focusing on its etiology, pathogenesis, clinical features, diagnosis, and management. **Materials and Methods:** Relevant information regarding *Kadara* was collected and reviewed from classical Ayurvedic texts including *Sushruta Saṁhitā*, *Aṣṭāṅga Hṛdaya*,

Charaka Saṁhitā, and other authoritative commentaries. Modern medical literature, research articles, textbooks, and online databases were also reviewed to establish a comparative understanding. **Results:** Ayurvedic literature describes *Kadara* as a *Vāta*-predominant disorder caused by repeated trauma and pressure, leading to the development of a hard, conical lesion in the skin. Sushruta has emphasized para-surgical interventions such as *Agnikarma* and *Kṣhārakarma* for its effective management. Modern medicine recognizes corn as a hyperkeratotic lesion caused by continuous pressure and friction, managed through conservative measures and surgical excision when necessary. The review highlights considerable similarities between the Ayurvedic and modern perspectives regarding etiology,

pathology, and treatment principles. **Conclusion:** *Kadara* is a clinically significant condition with a close resemblance to corn (Clavus). Ayurvedic management, particularly *Agnikarma* and *Kṣhāarakarma*, offers effective therapeutic options with minimal recurrence. An integrated understanding of classical Ayurvedic concepts and modern medical knowledge may contribute to better management and improved patient outcomes.

KEYWORDS: *Kadara*, Corn, Clavus, *Kṣhudra Roga*, *Agnikarma*, *Kṣhāarakarma*, Hyperkeratosis, Ayurveda.

INTRODUCTION

Kadara is a common and painful disorder described under *Kṣhudra Rogas* in Ayurvedic literature. The condition is characterized by the development of a hard, rough, and painful growth in the skin, particularly over the plantar surface of the foot. Due to its painful nature and its effect on locomotion, *Kadara* has been recognized as an important surgical condition since ancient times. The word *Kadara* generally denotes a hard, peg-like lesion deeply embedded in the skin, producing pain during standing and walking. Although it is not a life-threatening disease, it significantly affects an individual's quality of life by interfering with routine activities and mobility.

Acharya *Sushruta*, regarded as the father of surgery, has described *Kadara* in detail among the *Kṣhudra Rogas*. According to *Sushruta*, repeated trauma, pressure, friction, thorn prick, stone injury, and other external insults lead to vitiation of *Vāta and Kapha Doṣas*, resulting in the formation of a hard, elevated, and deeply rooted lesion. The lesion is often associated with pain, tenderness, and difficulty in walking. Owing to its chronicity and tendency to recur, *Kadara* requires proper management to achieve complete relief.

In the present era, changing lifestyles, prolonged standing, increased participation in physical activities, obesity, and the use of ill-fitting footwear have contributed to the rising incidence of foot disorders. Among these, **Corn (Clavus)** is one of the most commonly encountered conditions in clinical practice. Corn is defined as a localized area of hyperkeratosis that develops due to repeated pressure and friction over bony prominences. It commonly affects the feet and presents as a painful, circumscribed, conical thickening of the skin. The clinical features of Corn closely resemble the description of *Kadara* found in Ayurvedic texts.

The pathogenesis of Corn involves chronic mechanical stress leading to excessive proliferation of keratinized skin. The central core of the lesion exerts pressure on the underlying nerve endings, resulting in pain during walking and weight-bearing activities. Similarly, Ayurveda explains the development of *Kadara* through the aggravation of *Vāta* and *Kapha* Doṣas following repeated trauma, producing a hard and painful lesion. Thus, there exists a remarkable correlation between the Ayurvedic concept of *Kadara* and the modern description of Corn (Clavus).

Various treatment modalities have been described in Ayurveda for the management of *Kadara*. These include ***Chedana Karma* (excision)**, ***Kṣhārakarma* (chemical cauterization)**, ***Agnikarma* (thermal cauterization)**, and **local medicinal applications**. Among these procedures, *Agnikarma* is considered highly effective due to its ability to remove the lesion, alleviate pain, and minimize recurrence. Modern treatment options include paring, keratolytic agents, cryotherapy, corrective footwear, and surgical excision. Despite the availability of various treatment methods, recurrence remains a common problem, highlighting the need for effective and economical therapeutic approaches.

A comprehensive understanding of *Kadara* from both Ayurvedic and modern perspectives is essential for establishing effective management strategies. Therefore, the present review article aims to critically analyze the classical Ayurvedic descriptions of *Kadara* and correlate them with contemporary medical knowledge regarding Corn (Clavus). The review also focuses on its etiology, pathogenesis, clinical features, diagnosis, and various treatment modalities described in Ayurveda and modern medicine.

MATERIALS AND METHODS

The review was conducted by collecting references from classical Ayurvedic texts, commentaries, modern textbooks of surgery and dermatology, and published research articles related to *Kadara* and Corn.

HISTORICAL REVIEW

Kadara is first elaborately described by Acharya *Sushruta* under *Kshudra Rogas*. *Vagbhata* has also mentioned *Kadara* and its treatment principles in *Ashtanga Hridaya*. Although *Charaka Samhita* does not provide a separate description, the disease can be understood based on *Dosha-Dushya* interactions and principles of *Shalya tantra*.

NIRUKTI (ETYMOLOGY)

The word "*Kadara*" is derived from Sanskrit literature and generally denotes a hard, peg-like structure deeply rooted within tissues causing pain on pressure.

NIDANA (ETIOLOGICAL FACTORS)

According to Ayurveda.

शर्करोन्मथिते पादे क्षते वा कण्टकादिभिः ।

मेदोरक्तानुगैश्चैव दोषैर्वा जायते नृणाम् ॥

सकीलकठिनो ग्रन्थिर्निम्नमध्योन्नतोऽपि वा ।

कोलमात्रः सरुक् स्रावी जायते कदरस्तु सः ॥

Sushruta Nidan 13/30-31

- Repeated trauma
- Thorn prick
- Stone injury
- Excessive walking
- Improper footwear
- Uneven gait
- Continuous pressure over feet

Modern Etiological Factors.

- Tight-fitting shoes
- High-heeled footwear
- Obesity
- Bony deformities
- Occupational prolonged standing
- Abnormal gait

SAMPRAPTI (PATHOGENESIS)

- Repeated trauma and friction cause aggravation of *Vata* and *Kapha* Doshas.
- Aggravated *Vata* causes pain and dryness, whereas *Kapha* contributes to thickening and induration of skin.

- This leads to localized accumulation within *Twak* and *Mansa* producing a hard, painful lesion called *Kadara*.

CLINICAL FEATURES

Ayurvedic Features

- *Kila-sadrisha* (nail-like projection)
- *Ghana* (hard consistency)
- *Vedanayukta* (painful)
- *Gambhira Mula* (deep-rooted)

Modern Features

- Hyperkeratotic papule
- Central translucent core
- Pain on direct pressure
- Difficulty in walking

DIFFERENTIAL DIAGNOSIS

Disease	Characteristic Feature
<i>Kadara</i>/Corn	Painful central core
Plantar wart	Black dots present
Callosity	Diffuse thickening
Foreign body granuloma	History of trauma
Inclusion cyst	Soft consistency

DIAGNOSIS

Diagnosis is mainly clinical.

Investigations are usually unnecessary but may include.

- Dermoscopy
- Histopathological examination
- X-ray foot in selected cases

MANAGEMENT

Ayurvedic Management

उत्कृत्य दग्ध्वा स्नेहेन जयेत् कदरसञ्ज्ञकम् ॥

Sushruta Chikitsa 20/13

"*Kadara* (corn) should be treated by excision (*utkritya*), followed by cauterization (*dagdhvā*), and subsequently managed with unctuous substances (*snehena*)."

1. **उत्कृत्य (Utkṛtya)** – The lesion is surgically excised or scraped out completely, including its central hard core.
2. **दग्ध्वा (Dagdhvā)** – After excision, the base of the lesion is cauterized, usually by **Agnikarma (thermal cautery)** or **Kṣhāra Karma (chemical cautery)**, to destroy any remaining diseased tissue and prevent recurrence.
3. **स्नेहेन (Snehena)** – Finally, unctuous substances such as medicated ghee or oil are applied to promote wound healing, reduce pain, and restore normal tissue.

Therapeutic cauterization performed after excision.

Benefits

- Immediate pain relief
- Reduced recurrence
- Minimal bleeding

Ksharakarma

Application of alkaline preparations.

Advantages

- Chemical debridement
- Cost-effective
- Outpatient procedure

Chedana Karma

Surgical excision using sharp instruments.

Local Applications

- *Jatyadi Taila*
- *Haridra Churna*
- *Apamarga Kshara*

Modern Management

Conservative Treatment

- Keratolytic agents
- Salicylic acid

- Foot pads
- Proper footwear

Surgical Treatment

- Paring
- Curettage
- Cryotherapy
- Laser ablation
- Excision

DISCUSSION

Kadara exhibits considerable similarities with Corn (Clavus) in terms of etiological factors, morphology, symptomatology, and pathological changes. Both conditions predominantly affect weight-bearing areas of the foot and arise due to repeated pressure, friction, and trauma.

Suśhruta advocated a multimodal approach for the management of *Kadara* comprising ***Utkartana* (surgical excision), followed by *Dagdhakarma* (cauterization) and subsequent application of *Sneha*.** The statement “उत्कृत्य दग्ध्वा स्नेहेन जयेत् कदरसञ्ज्ञकम् ॥” indicates that cauterization was performed after surgical removal of the lesion and was followed by local oleation to facilitate healing. Thus, in the classical description, ***Dagdhakarma* appears to be an adjunctive procedure following excision rather than an independent primary therapeutic modality for *Kadara*.** From a contemporary perspective, post-excisional cauterization may aid in complete eradication of the lesion and reduce the likelihood of recurrence.

Modern management of corn includes keratolytic agents, protective padding, cryotherapy, laser ablation, and surgical excision. However, recurrence remains a common concern if underlying mechanical factors such as ill-fitting footwear, abnormal gait, obesity, or bony deformities are not corrected. Therefore, an integrated approach combining correction of precipitating factors with appropriate therapeutic interventions may provide better long-term outcomes in the management of *Kadara*.

CONCLUSION

Kadara is a painful *Kṣhudra Roga* closely resembling Corn (Clavus) in its etiology, clinical features, and pathology. *Suśhruta* described its management through ***Utkartana (excision)***, followed by ***Dagdhakarma and Snehana***, indicating a multimodal treatment approach. Proper lesion removal along with correction of predisposing mechanical factors may help reduce recurrence and improve therapeutic outcomes.

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