

REVIEW ARTICLE ON KADAR (CORN)

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As a science of Life and Health, the different branches of Ayurveda have evolved over the long period as health being mainly concerned with preventing as well as curing the diseases. With change in time and life style of people, increased pace of life the symptoms of some disease become violent. There are few diseases which have simple pathology but difficult to cure that called as Kshudra-roga Acharya Sushrut has described Kadar as kshudra in Sushrut Samhita Chapter 20 in Chikitsa Sthan and Nidansthana chapter 13.”. Acharya Bhoj also describes this disease. Modern correlation of kadar is corn. Corn is localized hyperkeratosis of the skin. It is usually occurs at the sites of pressure e.g. on the sole and toes. Repeated injuries and friction to sole cause the corn. Wearing defective wear, thorn prick, etc can also cause the corn. There is usually

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a horny induration of the cuticle with a hard center. Corn may be painful particularly when it is rubbed. Corn has a tendency to recur after excision. A corn has a central core which reaches the deeper layer of dermis. These are found in soles, tips of toes and dorsal surface of interphalangeal joints occurring due to defective footwears. Shalyatantra has been hailed as the most important branch of Ayurveda. The uniqueness of Shalyatantra is due to the availability of dual treatment procedure i.e., shalya karma (surgical procedure) & Anushastra karma (para surgical procedure like Agnikarma, Raktamokshana etc.) Acharya Shushruta has advices Utkartan (excision) followed by 'Agnikarma'. it is best treatment for prevent

reoccurrences of Kadar.

INTRODUCTION

A corn, also known as a "clavus," heloma," or "focal intractable plantar hyperkeratosis," is a type of callosity. Corn is a thickened localized hyperkeratosis of the skin. According to Acharya Sushrut "Kadar" is one of the kshudra Roga. Kadar is Kapha-Vataj disorder that also vitiates Meda and Raktadhatu. Corn is circumscribed, conical and horny thickening with central translucent pit found on the dorsal of the toes, soles and between toes. It has a base on the central on the surface and central penetrating core that cause pain in subjacent structure. Core may disappear spontaneously if pressure is removed.

Corn may be painful particularly when it is rubbed. Corn has a tendency to reoccur after excision. A corn has a central core which reacts with the deeper layers of dermis. Too much pressure or repeated friction, injury on some part of body give rise to Kadar (corn). due to these cause the Doshas becoming aggravated together with fat and blood, it give rise to a tumour, hard like bolt. Corn is a localized hyperkeratosis and generally occurs on the top and sides of toe.

CAUSES

शर्करोन्मथिते पादेक्षते वा कण्टकादिभिः । मेदोरक्तानुगैश्चैव दोषैवा जायते नृणाम् ॥३०॥
सकीलकठिनो ग्रन्थिर्निप्रमध्योन्नतोडपि वा । कोलमात्रः सरुक स्रावी जायते कदरस्तुसः ॥३१॥

1. Improper walking motion.
2. Ill fitting shoes.
3. Heeled high shoes. High heel shoes put pressure of the toes and make women four times as likely as men to have foot problems.
4. Foot deformities and wearing shoes without socks which leads to friction on the feet.
5. Corns may be harmful by causing abscess. Bacteria enters corns through breaks in the skin and cause the infected skin to discharge fluid or pus.

Types

There are two main variants of corn: or pus

- Hard corn (heloma durum) – This is the most common type of corn, usually located over the lateral and dorsal aspect of the fifth toe as well as on the dorsal aspect of the interphalangeal joints of the lesser toes.

- Soft corn or interdigital corn (heloma molle) – this lesion is a painful hyperkeratotic lesion, primarily seen in the interdigital web spaces, especially the fourth space. This location often leads to maceration of the corn, with sometimes the occurrence of a bacterial or fungal infection or ulceration.^[2]

Some authors add to these two variants a third one, called seed corn, which manifests as multiple nonpainful keratotic plugs within plantar calluses in non-pressure-bearing areas of the soles.

DIFFERENTIAL DIAGNOSIS

1. **Callus.** It is either asymptomatic or painful on pressure with a feeling like walking with a pebble in one's shoes. Corn may cause a severe knife like pain on downward pressure or a constant dull discomfort.
2. **Wart** - Pain is elicited in wart on lateral pressure and corn on direct pressure.

TREATMENT/ MANAGEMENT

उत्कृत्य दग्धा स्त्रेहेन जयेत् कदरसंज्ञकम् ॥ (सु० चि० 20/ ३३)

In Sushruta Chikitsa

1. Excision of corn then Dahan by tail.
2. Agnikarma is very effective & prevents recur in mostly case.
3. Preventive measures may be as using soft shoes or soft pads at the pressure points of the sole.
4. Application of salicylic acid.
5. Carnation cap.
6. If these measures fail and the corn is painful, it should be excised with particular care to take off the deep root of the central core. This often prevents recurrence.

Methods of agnikarma in kadar (corn)

- Prior to the procedure, the patient should be thoroughly informed about Agnikarma, and written informed consent must be obtained.
- Tetanus prophylaxis should be administered intramuscularly before performing the procedure.
- The patient should be positioned appropriately based on the site where Agnikarma is to be carried out.

- The area selected for Agnikarma should be cleansed using an antiseptic solution or Triphala Kwatha (decoction). Alcohol-based antiseptics should be avoided due to their inflammable nature.
- The Agnikarma Shalaka is heated until it becomes red hot using a gas burner. In modern practice, a portable thermal cautery device may be used, eliminating the need for traditional heating methods.
- After reassuring the patient, the heated Shalaka is applied over the corn in a circular manner to produce an adequate therapeutic burn. Special care should be taken to cauterize the deeply seated root of the lesion to prevent recurrence.
- Following Agnikarma, fresh Aloe vera pulp is applied to reduce the burning sensation. The burn wound is then dressed with a mixture of honey and Ghrita, followed by sterile bandaging.
- Analgesics and antibiotics may be prescribed when necessary.
- The procedure may be repeated in subsequent sittings at an interval of seven days, depending on the clinical response.

Self-Care Guidelines

1. Use well-fitting footwear that protects the feet and ensures even distribution of body weight.
2. Maintain proper posture while standing and walking to avoid excessive pressure on any particular area of the foot.
3. Keep body weight within a healthy range, as excess weight increases stress and pressure on the feet.
4. Practice regular foot care, including proper cleaning, gentle rubbing, and massage to maintain foot health.

CONCLUSION

Kadar, which corresponds to corn in modern medical science, is classified under Kshudra Roga in Ayurveda. Agnikarma provides rapid and effective relief in the management of corn, demonstrating its usefulness as a minimally invasive and cost-effective treatment modality. The procedure promotes localized tissue destruction followed by proper healing, making it a valuable alternative to conventional treatments, particularly for patients seeking immediate pain relief and reduced chances of recurrence.

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