



ISSN 2456-3110

Vol 9 · Issue 11

November 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Efficacy of Herbal *Madayantikyadi Cap* in the management of *Kshudraroga Kadara* (Corn) - A Case Series

Abhishek Mavale¹, Devyani Dasar²

¹Post Graduate Scholar, Dept. of Shalya Tantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Higher Medical and Research, Wardha, India.

²Associate Professor, Dept. of Shalya Tantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Higher Medical and Research, Wardha, India.

ABSTRACT

Kadara is an Ayurvedic term for a skin condition that is similar to a corn in modern medicine. Patients in the current case series were chosen for local application of *Madayantikyadi Cap* on alternate days for eight days after visiting the OPD of *Shalyatantra* of Mahatma Gandhi Ayurved College Hospital and Research Centre Salod(H), Wardha for the treatment of *Kadara*. Local *Madayantikyadi Cap* application, two follow-ups were conducted at intervals of 15 and 21 days. Complete scraping occurred, pain and sensitivity decreased, and no recurrence was seen till the follow-up period. **Methodology:** Five patients of *Kadara* (Foot corn) disorders to get *Madayantikyadi Cap* local application and kept overnight for alternate day for 8 days. **Result:** The outcomes of using *Madayantikyadi cap* locally were quite favorable. Significant reductions were made in pain and difficulty during walking, tenderness and size of lesion. In terms of overall results, foot corns patients were entirely cured. **Conclusion:** *Madayantikyadi cap* locally is beneficial in reducing pain and difficulty during walking, tenderness, and size of lesion, according to several treatments, assessments, and discoveries. As a result, it is possible to conclude that local application has therapeutic value in the treatment of foot corn. It Concluded application of Local *Madayantikyadi cap* formulation as an *Anubhoot Yoga* more effective on *Kadara* (foot corn).

Key words: Ayurvedic *Kshudraroga*, *Kadara* (corn), Ayurvedic Management, *Madayantikyadi cap*.

INTRODUCTION

Acharya Sushruta was the first to mention *Kadara* in *Nidana Sthana Adhyaya Kshudra Roga*. Extreme pain and agony are experienced by the afflicted individual. The site of the swelling, the underlying causes, clinical characteristics, and other elements may all be used to correlate *Kadara*. In India, there are around 10 million instances of corn each year. Corn caps, salicylic acid

paints, cryotherapy, and surgical excision are the current therapeutic options available in modern science. A high risk of recurrence is linked to each of these modalities. All allopathy management mention local plaster application as the course of management in *Kadara* (foot corn). *Agnikarma* and the local use of *Pippali Taila* as the *Sneha Dravya* to be employed for *Agnikarma* are especially mentioned by *Acharya Sushruta* and *Acharya Charaka*. Patients in the current case series were chosen for local application of *Madayantikyadi Cap* on alternate days for eight days after visiting the OPD of *Shalyatantra* of Mahatma Gandhi Ayurved College Hospital and Research Centre Salod(H), Wardha for the treatment of *Kadara*.

Information about patients and Operative management

CASE - A

A 34-year-old female patient arrived at Shalya OPD complaining of formation of lesion on left foot sole great toe region, and complaining of pricking like pain during walking or after applying pressure also

Address for correspondence:

Dr. Abhishek Mavale

Post Graduate Scholar, Dept. of Shalya Tantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Higher Medical and Research, Wardha, India.

E-mail: drabhishekmavale@gmail.com

Submission Date: 13/10/2024 Accepted Date: 22/11/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.11.48

tenderness from the last one month. Following local examination stated that *Kadara* (foo corn). Following all normal investigations, surgical intervention was selected. In the Shalya Tantra Department of MGACH and RC, the procedure involved application of *Madayantikyadi cap* locally and kept overnight alternate days for 8 days.

CASE - B

A 40-year-old male patient arrived with symptoms of pricking like pain and difficulty during walking because of formation of round lesion on right sided foot sole from last 8 days. After conducting all necessary tests, and local examination we diagnosed that *Kadara* (foot corn). So, patient came to MGAC Hospital, for further management. The procedure involved application of *Madayantikyadi cap* locally and kept overnight alternate days for 8 days

CASE - C

A 26-year-old girl who came at Shalya OPD of MGAC Hospital with complained of developed lesion on left foot sole lateral eminence. Pricking like pain after walking and applying pressure also tenderness. After local examination found a *Kadara* (foot corn). Performing all necessary tests, and advice for application of *Madayantikyadi cap* locally and kept overnight alternate days for 8 days

CASE - D

A 61-year-old male patient consulted Shalya OPD with symptoms of formation of lesion on left foot sole also Pricking like pain and intermittent discomfort during walking also tenderness on a local examination, diagnosed with *Kadara* (foot corn). After patient come to *Shalya Tantra* Department of MGACH and RC, advice for application of *Madayantikyadi cap* locally and kept overnight alternate days for 8 days

Table 1: Investigations

Investigation	A	B	C	D
RBS	102mg/dl	117mg/dl	138mg/dl	155mg/dl
HIV and HBSAG	Negative and Non-Reactive	Negative and Non-Reactive	Negative and Non-Reactive	Negative and Non-Reactive

Table 2: Postoperative maintenance

Following each case, the common treatment plan detailed in table no. 2 below was carried out.

Herbal Drugs	Management	Duration
<i>Madayantikyadi cap</i>	<i>Madayantikyadi cap</i> local application kept overnight alternate day	From Day - 0 To Day - 8
Tab. <i>Triphala Guggul</i>	After local application of <i>Madayantikyadi cap</i> , Take 2 tabs of <i>Triphala Guggul</i> with a cup of moderately warm water.	From Day - 0 For 15 Days

Table 3: Posology

Intervention	Dose and Frequency	Duration	Application period	Assessment period	Follow up
<i>Madayantik yadi Cap</i>	Alternate Day	7 Days	1st, 3rd, 5th, 7th day	2 nd , 4 th , 6 th , 8 th day	15 th , 21 st day

Table 4: Assessment Criteria

Parameters	Grade	Criteria
Size of Lesion ^[1]	0	No Lesion
	1	< 10mm
	2	Diameter Between 10-20 Mm
	3	>20 Mm
	Grade	Criteria
Pain ^[2]	0	No pain
	1	Mild pain but no difficulty in working
	2	Moderate pain severe difficulty in working
	3	Severe pain and working not possible

	Grade	Criteria
Tenderness^[3]	0	Tenderness absent
	1	Mild tenderness to palpation
	2	Moderate tenderness to palpation
	3	Severe Tenderness on palpitation with withdrawal
	4	Severe tenderness with withdrawal from noxious stimuli
	Grade	Criteria
Difficulty During Walking^[4]	0	Nil, No pain when walking
	1	Mild pain reported when walking, but managed to walk without any abnormality or without disturbing the pattern of walking
	2	Moderate pain when walking, can walk, but the pattern of walking is disturbed
	3	Severe pain, very difficult to walk, the pattern of walking is disturbed very much

		DAY-8	0	0	0	1
2.	Tenderness	Day-0	3	4	3	4
		DAY-2	2	3	2	3
		DAY-4	1	2	2	3
		DAY-6	0	1	1	2
		DAY-8	0	0	0	1
3.	Difficulty During Walking	Day-0	2	2	2	3
		DAY-2	2	1	1	2
		DAY-4	1	0	0	2
		DAY-6	0	0	0	1
		DAY-8	0	0	0	0
4.	Size of Lesion	Day-0	2	3	3	3
		Day-2	1	2	2	3
		Day-4	1	2	1	2
		Day-6	0	1	1	1
		Day-8	0	1	0	0

All five of the patients' metrics have shown a significant improvement. After the administration of Madayantikyadi cap local application, significant differences were seen in terms of pain and difficulty during walking, tenderness, and even size of lesion. The assessments of the patients and their observations are displayed in the following table.

Table 5: Assessment Parameters

SN	Assessments	Day	Case-A	Case-B	Case-C	Case-D
1.	Pain	Day-0	3	3	3	3
		DAY-2	3	2	1	3
		DAY-4	2	1	1	2
		DAY-6	1	1	0	2

Figures



Figure 1: Before Treatment



Figure 2: Application of Madayantikyadi Cap



Figure 3: After Treatment

METHODOLOGY

Patients were selected with symptomatic findings and written informed consent was taken. Investigations (HbsAg, HIV, RBS, etc.) were done. Patient sat in a comfortable position over the table and the site of the lesion was cleaned with Normal saline, Madayantikyadi cap was applied and tight bandaging was done and cap was applied continuously for alternate days for 8 days. Patient was advised to keep the cap overnight. The observation was recorded before the treatment and after the treatment regarding the changes in the symptoms with the above procedures in the case proforma specially designed for the study.

RESULT

In this study patients had a symptom of pain and difficulty in walking also tenderness from the baseline after application of Madayantikyadi cap locally gradually decreases day by day as shown in assessment in Table No. 5. After treatment there was significant reduction in size of lesion, within 15-21 days as shown in figure.3 with no tenderness, size also decrease and tissue recovery was also observed there were no complications.

DISCUSSION

Our Acharyas have proposed various therapeutic methods for managing diseases. In Bhaishajya Kalpana, the external application of herbal drugs in the form of a paste is referred to as Lepa Kalpana, one of the Shasti Upakramas.^[5] This practice involves applying medicinal substances to the skin or mucous membranes, commonly used for conditions like inflammation, wound healing, and cleansing. The effectiveness of Lepa Kalpana requires further research to validate its benefits. Madyantikadi Cap are a modern adaptation of this concept.^[6] In today's fast-paced world, where following traditional Ayurvedic treatments exactly as prescribed in the Samhitas can be difficult, the development of Madyantikadi cap offers a convenient and effective solution for treating Kadara.^[7] Acharya Sushrut explains the similar symptoms under the topic of Kshudra Rogas,

specifically as *Kadara*. *Kadara* is a *Kolamatra Granthi* that is observed when a person is hit by a stone or thorn over foot.[8] owing to which the person experiences a sharp pain and discomfort which hampers the quality of life of person. In this case series, we have studied and evaluated the efficacy of an *Anubhoot Yoga* which works excellent in curing the symptoms of *Kadara* (foot corn). This *Anubhut Yoga* is *Madyantikadi* cap, which contains *Madyantika*, *Sasyaka*, *Haridra*, *Karpoor* as the main ingredients. All these four drugs and their extract

Madyantika (Lawsonia inermis)

The leaves, flowers, and seeds are used for medicinal purposes. The external application of the paste of its leaves is useful in burning hands and feet, headaches, and skin diseases like scabies and ringworms. It is one of the best herbs, used to alleviate the burning sensation of the body (*Daha Prasamana*) like *Ushira*, *Candana*, and *Madhuka* flowers. By using the disc diffusion method, the antibacterial activity of *Lawsonia inermis* was assessed against six bacterial strains: *Escherichia coli*, *Staphylococcus aureus*, *Bacillus subtilise*, *Salmonella typhi*, *Klebsiella*, and *Pseudomonas aeruginosa*. All of the examined bacterial strains were resistant to the antibacterial effects of crude ethanolic, hexane, ethyl acetate, and aqueous methanol fraction, especially when applied. *Lawsonia inermis* leaf extracts, both alcoholic and aqueous, were tested for their antibacterial properties against *Staphylococcus aureus* and *Staphylococcus epidermidis*, two bacteria that were isolated from clinical cases of acne vulgaris.^[9]

Sasyaka (Tuttha - Copper sulphate)

Properly prepared '*Sasyaka Bhasma*' possesses '*Lekhana*' and '*Bhedana*' *Karma*, *Kashaya* and *Madhura Rasa* and *Laghu Guṇa*. It is a good '*Krmighna*'. It is useful in *Netraroga*, *Prameha* and *Medoroga*. It mitigates '*Kapha-Pitta Doṣa*'. It possesses *Sankocaka* and strengthens the 'central nervous system'. Its internal or external use will cure many types of skin diseases. - Effective in reducing thickened and hardened skin areas, such as calluses, by breaking down the excess keratinized tissue. *Sasyaka* (Copper

sulphate) *Bhasma* possesses *Katu* (Pungent), *Kashaya* (Astringent), *Madhura* (Sweet) and *Kinchit Kshara Rasa* (Slight Alkaline), *Laghu* (Light), *Guru Guna* (Heavy), *Ushna Veerya* (Hot), *Katu* (Pungent) *Vipaka* and *Tridoshashamana* (Alleviates *Kapha*, *Pitta* and *Vata*) and *Lekhana* (Scraping) *karma*.^[10]

Karpoor (Cinnamomum Camphora)

It also smooths rough, cracked, and coarse heels, tones the skin, and aids in the healing of burn scars. Its antispasmodic qualities can effectively alleviate a variety of issues, including sprains, joints, cramps, and spasms. When applied locally, camphor has antiperspirant, analgesic, and skin-beneficial properties. Extracted camphor offers a substantial quantity of antioxidant capabilities, according to research. Biochemicals called antioxidants have the ability to lessen all oxidation processes, which can result in the production of free radicals. Inflammation of the blood vessels around a nerve can cause neuralgia, a very painful condition that may be alleviated with the use of camphor oil.^[11]

Haridra (Curcuma longa)

The anti-inflammatory and pain-relieving properties of *Haridra* hold high significance in treating different types of ulcers. It forms reactive oxygen species that damage the proteins and DNA of normal cells. Additionally, nitric oxide plays a vital role in the up-regulation of cytokines that trigger the development of inflammatory diseases. Facilitates wound healing whereas the paste of turmeric powder not only helps in stopping blood flow from a cut or wound but also helps in treating the scar tissue. Imbued with potent antioxidant, antimicrobial and anti-inflammatory properties, *Haridra* offers blood purifying activity that helps in removing toxins from the blood and hence helps to manage a host of skin diseases.^[12]

CONCLUSION

Madyantika caps are formulated with a blend of drugs characterized by *Laghu*, *Ruksha*, and *Tikshna* properties, and possess *Vatakaphahara* qualities, particularly effective in reducing *Kapha*. This helps to reduce swelling, balance the *Doshas*, and lower the risk

of recurrence. Additionally, these caps have attributes like *Vedana Stapanana* (pain relief) and *Daha Prashamana* (soothing inflammation), which effectively reduce pain. The therapy is also more economical compared to surgical excision, as it minimizes the need for post-surgical dressings, antibiotics, analgesics, anti-inflammatory medications, and wound-healing agents. The unique properties like scrapping, pain relieving, scar healing of the various drugs in *Madyantikadi cap* make it highly effective in treating *Kadara*. The cohesive action of *Madyantika*, *Sasyaka*, *Karpoor* and *Haridra* have demonstrated remarkable results, as observed in the post-treatment follow-up (refer to Fig.). Additionally, the patient expressed great satisfaction with the treatment and provided positive feedback, noting that there was no recurrence even during later follow-ups.

Acknowledgement

I would like to express our sincere gratitude to all individuals and institutions that contributed to this case report. Our heartfelt thanks go to the healthcare professionals who provided invaluable support and guidance throughout the study. I also appreciate the cooperation of the patient, who's willingness to share their experience was essential to this work. Additionally, I am thanking PG-STAR Team Central Council for Research in Ayurvedic Sciences (CCRAS) Ministry of AYUSH, Govt. of India for their constructive feedback and encouragement during the preparation of this report. Finally, I acknowledge the resources and facilities provided by our institution, which made this study possible.

Funding

This research was funded by PG-STAR Team Central Council for Research in Ayurvedic Sciences (CCRAS) Ministry of AYUSH, Govt. of India under grant number STAR/296/47.

Informed consent

The patient gave their informed agreement for the publication of their de-identified medical records.

Declaration of competing interest

According to the study's authors, there were no commercial or financial relationships that would have

increased the risk of a conflict of interest. Since every clinician who worked on the case in both episodes is named as an author, there is no conflict of interest. Furthermore, the treating physician in both cases was the same chief physician.

Ethical Approval

Not needed as it was case report.

Author contributions

Dr. A. M. worked in software, methodology, and conceptualization. Dr. D. D. is curating data and preparing original drafts of her writing. Dr. A. M. worked in investigation and visualisation. The supervising doctor was D. D. Programmes and Verification Dr. A. M. is the author, and he has reviewed and edited the work.

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How to cite this article: Abhishek Mavale, Devyani Dasar. Efficacy of Herbal Madayantikyadi Cap in the management of Kshudraroga Kadara (Corn) - A Case Series. *J Ayurveda Integr Med Sci* 2024;11:325-331. <http://dx.doi.org/10.21760/jaims.9.11.48>

Source of Support: Nil, **Conflict of Interest:** None declared.
