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# Management of the disease *Kadara* by *Tuthyadi Lepa Kalpanam* - A Case Study

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## ABSTRACT

As a science, Ayurveda has a rich and comprehensive concept 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. There are few diseases which have simple pathology but difficult to cure that called as *Kshudra-Roga*. *Kadara* is one of them. *Kadara* (corn) is initially painless in condition but with its progress, it may become painful. In modern science, corn is being treated by using anti-inflammatory drugs, corn cap, salicylic acid and excision. Even today there is no satisfactory and permanent treatment available for corn because of its high recurrence tendency. In our critical analysis of facts, we had established that technology initiation in the preparation of Ayurvedic medicines, especially in *Lepa Kalpana* is like value addition in its pharmaceuticals and therapeutic characteristics. Therefore keeping all these things in mind *Tuthyadi Lepa* in a systematic manner for duration of 15 days was selected for the treatment of corn (*Kadara*).

**Key words:** *Kshudraroga*, *Kadara*, *Corn*, *Tuthyadi Lepa*.

## INTRODUCTION

The disease corn is a localized hyperkeratosis of the skin.<sup>[1]</sup> It usually occurs at the site of pressure Eg. On the soles and toes, occurring due to defective foot wear, thorn prick, etc.<sup>[2]</sup> There is usually a horny induration of the cuticle with a hard centre. Corn is initially painless but it may be painful particularly when it is rubbed. Corn has tendency to recur after excision. It has a deep central core which reaches to the deeper layers of dermis.<sup>[3]</sup>

Ayurveda has a rich and comprehensive concept of

life and health; taking into account all parts of human existence from the abstract transcendental value to its most concrete expressions in human physiology.

Callosity is a French word meaning a local thickened or hardened part of the skin.<sup>[4]</sup> It is a plaque of hyperkeratosis caused by repeated friction or pressure.<sup>[5]</sup> It is assumed that frictional forces induce hyperkeratosis leading to thickening of stratum corneum of the skin over certain areas prone to mechanical stresses. If these frictional forces are distributed over a broader area, a callus occurs.<sup>[6]</sup> In a callus, there is epidermal hyperplasia. The stratum corneum is thickened and compacted, sometimes with parakeratosis over the dermal papillae leading to expansion of the granular layer. The underlying dermis may show an increase in dermal collagen and fibrosis around the neurovascular bundles.<sup>[4]</sup> *Kadara* as described in classical Ayurvedic literature can be closely related to lesions of the skin caused by hyperkeratosis. *Kadara* has been enumerated and described in the classical literature under the heading of *Kshudraroga*. However, meagre this disease may

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seem to be, it has a major impact on the physical fitness and mental tranquility of the patient.

*Acharya Sushruta* is described its clinical features as *Keelavat* (lesion have a central core) *Kathina* (hard), *Granthi* (knotted), *Madhyo Nimna* (depressed in the central) or *Unnata* (elevated in the central), *Kolamatra* (seed of plum) in size, painful and sometimes with *Srava* (discharge).<sup>[7]</sup> Ayurvedic approach towards the disease is holistic. Numerous therapeutic modalities have been advocated by our *Acharyas* in the management of each and every disease. But their efficacy needs reestablishment by means of thorough and intensive researches. In *Bhaishajya Kalpana* application of herbal drug in the form of paste externally is known as *Lepa Kalpana*. *Bahya Kalpanas* includes *Lepa*, *Upanaha*, *Malahara*, etc. *Lepa Kalpana* has due importance in Ayurvedic system of medicine. *Lepa* is one among the *Shasti Upakramas*. In *Lepa Kalpana* the topical medicaments are meant for external application to the skin or mucosal membrane. *Lepa Kalpana* are used in different conditions like inflammation, wound healing, wound cleaning etc.

In the traditional practice *Tuthyadi Lepa* (*Anubhoota Yoga*) was used for the treatment of *Kadara*. In this yoga the drugs used are *Tutha*,<sup>[8]</sup> *Karpoora*,<sup>[9]</sup> *Madayantika*<sup>[10]</sup> and *Haridra*<sup>[11]</sup> which is having *Laghu*, *Ruksha*, *Tikshna* and *Lekhana* properties. A single case study of corn is reported here which was treated by *Tuthyadi Lepa* in *Kadara* for 7 days. Within 15 days, the patient got relief from elevation of swelling and pain.

## CASE REPORT

A 15 year old male visited OPD of Shalya Tantra in associated hospital of Ayurveda Mahavidyalaya Hubli on 16<sup>th</sup> August 2018 with Registration no. 15042. Complaints of the patient was pain and elevated cystic swelling present on dorsal aspect of left sole due to rough and hard foot wear, even difficulty while walking. There was no history of direct trauma. On the basis of clinical examinations the patient was diagnosed as a case of corn at the left sole. The treatment was done on OPD basis. After careful

assessment and examination, patient was selected for *Tuthyadi Lepa*.

## MATERIALS AND METHODS

**Materials:** *Tutha*, *Karpoora*, *Madayantika* and *Haridra*

### Methods

Procedure : Application of *Tuthyadi Lepa* locally and kept overnight.

Duration : Seven days.

Internally : *Triphala Guggulu* 500mg twice daily for 5 days with hot water.

### Poorva Karma

Light *Snigdha* Diet was given to patient, written informed consent was taken after duly explaining the details of the treatment procedure. Preoperative investigations (Hb%, CT, BT, HbsAg, HIV, Blood sugar RBS, Urine Routine etc.) were done. Patient was made to assume a comfortable position over the minor OT table; as per the site of lesion.

### Pradhana Karma

After cleaning the diseased part with betadine solution, drape it with sterile cut drape sheet, *Tuthyadi Lepa* (fine paste of *Tutha*, *Karpoora*, *Haridra*, *Madayanthika* [5gms each]) was applied continuously for 7 days and tight bandaging was done.

### Paschat Karma

The patient was advised to keep the *Lepa* overnight. The observations were 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.

## DISCUSSION

*Vata* and *Kapha* are mainly responsible *Dosha* and *Dushya Meda* and *Rakta* in the pathogenesis of *Kadara*. The drugs in *Tuthyadi Lepa* are *Tutha*, *Karpoora*, *Haridra* and *Mathayantika*. *Tutha* (Copper sulphate) is one among the *Maharasas*. Its *Rasa* is *Kashaya Katu Kshara*; *Guna* is *Laghu Ruksha Tikshna*; *Virya* is *Sita*; *Vipaka* is *Katu*. Because of its *Laghu*,

*Rukshaguna* and *Tiktha*, *Kashaya Rasa* it is *Kaphahara*.  
Because of its *Laghu*, *Ruksha Guna* it is *Lekhaniya*.



**Fig. 1: Before treatment**



**Fig. 2: After treatment**

*Haridra* (*Curcuma longa*). Its *Rasa* is *Tikta*, *Katu*; *Guna* is *Laghu*, *Ruksha*; *Veerya* is *Ushna*; *Vipaka* is *Katu*. Because of its *Ushna Veerya* it is *Kaphavata Shamaka*, *Laghu*, *Ruksha Guna* it is *Lekhaniya*.

*Madayanthika* (*Lawsonia inermis*). Its *Rasa* is *Tikta*, *Kashaya*; *Guna* is *Laghu*, *Ruksha*; *Veerya* is *Sheeta*; *Vipaka* is *Katu*. Because of its *Laghu*, *Ruksha Guna* and *Tiktha*, *Kashaya Rasa* it is *Kaphahara*, *Tiktha Kashaya Rasa* and *Sheeta Veerya* it is *Pittahara*.

*Karpooora* (*Cinnamom camphora*). Its *Rasa* is *Katu*, *Tiktha*, *Madhura*; *Guna* is *Laghu*, *Ruksha*, *Teekshana*; *Virya* is *Sheeta*; *Vipaka* is *Katu*. Because of its *Tiktha Rasa* it is *Kaphahara*, *Madhura Rasa* it is *Vatahara*, *Ushna Veerya* it is *Pittahara* and *Laghu* and *Teeksha Guna* it is *Lekhaniya* and *Vedanastapana*.

### CONCLUSION

*Tuthyadi Lepa*, the combination of drugs which possess *Laghu*, *Ruksha*, *Tikshna Guna* having *Vatakaphahara* properties especially *Kaphahara* reduces swelling which in turn normalizes *Doshas* reduces the chance of recurrence. Also possessed the qualities like *Vedana Stapana*, *Daha Prashamana* etc. that in turn reduces pain. The therapy is cost effective as compared to surgical excision with respect to, number of post excision dressing, Antibiotic, Analgesic and Anti inflammatory and wound healing promoting drugs. As the *Lepa* is applied and kept overnight the patient have no difficulty in doing the daily routines and work. This study period limited to 7 days actually, but will be more effective if it is done for 14 days.

### REFERENCES

1. S.Das; A concise textbook of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 122.
2. Dr. Anantkumar Shekokar & Dr. kanchan Shekokar, Shalyatantra 2, Shantanuprakashan, Ahmednagar, 2nd edition 20, pg.no. 83.
3. Bailey & Love, Short Practice of Surgery, Oxford University Press Publication, New York, 23rd Edition, 2000, Pg.no. 173
4. Burns T, Neil Cox SB, Griffiths C, editors. 7th ed. Vol. 2. UK: Published by Blackwell; 2004. Rook's Text Book of Dermatology. Ch 22. [Google Scholar]



5. Mann CV, Russell RC, Williams NS, editors. 22nd ed. London: Published by Chapman & Hall; 1997. Bailey & Love's Short Practice of Surgery Reprint; pp. 126–1041. [Google Scholar]
6. Irwin MF, Arthur ZE, Klaus W, Frank AK, Lowell AG, Stephen IK, Douglas Lowy Elliot J. Androphy, editors. 6th ed. USA: McGraw-Hill; 2003. Fitzpatrick's Dermatology in General Medicine Part 3; pp. 1248–52. Sec 17, Ch 130. [Google Scholar]
7. Dr. Anantram Sharma, Sushruta Samhita Part- 1, Chokhamba Surbharati Prakashan, Varanasi, 1st Edition, 2001, NidanSthan, Adhyaya no.13, Kshudraroganidan, Sutra no.31, Page.no. 558
8. Sri Vagbhatacharya; Rasaratna Samuchaya edited with Surainojjvala Hindi Commentary By Kaviraj Sri Ambikadatta Sastri; Chaukhamba Amarabharati Prakashan; Ninth Edition; 1995; Chapter no. 2; Page no. 54
9. Prof. P.V. Sharma; Dravya Guna Vijnana; Chaukhamba Bharati Academy; 2015; Chapter no. 2; Page no. 162.
10. Prof. P.V. Sharma; Dravya Guna Vijnana; Chaukhamba Bharati Academy; 2015; Chapter no. 2; Page no. 180.
11. Prof. P.V. Sharma; Dravya Guna Vijnana; Chaukhamba Bharati Academy; 2015; Chapter no. 3; Page no. 198.

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