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Management of Post-Operative Agni Dagdha Vrana Following Kadar (Corn) Excision with Madhuchishtadi Ghrita: A Case Report

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ABSTRACT

Background: Kadar (corn) is a painful hyperkeratotic lesion caused by repeated pressure and friction, commonly affecting weight-bearing areas of the foot. Surgical excision followed by Agnikarma is considered an effective treatment to reduce recurrence; however, healing of the resultant wound can be challenging. Ayurveda advocates the use of wound-healing formulations such as Madhuchishtadi Ghrita for the management of Agni Dagdha Vrana.

Case Presentation: A 30-year-old female presented with pain over the left sole for five months associated with difficulty in walking. Clinical examination revealed a plantar corn (Kadar). The lesion was treated by surgical excision followed by Agnikarma. Post-operatively, the wound was managed with Triphala Kwatha cleansing, local application of Madhuchishtadi Ghrita, oral Amlaki Churna with honey, and dietary modifications for 28 days.

Results: The wound showed progressive healing with reduction in pain, burning sensation, discharge, and wound size. Healthy granulation tissue developed during follow-up, and complete wound closure was achieved by Day 28. No recurrence, infection, or adverse events were observed.

Conclusion: Madhuchishtadi Ghrita demonstrated encouraging wound-healing potential in post-operative Agni Dagdha Vrana following Kadar excision. The treatment promoted wound contraction, epithelialization, symptomatic relief, and restoration of normal walking ability.

Keywords: Kadar, Corn, Agni Dagdha Vrana, Madhuchishtadi Ghrita, Agnikarma, Wound Healing, Ayurveda

INTRODUCTION

Corn, commonly known as clavus, is a localized hyperkeratotic lesion produced by repeated pressure and friction. It is frequently encountered on the plantar aspect of the foot and often causes pain during walking and standing. Although conventional treatment options include keratolytic agents, footwear modification, and surgical excision, recurrence remains a common concern. In Ayurveda, corn can be correlated with Kadar, a condition described under Kshudra Roga. Agnikarma is considered one of the most effective treatment modalities for Kadar because of its ability to eradicate the lesion and minimize recurrence. However, the resulting Agni Dagdha Vrana requires proper wound management to ensure timely healing and restoration of function.

Madhuchishtadi Ghrita is a classical Ayurvedic formulation traditionally indicated in burns and chronic wounds. Owing to its Vrana Shodhana and Vrana Ropana properties, it may facilitate tissue repair and wound healing. The present case report documents the successful management of a post-operative Agni Dagdha Vrana following Kadar excision using Madhuchishtadi Ghrita.

CASE REPORT

A 30-year-old female attended the Shalya Tantra outpatient department with complaints of pain over the left sole for approximately five months. The pain increased while walking and during prolonged standing and interfered with routine daily activities.

On local examination, a localized hyperkeratotic lesion measuring approximately 0.9 cm in diameter with a central keratinized core was observed on the plantar aspect of the left foot. Tenderness was present on pressure.

Diagnosis

Kadar (Corn)

Clinical photograph showing a plantar corn with surrounding hyperkeratosis and a central keratinized core before treatment.

Figure 1. Pre-operative Kadar (Corn)

Investigations
Routine pre-operative investigations were within normal limits.

Investigation| Result

Hemoglobin| 12.8 g/dL

Total Leukocyte Count| 7600/mm³

Platelet Count| 2.8 lakh/mm³

ESR| 12 mm/hr

Random Blood Sugar| 98 mg/dL

Blood Urea| 24 mg/dL

Serum Creatinine| 0.8 mg/dL

HIV I & II| Non-reactive

HBsAg| Non-reactive

HCV| Non-reactive

MATERIALS AND METHODS

Surgical Procedure
After obtaining informed consent, the patient was placed in a comfortable supine position. The operative site was cleaned and prepared under aseptic precautions.

Local infiltration anesthesia using 2% lignocaine was administered around the lesion. The hyperkeratotic tissue was pared carefully until the central core became clearly visible. Complete excision of the corn along with its central keratinized core was performed using a sterile surgical blade.

After ensuring complete removal of the lesion, Agnikarma was performed using a red-hot Shalaka over the wound base until Samyak Dagdha Lakshana were achieved. Hemostasis was obtained, and the wound was dressed with Madhuchishtadi Ghrita under sterile conditions.

Clinical photograph showing the wound immediately after corn excision and Agnikarma.

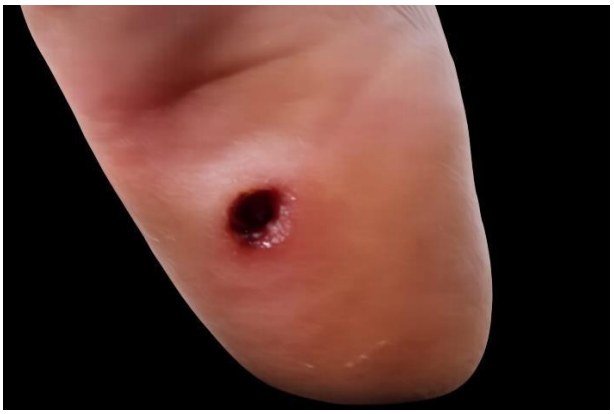

Figure 2. Immediate Post-operative Agni Dagdha Vrana (Day 0)

Treatment Protocol
Local Treatment

- Daily wound cleansing with Triphala Kwatha
- Local dressing with Madhuchishtadi Ghrita

Internal Medication
- Amlaki Churna 2 g twice daily with honey

Dietary Advice
- Easily digestible diet
- Adequate hydration
- Avoidance of spicy, fried, and excessively hot foods

Duration
28 days
Assessment Criteria

Table 1. Objective Assessment Parameters

Follow-up Day	Wound Diameter (cm)	Wound Depth (cm)
Day 0	0.9	0.2
Day 7	0.6	0.1
Day 14	0.3	0.1
Day 21	0.1	0.09
Day 28	0	0

Objective Parameters
Follow-up Day| Diameter (cm)| Depth (cm)

Table 2. Subjective Assessment Parameters

Parameter	Day 0	Day 7	Day 14	Day 21	Day 28
Pain (VAS)	7	4	2	1	0
Burning Sensation	Present	Mild	Absent	Absent	Absent
Discharge	Mild	Mild	Absent	Absent	Absent
Difficulty in Walking	Severe	Moderate	Mild	Minimal	None

RESULTS

Progressive wound healing was observed throughout the treatment period. By Day 7, healthy granulation tissue had developed and pain had reduced significantly. Burning sensation subsided within the first week, while wound discharge disappeared by Day 14. Serial wound measurements demonstrated gradual reduction in wound diameter and depth. Complete epithelialization and wound closure were achieved by Day 28. The patient reported complete relief from pain and resumed normal walking without discomfort.

No evidence of infection, delayed healing, recurrence, or adverse drug reactions was observed during follow-up.

Clinical photograph showing healthy granulation tissue formation and wound contraction during follow-up.

Figure 3. Healing Phase Showing Healthy Granulation Tissues)

DISCUSSION

Healing of wounds located on the plantar surface is often delayed because of continuous pressure and friction during walking. In the present case, complete wound healing was achieved within four weeks despite the lesion being situated in a weight-bearing area.

Triphala Kwatha was used for daily wound cleansing and helped maintain local hygiene throughout the healing period. Madhuchishtadi Ghrita provided a moist wound According to Ayurvedic principles, Madhuchishtadi Ghrita possesses Vrana Shodhana and Vrana Ropana properties. The Ghrita base nourishes tissues and supports repair, while Madhuchishta (beeswax) acts as a protective covering. The observed reduction in pain, wound dimensions, and healing time may be attributed to the combined action of these components.

Amlaki Churna administered internally may have contributed to tissue regeneration through its Rasayana properties. The integrated treatment approach resulted in satisfactory wound healing without recurrence.

CONCLUSION

The present case demonstrates that Madhuchishtadi Ghrita may be an effective topical formulation for the management

of post-operative Agni Dagdha Vrana following Kadar excision and Agnikarma. The treatment promoted wound healing, relieved symptoms, and restored functional mobility within 28 days. Further clinical studies involving larger patient populations are required to validate these findings.

PATIENT CONSENT

Informed consent was obtained from the patient for treatment, clinical photography, and publication of this case report. Patient anonymity has been maintained throughout the manuscript.

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