



Research Article

STUDY THE EFFICACY OF PRATISARAN AGNIKARMA IN THE MANAGEMENT OF KADARA W.S.R. TO CORN**Shekokar Anantkumar¹, Borkar Kanchan², Aware Ashwini^{3*}**¹Professor & HOD, ²Associate professor, ³P.G.Scholar, Dept of Shalyatantra, S.V.N.H.T'S Ayurved Mahavidyalaya, Rahuri Factory, Maharashtra, India.**KEYWORDS:** *Kadara*, Corn, *Pratisaran Agnikarma*, Para surgical procedure.**ABSTRACT**

Ayurveda is the ancient system of health-care and longevity. It involves a holistic view of man, their health and illness. It is the source of divine knowledge which has enlightens the path of complete solace since edges. Man, the superior most of all the species is always remaining in search of one primary goal i.e. normal health from Vedic era to space age. All the researches have been directed by eminent scholars to achieve the same.

In modern science even though there are varieties of modalities aiming at cure of corn viz. soft shoes and soft pads at the pressure points of sole, Salicylic acid, Corn cap, Surgical excision etc. But none of them are complete and devoid of recurrence. Corn has a notorious tendency to recur after excision.

Acharya Sushruta has earmarked that the disease which is not cured by *Bhaishajya*, *Kshara* and *Shastra* those diseases markedly cured by *Agnikarma* procedure.

In our present study we had taken 60 patients, in two groups, 30 patients in each group. The first group is experimental group i.e. *Pratisaran Agnikarma* and second is control group i.e. excision of corn. We have taken observations viz., age, sex, occupation, weight, nature of work, use of footwear etc., by which we can observe the characteristics of disease in these conditions. To assess the nature of disease we have taken assessment criteria like *Vedana* (pain), elevation, hyperkeratosis, *Spershasahatva* (tenderness), ulceration, discharge and consistency. From above criteria we made the result of effectiveness of treatment by using Wilcoxon signed rank test and Mann Whiteny's U test on 0.001% level of significance and it was concluded that *Pratisaran Agnikarma* acts as *Shulahara*, *Lekhana*, *Chedana*, *Bhedana* and para surgical on *Kadara*.

Address for correspondence*Dr.Aware Ashwini**

Final year Post Graduate Scholar,
Dept of Shalya Tantra
S.V.N.H.T'S Ayurved
Mahavidyalaya, Rahuri Factory,
Maharashtra, India.
Phone: +917588173167
Email: ashwini7768@gmail.com

INTRODUCTION

Acharya Sushruta dedicated a chapter for *Kshudra Rogas* where in *Kadara* is explained.^[1] The disease *Kadara* is as old as mankind, *Kadara* (corn) might have been consider as an abnormality, which is incidentally or normal to routine life. *Acharya Sushruta* describes its clinical feature as *Keelvat* (lesion have central core), *Kathin* (hard), *Granthi* (knotted), *Madhyonimna* (depressed in centre) or *Unnat* (elevated in centre), *Kolmatra* (plum) in size, *Saruka* (painful) and sometimes with *Strava* (discharge).^[2] As per concept *Kadara* may develop as the vitiation of the *Vata* and *Kaphadosha*. *Vata*

and *Kapha* has been consider as an important factor for the causation of the *Shotha* (inflammation) and *Shool* (pain).

In modern science *Kadara* is correlated with the disease corn. It is thickening and hyperkeratosis of horny layers of the skin due to constant pressure and repeated trauma.^[3] Corn is cone like in shape with their apex pointing inwards and base on the surface.^[4] It is circumscribed thickening and palpable as nodule.^[5] Corn are similar to calluses but have a central nidus, they may be hard (on

outside or upper aspect of toes) or soft (between toes) because of moisture.^[6] The most prevalent site of corn is sole of foot and toes owing to excessive walking barefoot or wearing ill fitted shoes.^[7] In developing countries majority of people perform their day to day activities barefoot. Consequently the incidence to get afflicted by corn is more in developing countries.

In modern science even though there are varieties of modalities aiming at cure of corn ^[6] but none of them are complete and devoid of recurrence.^[8]

Acharya Sushruta has earmarked that the disease which is not cured by *Bhaishajya*, *Kshara* and *Shashtra* those diseases markedly cured by *Agnikarma* procedure.^[9] *Acharya Vagbhata* mentioned that *Agni* is superior than *Kshar* because *Agnikarma* does not allow the disease to recur once they are treated by it.^[10]

Agnikarma has been explained as one among the *Anushastra*.^[11] Amongst all Ayurvedic classics have describe the use of *Agnikarma* in curing different disorders as *Pradhankarma*. Mere utilization of *Agnikarma* which is counted in *Anushastra*, *Upayantra*^[12] and *Shashtiupakram*^[13] provides *Shalyatantra* the unique position amongst the eight faculties of Ayurveda.

Amongst *Anushastra Karma Agnikarma* is unique because of its simple technique and optimum result. By this technique various disease are treated successfully without recurrence. *Kadara* is one such disease where *Agnikarma* is indicated. In reference to *Chikitsa* of *Kadara* *Acharya Sushruta* and *Dalhana* mentioned *Agnikarma* procedure.^[14] There are four types of *Agnikarma* i.e. *Valaya* (circular), *Bindu* (dotted), *Vilekha* (linear) and *Pratisaran* (flat designs).^[15]

Kadara is being treated by *Pratisaran Agnikarma* procedure because it's *Chedana*, *Bhedana*, *Lekhana* *Shulhara* and parasurgical properties acts conspicuously on *Kadara*. Only *Agnikarma* therapy has a property to destroy the pathology in the deeper structure, central core of corn reaches in the deeper layers of dermis. In the present study the *Agnikarma* procedure is critically analyzed to suggest standard guideline for this procedure the efficacy of *Pratisaran Agnikarma* procedure on *Kadara* compared with modern conventional method of corn excision to evolve a simple, safe and effective remedy for *Kadara*.

AIM AND OBJECTIVES

Aim

Study the efficacy of *Pratisaran Agnikarma* in the management of *Kadara* w.s.r. to corn.

Objectives

To study properties of *Pratisaran Agnikarma* like *Shulhara*, *Lekhana*, *Chedana*, *Bhedana* and parasurgical.

MATERIALS AND METHODS

Prospective longitudinal randomized control single blind clinical trial.

Inclusion criteria

1. Patients had sign and symptoms of *Kadara* w.s.r. to corn.
2. Lower limb foot sole was selected.
3. Patients willing to undergo whether for *Agnikarma* or surgical excision.
4. Patients of either sex were selected.
5. The patients of age group 16-70 years.

Exclusion criteria

1. Other than lower limb foot sole.
2. Multiple corns at one time.
3. Anaemic patient Hb<10 gm %.
4. Malnourish patient (As per age, height & weight proportion).
5. Bleeding disorders (Increased B.T & C.T).
6. Patient in septicaemia.
7. The patients suffering from systemic disease such as, AIDS, Tuberculosis, Diabetes mellitus, Hepatitis-B, Malignancy, Varicose ulcer, Deep vein thrombosis, Arterial ulcer, Neurogenic ulcer, Leprosy, Pregnancy.

Laboratory investigation

1. CBC
2. Erythrocyte sedimentation rate
3. Platelet count(if necessary)
4. B.T & C.T
5. Blood sugar level.
6. HIV(if necessary)
7. Hepatitis -B (HbsAg) (if necessary)
8. Urine routine.

Materials and Method

Material required for experimental group study^[53]

1. *Panchadhatu Agnikarma Shalaka*
2. *Plota* (Gauze)
3. *Pichu* (Cotton)
4. Gas stove
5. *Triphalakashaya*
6. Swab holding forceps
2. *Kumari Swaras*
3. *Yashtimadhu Churna*
4. *Jatyadighruta*
5. Gloves
6. Sterile towel sheets

Material required for control group study

1. Povidine-Iodine 0.5%w/v available Povidine (Betadine), Jep Pharmaceuticals, Sirmour (H.P). Above solutions were used which provided by hospital supply, where the research study was conducted.
2. Spirit
3. H₂O₂
4. Savlon
5. Sterile pad
6. Sponge holding forceps
7. Surgical blade number 11
8. Allis forceps
9. Artery forceps
10. Scissor
11. Cut drape sheet
12. Betadine ointment
13. Inj.Lignocain 2%
14. Gauze pieces
15. Disposable syringe with needle.

Method of Study: The clinical trial on 60 patients was conducted and observed. In both groups, patients were diagnosed on the basis of signs and symptoms described in the ancient and modern literature of *Kadara* (Corn).

Group A: Experimental group 30 patients were selected and treated with *Agnikarma* therapy with *Panchadhatu Shalaka*.

Group B: Control group 30 patients were selected and treated as control group with excision of corn.

Group A (Experimental) Methodology of Agnikarma procedure

Purva Karma

1. Informed written consent was obtained from patient.
2. Inj. T.T. 0.5 ml was given intramuscular before the procedure.

Pradhana Karma

1. The affected part was cleaned with *Triphala Kashaya* from centre to periphery.
2. Then it was wiped with dry sterilized cotton gauze.
3. Then it was draped with sterile cut drape sheet.
4. With the base of red hot *Panchadhatu Shalaka Pratisaran Dahan* was made over the corn.
5. This procedure was carried out till *Samyaka Dagdha Lakshanas* are obtained.
6. During entire procedure *Kumari Swaras* (fresh pulp of aloe vera) was applied after application of red hot *Shalaka*.

7. After this procedure wound was covered with dusting of *Yashtimadhu Churna*.

Pashchat Karma

Patient was advised to apply *Jatyadi Ghrita* at bed time up to normal appearance of skin.

Precaution

In above procedure spirit was not used because of its flammable property causes *Atidagdha*. The entire procedure was done for 2 times at an interval of 7 days for desirable result.

Group B (Control) Surgical Excision

Pre-Operative

1. Patient's informed written consent was taken.
2. Inj.T.T. 0.5 ml was given intramuscularly before procedure.
3. Xylocaine sensitivity test was done.

Operative procedure

1. The painting of affected part was done with savlon, betadine and spirit respectively from centre to periphery.
2. Then it was drape with sterile cut drape sheet.
3. Inj.Lignocain 2% (100mg) was infiltrate in the corn (if it was needed then again infiltrated 50 mg).
4. A circumscribed incision was taken around the corn and extended upto the base i.e. dermal layer and excised.
5. Irrigation of excised part was done with H₂O₂ and betadine.
6. Sterile dressing done with betadine ointment.

Post Operative

1. Tab. Mahacef 200mg (mankind pharma) for 5 days.
 2. Tab. Aciloc 150mg (candela pharma) for 5 days.
 3. Tab. Cipzen D (cipla pharma) for 3 days.
- Above procedure was carried out as one time procedure.

Follow-up study

The patients were asked to attend the OPD for a period of 1 month and observations were recorded after every 7th day accordingly. Initially all the sign and symptoms were noted thoroughly. In each visit, patient was thoroughly examined for pulse rate, blood pressure, systemic examination and local examination of the disease. Changes in sign and symptoms in each follow up were observed and noted neatly in the case paper.

Dietary Advice The patients were asked to follow the advice regarding *Pathya* and *Apathya*.

Criteria of Assessment

A. Vedana (Pain)

Assessment will be done by Visual Analog Scale.



B. Sparshaasahatva (Tenderness)

- 0- No Tenderness
- 1- Tenderness on Touch
- 2- Tenderness on Palpation
- 3- Unable to Touch

C. Hyperkeratosis (resembles to following shape)

- 0- No hyperkeratosis
- 1- *Kalaya Sadrush* (pea shape)
- 2- *Amalaki Sadrush* (gooseberry)
- 3- *Kolasthi Sadrush* (seed of plum)
- 4- *Kolmatra* (plum)

D. Consistency

- 0- Soft
- 1- Smooth
- 2- Firm
- 3- Hard
- 4- Stony hard

E. Discharge

- 0- Absent
- 1- Serous
- 2- Purulent
- 3- Mucopurulent
- 4- Reddish Black

F. Ulceration

- 0- No Ulceration
- 1- Up to Epidermis
- 2- Dermis
- 3- Deeper to Dermis
- 4- Perforated to bony structure

E. Elevation

- 0- Skin level
- 1- <2 mm
- 2- 2-5 mm
- 3- >5 mm
- 4- >10mm

Assessment Criteria and Result

Response in the treatment was in accordance with the observations recorded on case paper and data collected by clinical study. Percentage of relief in symptoms & signs with respect to each of the patients was followed and percentage of improvement was classified as on the basis of sign and symptoms.

OBSERVATIONS AND RESULT

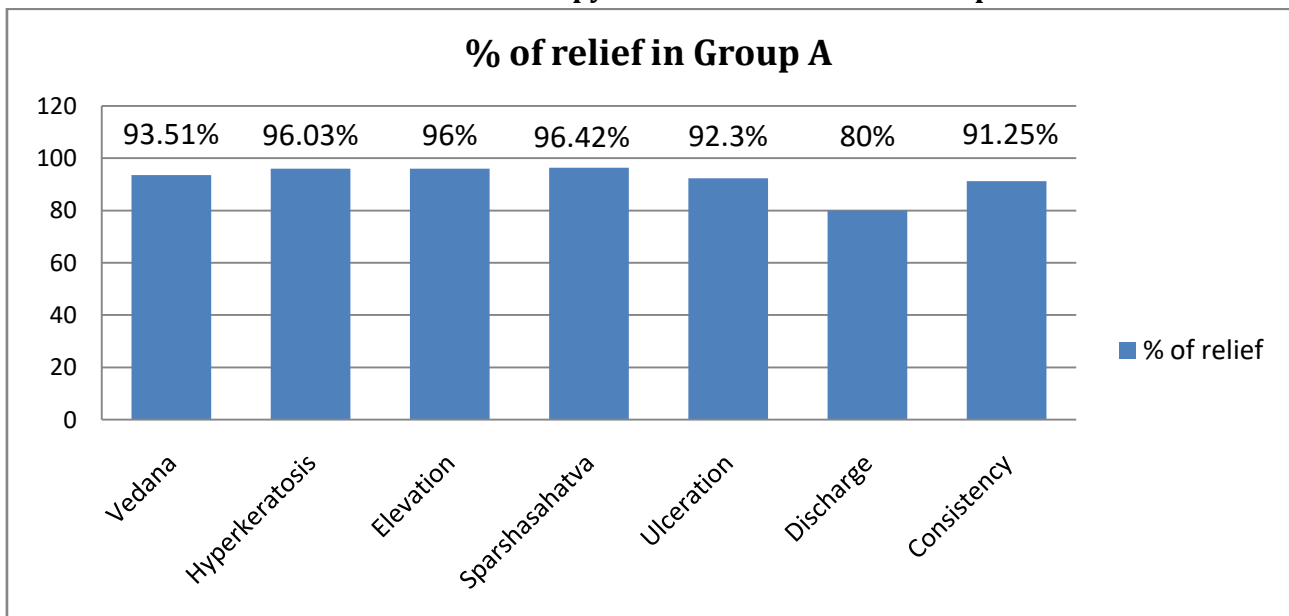
In the present clinical study total 66 patients were registered which were divided into two groups.

Group A Treated with *Pratisarana Agnikarma* with *Panchadhatu Shalaka* comprised of 34 patients. Among them, 04 patients left the treatment against medical advice.

Group B Treated with surgical excision of corn comprised of 32 patients. Among them, 02 patients left the treatment against medical advice.

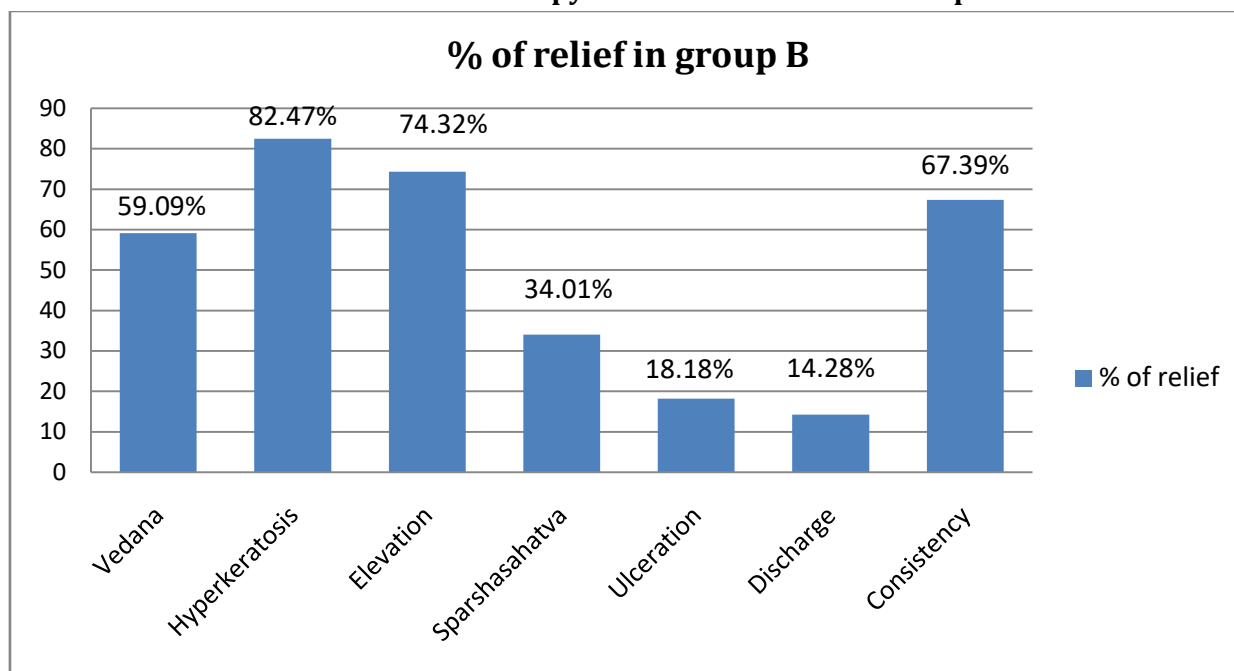
Overall effect of therapy

Overall effect of therapy on clinical features in Group A



In group A, % of relief was obtained among 30 patients of *Kadara*- relief in *Vedana* 93.51%, relief in hyperkeratosis was 96.03%, relief in Elevation was 96%, relief in *Sparshasahatva* 96.42%, relief in Ulceration 92.3%, relief in Discharge 80%, relief in Consistency 91.25%.

Overall effect of therapy on clinical features in Group B



In group B, % of relief in 30 patients of *Kadara*- relief in *Vedana* 59.09%, relief in hyperkeratosis was 82.47%, relief in Elevation was 74.32%, relief in *Sparshasahatva* 34.01%, relief in Ulceration 18.18%, relief in Discharge 14.28%, relief in Consistency 67.39%.

Statistical Analysis in between the Group A and Group B

Subjective Parameters (By Mann Whitney's U Test)

A) Pain

Table 1: Mann Whitney's Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	3.367	0.781	191.5	P=0.0001
Group B	30	2.167	1.206		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in pain symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce pain on Day 30 in *Kadara*.

B) Hyperkeratosis

Table 2: Mann Whitney's Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	3.233	0.817	264.5	P=0.0057
Group B	30	2.667	0.660		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Hyperkeratosis symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce Hyperkeratosis on Day 30 in *Kadara*.

C) Elevation

Table 3: Mann Whitney's Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	2.400	0.621	280	P=0.0114
Group B	30	1.833	0.833		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Elevation symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce Elevation on day 30 in *Kadara*.

D) Tenderness

Table 4: Mann Whitney’s Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	0.900	1.094	318	P=0.0483
Group B	30	0.300	0.836		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Tenderness symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce Tenderness on day 30 in *Kadara*.

E) Ulceration

Table 5: Mann Whitney’s Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	0.900	1.094	318	P=0.0483
Group B	30	0.300	0.836		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Ulceration symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce Ulceration on day 30 in *Kadara*.

F) Discharge

Table 6: Mann Whitney’s Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	0.133	0.507	321	P=0.0491
Group B	30	0.033	0.566		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Discharge symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce Discharge on day 30 in *Kadara*.

G) Consistency

Table 7: Mann Whitney’s Test in between the Group A and Group B

Mann Whitney	N	Mean	SD	U	P
Group A	30	2.433	0.626	330	P=0.0499
Group B	30	2.067	0.868		

As value of p is less than 0.05, highly significant difference was observed between the mean of difference of Group A and Group B in Consistency symptom. Hence it is concluded that *Pratisarana Agnikarma* is more effective than surgical excision to reduce consistency on day 30 in *Kadara*.

DISCUSSION

Discussion on Mode of Action of Agnikarma

The most ancient literature available regarding *Shalya Tantra* is in *Sushruta Samhita*. In *Sushruta Samhita*, there are so many *Upakramas* viz. *Ashtavidha Shastrakarma*, *Saptavidhaupakrma*, *Sashtiupakrma* etc., these are all having practically applicability in which *Chatushpada* of *Chikitsa* takes part simultaneously. In this, *Chikitsaka* plays main

role as well as all the *Upkrams* having their own significance.

In *Agnikarma chikitsa*, in the same way *Shalaka* plays an important role. *Chikitsa* is divided into two categories like *Dravyarupa Chikitsa* and *Dravyarupa chikitsa*. In *Dravyarupa Chikitsa*, *Dravyas Saptavidha Shakti (Gunakarmadi)* plays important role and in *Adravyarupa Chikitsa* not a single pin-point cause is to come intact, hence a specific reason cannot be calculated regarding *Adravyarupa Chikitsa*.

Agnikarma cures all the *Vataja* and *Kaphaja* disorders as *Ushna Guna* of *Agni* is opposite to that of *Vata* and *Kapha Doshas*. According to *Ayurveda*, every *Dhatu* (tissue) have its own *Dhatvagni* and when it becomes low, disease begins to manifest. In

this condition, *Agnikarma* works by giving external heat there by increasing the *Dhatvagni* which helps to digest the aggravated *Doshas* and hence cures the disease. The local thermo therapy may increase tissue metabolism which may leads to excretion of the unwanted metabolites and toxins. Heat may stimulate lateral spino-thalamic tract (STT) which leads stimulation of descending pain inhibitory fibres (DPI) which release endogenous Opioid peptide which bind with opioid receptors at substantia nigra which inhibit release of P-substances (pre-synaptic inhibition) and blockage of transmission pain sensation occur.

Counter irritation theory: Theory suggests that excited Nociceptors are inhibited in the dorsal horn due to stimuli. When *Agnikarma* is done on the site of pain, thermoreceptor are stimulated. Proximal branch of the thermoreceptor in the dorsal horn activate interneuron that synapse on the excited nociceptors (in dorsal horn). These interneurons release the neurotransmitter Enkephalin bind with the excited Nociceptors and diminish on the release of P- substances. Enkephalins binding on the excited Nociceptors, inhibits the transmission of Nociceptor signal, thus decreasing the sensation of pain. These Nociceptors are responsive to thermal, mechanical as well as chemical stimuli.

The features of *Shalya Tantra*, branch which described the method of removal of different kinds of foreign objects such as grass, wood, stone, sand, metal, bone, hair, nail, pus exudation, vitiated ulcer by use of caustic alkalis and *Agnikarma*. That means we say that *Sushruta* deals with *Akanga Asrita* i.e., *Niyata Kala Desha Sthita Vyadhi*. On the other hand, *Kayachikitsa* is the name of the branch which describes the diseases and treatment affecting all the parts of body e.g., *Jwara*, *Atisara*, *Raktapitta*. Hence, *Agnikarma Chikitsa* is helpful in the management of local diseases. *Kadara* is the disease comes under the prominence of *Vata* and *Kapha Dosh*. In the *Samprati* of *Kadara* *Vata* and *Kapha* takes a part. *Vata* and *Kapha* possess *Sheeta Guna*. *Vata* and *Kapha* are virtue of its property for *Ruka*, *Sparshasahatva* and formation of tumor. Here, to neutralize the *Vata* and *Kapha Dosh* require opposite *Gun*s treatment that is *Ushna Chikitsa*. *Ushna Guna* and *Agni* having *Ananyoasritabhava*, hence *Agnikarma* by virtue of its *Ushna*, *Tikshna*, *Vyavayi*, *Vikasi*, *Sukshma* and *Laghu* property breaks *Samprati* of *Kadara*, which was produced by *Vata* and *Kapha Dosh*.

In the process of *Agnikarma*, transferring of therapeutic heat to *Twak Dhatu* (skin) and gradually to deeper structure was done with the help of a red hot *Panchadhatu Shalaka* in the form

of *Ushna*, *Tikshna*, *Sukshma*, *Laghu*, *Vyavayi* and *Vikashi guna*. *Ushna Guna* performs two functions, first by stimulating (*Utkleshana*) *Dhatvagni*, *Sama Dhatu* are digested and secondly *Ushna Guna* dilates the channels of *Srotas*. Due to this *Srotavarodha* removed, which was formed by *Dosha-Dushya Samurchhana* in *Kha-vaigunya* at *Dhatu* and consequently rendered relief in symptoms of *Shotha* and *Shoola*.

After *Agnikarma*, the *Ushna* (hot) *Guna* of *Agni* pacifies the *Shita* (cold) *Guna* of *Vayu* and reduced the pain in the case of *Kadara*. *Acharya Charaka* described that *Agni* is the best treatment for *Shoola* (pain). *Ushna Guna* of *Agni* helps to stabilize the movement of *Vata*, which provide relief from *Shoola*.

Vasodilatation Theory

As per the modern medicine, after performing *Dahan* the superficial sensory nerve gets stimulated, which leads to dilatation of local blood vessels, therapeutic heat increases blood circulation at foot sole leads to the proper nutrition of the tissue. This induced circulation helps to flush away pain producing substances from affected site. *Shita Guna of Vata* in the tissue and muscles is normalized by *Agnikarma*.

CONCLUSION

The present study entirely concluded as below.

- *Agnikarma* had a definite role in pain relief in the patient of *Kadara*.
- *Vedana*, *Unnanti* (elevation), *Sparshasahatva* (clinical features of *Kadara*) can almost completely relieve after *Agnikarma* procedure.
- Recurrence of disease after *Agnikarma* is negligible if *Vyadhi* involvement is *Sthanik* (*Apunarbhava*).
- Thickness of *Agnikarma Shalaka* plays an important role in itself cooling so that thick *Panchadhatu Shalaka* is used to maintain the constant temperature to produce *Samyaka Dagdha Vrana*.
- *Agnikarma* is OPD procedure, required minimum equipment, so that it can be used for pain management as well as to cure *Kadara*.
- It enables the patient to do his or her daily routine activities within few minutes of *Agnikarma* procedure.
- 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.

- So, observing all above points after study, we came to a conclusion that, *Agnikarma* therapy is more effective than that of excision procedure as it having *Chedana*, *Bhedana*, *Lekhana* and parasurgical properties to stabilize the patient for longer duration.

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