

A review on aetiology of planter corn

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ABSTRACT

Corns are hard, thickened areas of skin that typically occur on the feet. They're similar to a callus, but are usually harder, smaller, and more painful. Corns and callus are one of the most common problems seen by Podiatrists. They can occur on any part of the foot or sometimes on palms and vary in symptoms from a mild hardness under the foot, to an infected ulcer that can develop under a corn on a toe. This article covers the probable causes of planter corn.

Keywords: Planter corn, Kadar, Aetiology

INTRODUCTION

The most commonly observed and reported foot disorders resulting in foot pain in people are keratotic lesions (corns and calluses). The medical term for the thickened skin that forms corns and calluses is *hyperkeratosis* (plural=*hyperkeratose*). A callus refers to a more diffuse, flattened area of thick skin, while a corn is a thick, localized area that usually has a popular, conical or circular shape. Corns, also known as helomas or clavi, sometimes have a dry, waxy, or

translucent appearance. A callus is also known as a tyloma. Corns and calluses occur on parts of the feet and sometimes the fingers. Corns are often painful, even when they are small. Nidana is defined as the factors which cause the disease.

The disease 'Kadar' is explained in "*Kshudra-roga*". It is said that repeated injuries & friction to the sole with thorns, stones etc, or by the *doshas* becoming aggravated together with fat and blood, it give rise to a tumour, hard like bolt, in the middle or at the end of feet, of the size of a jube fruit, having pain and exudation; known as *kadar*. *Meda* & *Rakta* are mainly responsible *Dosha* in the pathogenesis of Kadar.

Aetiology:

Ayurvedic concepts:

Hetus: As per Ayurvedic concept, *Kadar* may develop as the vitiation of *Vata* with *Kapha Dosha*. *Vata* and *Kapha Dosha* has been considered as the important factors for causation of *Shotha* (inflammation) and *Shoola* (pain). Acharya Sushruta is described its clinical features as. *Keelavat* (lesion have a central core) *kathin* (hard), *granthi*

(knotted), *Madhyo Nimna* (depressed in the central) or *Unnat* (elevated in the central) *Kolamatra* (seed of plum) in size, painful and sometimes with *Srava* (discharge)

Causes:

- Calluses can develop anywhere on the body where there is repeated friction, such as a guitar player's fingertips or a mechanic's palms. Corns develop due to bone pressure against the skin. They are common on the tops and sides of the toes and on the balls of the feet. Corns can be hard and dry or soft and mushy. Common causes of corns are arthritis or poorly-fitting shoes.
- Women are significantly more likely to report foot pain than men, which may be due to the higher prevalence of hallux valgus and lesser toe deformities and the influence of women's footwear, which frequently incorporates an elevated heel and narrow toe box .
- The association between increased body mass index and foot pain in older people has been attributed to increased mechanical loading of the foot when walking and the contribution of metabolic factors associated with excess fat mass.
- Hyperkeratosis simply means thickening of the skin. This thickening occurs as a natural defence mechanism that strengthens the skin in areas of friction or excessive pressure. Abnormal anatomy of the feet, including foot deformities such as

hammertoe or other toe deformities, can lead to corn or callus formation, as can bony prominences in the feet. Footwear that is too short or too tight or that exerts friction at specific points is also a common cause of skin thickening that leads to corns and calluses. Abnormalities in gait or movement that result in increased pressure to specific areas can also be the cause.

Types: There are three main types of corns:

- **Hard:** Hard corns are the most common type of corn. They're small, concentrated areas of hard skin, usually found within a wider area of thickened skin.
- **Soft:** Soft corns, on the other hand, are whitish or gray, and are rubbery in texture. They often appear between the toes.
- **Seed:** Seed corns are small and usually found on the bottom of the foot.

Impact of corn on daily regimen: Foot pain is a complex phenomenon as it may be caused by local factors (i.e. structural disorders affecting the load-bearing function of the foot) and systemic factors (i.e. dermatological, vascular, neurological and musculoskeletal conditions that may manifest in the foot).

Conservative management:

- **Soak the corn or callus in warm water.** Do this for about five to 10 minutes or until the skin softens.
- **File the corn or callus with a pumice stone.** First dip the pumice stone in warm water, and then use the stone to gently file the corn or

callus. Use circular or sideways motions to remove dead skin.

- **Apply moisturizing lotion or cream to the area daily.** Look for a moisturizing lotion or cream with salicylic acid, ammonium lactate, or urea. These ingredients will help gradually soften hard corns and calluses.
- **Use padding.** To protect calluses from further irritation during activity, cut a piece of moleskin – available at your local drugstore – into two half-moon shapes and place around the callus. To prevent a corn from making contact with your shoe, surround the corn with donut-shaped adhesive pads – also available at drugstores.
- **Wearing shoes that properly fit.** A common cause of corns is a shoe that isn't the right size and shape for your foot. To get the right fit, shop for shoes at the end of the day, when your feet may be slightly swollen. In addition, ask a clerk to measure your foot, and choose shoes that aren't too loose or tight.
- **Keep toe nails trimmed.** Toenails that are too long can force the toes to push up against your shoe, causing a corn to form over time. To remove this pressure, keep your toenails trimmed.
- Most corns and calluses gradually go away when the friction or pressure causing them stops. However, if you aren't sure what is causing your corn or callus, if the hardened skin is very painful, or if you have diabetes

DISCUSSION

- Corns aren't a skin disease. They are body's response to pressure or friction on the skin. As they thicken, corns can become quite painful.
- Corns aren't dangerous, but they can cause irritation. They're also more likely to affect women than men.
- Treatment of corns requires scalpel debridement. **Be careful not to take off too much skin.** Doing so could cause bleeding and infection.
- In the field of Ayurvedic Surgery (*Shalyatantra*) has successful treatment for corns in the form of a therapeutic procedure called "Agnikarma".
- *Agnikarma* as the word indicates means a procedure done with the help of fire. This procedure involves the therapeutic burning of the corn tissue with the help of fire. For this purpose various ayurvedic instruments and materials are used. This procedure is simple, cost-effective, does not require hospitalization or prolonged dressings, and does not involve any form of complications and the patient is able to walk home immediately after the procedure. Recurrence rates are almost nil in this procedure. Thus Agnikarma may be effective alternate to surgical excision of the corns or callosity.
- Evaluation of footwear is one of the most fundamental components of effective management.

Wearing shoes that fit better or using non-medicated pads may help.

- While bathing, gently rub the corn or callus with a washcloth or pumice stone to help reduce the size. To avoid infection, do not try to shave off the corn or callus.

CONCLUSION

Vata & Kapha are mainly responsible *Dosha and Dushya Meda and Rakta* in the pathogenesis of *Kadar*

Given the association between suboptimal footwear and corn, changing footwear could be a simple and effective intervention. Corns and calluses can be treated with many types of medicated product[s] to chemically pare down the thickened, dead skin. People with fragile skin or poor circulation in the feet (including many people with conditions like [diabetes](#) or peripheral arterial disease) should be treated as soon as corns or calluses develop.

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