



Research Article

HEALING EFFECT OF MADHUCHISHTADI GHRITHA AGAINST PATOLADI TAILA TOPICALLY IN AGNI DAGDHA VRANA AFTER CORN EXCISION (KADARA) - A COMPARATIVE STUDY

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ABSTRACT

*Agnidagdhā Vrana* (burn wound) is a common condition encountered both as a pathological lesion and as a therapeutic outcome of procedures such as *Agnikarma*. *Kadara* (corn) excision followed by *Taila Dahana* produces an *Agnidagdhā Vrana*. Classical Ayurvedic texts recommend various preparations for *Vrana Ropana*, among which *Madhuchishtadi Ghritha*, described by *Acharya Susrutha* as “*Sarvesham Agnidagdhanam etath Ropanam Uttamam*,” is indicated as an excellent remedy for all types of *Agnidagdhā Vrana*. *Patoladi Taila*, mentioned in *Bhavaprakasha*, is another established formulation with *Pittahara*, *Shothahara*, and *Ropana* properties. **Objectives:** To evaluate the healing effect of *Madhuchishtadi ghritha* in comparison with *Patoladi taila* topically in *Agni dagdha vrana* after corn excision. **Materials and methods:** A comparative interventional study with two groups was conducted. 15 participants of age group 20-70 years of both sexes who satisfied the inclusion and exclusion criteria were selected for the study. In *Agnidagdhā vrana* after *Kadara* excision *Madhuchishtadi ghritha*, was applied in trial group whereas *Patoladi taila*, in control group. The treatment period was maximum 35 days or up to wound healing. Periodic assessments were made on wound diameter, depth, discharge, pain, and burning sensation. **Results:** Both formulations produced marked improvement in all parameters, indicating their efficacy in promoting wound healing and relieving associated symptoms. **Conclusion:** The study highlights the therapeutic potential of classical Ayurvedic formulations in the management of post-*Agnikarma* wounds and supports their integration into contemporary clinical practice for effective and safe wound care.

INTRODUCTION

Wound healing is a complex biological process involving tissue repair, regeneration, and restoration of structural integrity. In Ayurveda, wounds (*Vrana*) are classified according to their origin, nature, and causative factors. Among these, *Agnidagdhā Vrana*- a burn wound produced by thermal injury or therapeutic cauterization (*Agnikarma*)- requires special attention because of its distinctive pathology and healing challenges. Such wounds, if not managed appropriately, may lead to delayed healing, infection, scarring, or functional disability.

In contemporary surgical practice, certain therapeutic procedures intentionally induce *Agnidagdhā Vrana* for curative purposes. The excision of *Kadara* (corn) followed by *Taila Dahana* is one such procedure described by *Acharya Susrutha*<sup>[1]</sup>. After *Agnikarma*, a controlled burn wound develops at the site, which serves as a model for studying the process of *Agnidagdhā Vrana* healing.

*Corns* are localized hyperkeratotic lesions that commonly occur over pressure points such as the soles and toes. They are characterized by conical induration with a hard central core, producing pain and discomfort during walking.<sup>[2]</sup> Conservative management with keratolytic agents, protective padding, and footwear modifications often provides temporary relief, but surgical excision followed by cauterization remains the definitive treatment to prevent recurrence.

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In Ayurvedic literature, *Kadara* is enumerated among *Kshudra Rogas* and is considered to arise from *Vata-Kapha* vitiation along with *Meda* and *Rakta dushti*.<sup>[3]</sup> *Acharya Susrutha* advocates *Utkartana* (excision) followed by *Agnikarma*, as the latter ensures *Apunarbhavatwa* non-recurrence of the lesion. The resultant *Agnidagdha Vrana* demands specific management that promotes *Vrana Shodhana* (cleansing) and *Ropana* (healing) while preventing secondary infection.

*Patoladi Taila*, mentioned in *Bhavaprakasha* (*Poorva Khanda, Vranashotha Adhikara*),<sup>[4]</sup> is traditionally used for burn and inflammatory wounds due to its *Pittahara, Shothahara, and Ropana* properties. *Madhuchishtadi Ghritha*, described by *Acharya Susrutha* in the *Agnikarma Vidhi Adhyaya*, is recommended for all types of *Agnidagdha Vrana* (*Pramada Dagdha*), with the verse “*Sarvesham Agnidagdhanam etath Ropanam Uttamam,*” signifying its excellence in burn wound healing.<sup>[5]</sup>

Epidemiological studies report that corns affect 14–48% of adults,<sup>[6]</sup> and due to constant mechanical stress on the plantar surface, wounds following excision and cauterization often exhibit delayed healing. In modern clinical settings, managing such *Agnidagdha Vranas* remains a challenge, and there is a need for safe, effective, and soothing topical formulations that accelerate tissue repair.

*Madhuchishtadi Ghritha* is specifically indicated for *Agnidagdha Vrana* in classical Ayurvedic texts and contains ingredients with *Seetha Veerya, Pittahara, Vrana Shodhana, and Ropana* properties. *Kadara*, being a practical example that generates *Agnidagdha Vrana* after its excision, provides an ideal clinical model to evaluate the healing efficacy of such formulations. Therefore, the present study was undertaken to assess and compare the healing effect of topical *Madhuchishtadi Ghritha* and *Patoladi Taila* in *Agnidagdha Vrana* developed after *Kadara* excision.

#### Details of Interventional Drug

##### Name of interventional drug- *Madhuchishtadi ghritha*

Drug	Rasa	Guna	Virya	Vipaka	Karma
<i>Madhuchishta</i> ( <i>Cera alba</i> )	<i>Kashaya madhura</i>	<i>Guru Snigdha Mridu</i>	<i>Seetha</i>	<i>Katu</i>	<i>Pitha hara Vrana ropana Sandhaneeya</i>
<i>Madhuka</i> ( <i>Glycyrriza glabra</i> )	<i>Madhuram</i>	<i>Guru Snigdham</i>	<i>Seetha</i>	<i>Madhura</i>	<i>Tridosahara Vedanahara Bala varnakrith</i>
<i>Lodram</i> ( <i>Symplocos racemosa</i> )	<i>Kashaya thiktha</i>	<i>Laghu Rooksha</i>	<i>Seetha</i>	<i>Katu</i>	<i>Kapha pitha hara Sthambaka Sandhaneeya Vrana sodhaka ropaka Kushta kandughna</i>
<i>Sarja rasa</i> ( <i>Sala-Shorea robusta</i> )	<i>Kashaya madhura</i>	<i>Rooksha</i>	<i>Seetha</i>	<i>Katu</i>	<i>Vatha pitha kapha hara Vrana ropana Krimighna Kandughna</i>

#### OBJECTIVES

To compare the healing effect of *Madhuchishtadi ghritha* with *Patoladi taila* topically in the management of *Agnidagdha vrana* after corn excision by assessing the size of wound, pain (assessed by VAS scale), burning sensation and discharge.

#### MATERIALS AND METHODS

##### Study Design

Comparative interventional study with two groups.

##### Study Setting

OPD and IPD of Department of *Shalyatantra*, Govt. Ayurveda College, Thiruvananthapuram

##### Study Population

Participants between the age group 20-70 years irrespective of gender having corns full filling the inclusion and exclusion criteria attending the OPD and IPD Department of *Shalyathantra* Govt. Ayurveda college, hospital Thiruvananthapuram took for study.

##### Selection Criteria

###### Inclusion criteria

- Participants aged between 20-70 years of either gender.
- Clinically diagnosed subjects of plantar corn.

###### Exclusion criteria

- Participants contraindicated for *Agnikarma*.
- Participants with systemic diseases like uncontrolled diabetes mellitus.
- Participants with known cases of bleeding disorders, infective conditions like AIDS, HbsAg, HCV, VDRL and other immunocompromised persons.

##### Sample Size

30 participants (15 in each group) were selected as per inclusion and exclusion criteria.

Manjishta ( <i>Rubia cordifolia</i> )	Madhura thiktha	Guru Rooksha	Ushna	Katu	Kapha pitha hara Raktha sodhaka Sonitha sthapana Sandhaneeya Vedana sthapana
Chandanam ( <i>Santalum album</i> )	Tiktha Madhura	Laghu Rooksha	Seetha	Katu	Kapha pitha hara Daha prasamana, krimighna and kandughna
Murva ( <i>Marsdenia tenacissima</i> )	Madura Thiktha	Guru Sara	Ushna	Madhura	Tridosha hara Krimighna Kandughna
Ghrutha	Madhura	Guru	Seetha	Madhura	Tridosha hara Vrana sodhana ropana

**Details of Study Drug**

Patola ( <i>Trichosanthes dioica</i> )	Thiktha	Laghu Rooksha	Ushna	Katu	Tridosha, Samaka Krimihara
Sarshapa taila ( <i>Brassica campestris</i> )	Katu	Laghu Tikshna	Ushna		Kapha vatha sama Kotha Kushta Vrana Krimi hara

**Preparation of Drug**

Both study drug and control drug are prepared as per classical Ayurveda reference.



**Preparation of Ghritha**



**Stored Ghritha**



**Preparation of Taila**



**Stored Taila**

**Intervention**

- Excision of corn followed by *Agnikarma* using *Pancha loha salaka* will be done.
- In Group A, *Madhuchishtadi Ghritha* was applied topically over the wound, while in Group B, *Patoladi Taila* was used, followed by sterile dressing performed once daily until complete wound healing or up to 35 days.

**Study Duration**

The duration of study is 35 days.

**Assessment**

Assessment was done systematically on 0<sup>th</sup> (day of procedure done), 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> and 35<sup>th</sup> day.

**Grading for assessment Objective parameters**

**Size of the wound**

Diameter- Measurement was taken using sterile probe.  
 Depth- Measurement was taken using sterile probe.  
 (According to previous study- Evaluate the efficacy of *Patoladi taila* on postoperative *Agnidagtha vrana*)

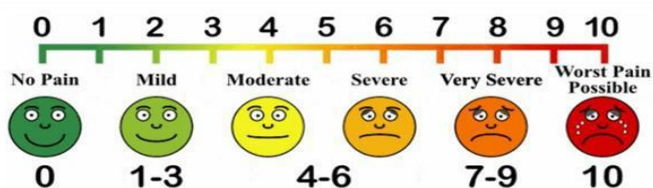
**Discharge**

- 0 - No exudate present
- 1 -The wound is moist but no measurable amount of exudate appears on the dressing.
- 2 -Exudate covers less than 25% of the dressing.
- 3 -Wound tissue is wet and drainage covers 25% to 75% of the dressing.
- 4 -Wound tissue is filled with fluid, and exudate covers more than 75% of the dressing.

**Subjective parameters**

**Pain** - It is assessed by visual analogue scale

- 0 - Pain absent
- 1-3 - Mild pain
- 4-6 - Moderate pain
- >7- Severe pain



**Data Analysis**

Data were analysed using the Wilcoxon rank-sum test for between-group comparisons and the Wilcoxon signed-rank test for within-group comparisons.

**Ethical Consideration**

- Informed consent from the participant
- Ethical clearance was obtained from the Institutional Ethics Committee, Government

Ayurveda College Thiruvananthapuram dated 12/10/2023 Ref no. IEC: 763-9/10/2023.

- Registration of the Trial with clinical trial Registry of India (CTRI) was done prior to onset of study. Registration number is - CTRI/2024/10/074553.

**OBSERVATION AND RESULTS**

**Size of the wound (Diameter in cm)**

At baseline, the trial group had a mean diameter of 1.59 (0.46) compared to 1.27 (0.46) in the control group ( $p = 0.074$ ). Differences at subsequent time points were not statistically significant ( $p > 0.05$ ), except for the 35<sup>th</sup> day where both groups had a mean of 0.0 (0.0) and  $p < 0.001$ .

**Size of the wound (Depth in cm)**

No statistically significant differences were found at any time point ( $p > 0.05$ ) except for the 35<sup>th</sup> day, where both groups had a mean of 0.0 (0.0) and  $p < 0.001$ .

**Discharge**

No statistically significant differences were observed at most time points ( $p > 0.05$ ), except for baseline, 28<sup>th</sup> day, and 35<sup>th</sup> day, where both groups recorded 0.0 (0.0) with  $p < 0.001$ .

**Pain**

No statistically significant differences were observed ( $p > 0.05$ ) except for the 35<sup>th</sup> day where both groups had a mean of 0.0 (0.0) and  $p < 0.001$ .

**Burning sensation**

No statistically significant differences were found ( $p > 0.05$ ) except at the 14<sup>th</sup> day and beyond, where both groups recorded 0.0 (0.0) and  $p < 0.001$ .

**Table 3: Incidence of Demographic Factors**

Distribution	Category	Number	%
Age (years)	20-30	2	6.7
	31-40	4	13.3
	41-50	5	16.7
	51-60	8	26.6
	61-70	6	20.0
	>70	5	16.7
Gender	Male	9	30
	Female	21	70
Domicile	Urban	7	23.3
	Rural	23	76.7
Occupation	Housewife	8	26.7
	Laborer	9	30
	Office worker	5	16.7
	Student	1	3.3
	Others	7	23.3

Duration of Disease	<1 month	3	10
	1-3 months	6	20
	4-6 months	10	33.3
	7-12 months	8	26.7
	>1 year	3	10
Number of Corns	Single	10	33.3
	Multiple	20	66.7

**Table 4: Effectiveness of treatment on clinical response (Between group comparison)**

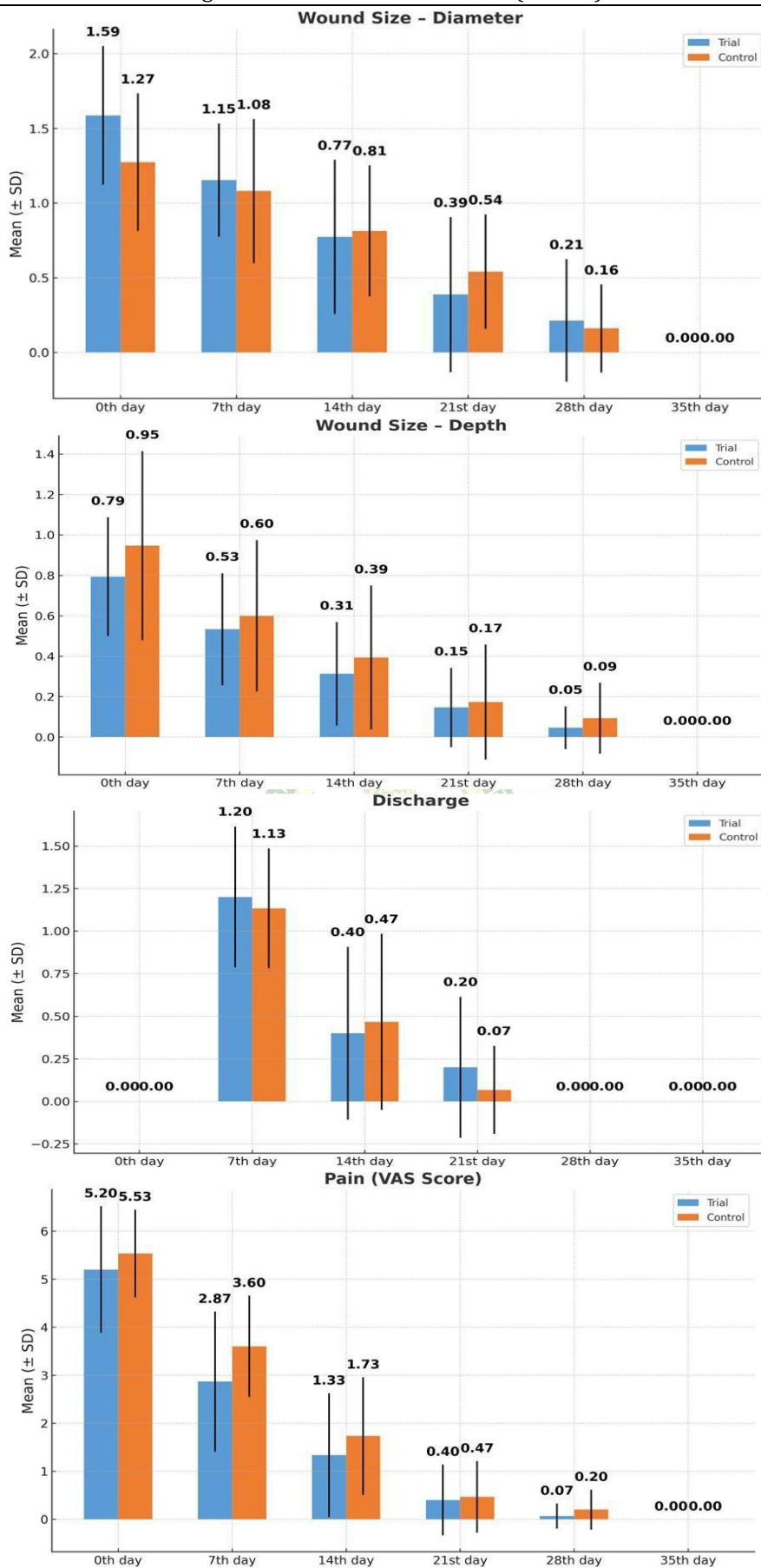
Parameters	Day 0	Day 7	Day 14	Day 21	Day 28	Day 35	z score	p value	Remarks
Wound Diameter (cm)	1.59±0.46/ 1.27±0.46	1.15±0.38/ 1.08±0.48	0.77±0.52/ 0.81±0.44	0.39±0.52/ 0.54±0.38	0.21±0.4 1/0.16± 0.29	0.00 ± 0.00 / 0.00 ± 0.00	1.86	0.074	Not Significant
Wound Depth (cm)	0.79 ± 0.29 / 0.95 ± 0.47	0.53 ± 0.28 / 0.60 ± 0.37	0.31 ± 0.26 / 0.39 ± 0.36	0.15 ± 0.20 / 0.17 ± 0.28	0.05 ± 0.11 / 0.09 ± 0.18	0.00 ± 0.00 / 0.00 ± 0.00	1.08	0.293	Not Significant
Discharge (score)	0.00 ± 0.00 / 0.00 ± 0.00	1.20 ± 0.41 / 1.13 ± 0.35	0.40 ± 0.51 / 0.47 ± 0.52	0.20 ± 0.41 / 0.07 ± 0.26	0.00 ± 0.00 / 0.00 ± 0.00	0.00 ± 0.00 / 0.00 ± 0.00	1.06	0.301	Not Significant
Pain (VAS)	5.20 ± 1.32 / 5.53 ± 0.92	2.87 ± 1.46 / 3.60 ± 1.06	1.33 ± 1.29 / 1.73 ± 1.22	0.40 ± 0.74 / 0.47 ± 0.74	0.07 ± 0.26 / 0.20 ± 0.41	0.00 ± 0.00 / 0.00 ± 0.00	0.80	0.429	Not Significant
Burning Sensation (score)	1.87 ± 0.64 / 1.80 ± 0.56	0.33 ± 0.49 / 0.40 ± 0.51	0.00 ± 0.00 / 0.00 ± 0.00	0.00 ± 0.00 / 0.00 ± 0.00	0.00 ± 0.00 / 0.00 ± 0.00	0.00 ± 0.00 / 0.00 ± 0.00	0.30	0.764	Not Significant

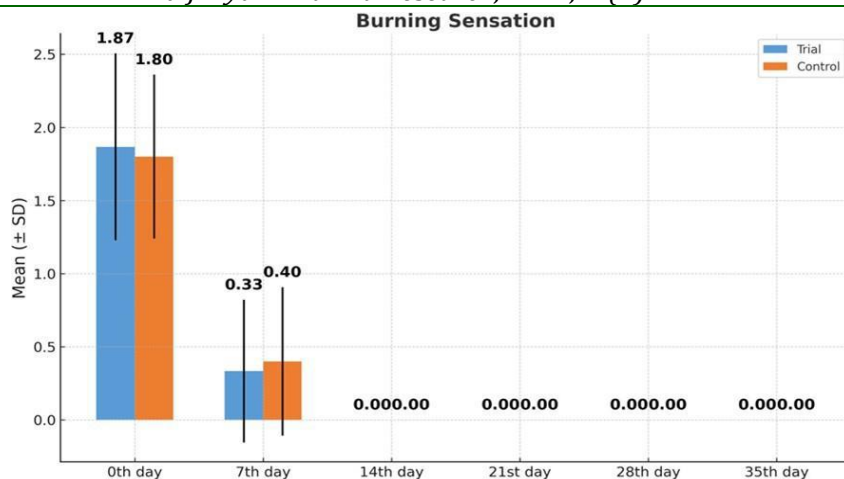
Note: Data expressed as Mean ± SD for Trial (*Madhuchishtadi Ghritha*) / Control (*Patoladi Taila*). Statistical test: Wilcoxon rank-sum. p < 0.05 = Significant.

**Table 5: Effectiveness of Treatment on Clinical Responses within group comparison (Trial Group - *Madhuchishtadi Ghritha*)**

Parameters	Day 0	Day 7	Day 14	Day 21	Day 28	Day 35	z- score	p- value	Remarks
Wound Diameter (cm)	1.59 ± 0.46	1.15 ± 0.38	0.77 ± 0.52	0.39 ± 0.52	0.21 ± 0.41	0.00 ± 0.00	4.42	< 0.001	Significant
Wound Depth (cm)	0.79 ± 0.29	0.53 ± 0.28	0.31 ± 0.26	0.15 ± 0.20	0.05 ± 0.11	0.00 ± 0.00	4.65	< 0.001	Significant
Discharge (score)	1.20 ± 0.41	0.40 ± 0.51	0.20 ± 0.41	0.00 ± 0.00	0.00 ± 0.00	0.00 ± 0.00	4.81	< 0.001	Significant
Pain (VAS)	5.20 ± 1.32	2.87 ± 1.46	1.33 ± 1.29	0.40 ± 0.74	0.07 ± 0.26	0.00 ± 0.00	4.67	< 0.001	Significant
Burning Sensation (score)	1.87 ± 0.64	0.33 ± 0.49	0.00 ± 0.00	0.00 ± 0.00	0.00 ± 0.00	0.00 ± 0.00	4.91	< 0.001	Significant

Note: Data expressed as Mean ±SD; statistical test: Wilcoxon signed- Rank Test; p<0.05 = Significant





## DISCUSSION

The present study was designed to evaluate and compare the healing efficacy of *Madhuchishtadi Ghritha* and *Patoladi Taila* in *Agnidagdha Vrana* following *Kadara* excision. Both formulations demonstrated significant improvement in all clinical parameters such as wound diameter, wound depth, discharge, pain, and burning sensation. Statistical analysis revealed that the improvement within each group was highly significant ( $p < 0.001$ ), while the intergroup comparison showed no statistically significant difference ( $p > 0.05$ ), indicating that both formulations were effective in the healing process. However, a notable clinical observation was that patients in the *Madhuchishtadi Ghritha* group reported earlier relief from burning sensation and irritation compared to those treated with *Patoladi Taila*.

Following *Agni Dahana* after corn excision, the most common and distressing symptom experienced by patients was burning sensation, which is a classical manifestation of *Agnidagdha Vrana*. It reflects the dominance of *Pitta* and residual thermal energy in the affected tissues. In the current study, both groups exhibited a gradual decline in burning sensation over successive assessment periods, indicating that both drugs were effective in alleviating *Daha*. However, patients in the trial group reported noticeable cooling and soothing sensations from the first week of application, suggesting that *Madhuchishtadi Ghritha* has a specific advantage in controlling *Daha* due to its *Sheeta Veerya* and *Pittahara* properties.

Pain and discharge also subsided significantly in both groups, affirming the *Shothahara* and *Vranaropaka* properties of both formulations. Wound diameter and depth progressively reduced in both groups, confirming their efficacy in wound contraction and epithelialization. The duration of complete healing was nearly similar between the groups, but participants consistently reported better local comfort in the *Ghritha*-treated wounds, emphasizing its soothing, anti-inflammatory, and protective nature.

*Madhuchishtadi Ghritha* is a classical formulation described by Acharya Sushruta in *Agnikarma Vidhi Adhyaya* as the ideal medicine for *Agnidagdha Vrana*, denoted by the phrase "*Sarvesham Agnidagdhanam etat ropanam uttamam.*" Its mode of action can be explained through both Ayurvedic and modern pharmacological perspectives.

From an Ayurvedic standpoint, the formulation predominantly exhibits *Madhura*, *Tikta*, and *Kashaya rasa*; *Snigdha* and *Mridu guna*; *Sheeta veerya*; and *Madhura vipaka*. These attributes act synergistically to pacify *Pitta* and *Vata doshas*- the key pathogenic factors in *Agnidagdha Vrana*. The *Sheeta veerya* of *Chandana*, *Lodhra*, *Murva*, and *Sarjarasa* directly counteracts the thermal effect of the burn, thereby reducing *Daha* and redness. The *Madhura rasa* and *Snigdha guna* of *Yashtimadhu* and *Goghrita* nourish the damaged tissues, promote granulation, and prevent desiccation of the wound surface. The *Tikta rasa* of *Manjishta* and *Murva* purifies *Rakta*, detoxifies the wound environment, and prevents infection. Together, these properties create a cooling, soothing, and protective film over the wound, relieving burning sensation while facilitating tissue regeneration.

From a modern pharmacological viewpoint, the presence of bioactive constituents such as glycyrrhizin in *Yashtimadhu* provides strong anti-inflammatory, antioxidant, and mucoprotective actions that reduce pain and irritation.<sup>[8]</sup> Santalol and santalenes from *Chandana* are known for their cooling, antimicrobial, and local anesthetic effects that diminish *Daha* and irritation. Tannins and flavonoids in *Lodhra* and *Manjishta* exert astringent and antioxidant actions, helping tissue contraction and rapid epithelialization.<sup>[9]</sup> *Madhuchishtadi* and *Goghrita* create an occlusive barrier that maintains optimal moisture balance in the wound bed, minimizes exposure to external irritants, and supports fibroblast proliferation. These properties explain the earlier reduction in burning sensation observed clinically in the trial group.

Thus, *Madhuchishtadi Ghritha* acts through multiple mechanisms- *Pittahara*, *Daha Prashamana*, *Shothahara*, and *Ropana*- that address both the symptomatic and pathological aspects of *Agnidagdha Vrana*. Its *Sheeta veerya* neutralizes the thermal component of the burn, while its *Snigdha* and *Madhura* attributes support tissue healing and comfort.

*Patoladi Taila*, the control formulation, also exhibited significant healing due to its *Tikta- Kashaya rasa*, *Pitta-Kapha Shamaka*, and *Vrana Shodhana* properties. The *Taila* base maintains moisture and aids epithelialization, while ingredients like *Patola*, *Nimba*, and *Chandana* provide anti-inflammatory and antimicrobial effects. However, its *Ushna veerya* base (*Sarshapa Taila*) may initially intensify burning in acute wounds, explaining the relatively slower subjective relief compared to *Madhuchishtadi Ghritha*.

Overall, both formulations achieved comparable statistical efficacy in wound healing, but *Madhuchishtadi Ghritha* provided earlier symptomatic comfort, particularly in reducing *Daha*, due to its *Sheeta veerya* and *Pittahara* properties.

#### CONCLUSION

The present study established that both *Madhuchishtadi Ghritha* and *Patoladi Taila* are effective in the management of *Agnidagdha Vrana* following *Kadara* excision. Statistical analysis confirmed highly significant improvement within both groups in all parameters- wound diameter, depth, discharge, pain, and burning sensation- indicating that both formulations support the healing process effectively.

Both formulations are safe, effective, and easy to apply in post- *Agnikarma* wound management. *Madhuchishtadi Ghritha* may be particularly beneficial in acute *Pitta*-dominant burn wounds presenting with intense *Daha*, while *Patoladi Taila* remains suitable for general *Vrana Ropana*. The study thus validates the classical Ayurvedic formulations such as *Madhuchishtadi Ghritha* and *Patoladi taila* serves as an excellent *Ropana Yoga* for *Agnidagdha Vrana*, offering

both symptomatic relief and accelerated wound healing.

#### Limitations of the study

- Ensuring the hygiene of wound which affects the rate of healing completely depends on the patient.
- Since direct exposure to extreme temperature and resulting *Dagdha Vrana*, convincing the patients to undergo the procedure was difficult.

The assessment was primarily based on clinical examination without incorporating any histopathological or biochemical evaluation of the healing process.

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