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# To evaluate the effect of *Dashamula Churna Pinda Sweda* a touchstone procedure in the management of *Vatakantaka*

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## ABSTRACT

*Vatakantaka* is disease of foot and heel with *Kantakavat Vedana*. *Vatakantaka* is non fatal common condition which makes life miserable due to pain. When *Vata* gets vitiated due to walking long distance, excessive strain, walking on uneven surface, the vitiated *Vata dosha* gets accumulated in *Khuddal pradesha* (ankle) and causes pain as if pricked by thorn. Hence termed as *Vatakantaka*. *Vatakantaka* can be co-related to Calcaneal spur in modern parlance. Calcaneal spur is a pointed bony growth on calcaneus bone. The incidence of calcaneal spur in normal population is 15.5%. And in South Indian population it is 59% of which 60% are female. Here 10 cases of *Vatakantaka* vis-a-vis Calcaneal spur were subjected to *Dashamula Churna Pinda Sweda* for 7 days, followed by *Nirgundi Guggulu* for 30 days. Patients showed significant results in subjective and objective parameters.

**Key words:** *Dashamula, Nirgundi Guggulu. Pinda Sweda, Vatakantaka, Vatavyadhi*

## INTRODUCTION

*Vatakantaka* is *Vata Pradhana Vatavyadhi* particularly caused by walking on uneven surface or by excessive strain, which produces *Ruja* in *Khuddal pradesha*.<sup>[1]</sup> Except *Charakacharya* all *Bruhat trayi* and *Laghu trayi* have accepted *Vatakantaka* under *Vataja Nanatmaja Vyadhi*. But *Charakacharya* has mentioned under *Sweda sadhya vyadhi*.<sup>[2]</sup> As *Vatakantaka* is one of the *Vatavyadhi*, consumption of *Mityahara, Ruksha Sheeta Bhojana, Ratri Jagarana, Vishama Chesta* etc.

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can be considered as general *Nidana* for *Vatakantaka*. *Sushruta* and other *Acharyas* have mentioned specific *Nidanas* like improper placement of feet on the ground while walking, Excessive work, *Shrama, Ati Adhva* are the reasons for the manifestation of *Vatakantaka*.<sup>[3]</sup> *Vatacara Ahara Sevana* causes *Vishamagni* which leads to formation of vitiated *Rasa Dhatu*, in turn leads to vitiation of *Asthi Dhatu (Uttarottara Dhatus)*. Mean while *Khavaigunya* which was already existed in *Gulpha Pradesha* due to *Vatacara Vihara* like *Vishama Chesta, Ati Adhva, Shrama, Vishama Padanyasta*, there will be *Vikruta, Sama Rupa Asthi Vriddhi* takes place in *Parshni Pradesha*. This *Vikruta, Samarupa Asthi* do the *Peedana* of *Mamsa, Peshi, Kandara* in *Parshni Pradesha*. When foot is kept on the ground with whole body weight, leads to *Kantakavat Vedana* and manifests into *Vatakantaka*. Person suffering from *Vatakantaka* usually presented with painful heel in morning when first step is kept, pain during walking, pain on walking on uneven surface. *Vatakantaka* being a *Vatavyadhi*, general treatment of *Vatavyadhi*

can be performed like *Snehana*, *Swedana*, *Samshodhana*. *Acharya Charaka* has mentioned *Vatakantaka* under *Swedana Sadhya Roga*.<sup>[4]</sup> *Acharya Sushruta* told *Siravyadha* as line of treatment in *Vatakantaka*.<sup>[5]</sup> *Chakradatta* in *Vatavyadhi Chikitsa* advocates blood-letting should be done frequently or *Eranda Taila* should be taken or the part should be cauterized with needles.<sup>[6]</sup>

Here 10 subjects of *Vatakantaka* were treated with *Dashamula Churna Pinda Sweda* for 7 days followed by *Nirgundi Guggulu* 2 tablets of 250 mg twice a day for 30 days.

### OBJECTIVES OF STUDY

To evaluate the effect of *Dashamula Churna Pinda Sweda* followed by *Nirgundi Guggulu* in management of *Vatakantaka*.

#### Inclusion criteria

- Patients with the *Lakshanas of Vatakantaka* like pain in heel, pain on walking.
- Patients who were fit for *Swedana Karma*.

#### Exclusion Criteria

- Patients suffering from fracture, Dislocation of ankle joint, post traumatic ankylosis, Rheumatoid arthritis, Gouty arthritis and any orthopedic disorders causing pain in the sole of foot except calcaneal spur.
- Pregnant and lactating women
- Subjects with uncontrolled Diabetes with complications.

#### Parameters of study

##### Assessment criteria

Improvement in subjective and objective parameters of *Vatakantaka* will be assessed before and after treatment.

##### Subjective parameters

- Morning rise of pain
- Pain on walking
- Pain on walking after rest

- Pain on walking on uneven surface

##### Objective parameters

- Tenderness

##### Intervention

- Amapachana* - *Shaddharana Churna*<sup>[7]</sup> 5gms twice daily before food with *Ushnodaka* for 3 days.
- Swedana* - *Dashamula Churna*<sup>[8]</sup> *Pinda Sweda* - 15 to 20 minutes for 7 days.
- Shamanoushadhi* - *Nirgundi Guggulu*<sup>[9]</sup> 2 tabs of 250mg twice daily after food for 30 days
- Treatment duration - 55 days
- Follow up - Every 15<sup>th</sup> day

##### Grade of improvement

- Marked improvement - Subject showing improvement above 75- 100%
- Moderate improvement - Subject showing improvement in between 50-75%
- Mild improvement - Subject showing improvement between 25-50%
- No improvement - No relief or symptoms relieved up to less than 25%

### OBSERVATIONS

All the subjects (100%) presented with all the symptoms like morning rise of pain, Pain on walking, Pain on walking after rest and pain on walking on uneven surface. (Table 1) Maximum number of subjects i.e., 07(70%) were having tenderness with Grade 2, 03 (30%) subjects were having tenderness with Grade 3. (Table 2)

### RESULT

The subjective parameters like Morning rise of pain, Pain on walking, Pain on walking after rest, and Pain on walking on uneven surface were recorded before treatment and after treatment with the help of NPRS (Numerical Pain Rating Scale). The objective parameter like Tenderness also recorded Before the treatment and after the treatment and subjected to

statistical analysis by applying Paired “t” test using GraphPad Prism statistical software.

The mean score of Morning rise of pain, before treatment (BT) was 7.9 and After treatment was 3.9 with 50.63% improvement. And there was Highly statistically Significant ( $p < 0.0001$ ) result with “t” value 16.00.

The mean score of Pain on walking, before treatment (BT) was 7.0 and After treatment was 3.6 with 48.57% improvement. And there was Highly statistically Significant ( $p < 0.0001$ ) result with “t” value 15.37.

The mean score of Pain on walking after rest, before treatment (BT) was 6.9 and After treatment was 3.4 with 50.72% improvement. And there was Highly statistically Significant ( $p < 0.0001$ ) result with “t” value 13.02.

The mean score of Pain on walking on uneven surface, before treatment (BT) was 6.7 and After treatment was 3.6 with 46.26% improvement. And there was Highly statistically Significant ( $p < 0.0001$ ) result with “t” value 17.26.

The mean score of Tenderness, before treatment (BT) was 2.3 and After treatment was 0.7 with 69.56% improvement. And there was Highly statistically Significant ( $p < 0.0001$ ) result with “t” value 09.79. (Table 3)

The study provided improvement ranging from 45.45% to 53.57% with an Average of 49.38%. (Table 4)

## DISCUSSION

*Vatakantaka* refers to condition caused by *vata* characterized by shooting pain i.e., *Kantakavat vedana* in the heel of the foot. It is categorized under *Vatavyadhi*. *Sevana* of *Mityahara*, *Ruksha Sheeta Bhojana*, *Ratri Jagarana*, *Vishama Chesta* etc. can be considered as general *nidana* for *vatakantaka*. *Sushruta* and other *Acharyas* have mentioned specific *nidana* like improper placement of feet on the ground while walking, Excessive work, *Shrama*, *Ati adhva* are the reasons for the manifestation of *Vatakantaka*. Clinical presentation of patients of

*Vatakantaka* reveals that it is a *samaja vatavyadhi* because peak of pain is observed in the early morning. *Ruksha Sweda* (*Dashamula Churna Pinda Sweda*) is preferred here because of *vata kapha hara*, *shothahara* and *vedanasthapaka* nature of *Dashamula*. So this proved very effective in relieving local pain and swelling. To overcome overall pain in *Vatakantaka*. *Nirgundi Guggulu* was choice of drug as it is *Vedana sthapaka* in nature. It can be concluded that *Vatakantaka* need not be correlated with any one particular diseases of modern science based on symptom “PAINFULL HEEL” or the condition in which pain is the main symptom in heel can be considered as *Vatakantaka*. In this present study *Vatakantaka* is correlated with Calcaneal spur. Calcaneal spur is a bony spike growing anteriorly from the anterior edge of a calcaneal tuberosity which causes pain in heel.

## CONCLUSION

*Vatakantaka* is a non-fatal common condition found in day to day practice. *Vatakantaka* is common in both sex. But women are twice more prone to get *Vatakantaka* than men. It causes severe pain especially, in the morning and during walking after long hours of rest. It can be co-related with Calcaneal spur in modern. It mainly affects the middle-class women. Maximum number of subjects were Housewives, who use to stand for longer period in the kitchen. Procedure was very simple, safe, economical, effective and done on the OPD basis. Symptomatic relief is found in all patients. Treatment showed statistically significant result. No complications were observed during the treatment.

**Table 1: Showing major symptom wise distribution**

Symptoms	No of subjects	%
Morning rise of pain	10	100%
Pain on walking	10	100%
Pain on walking after rest	10	100%
Pain on walking on uneven surface	10	100%

Table 2: Showing distribution on Tenderness

Tenderness	No of subjects	%
No tenderness (Grade 0)	00	00%
Pain on deep palpation (Grade 1)	00	00%
Pain on light palpation (Grade 2)	07	70%
Don't allow to touch (Grade 3)	03	30%

Table 3: Showing results on both subjective and objective parameters

Parameter	Mean BT	Mean AT	% imp.	S.D	t	p	Remarks
Morning rise of pain	7.9	3.9	50.63 %	0.63	16.00	<0.0001	H.S.S
Pain on walking	7.0	3.6	48.57 %	0.70	15.37	<0.0001	H.S.S
Pain on walking after rest	6.9	3.4	50.72 %	0.85	13.02	<0.0001	H.S.S
Pain on walking on uneven surface	6.7	3.6	46.26 %	0.57	17.26	<0.0001	H.S.S
Tenderness	2.3	0.7	69.56 %	0.52	9.79	<0.0001	H.S.S

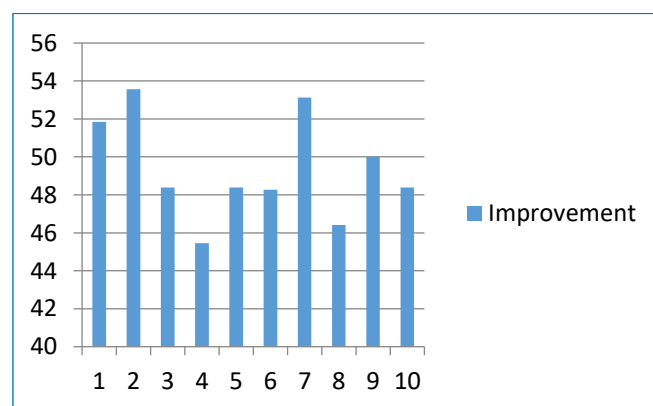
Table t value at Level of Confidence 95% and Degree of Freedom (DF) 19 is 3.883, BT - Before Treatment, AT - After Treatment, S.D - Standard Deviation, S.E- Standard error, S.S - Statistically Significant.

Table 4: Showing overall improvement

Subjects	%	Remark
1.	51.85%	Moderate

2.	53.57%	Moderate
3.	48.38%	Mild
4.	45.45%	Mild
5.	48.38%	Mild
6.	48.27%	Mild
7.	53.12%	Moderate
8.	46.42%	Mild
9.	50.00%	Moderate
10.	48.38%	Mild

Graph 1: Showing improvement in subjects



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