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A role of Agnikarma in the management of Vatakantak w.s.r. Planter Fasitis - A Single Case Study

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ABSTRACT

Vatakantaka (Planter Fasciitis) is a common cause of heel pain which is caused due to vitiation of *Vata*. *Vata* is vitiated due to walking on irregular or uneven surface, excessive strain on heels and get accumulated in (Ankle joint) and causes pain as if pricked by a thorn. Hence it termed as *Vatakantaka* (Plantar Fasciitis). Plantar Fasciitis is caused due to silent and repeated injury resulting in inflammation of the plantar fascia which results in the painful heel. *Acharya Sushruta* has mentioned different treatment measures for management of its. One amongst them and it was used in this case study, to assess its efficacy in relieving pain. 51 years old female complaining of pain in the right heel, tenderness and pain during walking was treated with 3 successive sittings of along with for 21 days. In and was given. After treatment, symptoms of patient were relieved and she was able to walk without pain.

Key words: Agnikarma, Plantar Fasciitis, Heel Pain, Vatakantaka.

INTRODUCTION

According to Sushruta, is a (predominance of) particularly caused by walking on uneven surfaces or by (excessive exertion), which produces pain in heel.^[1] *Sushruta* also mentioned that the disease *Vatakantaka* is *Snayu Asthi Sandhi Ashrit* and such diseases should be treated with oleation, poultice, *Agnikarma*, *Bandaging* and massage upto a considerable relief from pain.^[2] *Madhavakar* in *Madhava Nidan* mentioned that is a pain in the ankle region which arises due to improper position of the foot during its

movements.^[3] Heel pain is observed in a number of conditions like Sevier's disease, Calcaneal Knob, Bursitis, Bony Spur, Pagets, Osteomyelitis, Acute and Chronic Plantar Fasciitis. Amongst these can be correlated with Plantar Fasciitis. It is estimated that 1 in 10 people will develop heel pain in their lifetime. Incidence occurs between 40 and 60 years of age.^[4] The prevalence of this disease increases due to inclination towards wearing high heeled & hard foot wears, improperly fitting footwear's, engaging in strenuous exercise especially jumping, running and standing for prolong period.^[5] To get relief from pain, initially a soft pad may be used just below the tender area. If this does not help, injection of Hydrocortisone should be made at the most tender spot.^[6] If this fails then lastly division of the plantar fascia is indicated. But all these measures have side effects, complications and are time consuming. Moreover they do not give permanent cure for the disease. It is therefore, very uneconomical for a common man to afford all these costly measures. Hence a case study of *Agnikarma* in management of chronic plantar fasciitis was selected. Here we study a case of a 51 year aged patient working

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as a teacher who visited to OPD of *Netra Chikitsa Trust Ayurved Hospital*, Amreli on 1st July 2019 with complaints of painful heel, tenderness and early morning stiffness at the right heel. There was history of previous treatment for chronic plantar fasciitis under private orthopaedic surgeon since the last four months. The history suggested that she had received analgesic, anti-inflammatory, steroid and two sittings of hydrocortisone injection but without any significant and satisfactory relief, hence after. Routine Blood investigation and x-ray examination of heel were done and all investigations were found normal. After careful assessment and examinations patient was diagnosed with nonspecific chronic plantar fasciitis and it was decided that treated with *Agnikarma Chikitsa* only at an interval of seven days up to complete relief from pain. Patient got relief from pain after completion of first sitting. After the completion of 3rd sitting patient got relief from early morning stiffness whereas tenderness was relieved after the completion of 3rd sitting without any adverse effects being observed throughout the entire sittings. To observe any recurrence of symptoms patient was followed up to 3 months but recurrence of symptoms was not observed. Patient was fully satisfied with *Agnikarma Chikitsa* as compared to previously treated with modern modalities.

Procedure of Agnikarma

After taking informed written consent the affected part was cleaned with *Panchwalkal Kwath*. It was then wiped with dry sterilized cotton gauze. Red hot *Panchdhatu Shalaka* was used for making *Bindu Dahan Vishesh* and 18-20 *Samyak Dagdh Vrana* were made by *Panchdhatu Shalaka*. It was noted that a proper space between two *Samyak Dagdh Vrana* were kept after making *Samyak Dagdh Vrana*. Also, the *Kumari Swarasa* was applied on that to get relief from burning sensation.

Above procedure was repeated 3 times at the interval of 7 days and patient was advised to apply the paste of *Haridra* powder mixed with coconut oil at bed time up to normal appearance of skin.

DISCUSSION

Chronic planer fasciitis can develop due to use of walking on uneven roads with ill-fitting footwear which causes silent and repeated injury resulting into inflammation of plantar fascia which results in the painful heel, tenderness, early morning stiffness and restricted movements of heel. As per *Ayurvedic* concept, this condition may develop as the vitiation of *Vata* with *Anubandha* of *Kapha Dosh*. *Vata* and *Kapha Dosh* have been considered as the important factors for causation of *Shotha* (inflammation) and *Shoola* (pain) in the heel.

Agnikarma Chikitsa introduces heat in the affected area. This heat is *Ushna*, *Tikshna*, *Laghu*, *Sukshma*, *Vyavayi* and *Vikashi* in *Guna* which is helpful to break the *Kaphanubandha* thus reducing *Shoth* and ultimately *Vata Dosh* gets neutralised so that *Shool* (pain and tenderness) is relieved. To manage such a condition *Agnikarma Chikitsa* is creditable treatment.

CONCLUSION

Agnikarma therapy is OPD procedure. *Agnikarma* therapy is mostly helpful in management of local pathological diseases. During procedure of *Agnikarma* one should not exert excessive pressure unless it will produce *Atidagdh Vrana*. Scar of *Dagdh Vran* produced by *Agnikarma* disappeared within 3 weeks. Number of sitting of *Agnikarma* depends upon chronicity and severity of the disease. Thus, from the above study it can be concluded that *Agnikarma* procedure proves to be one of the easiest way to reduce the plantar fasciitis.

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