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Ayurvedic Intervention for *Vatakantak* with special reference to Plantar Fasciitis: A Case Study

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ABSTRACT

Pain is a significant symptom that disrupts our daily activities and diminishes our quality of life. Heel pain is a particular type of discomfort that can hinder walking, thereby interfering with everyday routines. Among the various causes of heel pain in adults, plantar fasciitis is the most prevalent.^[1] It is estimated that 1 in 10 people will develop Plantar Fasciitis during their life time.^[2] As per *Ayurveda* it is mentioned by *Acharya Sushruta*^[4] in the context of *Vatavyadhi* as a condition of heel due to improper placement of foot on the ground or by walking often correlated to a calcaneal spur which is a calcium deposit causing a bony protrusion on bone often frequently associated with plantar fasciitis, a painful inflammation of tissue. It is a common condition that affects normal routine work. *Agnikarma, Snehna, Swedan, & Raktamokshana* is the treatment choice of *Vatakantaka*. A 55-year-old female patient presented with primary complaints of pain in the left heel and sole of the foot which had persisted for one month. The pain intensified during the initial steps taken after rising from bed. The patient underwent *Agnikarma* treatment, consisting of five sessions at 5-days intervals, at the affected site, along with a regimen of *Sinhanaad Guggulu* at a dosage of 500 mg thrice daily for 30 days, and *Mahavatavidhwansa Rasa* 250 mg twice daily for 30 days. The patient's condition was completely resolved without any recurrence. It is evident that plantar fasciitis can be effectively treated without recurrence through Ayurvedic interventions such as *Agnikarma* combined with *Mruttika Shalaka*.

Key words: *Vatakantaka, Plantar Fasciitis, calcaneal spurs*

INTRODUCTION

Vatakantaka is fundamentally a condition characterized by the disturbance of *Vata Doshas*, classified under the category of *Vatavyadhi*. In its normal state, *Vayu* maintains a balance among the various *Doshas* and the fundamental elements of the body (*Dhatu*). It also plays a crucial role in sustaining a

consistent metabolic state (*Agni*) and assists the sensory organs in performing their designated functions. *Acharya Sushruta* has documented this ailment in the *Nidansthana* (Su.Ni. 1)^[4] within the *Vatavyadhinidanadhyaya*. The local *Vayu*, provoked by an improper step on uneven terrain, becomes lodged in the ankle region (referred to as *Khudaka*, or instep by some), leading to the condition known as *Vatakantaka*. Additionally, *Acharya Charaka* has referenced this disease in the *Chikitsasthana* (Cha.Chi.28)^[5] within the *Vatavyadhi Chikitsa Adhyaya*, while *Acharya Vagbhata* has also mentioned it in *Vagbhatnidandhyaya* (Vg. Ni. 15/53).^[6]

Plantar fasciitis^[7] is a prevalent source of foot pain among adults, particularly affecting those aged between 40 and 60 years. The pain typically arises at or near the attachment point of the plantar fascia to the medial tuberosity of the calcaneus. Various factors that heighten the risk of developing plantar fasciitis include obesity, pes planus (flat feet or lack of an arch when

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standing), pes cavus (high-arched feet), restricted ankle dorsiflexion, prolonged standing, walking on hard surfaces, and inappropriate footwear. In runners, excessive running and transitioning to harder running surfaces may trigger the onset of plantar fasciitis.

The clinical manifestations of *Vatakantaka* can be linked to the symptoms associated with calcaneal spur, particularly when *Kaphavruta Vayu*^[8] is involved. *Vatakantaka* primarily arises from the aggravation of *Vata Dosha* due to frequent walking on uneven surfaces^[9] and improper foot placement. As indicated by *Acharya Sushruta*, chronic plantar fasciitis can be correlated with *Vatakantaka*, which is characterized as *Snayu Asthi Sandhi Aashrita*.^[10]

Plantar Fasciitis is a chronic inflammation of plantar fascia and degeneration of fibrous tissue.

CASE REPORT

A case report details a 55-years-old female patient who presented with primary complaints of pain in the left heel and sole of the foot for the past month. She reported that the pain was particularly intense during the initial steps taken after rising from bed and after sitting for long.

History of Present Illness: The patient was in good health until one month ago, when she began experiencing pain and stiffness in the left heel. She sought medical attention from a general practitioner, who prescribed non-steroidal anti-inflammatory drugs (NSAIDs). Although she adhered to this treatment for one week, she only experienced temporary relief, and her symptoms progressively worsened, ultimately interfering with her daily activities. Hence came for further evaluation.

Past history

No history of Hypertension, Diabetes Mellitus, Hypothyroidism.

No any history of surgical or chronic illness.

Personal history

Occupation - Housewife

Family history - Calcaneal spur in mother

Addiction - Non-alcoholic, non-smoker

General examination

General condition of patient was good and afebrile.

Pulse - 80/min

Blood pressure - 120/80 mmHg

Respiratory rate - 18/ min

Pallor - Absent

Systemic examination

CVS - S1 S2 normal

CNS - Well oriented, conscious

RS - AEBE clear

P/A - Soft, non-tender

Asthavidh Pariksha

Nadi (Pulse) - *Vaat Pradhan*

Mala (Stool) - Constipation

Mutra (Urine) - *Prakrut*

Jivha - *Saama*

Shabda - *Prakrut*

Sparsh - *Ushna*,

Druk - *Prakrut*

Akriti - *Madhyam*

Weighed 60 kg with 5' 04" height

Therapeutic Intervention

1. *Agnikararma*

Materials

- *Mruttika Shalaka*
- *Ghrut*

Procedure

- Points of maximum tenderness on the left heel were marked.
- The *Mruttika Shalaka* was heated until it reached a hot temperature.

- *Agnikarma* was performed on the marked points utilizing the *Mruttika Shalaka*.
- *Ghrut* was subsequently applied.
- The same procedure was repeated for a total of five sessions, with intervals of five days between each.

2. Internal Medications

- *Mahavatavidhwansa Rasa* was prescribed for a duration of 30 days, at a dosage of 250mg twice daily.
 - *Sinhanaad Guggul* 500 mg thrice daily for 30 days
3. Patient was advised to use soft padded slippers.

Assessment Criteria

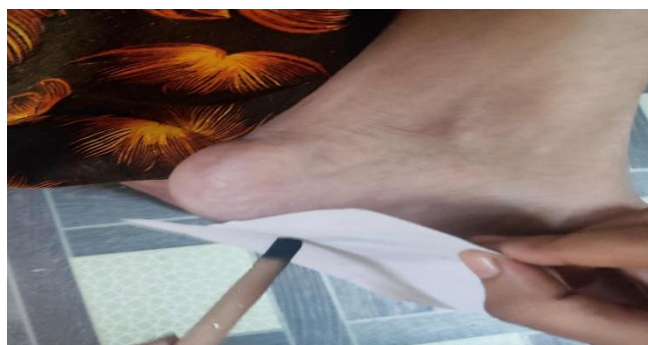
S N	Grades	0	1	2	3
	Signs and Symptoms				
1.	Pain	No pain	Mild (Not disturbing daily routine activity and pain only during morning hours)	Moderate (Continuous pain in the morning hours and walking after Rest)	(Pain throughout the day and disturbing daily routine)
2.	Tenderness	No tenderness	Pain in deep pressure	Pain on slight pressure	Pain on touch
3.	Swelling	No swelling	Mild swelling	Mild swelling	Mild swelling
4.	Burning sensation	No burning sensation	Mild burning sensation	Mild burning sensation	Mild burning sensation

5.	Redness	No redness	Mild redness	Mild redness	Mild redness
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OBSERVATIONS AND RESULTS

Following an initial treatment period of 30 days, the patient was evaluated for an additional 15 days. The patient experienced complete relief from symptoms.

SN	Signs and symptoms	Before treatment	After treatment
1.	Pain	3	0
2.	Tenderness	3	0
3.	Swelling	1	0
4.	Burning sensation	0	0
5.	Redness	1	0



DISCUSSION

Vatakantak can be associated with Plantar Fasciitis. In *Vatakantak*, there is an imbalance in the *Vata Dosha*. Therefore, *Agnikarma* is a significant treatment option for this condition.

In modern medical practice, the management of Plantar Fasciitis typically involves the prescription of nonsteroidal anti-inflammatory drugs (NSAIDs), the administration of corticosteroid injections, and the use of iontophoresis. However, the long-term results of these treatment methods have proven to be unsatisfactory.

Discussion on Agnikarma

Agnikarma is recognized as one of the most effective treatments for pain^[12] associated with conditions

affecting the bones (*Asthi*), tendons (*Snayu*), and joints (*Sandhi*). This method is noted for its ability to provide lasting relief without recurrence^[13] of symptoms. The hot property (*Ushna*) of *Agnikarma* counteracts the cold property (*Sheeta*) of *Vata Dosha*, thereby alleviating pain and stiffness. Additionally, *Agnikarma* enhances local blood circulation, leading to the softening of tissues and relaxation of muscles through the application of heat, which further reduces stiffness. The therapeutic heat also activates the lateral spinothalamic tract, stimulating descending pain inhibitory pathways and promoting the release of endogenous opioid peptides that inhibit pain transmission.^[14]

Discussion on Mahavaatvidhwans Ras

Mahavatavidhwansa Rasa^[15] is beneficial for enhancing the strength of bones and joints. It possesses remarkable anti-inflammatory and analgesic properties. According to Ayurvedic principles, pain is believed to be associated with *Vata*. *Mahavatavidhwansa Rasa* acts as a *Vatashamak*, primarily soothing *Vata* and alleviating pain. Its primary function is to restore *Vata-Samya* by addressing *Vatadushti*, leading to rapid pain relief.

Discussion on Sinhanaad Guggulu

The properties of *Simhanad Guggulu*,^[11] characterized by its *Ushna* quality, contribute to the alleviation of *Vata*-related disorders and address obstructive pathophysiology (*Srotorodhjanya Samprapti*) by removing blockages, thereby alleviating both pain and stiffness. Ingredients such as castor oil and *Guggulu* exhibit *Vatashamak* effects. The components of *Triphala*, namely *Haritaki*, *Bibhitaki*, and *Amalaki*, possess *Rasayana* properties, which facilitate rejuvenation at both systemic and tissue levels. Additionally, the use of soft padded footwear helps to prevent further microtrauma to the tissues.

CONCLUSION

From above discussion we can conclude *Agnikarma* and *Abhyantar Vaatshaman Chikitsa* is effective in the management of *Vatkantak* (Plantar fasciitis).

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