

## EFFICACY OF AYURVEDIC MANAGEMENT OF VATAKANTAKA WITH SPECIAL REFERENCE TO PLANTAR FASCITIS: A CASE STUDY

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### ABSTRACT

**Background-** *Vatakantaka* is ayurvedic term mentioned among *Vata Vyadhi* by *Acharya Sushruta*, *Acharya Charak*, *Acharya Vagbhata* and in *Madhav Nidan*. It is painful condition of heel caused due to improper placement of foot on the ground, by continuous standing work or walking over an irregular surface. *Vatakantaka* is *Snayu Gulf Sandhi Ashrita Vyadhi*. The cardinal features of *Vatakantaka* are *Ruka*, *Daha*, *Shoth* in the heel region. This can be compared or correlated to a Plantar fasciitis which is often frequently associated with calcaneal spur which is bony protrusion on the underside of the heel bone. In Today's Era, it is common clinical condition seen which has the need for the treatment to give significant relief from the symptoms. **Aim-** To study

the effect of Ayurvedic *chikitsa* in *Vatakantaka* with special reference to Plantar fasciitis.

**Materials and Methodology-** This study deals with 32 years old female patient diagnosed with Right Sided *Vatakantaka* who came in our institute OPD and she was managed with *Shodhana Chikitsa* (Purification Therapy) which includes *Raktmokshan* along with *Agnikarma*. *Shaman Chikitsa* was given after *Shodhana Chikitsa*. **Result-** Patient got Symptomatic relief at the end of the treatment.

**KEYWORDS:** *Vatakantaka*, Plantar fasciitis, *Raktmokshan*, *Agnikarma*.

## INTRODUCTION

As the name of *Vyadhi "Vatakantaka"* - It is a Combination of two words - *Vata* and *Kantaka*. *Vata* mainly is denoted as '*va gati gandhanyo iti vata*' - meaning that which denotes the movement and is the main cause for action and *kantaka* refers to the point of a needle which is like a thorn and that which produces a sharp stinging pain at the heel of foot. It is mainly caused due to vitiation of *Vata Dosha* occurring due to improper placement of heel while walking, running etc or by frequently walking on uneven surface ; due to which aggravated *Vata* gets seated in *Gulfa Sandhi* which causes pricking pain.

Plantar Fascitis has similar pathology and clinical presentation like *Vatakantaka*. It is a chronic inflammation of plantar fascia caused by collagen degeneration associated with repetitive micro trauma to the plantar fascia. The development of these painful disorders occurs in people who have a sedentary life style, wear high heeled shoes, have unusually high or low arches in the feet or have tight calf muscles or tight Achilles tendon (the tendon that attaches the calf muscles to the heel). Patients suffering from plantar fascitis feel a great deal of pain, often while placing weight on the foot after waking up in the morning which eventually gets worsened on walking or running and after period of rest.

As part of the treatment, according to modern sciences physical therapy and splinting at night are employed which helps to stretch the calf muscles and fascia during bed rest. Non-invasive measures include use of adhesive strapping or arch supporting warps, cold and ice pack massages, use of non-steroidal anti-inflammatory drugs (NSAIDs) and frequent corticosteroid injections. Now a days extracorporeal pulse activation therapy (EPAT) is been used for the treatment in which pressure waves of sound are applied on heel which stimulates the blood circulation and helps in healing.

In Ayurveda, *Acharya Bhavmishra* has advice *Raktamokshan*, *Eranda Taila Pana* and *Agnikarma* for *Vatakantaka*. *Swedana* is also indicated in *Vatakantaka* according to *Charaka Samhita* and *Chakrapanidatta*.

## CASE REPORT

Patient Name: XYZ

Reg No.: 9628

Age: 32 years / Female

Occupation: Housewife

**Complaints of**

Pricked type heel pain on the sole of the Rt. foot while walking since 6 days.

Swelling on the Right ankle joint.

Burning sensation at the sole of the Rt. Foot since 3 days.

Past history :-

N/K/C/O DM/HTN/PTB/BA/EPILEPSY/IHD N/H/O TRAUMA, ALLERGY OR ADDICTION.

N/S/H/O of any surgical illness

O/E: G.C - Fair /Afebrile.

P - 78/min.

B.P - 130/80mmHg

Wt. - 65 kg.

S/E: R.S = AEBE clear

C.V.S = S1S2 sinus rhythm

C.N.S = Conscious and oriented

Investigations – CBC, LFT, RFT, BSL – F & PP, LIPID PROFILE – WNL

**Local examinations**

	<b>RIGHT ANKLE/FOOT</b>	<b>LEFT ANKLE/FOOT</b>
1. SWELLING	PRESENT	ABSENT
2. BURNING SENSATION	PRESENT	ABSENT
3. LOCAL TEMPERATURE	PRESENT	ABSENT
4. PRICKY PAIN AT SOLE	PRESENT	ABSENT
5. RESTRICTED MOVEMENT	ABSENT	ABSENT

**Assessment Criteria**

The improvement of patient was assessed on the basis of relief in symptoms of disease.

According to severity of symptoms, grading was given as below

**Right Ankle / Foot Region****1. Pricked like heel pain (*Ruk*):**

Grade 0- No pain

Grade 1- Mild Pain but no difficulty in walking

Grade 2- Moderate Pain but difficulty in walking

Grade 3- Severe Pain and unable to walk

## **2. Burning sensation (*Daha*)**

Grade 0- No burning sensation.

Grade 1- Mild burning sensation.

Grade 2- Moderate burning sensation and difficulty in walking

Grade 3- Severe burning sensation and unable to walk.

## **3. Swelling (*Shopha*)**

Grade 0- No swelling seen

Grade 1- Mild swelling seen

Grade 2- Moderate swelling seen and difficulty in walking

Grade 3- Severe swelling seen and unable to walk.

## **4. Local temperature**

Grade 0- No temperature felt

Grade 1- Mild temperature felt.

## **TREATMENT**

The general line of Treatment includes:

1. *Nidan Parivarjana*
2. *Agnikarma*
3. *Shodhana Chikitsa* which includes *Raktamokshan*
4. *Shamana Chikitsa*

### ***Shodhana Chikitsa***

It included 2 sitting of *Sarvadaihika Raktmokshan (Siravedha)* as the patient was having severe burning sensation and swelling of Right foot.

## **Procedure**

1. *Poorva Karma*
2. *Pradhan Karma*
3. *Paschat Karma*

1. *Poorva Karma*

Written consent was taken from the patient.

Entire Right foot was cleaned with betadine solution to maintain proper hygiene.

## 2. Pradhan Karma

Torniquet was tied just above the ankle to maintain the pressure.

The most tender point on the medial side of heel was marked and 10ml of blood was expelled.

## 3. Paschat Karma

Bandaging was done with the help of cotton on the punctured site. Second Sitting was scheduled after 7 days of 1<sup>st</sup> sitting.

Symptoms	Before Treatment	After treatment
1. Burning Sensation	Grade 3- Severe burning sensation was seen.	Grade 0- Patient had no burning sensation after 2 <sup>nd</sup> sitting.
2. Swelling	Grade 2 – Patient had difficulty in walking due to moderate swelling of the foot.	Grade 1- Mild swelling was observed after 1 <sup>st</sup> sitting. Grade 0- Patient had no swelling.

After *Raktmokshan*, still pricked pain was observed. So *Agnikarma* was performed after 3 days of *Raktmokshan*.

## Agnikarma

*Agnikarma* was done with *Panchalohadhatu shalaka*.

*Agnikarma* Site – At the heel region of the Right foot. 2<sup>nd</sup> sitting was done after 7 days of 1<sup>st</sup> sitting.

## Agnikarma

1 <sup>st</sup> Sitting:	Pricked Pain was reduced.
2 <sup>nd</sup> Sitting:	Patient was able to walk without any pricked pain.

Follow up was taken after 7 days of *Agnikarma*.

## Shaman Chikitsa

1. *Kaishor Guggulu* 2BD before meals with lukewarm water.
2. *Gardharva Haritaki churna* 3gm HS with lukewarm water.
3. *Dashmoolarishta* 20ml after meals with equal amount of lukewarm water.

## RESULTS

SYMPTOMS (LAKSHANAS)	GRADE (B.T.)	GRADE (A.T.)
1. Pricked like Heel Pain ( <i>Ruk</i> )	Grade 2	Grade 0
2. Burning sensation ( <i>Daha</i> )	Grade 3	Grade 0
3. Swelling ( <i>Shopha</i> )	Grade 2	Grade 0
4. Local temperature	Grade 1	Grade 0

## DISCUSSIONS

1. The aim of this article is to study the effect of ayurvedic management in *Vatakantaka* with special reference to Plantar fascitis. Etiological factors play an important role in causing the disease. Therefore, *Nidan Parivarjan* is the foremost important management in reducing the symptoms of disease. Along with the etiological factors mentioned for *Vatakantaka*, *Nidan* of *Vatavyadhi* should also be considered as *Vatakantaka* is mentioned under *Vatavyadhi*.
2. The treatment given in this case was mostly through *shodhana chikitsa* followed by
3. *Shamana Chikitsa*.
4. According to Acharya Bhavmishra; *Raktamokshan*, *Eranda Taila Pana* and *Agnikarma* is given as the treatment for *Vatakantaka*.
5. According to Acharya Sushruta; *Siravedha* and *Agnikarma* is given as the treatment for *Vatakantaka*.
6. The present case deals with symptoms of Burning sensation (*Daha*), Swelling (*Shopha*) which indicates presence of aggravated *Pitta Dosha* and *Rakta dushti*.
7. Acharya Charaka, Acharya Sushrut mentioned *Virechana Karma* and *Raktamokshan* for aggravated *Pitta dosha* and *Rakt dushti*.
8. Plantar fascitis being inflammation of plantar fascia associated with trauma, *Raktmokshan* played foremost important treatment in reducing inflammation as in present case inflammation is being compared to aggravated *Pitta Dosha* and *Rakt Dushti*.
9. *Vatakantaka* is *Gulf Sandhi Snayu Mansa ashrit Vatavyadhi*. In context of *Agnikarma*, it is said that when the *dosha* are situated in *snayu*, *mansa*, *siras* and *sandhi* it acts best. Acharya Sushruta mentions that the disease *Vatakantaka* is *Snayu Asthi Sandhi Ashrita* and such diseases should be treated with *sneha*, *upanaha*, *agnikarma*, *bandhana*, *unmardana*.
10. According to Acharya Bhavmishra, he has advice *Raktamokshan*, *Eranda Taila Pana* and *Agnikarma* for *Vatakantaka*
11. Rest *shaman chikitsa* was given for not rehappening of the *rogas*, for *vata anulomana* and

*vata shaman.*

## CONCLUSION

Hence it is concluded that Ayurvedic management for *Vatakantaka* with special reference to Plantar Fascitis associated with Calcaneal Spur is effective.

The treatment given for *Vatakantaka* was *Raktamokshan*, *Agnikarma* and *Shaman Chikitsa* which helped in *Shamana* of *Vatadosha*, *Rakt dushti* and relief in symptoms.

Therefore, this demonstrates that this modality in Ayurveda has ability to deal with painful condition without NSAIDs and surgery.

Hence a successful attempt was made for the treatment of *Vatakantaka* which provided safe and effective treatment to the patient.

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