

EFFICACY OF SIRAVEDHANA IN THE MANAGEMENT OF VATAKANTAKA – A CASE STUDY

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ABSTRACT

Background: Vatakantaka is a common cause of heel pain which is caused due to vitiation of Vata dosha. Vata is vitiated due to walking on irregular or uneven surface, excessive strain on heels due to which it get accumulated in khudukapradesha (Ankle joint) and causes pain as if pricked by a thorn. Hence termed as Vatakantaka. Acharya sushruta mentioned different treatment measures for management of Vatakantaka. Siravedhana is one among them and it was used in this case study, to assess its efficacy in relieving pain. **Aim:** To evaluate the efficacy of Siravedhana karma in the management of vatakantaka.

Methodology: Here we present case of Vatakantaka with comparing

the symptoms before and after Siravedhana. **Result:** Patient get symptomatic relief.

Conclusion: The prevalence of vatakantaka increasing day by day. Ayurvedic management is effective in slow down the disease progression and breakdown the pathology.

KEYWORDS: Vatakantaka, Siravedhana, Calcaneal spur.

INTRODUCTION

The classics opine that in case of blood being vitiated by Vāta, Pitta and Kapha doṣha, the blood should be let out by Sṛanga (cows or deer horn), Jalauka (leech) and Alabu (cupping) respectively. In cases of vitiation by two or all the three doṣhas together, Siravedhana (phlebotomy) or Pracchanna (scraping) karma is practiced.

Plantar heel pain is a commonly encountered orthopedic problem that can cause significant discomfort because of the difficulty in bearing weight. The pain due to calcaneal spur forms about 25% in chronic plantar heel pain, however its pathophysiology is poorly understood. Calcaneus or calcaneum is the largest bone of the foot. Calcaneal spur is an abnormal growth of bone in the form of a hook either underneath the foot (inferior aspect of calcaneus) in relation to the attachment of the plantar fascia or behind the heel (posterior aspect of the calcaneum) at the insertion of the Achilles tendon. It is estimated that 1 in 10 people will develop heel pain in their lifetime. Incidence occurs between 40 and 60 years of age. Vatadosha situated in the heels, when vitiated and produces pain when the heel is regularly placed on uneven surfaces.

Acharaya sushrut has described siravedhana (a type of Raktmokshana) as ardha chikitsa in shalya tantra. Raktmokshana is one of the five panchakarma procedures or the five basic techniques of detoxification. It is made of two words Rakta i.e blood and Mokshana i.e to leave and combining both these words makes the word Raktamokshana which means 'to let out the blood'.

MATERIAL AND METHODS

- Patients with classical signs and symptoms of vatakantaka (calcaneal spur) were selected from the O.P.D. of Department of shalyatantra of M.A Podar Ayurvedic Hospital Mumbai.
- A special Form including all the etiological factors of vatakantaka (calcaneal spur) with Dushti Lashanas of Dosha, Dushya, Srotas, etc. was made for assessing all the patients.
- The patients were thoroughly questioned and examined on the basis of the case record, sign and symptoms were carried out to confirm the diagnosis.

AIM

- To evaluate the efficacy of Siravedhana karma in the management of Vatakantaka.

OBJECTIVES

1. To evaluate the efficacy of siravedhana by comparing the pre and post symptoms in the patient of Vatakantaka.
2. To study the effect and mechanism of Siravedhana karma in the management of Vatakantaka.

Inclusion Criteria

1. Patients having classical signs and symptoms of the Vatakantaka according to Ayurveda as well as modern science.
2. Gender:- Both male and female.
3. Age :- 20 yrs to 65 yrs.

EXCLUSION CRITERIA

1. The pregnant women and lactating mother.
2. Patient having life threatening disorders like HIV, Hepatitis B, etc.
3. Pschiatric disorders, Bleeding disorders & Covid 19 positive pts.

PLAN OF STUDY

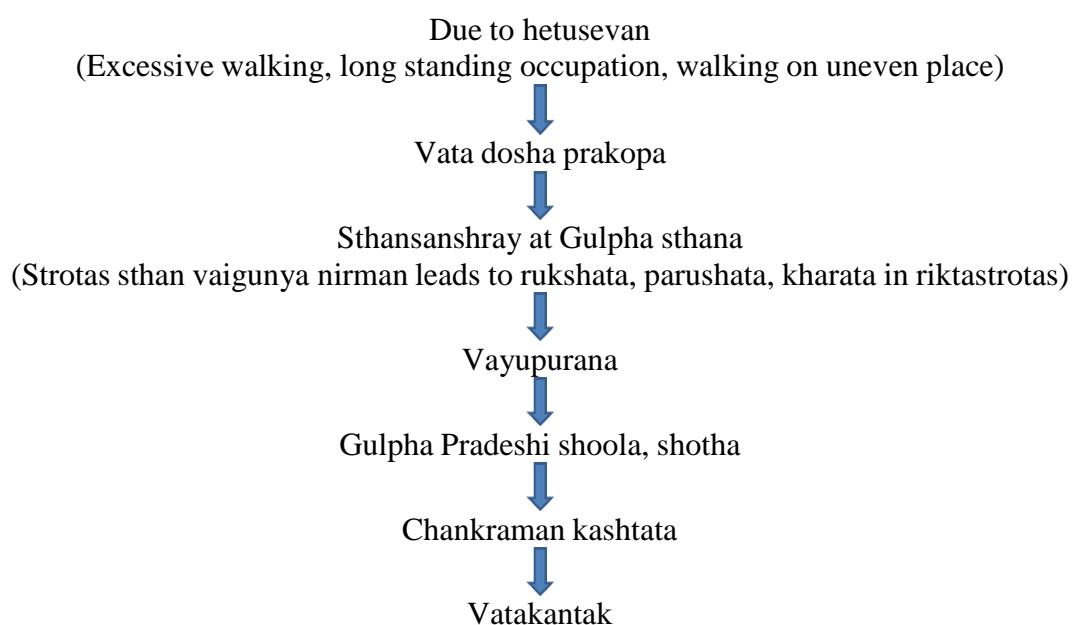
This study deal with the management of vatakantaka (calcaneal spur) with siravedhana karma.

- **Poorva karma:** Cleaning the affected area with antiseptic solution.
- **Pradhan karma:** Siravedhana karma by 22 Gauge Scalp Vein Set by 3 sitting in week.
- **Paschat karma:** Cleaning and dressing of site of procedure.

DISCUSSION

The procedure adopted in the present study is Siravedhana karma followed by Purvakarma by cleaning of affected site and Paschat karma by dressing the procedure site.

PATHOPHYSIOLOGY



Criteria for Assessment

- Assessment was done on improvement in signs and symptoms with the help of suitable scoring method
- Here we present case of vatakantaka with comparing the symptoms before and after siravedhana karma.

1. Subjective Criteria

A. Pain

- **VAS Scale (Visual Analogue Scale) :-** Scale Score Severity Of Pain.

Parameters	Grade
No pain	0
Mild pain (discomforting)	1-3
Moderate pain (disturbing daily activities)	4-6
Severe pain (unbearable pain)	7-10

2. Objective Criteria

A. Tenderness

Parameters	Grades
Mild tenderness (causing the patient to wince on digital pressure)	1
Moderate tenderness (causing the patient to wince and withdraw on digital pressure)	2
Severe tenderness (Patient does not allow to touch)	3
Nil	0

CASE REPORT

A 51 year old, male presented with pain in right heel which had persisted for 8 months. Pain was of a throbbing type and aggravated on standing. In past history the patient was treated with *Matrabasti* (Ksheerbala taila enema).

and *Sthanika isthika sveda* (a form of sudation therapy performed with bricks) following which a clinical improvement was noted. One month later, the patient reported with similar complaints with severe intensity associated with swelling and tenderness. The pain aggravated on standing, walking and used to get relieved with rest. With these complaints when patient reported to our hospital he was advised for radiograph of right heel, which revealed presence of the calcaneal spur.

X-Ray of Rt Foot

- **Examination**

Respiratory and cardiovascular parameters were under normal limits. Local examination revealed mild swelling and tenderness at right heel site.

- **Treatment:** Siravedhan karma with 22 Gauge Scalp Vein Set by three sitting in a Week.

- **Procedure**

The procedure was divided into pre-operative, operative, and post-operative.

- **Pre-operative procedure**

The procedure was explained to the patient. Written consent was taken. Necessary investigations (HIV, hepatitis B surface antigen, bleeding time, and clotting time) were carried out. Patient was made to sit on the examination table, with his lower limbs hanging down from the table, and a stool was used as a support. Then affected part was cleaned and wiped with dry sterilized cotton gauze. Materials needed for the procedure were collected.



Figure 4.

Operative procedure: Siravedhana karma

Under aseptic conditions, a vein was identified around the affected heel, and ankle joint and 10cc of blood was drawn from it [Figure 2 & 3].



Figure 2.



Figure 3.

- **Postoperative procedure**

After dressing, patient was kept for observation. Foot-end elevation was given [Figure 4].



Figure 4.

DISCUSSION

Calcaneal spur was first described by Plettner in the beginning of the 20th century. In “plantar heel spur,” bone formation occurs at the plantar insertion of plantar fascia and muscles, whereas in “dorsal heel spur” bone formation occurs at the insertion of Achilles tendon. These features roughly correspond to a disease entity mentioned in Ayurveda classics namely

Vatakanṭaka. Repeated placing of the foot on uneven surfaces is mentioned as a causative factor for the disease. In the present case, tenderness with a grade 3 was noted. It indicates involvement/engorgement of local blood vessels that can be considered as *raktavarāṇa* (rakta = blood, *avarāṇa* = obstruction). Siravedhana was chosen as a method to remove raktavarāṇa. Using a Scalp Vein Set is also more practical, hygienic, and can be practiced effectively done in OPD.

The swelling is reduced with the reduced tenderness and provides an anti-inflammatory effect. On repeating the procedure, there is a reduction in the tenderness grades, thus alleviating the pathology stages.

RESULTS

Parameters	Before application	On 1 st application	On 2 nd application	On 3 rd application
Pain (vas scale)	7	4	1	0
Tenderness	Grade 3	Grade 1	Grade 1	Grade 0

CONCLUSION

Siravedhana karma is a simple, easy and economical procedure which can be performed at opd level. From this case study, it can be conclude that Vatakanṭaka can be effectively managed with Siravedhana karma. However, further clinical research works with larger sample size may be needed to further authenticate the efficacy.

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