

MANAGEMENT OF VATAKANTAKA (PLANTAR FASCIITIS) WITH AGNIKARMA: A CASE REPORT

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ABSTRACT

Introduction: Vatakantaka is a painful condition of the heel caused by the vitiation of Vata and Kapha Doshas, which can be correlated with Plantar Fasciitis in modern science. Conventional treatments often provide temporary relief and may be associated with recurrence. Acharya Sushruta has described Agnikarma (therapeutic cauterization) for painful musculoskeletal disorders, particularly when conservative measures fail to provide satisfactory relief. **Case Presentation:** A 48-year-old male patient presented to the outpatient department with chronic severe left heel pain (VAS score 8/10) for the last six months, associated with marked morning stiffness and a positive Windlass test. Based on clinical findings and radiological assessment, it was diagnosed as Vatakantaka (Plantar Fasciitis). **Intervention:** The patient was managed with the Agnikarma procedure using a red-hot Panchaloha

Shalaka in a Bindu (dot) pattern over the points of maximum tenderness. Four treatment sessions of Agnikarma were administered at an interval of seven days. **Outcome:** The Visual Analog Scale (VAS) score reduced from 8 to 0 over a period of 50 days. The Foot Function Index (FFI) score improved from 72 to 4, indicating marked improvement in pain and functional ability. Morning stiffness, tenderness, and gait disturbance resolved completely.

The Windlass test became negative, and the patient resumed normal daily activities without discomfort. No adverse events or recurrence were reported during the follow-up period.

Conclusion: Agnikarma showed considerable improvement in pain and functional ability in this patient. It may be used as a safe and cost-effective treatment option in selected patients.

KEYWORDS: Agnikarma, Foot Function Index, Pain Management, Panchaloha Shalaka, Plantar Fasciitis, Vatakantaka.

INTRODUCTION

Plantar fasciitis is the most frequent cause of heel pain. It is an inflammatory and degenerative condition of the plantar fascia.^[1] Contemporary treatment includes NSAIDs, physiotherapy, orthotics and local corticosteroid injections. These may provide temporary relief and are frequently associated with recurrence or complications such as fat pad atrophy.^[2,5]

In Ayurveda, this clinical presentation closely resembles Vatakantaka. It is caused predominantly by the aggravation of Vata Dosha, often associated with Kapha Dosha. It mainly affects the Khudaka Pradesh (heel region). According to Acharya Sushruta, placing the foot unevenly on the ground or continuous excessive exertion may provoke the Doshas in the heel, resulting in severe pain and difficulty in walking.^[6] Furthermore, when conservative medical management (Bheshaja) and dietary regimens (Pathyapathya) fail to provide satisfactory relief in disorders involving Asthi (bone), Snayu (ligaments) and Sandhi (joints), Agnikarma (therapeutic cauterisation) can be helpful.^[7] Agnikarma, due to its Ushna, Tikshna, Sukshma, and Ashukari properties, is considered effective in alleviating pain and stiffness associated with Vata-Kapha predominant disorders.^[6,7]

The Foot Function Index (FFI) is a validated tool commonly used to assess pain, disability, and activity limitation associated with foot disorders, including Plantar Fasciitis. Therefore, assessment of both pain and functional ability was considered important in the present case. This case report aims to document the clinical outcome of Agnikarma in Vatakantaka (Plantar Fasciitis), following the CARE guidelines for case reports.^[8]

CASE PRESENTATION

A 45-year-old male, by occupation a high school teacher, visited the Shalya Tantra OPD with the chief complaint of severe, piercing pain in the left heel for the past six months.

The patient was asymptomatic six months ago until he gradually developed pain in the left heel. The pain intensified after prolonged standing. He had taken oral NSAIDs for three months with transient relief but discontinued them due to gastrointestinal discomfort. No history of trauma was reported.

Local Examination

- **Inspection:** No obvious swelling, erythema, or structural deformity. Normal arches were observed.
- **Palpation:** Exquisite, localised point tenderness over the medial calcaneal tubercle of the left foot.
- **Windlass Tests:** Positive.^[9]
- **Gait:** Antalgic gait.
- **Baseline Pain Score (VAS):** 8/10.
- **Foot Function Index (FFI):** 72/100

Ashtavidha Pariksha

- **Nadi (Pulse):** Vata-Kaphaja
- **Mala (Stool):** Samyak (Normal)
- **Mutra (Urine):** Samyak (Normal)
- **Jihwa (Tongue):** Lipta (Coated - indicative of mild Ama)
- **Shabda (Speech):** Prakrita
- **Sparsha (Touch):** Anushna Sheeta
- **Drik (Eyes):** Prakrita
- **Akriti (Build):** Madhyama

Table 1: Samprapti Ghataka.

Dosha	Vata-Kapha	Udbhava Sthana	Pakwashaya
Dushya	Asthi, Snayu	Vyakta Sthana	Khudaka (Heel)
Agni	Manda	Roga Marga	Madhyama
Srotas	Asthivaha Srotas	Vyadhi Swabhava	Chirakari
Srotodushti	Sanga	-	-

Differential Diagnosis

Calcaneal stress fracture, Achilles tendinopathy, tarsal tunnel syndrome, and inflammatory arthropathies.

Diagnostic Assessment: Clinical diagnosis of Vatakantaka was established based on localized tenderness over the medial calcaneal tubercle, characteristic morning pain, positive Windlass test, and functional impairment. A plain lateral radiograph of the left ankle/heel revealed a mild calcaneal spur. Foot Function Index (FFI) was used to assess pain, disability, and activity limitation related to plantar heel pain. The FFI score was assessed retrospectively based on documented clinical records and patient-reported symptoms.

Therapeutic Intervention

Purva Karma (Preparatory Phase): Written informed consent was obtained before the procedure. In the prone position, the patient's left heel was thoroughly cleaned with Triphala Kashaya (decoction) and subsequently prepared under aseptic precautions. The point of maximum tenderness was identified by palpation and marked.

Pradhana Karma (Main Procedure): A Panchaloha Shalaka measuring approximately 18 cm in length and 3 mm in diameter was used for Agnikarma. This Shalaka was heated over a flame until red hot and was applied precisely to the marked tender points in a Bindu (dot) pattern for approximately 1–2 seconds at each point. Approximately 3–5 dots were placed around the medial calcaneal tubercle, maintaining a distance of about 0.5 cm between adjacent points to avoid overlapping tissue damage.

The depth of cauterisation was restricted to Twak Dagdha (superficial burn) until the characteristic Chat-Chat Shabda was heard. The procedure was performed carefully to ensure uniform thermal application while avoiding excessive tissue injury.

Paschat Karma (Post-operative Care): Aloe vera pulp was applied immediately and subsequently Haridra (*Curcuma longa*) powder was dusted locally.

The patient was advised to:

- Keep the area dry for 24 hours.
- Apply Goghrita (cow's ghee) locally once daily thereafter.
- Avoid walking barefoot.
- Use soft heel cushions during routine activities.
- Avoid prolonged standing whenever possible during the treatment period.

A total of four sittings of Agnikarma were completed without any procedural complications.

RESULTS

The superficial burn wounds healed completely within 5–7 days after each session without secondary infection, blister formation, hypertrophic scarring, or any other local complication.

Timeline of Clinical Events

- **Day 0: Baseline VAS score** – 8/10; FFI score – 72. First Agnikarma session performed.
- **Day 7: VAS score** – 5/10. Morning stiffness was reduced by approximately 40%. Second session performed.
- **Day 14: VAS score** – 3/10. Patient was able to bear weight more comfortably and perform routine activities with less difficulty. Third session performed.
- **Day 21: VAS score** – 1/10. Minimal tenderness on deep palpation. Fourth session performed.
- **Day 50 (Follow-up): VAS score** – 0/10; FFI score – 4. Symptoms were completely relieved.

On clinical examination, tenderness over the medial calcaneal tubercle was absent, the Windlass test became negative, gait returned to normal, and morning stiffness resolved completely. The patient was contacted telephonically after three months and reported no recurrence of heel pain, limitation in daily activities, or requirement for additional treatment.

Table 2: Clinical Outcome Assessment.

Parameter	Before Treatment	After Treatment
VAS Score	8	0
Foot Function Index (FFI)	72	4
Morning Stiffness	Present	Absent
Tenderness	Present	Absent
Windlass Test	Positive	Negative
Gait	Antalgic	Normal

Patient Perspective

The patient reported noticeable improvement in pain and ease of walking after the second sitting of Agnikarma. By completion of treatment, he was able to perform his routine work comfortably and expressed satisfaction with the treatment outcome.

DISCUSSION

According to Ayurveda, severe heel pain and stiffness occur when the *Vata* and *Kapha* doshas become aggravated in the heel region (*Khudaka Pradesh*).^[6,10] Furthermore, repeated micro-trauma from uneven surfaces leads to localized *Rakta Dushti*, where the normal pathway of

Vata becomes obstructed. When standard treatments fail to provide satisfactory relief, Acharya Sushruta has advocated Agnikarma in disorders involving Asthi, Sandhi, Snayu, and Kandara. Agnikarma possesses Ushna, Tikshna, Sukshma, and Ashukari properties which counteract the Sheeta, Guru, and Stambha qualities of aggravated Vata and Kapha Doshas.^[6,7,11] Acharya Sushruta has stated that diseases treated with Agnikarma have a minimal chance of recurrence compared with Bheshaja, Kshara, or Shastra Karma.^[7] This supports the use of Agnikarma in painful musculoskeletal conditions described in Ayurveda. From a contemporary perspective, localized thermal microcautery may induce vasodilatation and improve local tissue perfusion, thereby enhancing oxygen and nutrient supply to the affected tissues.^[12,13] Increased blood flow may facilitate removal of inflammatory mediators and promote tissue healing. Furthermore, thermal stimulation may contribute to pain reduction through neuromodulation, specifically by stimulating the lateral spinothalamic tract and activating descending pain inhibitory pathways to release endogenous opioid peptides, counter-irritation mechanisms and activation of endogenous pain inhibitory pathways.^[12,13] In the present case, progressive improvement was observed throughout the treatment period. The Visual Analog Scale (VAS) score reduced from 8 to 0, accompanied by complete resolution of morning stiffness, tenderness, and gait disturbance. The Windlass test became negative following treatment. Functional improvement was also observed, as the Foot Function Index (FFI) score decreased from 72 to 4 following treatment. Similar findings have been reported by Kumar *et al.*, who observed significant pain reduction and functional improvement following Agnikarma in patients suffering from Vatakantaka.^[12] Gupta *et al.* also highlighted the potential role of Agnikarma in managing painful musculoskeletal disorders through its analgesic and therapeutic effects.^[13] The findings of the present case are comparable with previous reports on Agnikarma in Vatakantaka.

Table 3: Comparison of Present Case with Previous Studies on Agnikarma.

Author	Condition	Intervention	Outcome
Kumar <i>et al.</i> ^[12]	Vatakantaka	Agnikarma	Significant reduction in pain and improvement in functional ability
Gupta <i>et al.</i> ^[13]	Musculoskeletal Disorders	Agnikarma	Beneficial analgesic and therapeutic effects reported
Present Case	Vatakantaka	Agnikarma with Panchaloha Shalaka (4 sittings)	VAS reduced from 8 to 0, FFI improved from 72 to 4, complete functional recovery without recurrence during follow-up

The patient experienced complete symptomatic relief without adverse events, infection, blister formation, sensory deficits, or hypertrophic scarring. Furthermore, no recurrence was reported during the three-month follow-up period. Although good results were observed in this case, conclusions cannot be drawn from a single patient. Larger controlled clinical studies with longer follow-up periods are required to establish the efficacy and long-term benefits of Agnikarma in the management of Vatakantaka (Plantar Fasciitis).

Safety Assessment

No adverse events, infection, hypertrophic scarring, sensory deficits, blister formation, or procedure-related complications were observed during the treatment and follow-up period.

CONCLUSION

Agnikarma with Panchaloha Shalaka provided considerable relief in pain and improvement in functional ability in this patient of Vatakantaka (Plantar Fasciitis). VAS score improved from 8 to 0 and FFI score improved from 72 to 4 following treatment. No adverse effects or recurrence were observed during follow-up. Further studies with larger sample sizes are required to evaluate the role of Agnikarma in the management of Vatakantaka.

Conflict of Interest

The authors declare no conflict of interest.

Source of Funding

No external funding was received for this study.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. Ethical approval was not required for this single case report as per institutional policy.

AI Usage Declaration Generative

AI tools were utilized solely to improve the readability, grammar, and formatting of this manuscript. The authors confirm that no AI was used in the clinical management of the case, data generation, or scientific conceptualization. The authors bear full responsibility for the integrity of the final content.

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