

AN OUTLOOK OF VATAKANTAKA IN THE CONTEXT OF PLANTAR FASCIITIS

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ABSTRACT

Pain is a symptom that brings any person to the physician due to disturbance in their routine works. Heel pain is commonly found symptom in the society in which an individual experiences severe pain, tenderness and restricted movements at some time during their lifetime. *Vatakantaka* as per Ayurveda is mentioned by *Acharya Sushruta* in the context of *Vatavyadhi* as a painful condition of heel due to improper placement of foot on the ground or by walking. Plantar fasciitis is the most common cause of chronic heel pain in adults, affecting young active patients and older sedentary individuals. It results from repetitive stress to the Plantar Fascia at its origin on the medial tubercle of the calcaneus and is often associated with gastrocnemius tightness.

INTRODUCTION

Vatakantaka is mainly *vyadhi* of vitiated *Vata Dosha*. Aggravated *Vata* because of exertion, walking on an irregular surface as well as due to improper placement of foot over the ground takes *Ashraya* in the *Gulfa Sandhi*^[1,2] causes pain in *Padatala Pradesha* especially in the morning and after a long period of inactivity. The general line of treatment given for *Vatavyadhi* are *Snehana*, *Swedana* and *Basti*. *Acharya Charaka* has advised *Dravya* with *Madhura*, *Amla*, *Lavana*, *Snigdha* and *Ushna* properties and *Upakrama* like *Snehana*, *Swedana*, *Asthapana* and *Anuvasana Basti*. Among all of the above *Asthapana* and *Anuvasana basti* is said to be the best treatment of *Vata*.^[3]

Plantar fasciitis is the inflammation of the Plantar Fascia. It is estimated that 1 in 10 people will develop heel pain during their lifetime. Incidence occurs between 40 and 60 years of age.^[4,5] It occurs most frequently in individuals with structural foot deformities including Pes planus, Pes cavus and leg length discrepancies, each of which are associated with tightness of the intrinsic foot muscles or heel cord.^[6] It often affects only one foot, although approximately 30% of patients have bilateral symptoms.

NIDANA

Nidana can be *Aharaja*, *Viharaja*, *Manasika*. *Acharya Sushruta* quotes that keeping the foot on uneven surface is *Nidana* for *Vatakantaka*. According to *Acharya Vagbhata* *Nidana* for *Vatakantaka* is excessive *Shrama*.^[7] Some of the other causes for *Vatakantaka* are,

- Structural deformity of foot, causes increased pressure on heels.
- Standing or walking for long
- Usage of hard footwears
- Prolonged pressure over the heel or ankle joint.

POORVAROOPA

In classics there is no reference regarding *Poorva roopa* of *Vatakantaka*. *Acharya Charaka* says that *Avyakta Lakshana* is considered to be the *Poorvaroopa* for all *Vatavyadhi*.^[8] According to *Vijaya Rakshita* in commentary on *Madhava Nidana* *Avyakta* means ‘*Na Ati Abhivyaktam*’ and those symptoms which are not exhibited clearly are known as *Poorvaroopa*.

ROOPA

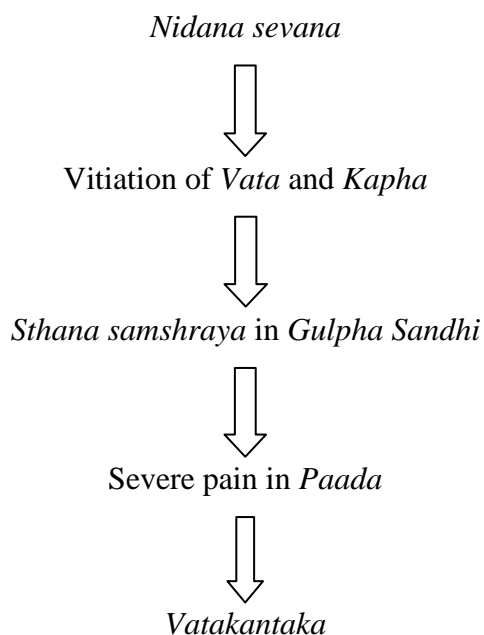
Pain is considered as the main clinical feature in *Vatakantaka*.

न्यस्ते तु विषमं पादे रुजः कुर्यात् समीरणः।

वातकण्ठक इत्येष विज्ञेयः खुडुकाश्रितः ॥

(Su Ni 1/79)

Sushruta opines that the disease *Vatakantaka* is caused due to vitiated *Vata Dosha* because of constant standing and walking on uneven surface resulting into pain in foot. It is characterized by *Shoola* and *Shotha* in heel which is *Snayu Asthi Sandhi Ashrita*.^[9]

SAMPRAPTI**UPASHAYA**

There is no particular *Upashaya* and *Anupashaya* is mentioned for *Vatakanthaka*. *Vatakanthaka* comes under *Vatavyadhi*, *Ushna Upachara* may give relief to the patient. Considering *Nidana Shrama*, *Vishrama* may give *Upashaya* to the pain.

INVESTIGATIONS

- USG provides a rapid and cost effective means to confirm the diagnosis of Plantar Fasciitis^[10] - A Plantar fascia thickness > 4.5mm and the presence of hypoechoic areas are specific for Plantar fascia
- MRI - Confirms the presence of Plantar Fascia with characteristic findings of increased signal intensity and proximal Plantar Fascia thickening on T2 weighted and short tau inversion recovery images.^[11]
- Electromyography (EMG) can be used to evaluate suspected neurologic cause of heel pain in patients presenting with sensory disturbances or proximal or distal radiation.
- Laboratory evaluation may be used to exclude the inflammatory arthropathies in patients presenting with systemic symptoms, bilateral involvement, multiple joint involvement.

CHIKITSA

- In *Vangasena Samhita*, *Chakradatta*, *Gadanigraha* and *Bhaishajya Ratnavali*, they have stated *Raktamokshana*, *Eranda Taila Paana* and *Dahana* with *Soochi* as line of treatment of *Vatakanthaka*.^[12,13,14]

- *Siravyada* is considered as a treatment of *Vatakantaka* by *Acharya Sushruta* and *Vagbhata*. *Siravyada* is done 2 *Angula* above *Kshipramarma* with *Vreehimukha Shastra*.^[15]
- According to *Acharya Dalhana* after common *VataVyadhi Chikitsa*, in *Charaka Samhita*, *Sweda* is indicated in *Vatakantaka*.
- According to *Ayurveda*, *Vatakantaka Vyadhi* is due to vitiation of *Vata* with *Anubandha* of *Kapha Dosha* which is responsible for *Shoola*, *Stambha* and *Shotha* at the heel. *Acharya Charaka* described *Agnikarma* is the best management for decreasing pain.^[16]

In Modern Science

➤ Non Operative Treatment

1. Non Invasive Treatments

- NSAIDs
- Orthotics, heel wedges and heel cups
- Immobilization : Night Splints and CAM Walker boots
- Physiotherapy- Therapeutic exercise and therapeutic modalities.

2. Minimally Invasive Treatments

- Corticosteroid Injection
- Shock- wave therapy

➤ Operative Treatment

- Partial plantar fasciotomy
- Gastrocnemius Lengthening

CONCLUSION

Vatakantaka is mainly a *Vatapradhana Vyadhi*, commonly found in females. Heel pain is the main symptom of *Vyadhi*. It can be correlated to *Plantar Fasciitis*. *Snehana*, *Swedana*, *Raktamokshana* and *Agnikarma* is the main treatment of *Vatakantaka*.

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