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A CONCEPTUAL REVIEW: A CLINICO-CADAVERIC STUDY OF PADASIRA WITH SPECIAL REFERENCE TO SIRAVEDHANA IN PLANTAR FASCIITIS

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ABSTRACT

Plantar fasciitis is a prevalent cause of heel pain that correlates closely with the Ayurvedic concept of *Vatakantaka*.[1] It is primarily a *Nanatmaja Vyadhi* (specific disease) of Vata, triggered by the improper placement of the foot on uneven surfaces or overexertion.[5] *Siravedhana* (therapeutic venepuncture) is a highly effective *Shodhana* (purification) therapy, often regarded as half of the therapeutic measures (*Ardha Chikitsa*) in *Shalya Tantra* (Ayurvedic surgery). This conceptual review explores the comprehensive Ayurvedic etiopathogenesis (*Nidana*, *Samprapti*, *Roopa*) of *Vatakantaka* and details the anatomical and clinical rationale of performing *Siravedhana* on the *Padasira* (veins of the foot). By integrating ancient anatomical wisdom with modern clinical parameters and diagnostic investigations, this review validates this parasurgical procedure as a potent treatment modality.

KEYWORDS: *Vatakantaka*, Plantar Fasciitis, *Siravedhana*, *Raktamokshana*, *Sira*, *Gulpha Sandhi*.

1. INTRODUCTION

To understand the human body and treat it effectively, a physician must possess both theoretical and practical knowledge of anatomy (*Sharira Rachana*), a principle strongly emphasized by Acharya Sushruta. Ayurveda operates on the fundamental balance of *Dosha*, *Dhatu*, and *Mala*. Whenever these essential humours—Vata, Pitta, Kapha, and occasionally Rakta—become vitiated, disease manifests.

Vatakantaka is described as a painful condition of the heel caused by aggravated Vata localized in the *Gulpha sandhi* (ankle joint) due to walking on uneven and lopsided surfaces.[5] Clinically, this disorder perfectly mirrors Plantar Fasciitis, characterized by inflammation of the plantar fascia leading to stiffness and severe pain, particularly when taking the first steps in the morning.

2. Anatomical Review: Integration of Ancient and Modern Perspectives

The Ayurvedic Concept of Sira (Veins)

The word *Sira* is derived from the root "sri" meaning "to move" or "to hold," denoting tubular vessels that conduct blood and nutrients throughout the body. Acharya Charaka defines them functionally.

"□□□□□□□□□□"□

They are called *Sira* because they conduct fluids from one place to another.

Acharya Sushruta states there are 700 *Siras* in the human body, classified into four groups based on the humours they carry: *Vatavaha* (reddish), *Pittavaha* (blue), *Kaphavaha* (white), and *Raktavaha* (deep red).[2] Regarding their origin, Sushruta explains.

"□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

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Whatever siras are in the body, they are all attached to the umbilicus, from where they spread all around.[1]

Modern Anatomy of the Ankle and Foot

- **The Ankle Joint:** Formed by the tibia, fibula, and talus, creating a bracket-shaped mortise socket. Stability is provided by the medial (deltoid) ligament and the lateral ligaments (anterior talofibular, posterior talofibular, and calcaneofibular).
- **The Plantar Fascia:** A thick band of connective tissue supporting the foot's arch, running from the calcaneal tuberosity forward to the metatarsal heads.

3. Etiopathogenesis: Vatakantaka & Plantar Fasciitis

3.1 Nidana (Etiology)

Nidana provides complete knowledge about the causative factors of a disease, categorized into *Aharaja*, *Viharaja*, and *Manasika*. In *Vatakantaka*, *Viharaja* (lifestyle/physical activities) is considered the primary cause.

- **Classical Causes:** Acharya Vagbhata cites excessive *shrama* (exertion) as the primary nidana.[7] Acharya Sushruta quotes that keeping the foot on an uneven surface triggers the condition.
- **Contemporary Causes:** Structural deformities of the foot increasing heel pressure, standing or walking for long durations, using hard footwear, and prolonged pressure over the heel or ankle joint.

3.2 Poorvarupa (Prodromal Symptoms)

Classical texts do not provide a specific *Poorvarupa* directly for *Vatakantaka*. However, Acharya Charaka states that *Avyakta lakshana* (unmanifested/mild symptoms) is considered the *Poorvarupa* for all *Vatavyadhis*.[8] Furthermore, Vijaya-rakshita in his commentary on *Madhava Nidana* defines *Avyaktham* as 'Na Ati Abhivyaktham'—symptoms that are not exhibited clearly.[9] Thus, early, mild heel discomfort can be considered its prodrome.

3.3 Roopa (Clinical Features)

Pain is the cardinal clinical feature. Acharya Sushruta beautifully encapsulates this in the following shloka.

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(Nyaste tu vismam paade rujah kuryaat samiranna | Vatakantak itiyesa vigyeya khudakashritah)

Sushruta opines that constant standing or walking on uneven surfaces vitiates the Vata Dosha, resulting in *Shoola* (pain) and *Shotha* (inflammation) in the heel. The disease is distinctly *Snayu*, *Asthi*, and *Sandhi Ashrita* (localized in ligaments, bones, and joints).[10]

3.4 Samprapti Ghataka (Pathological Factors)

- **Dosha:** Vata
- **Dooshya:** Mamsa (Muscle), Rakta (Blood)
- **Srotas:** Raktavaha, Asthivaha

- **Srotodushti:** Sanga (Obstruction), Vimargagamana (Diversion of flow)
- **Agni:** Raktadhatwagni
- **Rogamarga:** Madhyama
- **Udbhavasthana:** Pakwashaya
- **Vyakthasthana:** Gulphasandhi, Padatala (Ankle joint and sole)

3.5 Upasaya & Prognosis (Sadhya Asadhyata)

- **Upasaya (Relieving Factors):** While no specific upashaya is solely mentioned for *Vatakantaka*, being a *Vatavyadhi*, *Ushna upachara* (warm measures) provides relief. Given that *shrama* is the nidana, *Vishrama* (rest) naturally acts as an upashaya.
- **Sadhya Asadhyata:** Prognosis depends on the causative agent's strength, degree of dosha vitiation, patient age, and chronicity. Yogarathnakara states *Vatavyadhis* are generally *Asadhya* (incurable/difficult to manage) and should be managed without false assurances.[11] However, Charaka clarifies that *Vatavyadhis* of recent origin, without complications, in strong patients, are curable.

4. Investigations (Modern Correlation)

To bridge Ayurvedic diagnosis with modern science, specific investigations are crucial:

- **Laboratory Tests:** To rule out underlying endocrine and systemic inflammatory conditions.
- **X-Rays:** Essential to rule out alternative causes of heel pain, specifically calcaneal stress fractures or the presence of a calcaneal spur.
- **MRI:** Performed on treatment-resistant patients to exclude soft-tissue tumors, calcium deposits, or hidden stress fractures not visible on standard X-rays.

5. Therapeutic Review: Chikitsa

5.1 Samanya Chikitsa (General Treatment)

The general protocol for *Vatavyadhi* applies heavily here. Charaka advises *dravyas* with *madhura*, *amla*, *lavana*, *snigdha*, and *ushna* properties. General upakramas include *Snehana*, *Swedana*, *Asthapana* and *Anuvasana Basti*, *Nasya*, and *Abhyanga*.

- **Basti:** Among these, *Asthapana* and *Anuvasana Basti* are considered the best treatments for Vata.[12]
- **Other measures:** *Veshtana* (bandaging), *trasana*, *madya*, *sneha siddha* with deepana/pachana drugs, and *mamsarasa* pacify Vata. *Ashtanga Samgraha* also specifically indicates the *Ritucharya* of Hemant ritu for *Vatavyadhis*.[13]

5.2 Vishesha Chikitsa (Specific Treatment)

Deep-acting parasurgical measures are indicated for conditions localized in the *Snayu*, *Asthi*, and *Sandhi*.

Siravedhana (Venepuncture)

Classical texts like *Vangasena Samhita*, *Chakradatta*, *Gadanigraha*, and *Bhaishjyaratnavali* strongly advocate *Raktamokshana*, alongside *Eranda taila pana*.[14]

- **The Procedure:** According to Sushruta and Vagbhata, *Siravedha* is performed 2 *Angula* (finger widths) above the *Kshipra Marma* using a *Vreehimukha Shastra* (surgical instrument).
- **Mechanism:** When stagnant, vitiated blood is removed via venepuncture, it triggers Reactive Hyperemia. This localized rush of fresh blood brings oxygen to the hypoxic plantar fascia and removes inflammatory mediators, resolving the *Asthi Toda* and *Vyadha*.

6. DISCUSSION AND CONCLUSION

Vatakantaka severely limits a patient's mobility. While modern treatments carry adverse systemic effects and high recurrence rates, Ayurvedic pathogenesis offers a complete view of the disease from its roots (*Nidana*) to its deep tissue manifestation (*Samprapti*).

The clinico-cadaveric understanding of *Padasira* confirms that *Siravedhana* is a safe and anatomically sound intervention. *Siravedhana* acts directly by clearing the microcirculatory pathways and removing localized toxins. By adhering strictly to the classical texts—utilizing *Samanya Chikitsa* for systemic pacification and *Siravedhana* for localized, parasurgical intervention—physicians can provide statistically significant and lasting relief from the debilitating heel pain of Plantar Fasciitis.

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