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EVALUATION OF THE EFFECT OF *MARMA CHIKITSA* IN THE PAIN MANAGEMENT OF PLANTAR FASCIITIS: A CASE STUDY

Dr. Aishwarya Rathore*[1], Dr. Rita Marwaha[2], Dr. Nisha Bhalerao[3], Dr. Pankaj Gupta[4]

[1]M.D. Scholar, [2]Professor & HOD, [3]Reader, [4]Reader,

[1,2,3,4]PG Department of Rachna Sharir, Pt. Khushilal Sharma Govt. (Auto.) Ayurveda College and Institute, Bhopal (M.P.), India.

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***Corresponding Author**

Dr. Aishwarya Rathore

M.D. Scholar, PG Department of Rachna Sharir, Pt. Khushilal Sharma Govt. (Auto.) Ayurveda College and Institute, Bhopal (M.P.), India.

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ABSTRACT

Plantar fasciitis is defined as when the plantar fascia gets irritated, torn, or inflamed at its attachment point on the heel bone (medial calcaneal tuberosity). This often results from friction in the calcified posterior insertion of the plantar fascia. It commonly affects people who stand or walk for long periods. The condition also involves irritation in nearby tissues around the fascia. Plantar fasciitis causes sharp, stabbing heel pain like stepping on a thorn, worst with first morning steps. It eases after walking but returns after long rest. A 2021 study found that plantar fasciitis impacts about 4-9% of people overall, ranking it among the top reasons for doctor visits due to foot pain. *Vatakantaka* causes intense heel pain. Aggravated *Vata* localizes in the ankle region (*Khudapradesha*) when walking on uneven or irregular surfaces. This case study explores *Marma Chikitsa's* effect as a drug-free treatment for plantar fasciitis. A 38-year-old woman presented with persistent right sole and heel pain lasting four months. The pain worsened with prolonged standing and was most severe during the first steps in the morning after rising from bed. Faulty footwear was identified as the probable cause, and the Windlass test, producing pain upon passive dorsiflexion of the toes on the affected foot was positive. Despite conservative treatments failing to provide full relief, the patient's prior therapy was discontinued. *Marma Chikitsa* was then administered only at the *Kshipra*, *Talhridaya*, *Kurchshir*, *Gulpha*, and *Indrabasti Marma* points. Each point received 0.8

second stimulations, 15-18 times per session, over a 15-day course. This regimen lead to marked symptom improvement. In this single case study of plantar fasciitis treated with *Marma Chikitsa*, sequential assessments over 15 days demonstrated significant clinical improvement. Pain intensity (VAS) reduced steadily from 7/10 at baseline to 2/10 by Day 15. Stiffness improved from moderate to mild, while tenderness decreased progressively from severe to complete resolution. Additionally, the Windlass test converted from positive to negative by Day 10, indicating restoration of plantar fascia function. These findings suggest the effect of *Marma Chikitsa* in reducing pain and improving functional outcomes in plantar fasciitis. This non-invasive approach could serve as a valuable alternative to conventional treatments for plantar fasciitis, such as foot orthoses, night splinting, non-steroidal anti-inflammatory drugs, corticosteroid injections, and surgical intervention.

KEYWORD: Plantar Fasciitis, *Marma Chikitsa*, *Marma Sthanas*, Pain management, VAS score, *Vatkantaka.*

INTRODUCTION

Today's fast-paced lifestyle often requires prolonged standing, which can lead to heel pain. Plantar fasciitis is a frequent cause of this discomfort among individuals across various age groups. However, it tends to cause disability and social embarrassment among middle-aged and elderly people.[1] The classic symptom of plantar fasciitis is pain in the sole and heel, which feels worst when stepping out of bed in the morning and eases after taking a few steps. This condition strikes both inactive and active individuals, typically from ongoing stress due to daily habits or sports. It also occurs in younger people, such as runners, aerobic dancers, and ballet dancers. Several factors raise the risk of plantar fasciitis. These include being overweight or obese, which adds extra stress on the feet, foot structure issues like flat feet (pes planus) that roll inward excessively or high-arched feet (pes cavus), limited ankle flexibility, especially poor upward bending (dorsiflexion), prolonged walking or standing on hard surfaces, and wearing improper or faulty shoes that lack good support. People often call plantar fasciitis "heel pain" because the ache is usually where the plantar fascia attaches to the inner part of the heel bone (calcaneus). This strong tissue band runs from the heel to the base of the toes, creating the foot's main arch for support. Too much pull on this band can cause plantar fasciitis. Plantar fasciitis affects approximately 10% of people. About 83% of cases occur in working people aged 25 to 60.[2] *Vatkantaka*, a type of *Vata Vyadhi*, is a painful disorder affecting the ankle joint (*Gulpha Sandhi)*. Plantar fasciitis is a frequent cause of this

discomfort among individuals across various age groups. *Vata*, because of exertion.[3] & walking on uneven surface takes *Ashraya* in *Gulpha Sandhi* and produces pain.[4] The clinical presentation and underlying pathology of *Vatakantaka* closely parallel those of plantar fasciitis, commonly referred to as "policeman's heel."In contemporary medicine, heel pain due to plantar fasciitis is primarily managed conservatively with non-steroidal anti-inflammatory drugs (NSAIDs), stretching exercises, physiotherapy modalities such as TENS therapy, radiant heat, or diathermy, shoe inserts or insole rubber heel cup-pads, night splints, and local steroid injections (e.g., hydrocortisone acetate with lignocaine) into the tender area. However, prolonged NSAIDs use carries significant risks, including kidney damage, gastrointestinal ulcers, and cardiovascular complications, while steroid injections can lead to serious adverse effects such as plantar fascia rupture, fat pad atrophy, skin thinning or depigmentation, nerve injury, and infection. So, there is need of an economic, safe and effective treatment for this disease. Hence an attempt was made to evaluate the efficacy of *Marma Chikitsa* in pain management of plantar fasciitis. *Marma* points, known as vital spots in Ayurveda are locations, form where *Mamsa, Sira, Snayu, Asthi, and Sandhi* converge, serving as key seats of *Prana*. These sensitive areas can be gently activated through pressure or therapeutic massage in a practice called *Marma Chikitsa*, an ancient healing therapy, applies targeted stimulation to specific *Marma* points to restore energy balance, ease pain, and boost the body's innate recovery mechanisms. It effectively reduces discomfort in muscles, ligaments, bones, and joints, offering a holistic approach to pain relief and tissue healing.

CASE REPORT

A 38-year-old woman presented to the Outpatient Department of Pt. Khushilal Sharma Government (Autonomous) Ayurveda College and Institute, Bhopal, Madhya Pradesh, with right sole and heel pain persisting for four months, which worsened during prolonged standing and peaked intensely with the first steps after rising from bed in the morning. Faulty footwear was identified as the likely cause, with an initial Visual Analogue Scale (VAS) pain score of 7/10, tenderness in the heel and plantar region graded as Grade 3(severe tenderness), and stiffness graded as Grade 2 (moderate stiffness). General examination revealed a fit patient, well-oriented with all vital signs within normal limits and absence of pallor, oedema, or icterus. Windlass test (pain aggravation on passive dorsiflexion of toes on the ipsilateral foot) was positive, routine blood investigations were normal, and X-ray (lateral view) of the right foot showed no abnormalities. Prior treatments including various non-steroidal anti-

inflammatory drugs (NSAIDs), physiotherapy sessions provided no significant relief and sought Ayurvedic care, during which she was taking no allopathic or Ayurvedic medications and reported no history of hypertension, type 2 diabetes, thyroid disorders, trauma, or direct foot injury.

⦿ **ASSESSMENT CRITERIA:** All the diagnostic criteria had been graded under 0-3 grading.

1. Pain: VAS(Visual Analogue Scale)
2. Stiffness
3. Tenderness
4. Windlass test: On clinical examination, pressing over the medial calcaneal tubercle usually dorsiflexion of the ankle and toes, a procedure known as the Windlass test.[5]

Table 1: Assessment Criteria And Gradings.

Diagnostic Criteria	Grade-0	Grade-1	Grade-2	Grade -3
Visual Analog Scale (VAS)	No pain (0)	Mild pain (1-3)	Moderate pain (4-6)	Severe pain (7-10)
Stiffness	No stiffness	Mild stiffness	Moderate stiffness	Severe stiffness
Tenderness	No tenderness on palpation	Tenderness on palpation without grimace	Tenderness with grimace	Severe tenderness
Windlass test.	Negative	Positive	Positive	Positive

MATERIAL AND METHOD

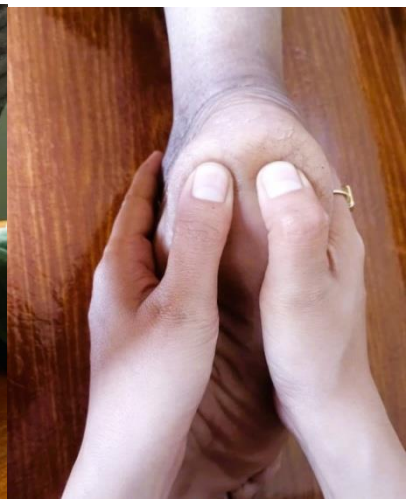
The patient had given *Marma Chikitsa* once daily in morning, with stimulation at *Kshipra Marma, Talahridaya Marma, Kurchashir Marma, Gulpha Marma Indrabasti Marma* points for 0.8 seconds, 15-18 times, once a day for 15 days, as outlined in Table 1. *Marma* stimulation was done by consistent and direct pressure using thumb pulp in each extremities of lower limb of patient.

***Marma* Therapy Procedure**

Sr. no.	*Marma point*	Stimulation Time	Frequency	Duration
1.	*Kshipra Marma*	0.8sec	15-18times	Once a day
2.	*Talahridaya Marma*	0.8sec	15-18times	Once a day
3.	*Kurchashir Marma*	0.8sec	15-18times	Once a day
4.	*Gulpha Marma*	0.8sec	15-18times	Once a day
5.	*Indrabasti Marma*	0.8sec	15-18times	Once a day

KSHIPRA MARMA

GULPHA MARMA



KURCHASHIR MARMA

INDRABASTI MARMA

TALHRIDAYA MARMA

Table 2: OBSERVATION (before & after treatment).

Assessment Criteria	Assessment(1st Day) (Baseline)	Assessment(5th Day) (Baseline)	Assessment(10th Day) (Baseline)	Assessment(15th Day) (Baseline)
Visual Analog Scale (VAS)	VAS Score-7	VAS Score-6	VAS Score-4	VAS Score-2
Stiffness	Grade 2	Grade 2	Grade 1	Grade 1
Tenderness	Grade 3	Grade 2	Grade 1	Grade 0
Windlass test.	Positive	Positive	Negative	Negative

RESULT

In a single case study of plantar fasciitis treated with *Marma Chikitsa*, sequential assessments showed marked symptom improvement over 15 days. Pain on the Visual Analog Scale (VAS) reduced progressively from 7/10 at baseline (Day 1) to 6/10 (Day 5), 4/10 (Day 10), and 2/10 (Day 15). Stiffness eased from Grade 2 (moderate) on Days 1 and 5 to Grade 1 (mild) by Days 10 and 15. Tenderness resolved from Grade 3 (severe) on Day 1, to Grade 2 (Day 5), Grade 1 (Day 10), and Grade 0 (none) on Day 15. The Windlass test, initially positive on Days 1 and 5, became negative by Days 10 and 15, signaling restored plantar fascia function.

DISCUSSION

Foot and heel pain are very common musculoskeletal problems seen by both orthopaedic doctors and general practitioners. People with plantar fasciitis often have a marked reduction in quality of life because pain in the foot affects the way they walk, limits normal movement, and interferes with daily activities. Most patients report pain on the inner side of the heel as their main symptom. This pain is usually worst when they take their first few steps after rest or when getting out of bed in the morning, a pattern known as post-static dyskinesia. As they move around during the day, the discomfort often eases for a while but typically returns and may worsen by evening due to ongoing stress and strain on the plantar fascia. The first and traditionally accepted view is that plantar fasciitis develops due to repeated small injuries where the fascia attaches to the heel bone, causing acute or chronic inflammation in the plantar fascia. A more recent view suggests that plantar fasciitis is mainly a wear-and-tear (degenerative) problem of the fascia rather than a inflammatory disorder.[6]Classically, *Vatakantaka* presents with foot pain described as *Kanatakvat Rujah*, meaning pain similar to a thorn prick. It usually starts or worsens when walking on uneven ground (*Visham Pada*), which is believed to aggravate *Vata Dosha* in the *Khudak Pradesh* (ankle region). *Marma*

Chikitsa uses gentle, controlled pressure on specific *Marma Sthanas* to trigger beneficial physiological responses. This approach aims to restore functional balance, reduce pain, and support overall health. Based on the serial assessments from day 1 to day 15, the patient showed a progressive reduction in pain, with VAS improving from 7 to 2. Stiffness decreased from Grade 2 to Grade 1, and tenderness improved from Grade 3 to Grade 0. The Windlass test, initially positive, became negative by the 10th day and remained negative on the 15th day, indicating marked clinical improvement over the treatment period. *Marma Chikitsa* may reduce pain through both physical and neurological mechanisms. By stimulating specific *Marma* points linked to vital energy channels, it likely activates large, fast conducting A-beta nerve fibers that carry non-painful sensations to the spinal cord, helping to block pain signals, similar to the gate control theory of pain. In addition, *Marma Chikitsa* works like a natural neuromodulation technique, where gentle, targeted pressure on specific *Marma* points stimulates the release of the body's own pain-relieving chemicals, such as endorphins, along with mood-boosting neurotransmitters like serotonin and dopamine. This process not only reduces pain but also enhances overall well-being by restoring physiological balance and promoting functional harmony.

CONCLUSION

Marma Chikitsa shows strong promise as a simple, non-surgical treatment for plantar fasciitis, quickly easing pain and improving function as seen in this case, as an accessible alternative to conventional treatments. This study tested its effect, aiming to deliver fast symptom relief through an easy, low-cost method ideal for outpatient clinics no special tools or setup needed. Each session provided immediate benefits. Overall, *Marma Chikitsa* proves safe and practical, integrating traditional Ayurvedic techniques into everyday clinical practice; larger trials could confirm its role in routine musculoskeletal management.

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