

An Impact of Agnikarmain the management of Vatakantakw.s.r. Planter Fasciitis- A Case Study

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ABSTRACT

Vatakantaka(Planter Fasciitis) is a common cause of heel pain which is caused due to vitiation of Vata. Vata is vitiated due to walking on irregular or uneven surface, excessive strain on heels and get accumulated in (Ankle joint) and causes pain as if pricked by a thorn. Hence it termed as Vatakantaka(Plantar Fasciitis). Plantar Fasciitis is caused due to silent and repeated injury resulting in inflammation of the plantar fascia which results in the painful heel. Acharya Sushruta has mentioned different treatment measures for management of it. One amongst them and it was used in this case study, to assess its efficacy in relieving pain. 51 years old female complaining of pain in the right heel, tenderness and pain during walking was treated with 3 successive sittings of along with for 21 days. In and was given. After treatment, symptoms of patient were relieved and she was able to walk without pain.

Key words: Agnikarma, Plantar Fasciitis, Heel Pain, Vatakantaka.

I. INTRODUCTION

According to Sushruta, is a (predominance of) particularly caused by walking on uneven surfaces or by (excessive exertion), which produces pain in heel.[1] Sushruta also mentioned that the disease Vatakantaka is Snayu Asthi Sandhi Ashrit and such diseases should be treated with oleation, poultice, Agnikarma, Bandaging and massage upto a considerable relief from pain.[2] Madhavakar in Madhava Nidan mentioned that is a pain in the ankle region which arises due to improper position of the foot during its movements.[3] Heel pain is observed in a number of conditions like Sevier's disease, Calcaneal Knob, Bursitis, Bony Spur, Pagets, Osteomyelitis, Acute and Chronic Plantar Fasciitis. Amongst these can be correlated with Plantar

Fasciitis. It is estimated that 1 in 10 people will develop heel pain in their lifetime. Incidence occurs between 40 and 60 years of age.[4] The prevalence of this disease increases due to inclination towards wearing high heeled & hard foot wears, improperly fitting footwear's, engaging in strenuous exercise especially jumping, running and standing for prolonged period.[5] To get relief from pain, initially a soft pad may be used just below the tender area. If this does not help, injection of Hydrocortisone should be made at the most tender spot.[6] If this fails then lastly division of the plantar fascia is indicated. But all these measures have side effects, complications and are time consuming. Moreover they do not give permanent cure for the disease. It is therefore, very uneconomical for a common man to afford all these costly measures. Hence a case study of Agnikarmain management of chronic plantar fasciitis was selected. Here we study a case of a 51 year aged patient working as a teacher who visited to OPD of ShalyaTantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Bewar Road, Farrukhabad, Uttar Pradesh on 1st July 2023 with complaints of painful heel, tenderness and early morning stiffness at the right heel. There was history of previous treatment for chronic plantar fasciitis under private orthopaedic surgeon since the last four months. The history suggested that she had received analgesic, anti-inflammatory, steroid and two sittings of hydrocortisone injection but without any significant and satisfactory relief, hence after. Routine Blood investigation and x-ray examination of heel were done and all investigations were found normal. After careful assessment and examinations patient was diagnosed with nonspecific chronic plantar fasciitis and it was decided that treated with Agnikarma Chikitsa only at an interval of seven days up to complete relief from pain. Patient got relief

from pain after completion of first sitting. After the completion of 3rd sitting patient got relief from early morning stiffness whereas tenderness was relieved after the completion of 3rd sitting without any adverse effects being observed throughout the entire sittings. To observe any recurrence of symptoms patient was followed up to 3 months but recurrence of symptoms was not observed. Patient was fully satisfied with AgnikarmaChikitsaas compared to previously treated with modern modalities.

Procedure of Agnikarma

After taking inform written consent the affected part was cleaned with PanchwalkaKwath. It was then wiped with dry sterilized cotton gauze. Red hot PanchdhatuShalakawas used for making BinduDahanVisheshand 18-20 SamyakDagdhVranawere made by PanchadhatuShalaka. It was noted that a proper space between two SamyakDagdhVranawere kept after making SamyakDagdhVrana. Also, the KumariSwarasawas applied on that to get relief from burning sensation.

Above procedure was repeated 3 times at the interval of 7 days and patient was advised to apply the paste of Haridrapowder mixed with coconut oil at bed time up to normal appearance of skin.

II. DISCUSSION

Chronic planer fasciitis can develop due to use of walking on uneven roads with ill-fitting footwear which causes silent and repeated injury resulting into inflammation of plantar fascia which results in the painful heel, tenderness, early morning stiffness and restricted movements of heel. As per Ayurvedicconcept, this condition may develop as the vitiation of Vatawith Anubandhaof KaphaDosha. Vataand KaphaDoshahave been considered as the important factors for causation of Shotha (inflammation) and Shoola(pain) in the heel.

AgnikarmaChikitsaintroduces heat in the affected area. This heat is Ushna, Tikshna, Laghu, Sukshma, Vyavayiand Vikashiin Gunawhich is helpful to break the Kaphanubandhathus reducing Shothand ultimatlyVataDoshagets neutralised so that Shool(pain and tenderness) is relieved. To manage such a condition AgnikarmaChikitsais creditable treatment.

III. CONCLUSION

Agnikarma treatment is OPD strategy. Agnikarma treatment is generally useful in administration of neighbourhood obsessive illnesses. During technique of Agnikarma one shouldn't apply inordinate strain except if it will create AtidagdhVrana. Scar of DagdhVran created by Agnikarma vanished in 3 weeks or less. Number of sitting of Agnikarma relies on chronicity and seriousness of the sickness. Accordingly, from the above concentrate on it tends to be inferred that Agnikarma method ends up being one of the simplest method for decreasing the plantar fasciitis.

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