

MANAGEMENT OF VATAKANTAKA (CALCANEAL SPUR/ PLANTAR FASCIITIS) THROUGH AYURVEDA

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ABSTRACT

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 over an irregular surface. This can be correlated to a calcaneal spur which is a calcium deposit causing a bony protrusion on the underside of the heel bone often frequently associated with plantar fasciitis, a painful inflammation of the fibrous band of connective tissue. It is a common condition that affects normal routine work. 10 cases of *Vatakantaka* were managed successfully where 5 cases were treated with *Istikasweda* and 5 cases were treated with *Agnikarma* for a duration of 14 days. As it has become one of the common clinical cases encountered, it is the need of the hour to focus such treatments mentioned in our classic which gives significant relief and is cost effective as well. Here is an attempt being made to compare the efficacy of *Istikasweda* and *Agnikarma* in *Vatakantaka*.

Keywords: *Vatakantaka*, *Vatavyadhi*, *Istikasweda*, *Agnikarma*, Calcaneal spur, Plantar fasciitis

INTRODUCTION

Vatakantaka is a painful disorder of ankle joint (*Gulfa sandhi ashrita*) can be correlated to signs and symptoms of plantar fasciitis / calcaneal spur. All *Bruhatrayi's* and *Laghutrayi's* accepted *vatakantaka* as *vata nanatmajavyadhi*. 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. With this pathology and clinical

presentation *vatakantaka* can be correlated to calcaneal spur / plantar fasciitis where calcaneal spur is a calcium deposit causing a bony protrusion on the underside of the heel bone. It is nothing but the ossification of plantar fascia at its calcaneal end.³ They are usually painless can cause heel pain if they are associated with plantar fasciitis is an inflammation of fibrous band of connective tissue causing severe pain.

Several factors that often contribute to the risk of developing this clinical condition are:

- Excess weight/obesity
- Ill-fitting shoes
- Increasing age
- Patients with flat foot / high arch foot
- High heeled and hard sole footwear's

Patients present with severe pain at the plantar region of the heel on raising from the bed and placing the foot on the ground. Pain is severe with first steps on rising in the morning and even after the prolonged time of inactivity worsens when they walk barefoot or climb stairs or walk for a long time. In contemporary science signs and symptoms of *vatakantaka* are successful in providing temporary relief where in there are chances of reoccurrence. With the intention to provide a better promising and cost effective treatment for absolute pain relief through Ayurveda this study was undertaken.

GROUP A [TABLE-1]

REQUIREMENTS	NUMBER
<i>Istika</i>	2
<i>Pinda taila</i>	3 bottles
<i>Dashamoola Kashaya</i>	500ml / day
Stove	1
Cylinder	1
Lighter	1
Vessel(to indirectly heat oil and to prepare <i>Kashaya</i>)	2
Therapist	1

Heating *istika* red hot by keeping it over stove

- *Purva karma* – *Sthanika abhyanga* with *pinda taila*^{7,8} to the affected foot was performed
- *Pradhana karma* – *Dashamoola Kashaya* is poured over *tapta istika* and patient was asked to keep leg just above it in order to get affected heel exposed for *swedana* purpose

AIM OF THE STUDY

To evaluate the efficacy of *Istika sweda* with *Dashamoola Kashaya*^{4,5} in the management of *vatakantaka* w.s.r to plantar fasciitis/calcaneal spur. To evaluate the efficacy of *Agnikarma*⁶ in the management of *Vatakantaka* w.s.r to plantar fasciitis/calcaneal spur.

Type of study – Comparative clinical study

Source of data – 10 patients of *Vatakantaka* were selected randomly and divided into two groups containing 5 in each group from the OPD & IPD of SKAMCH&RC Bangalore.

MATERIALS AND METHODS

In Group A- *Istikasweda* with *Dashamoola Kashaya* was given for a period of 14 days, In Group B - *Agnikarma* was done with the help of *tapta loha shalaka* once in 7 days, (two sittings) study intended for 14 days

Changes in pain (*ruk*), tenderness (*sparsha asahatva*) and difficulty to move the affected heel (*kriyahaani*) were observed on day 1 (before treatment) and day 14(after treatment) respectively.

- *Paschat karma* – after over 20 minutes of performing *istika sweda*, wiping the foot with cotton swab was done.

Duration of the study – 14 days based on the appointed time considering the convenience of the patient

GROUP B [TABLE-2]

REQUIREMENTS	NUMBER
<i>Loha shalaka / agnikarma yantra</i>	1
Betadine	5-10 ml
Cotton	QS
<i>Kumari swarasa</i>	1 pulp

- *Purva karma* – patient asked to lie in a prone position where affected heel was cleaned with betadine for an aseptic purpose. *Lohashalaka* is heated red hot for *dahana* purpose
- *Pradhana karma* – the affected heel is cauterized in a concentric way (around 15-20 *samyakdagdhavranas*) with space of approximate 0.5cm between two adjacent *samyakdagdhavranas*
- *Paschat karma* – after *samyakdagdhavrana*, *kumari swarasa* was applied on that to get relief from burning sensation

INCLUSION CRITERIA

- Patients of either sex presenting with signs and symptoms of *vatakantaka*
- Age group of 16-70 yrs was included
- Patients fit for *Snehana*, *Swedana karma* and *Agnikarma*

EXCLUSION CRITERIA

- Fracture of the ankle joint
- Systematic disorders which interfere with the treatment

ASSESSMENT CRITERIA PAIN (*vedana*)

No pain	0
Mild pain	1
Distressing (moderate)	2
Severe (excruciating)	3

TENDERNESS (*spasha asahatva*)

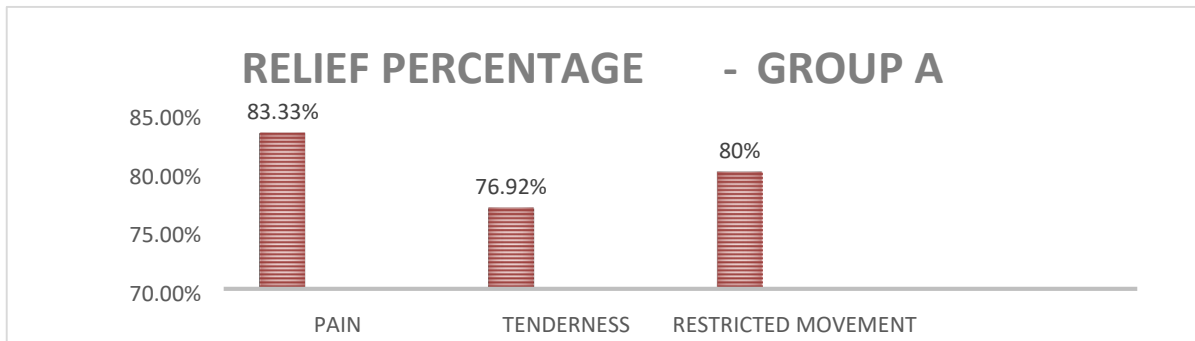
No tenderness	0
Mild tenderness	1
Moderate tenderness	2
Severe tenderness	3

RESTRICTED MOVEMENT (*kriyahaani*)

No difficulty	0
Mild difficulty	1
Moderate difficulty	2
Severe difficulty / no movement	3

OBSERVATION AND RESULT ON GROUP A [TABLE NO-3]

PARAMETER	MEAN BT	MEAN AT	MD	SD	SE	t	P value	RESULT	% RELIEF
PAIN (<i>vedana</i>)	3.6	0.6	3	0.63	0.28	10.71	P<0.001	HS	83.33%
TENDERNESS (<i>sparshaasahatva</i>)	2.6	0.6	2	0.63	0.28	7.4	P<0.001	HS	76.92%
RESTRICTED MOVEMENT (<i>kriyahaani</i>)	3	0.6	2.4	0.48	0.21	11.42	P<0.001	HS	80%



OBSERVATION AND RESULT ON GROUP B [TABLE NO-4]

PARAMETER	MEAN BT	MEAN AT	MD	SD	SE	t	P value	RESULT	% RELIEF
PAIN (<i>vedana</i>)	3.8	1	2.8	0.74	0.32	8.75	0.001	HS	73.68%
TENDERNESS (<i>sparshaasahatva</i>)	2.8	0.4	2.4	0.48	0.21	11.42	0.001	HS	85.71%
RESTRICTED MOVEMENT (<i>kriyahaani</i>)	2.8	0.4	2.4	0.48	0.21	11.42	0.001	HS	85.71%



DISCUSSION

DISCUSSION ON RESULT IN GROUP A

The symptoms like *vedana* (pain) in *vatakantaka* among 5 patients, got relieved by 83.33% and the result was highly significant. The *sparsha asahatva* (tenderness) in *vatakantaka* among 5 patients, got relieved by 76.92% and the result was highly significant. The *kriyahaani* (restricted movement) in *vatakantaka* among 5 patients, got relieved by 80% and the result was highly significant. Which acts as *shoola hara*, and has *pitta hara* properties which help in reducing *shopha, ruk. Swedana* is indicated in *vatakantaka* by *Acharya Charaka. Istika Sweda* is a type of *rooksha Sweda*, helps in relieving symptom *kriyahaani, vedana* indicate vitiation of *vata* along with *kapha samsrusta*

as it is observed occurring in the morning which is in *kapha kala*. It pacifies *kapha dosha. Dashamoola kashaya* is *vata hara, shotha hara, svayathu hara* and can also be used as *parisheka*

DISCUSSION ON RESULT IN GROUP B

The symptoms like *vedana* (pain) in *vatakantaka* among 5 patients, got relieved by 73.68% and the result was highly significant. The *sparshasahatva* (tenderness) in *vatakantaka* among 5 patients, got relieved by 85.71% and the result was highly significant. The *kriyahaani* (restricted movement) in *vatakantaka* among 5 patients, got relieved by 85.71% and the result was highly significant. *Vatakantaka* is *Snayu Asthi Sandhi Aashrita vatavyadhi* and *agnikarma* is indicated in such conditions.

CONCLUSION

As *vatakantaka* is enlisted in one among 80 *nanatmaja vatavyadhi*, as per *Acharya vagbhata* the line of treatment for *vata dosha* includes *sneha*, *sweda*, *mridu samshodhana*⁹ etc; considering *dosha ashraya* in *gulfa sandhi* due to the aggravated *vata dosha*, *sthanika sneha* in the form of *sthanika abhyanga* as *bahya sneha* with *pinda taila* which has *shoolahara* property was adopted followed by *sthanika sweda* in the form of *istika sweda* which is a type of *rooksha sweda* considering *kaphaanubandhata* along with *vata dosha* was done by using *dashamoola Kashaya*, helped to pacify *vataadi tridosha* as it is *vedanahara*, *shophahara*. *Rooksha sweda* is specially indicated for *vatakaphaja* and *kaphaja* disorders, due to which this may be one among the reason for significant pain relief in group A with relevance to *vedana* (pain) than compared to group B. In context of *Agnikarma* it is said that when the *dosha* are situated in *snayu*, *mamsa*, *siras* and *sandhi* acts best and where there is failure of *bhesaja*, *Shastra*, *ksara*, *agnikarma* is the line of treatment and the *roga* doesn't reoccur¹⁰, considering this fact there was significant difference in terms of improvement in tenderness (*sparsha asahatva*) and *kriyahaani* (inability to move the limb of affected heel). *Acharya Sushruta* mentions that the disease *Vatakantaka* is *Snayu Asthi Sandhi Ashrita* and such diseases should be treated with *sneha*, *upanaha*, *agnikarma*, *bandhana*, *unmardana*^{11,12}. Hence a successful attempt was made to incorporate *sneha* in form of *sthanika abhyanga* followed by *swedana* in form of *istika sweda* in one group and in other group *agnikarma* was adopted and hence an attempt was made to understand the results attained. For better understanding of the treatment further study can be useful using a large sample.

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