

## A CLINICAL STUDY TO EVALUATE THE EFFICACY OF ISHTIKA SWEDA WITH AMLAKANJI IN VATAKANTAKA

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### ABSTRACT

*Vatakantaka* a *vedana pradhana Vata Vyadhi* in which vitiated *Vata* affects the *Khunda (gulpha sandhi)*. Sushruta Samhita and Ashtanga Hridaya have described *Vatakantaka* under *Vataja nanatmaja Vyadhi*. Root cause of *Vatakantaka* is aggravated *Vata* with association of *Ama* and *Kapha*. The cardinal features of *Vatakantaka* are *Ruk*, *Sthambha*, *Shopha* in *Khadula Pradesha (Paarshni or Padajangha sandhi)*. The person who suffers from this disease cannot walk and stand properly because of painful foot continuously. The *Vata Vyadhi Chikitsa* comprises the principles like *Avarana*, *Bhedana*, *Shodana* and *Brhimana*. Considering this a combined approach of *Sthanika Abhyanga* with *Pinda taila*, *Sthanika Swedana* by *Ishtika Sweda* with *Amla Kanji* followed by *Gandharvahasthadi taila* and *Nimbadi guggulu* internally, was given and evaluated its efficacy in 10 patients. There was statistically significant improvement observed in symptoms like *Ruk*, *Sthamba*, *Shopha* after treatment.

**Keywords** - *Vatakantaka*, *Sthanika Abhyanga*, *Isthika sweda*, *Gandarva hastyadi taila*

### INTRODUCTION

*Vatakantaka* is such a disease which interfere the day today activities. *Vatakantaka* is a Combination of two words - *Vata* and *Kantaka*. *Vata* mainly is denoted as *va gati gandhanyo iti vata* - meaning, that which has movement and which is the main cause for action and *kantaka* refers to the point of a needle which is like a thorn and that which produces a sharp stinging pain at the heel of foot.

In our classics, *Acharya Vagbhata*<sup>1</sup> and *Sushruta*<sup>2</sup> explained *vatakantaka* under the context of

*Vatavyadhi*. *Nidana* includes improper placing of foot on the ground.

The *samprapti* is explained as, due to *nidanans*, *vata* localized in the *khudak (gulpha sandhi)* gets aggravated and produces pain. If *vata* gets *avruta* by *kapha*, it produces *lakshana* like *Shopha* and *Sthamba*. Clinical presentation of *Vatakantaka* can be effectively paralleled with painful heel which may be caused by various conditions like Tendo-achilles, Calcaneal knob, Bursitis, Acute or Chronic Plantar fasciitis, Bony spurs, Pagets disease, chronic osteomyelitis,

Tuberculosis osteomyelitis etc. The treatment modalities in contemporary system of medicine include Analgesics, Placing a soft pad under the tender heel, Rest and Protection of the painful area with Antibiotics, if this does not help, then injection of Hydrocortisone or division of the plantar fascia which provides temporary relief is preferred<sup>3</sup>.

The treatments for Vatakantaka explained in classics are *Raktavasechana*, *Eranda tailapana* and *Agnikarma*<sup>4</sup>. *Swedana* is also indicated in *Vatakantaka* according to *Charaka Samhita* and *Chakrapanidatta*. The symptoms of the *Vatakantaka* like *Ruk*, *Sthamba*, *Shopha* indicates the *samsarga* of *kapha* or presence of *ama* with *vata*. *Acharyas* explained *Snehana* and *Swedana* as the prime line of *Bahir-parimarjana chikitsa* in *Vatavyadhi*. Considering this, the treatment was planned as *Snigdha - Ruksha Swedana* modality that is *Sthanika Abhyanga* with *Pinda taila*<sup>5</sup> followed by *Sthanika Swedana* in the form of *Ishtika Sweda* with *Amlakanji*<sup>6</sup>. *Snehana* explained in *Sneha vidhi Adhyaya* taken in *Pragbhakta avasta* does *Veganulomana* and cures the diseases of *Adhokaya*<sup>7</sup>. Hence, *Gandharva hastyadhi taila* in the form of *sneha* along with milk *Nimbadi guggulu*<sup>8</sup> as *kapha-vatahara* has been taken for the study. A Study was conducted on 10 cases of *Vatakantaka* from OPD & IPD of SKAMCH&RC, Bengaluru and treated with *Sthanika Abhyanga* and *Sthanika Sweda* as *Snigdha Ruksha Chikitsa*.

**INCIDENCE:** The most affected age group being 40-50 years of age, the incidence of spur both in planter and the site of insertion of Achilles were found to be 24% of the total Calcaneal spur<sup>9</sup>.

#### AIM AND OBJECTIVES:

To evaluate the clinical efficacy of *Pinda taila* for *Sthanika Abhyanga* followed by *Ishtika sweda* as

*Sthanika swedana* with *Amlakanji* followed by *Gandharva hastyadi taila* and *Nimbadi guggulu*.

## MATERIALS AND METHODS

### Source of collection of data

For the present study, the patients were selected from the OPD and IPD of SKAMC, H and RC after considering the inclusion and exclusion criteria.

Totally 10 patients were registered for the study and Assessment of results was done by considering the subjective and objective parameters pre and post treatment. The results were analysed statistically for 'p' Value using paired t test.

### Inclusion criteria

- Patient presenting with the *lakshanas* of *Vatakantaka*.
- Patient age group between 20 - 70 years.
- Patient fit for *Snehana*<sup>10</sup>.
- Patient fit for *Swedana*<sup>11</sup>.

### Exclusion criteria

- Patient with other systemic disorders which interferes with the course of treatment.
- Patients with the fracture and dislocation of ankle joint.

### Study design:-

A clinical study of *Ishtika sweda* with *amla kanji* as *pradhana karma* in the management of *Vatakantaka* where in pre-test and post-test design was done.

10 patients OPD *Vatakantaka* who fulfilled the inclusion criteria were selected.

**INVESTIGATION:** X-ray of affected heel.

### INTERVENTION:

*Sthanika abhyanga* with *Pinda taila* for a duration of 10-15min for 14 days consecutively.

*ishtika sweda* with *amla kanji* for a duration of 10- 15 min daily for 14 days consecutively until the appearance of *samyaka swinna lakshanas*.

Material required for ishtika sweda	Quantity
Taila ( sthanika abhyanga)	50 – 100 ml
Ishtika ( red brick)	1
Amla kanji	2000ml-3000ml(2lit-3lit)

**Poorva karma:**

*Gandharva hastyadi taila* 20ml with warm milk in early morning was given in empty stomach.

Preparation of medicine:

The required quantity of *Pinda taila* was made warm by indirect heating.

Red brick is kept on stove to make it red hot.

**Preparation of patient:**

Patient was asked to wash his / her feet and wipe with cotton / towel.

**Pradhana karma:**

- *Sthanika abhyanga* is performed by using the *Pinda taila* to the affected heel for duration of 10 – 15 mins.
- There after patient was subjected to *ishtika sweda* by pouring the *amla kanji* on red hot brick, patient was asked to expose the affected foot to the fumes

coming out from the *Ishtika* for the duration of 10 – 15 mins.

**Paschat karma**

- Patient was advised to wash the legs with warm water and rest for 15 mins.
- *Nimbadi guggulu*, dose is 2 tablet (each 500gm) trice a day after food, *usna jala* as *Anupana*.

**Course of treatment-** 14 consecutive days

**Assessment will be done on**

Pre-test – 1 day, Post-test- 14<sup>th</sup> day.

**Assessment criteria:**

The Assessment was done on the basis of subjective and objective parameters

**Subjective criteria**

Signs and associated symptoms were assessed by using grading system given such as Ruk, Sthambha, Sopha.

**GRADINGS**

**RUK**

• No pain	0
• Occasional pain	1
• Mild pain but no difficulty in walking	2
• Moderate pain and slight difficulty in walking.	3
• Severe pain and more difficulty in walking	4

**SHOPHA**

• No swelling	0
• Mild swelling	1
• Slight more in comparison to milder one	2
• Moderate swelling of ankle joint	3
• Profuse swelling	4

**STHAMBHA**

• No Sthamba	0
• Sometimes For 5-10 Min	1
• Daily For 10-30 Min	2
• Daily for 30-60min	3
• Daily More Than 1 Hour	4

**OBSERVATION**

It is observed that in the random selection of 10 patients, 4 patients were in the age group of 31-40 years,

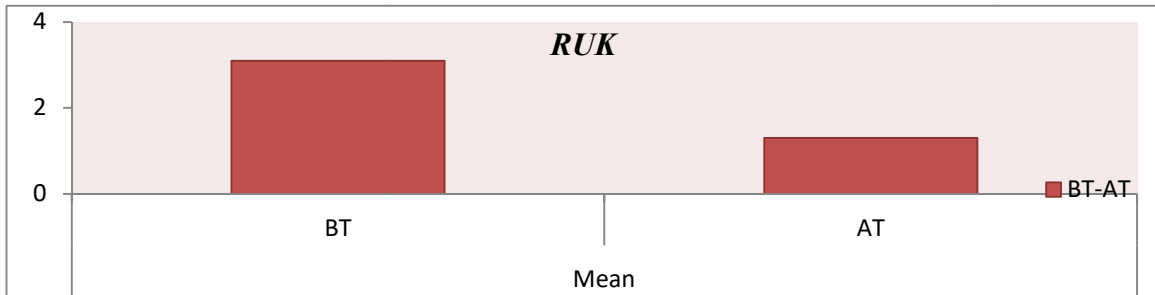
5 patients were in the age group of 41 – 50 years, in which 3 patients are female and 1 patient is male, 3 were female and 2 were male respectively.

**RESULTS**

**Table no: 1 EFFECT OF THE TREATMENT ON RUK**

<i>Ruk</i>	Mean		M.D	Paired t test				
	BT	AT		S.D	S.E	T	P	Re
BT-AT	3.1	1.3	1.8	0.6244	0.197	9.137	<0.001	H.S

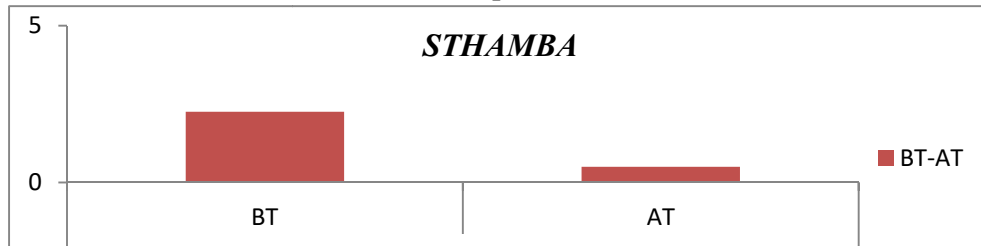
**Graph: 1**



**Table 2: EFFECT OF THE TREATMENT ON STHAMBA:**

<i>Sthamba</i>	Mean		M.D	Paired t test				
	BT	AT		S.D	S.E	T	P	Re
BT-AT	2.25	0.5	1.75	0.705	0.249	7.028	<0.001	H.S

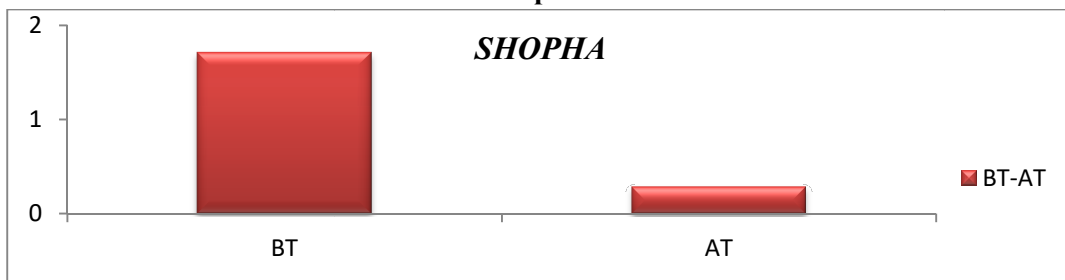
**Graph: 2**



**Table 3: EFFECT OF THE TREATMENT ON SHOPHA:**

<i>Shopha</i>	Mean		M.D	Paired t test				
	BT	AT		S.D	S.E	t	P	Re
BT-AT	1.714	0.285	1.429	0.533	0.2018	7.036	<0.001	H.S

**Graph: 3**



The Subjective criteria when assessed before and after 14 days of treatment showed improvement which was statistically significant with 'p' value < 0.001 for all the symptoms.

Table shows that, the mean score in the symptom, as *Ruk* in *Vatakantaka* among 10 patients before treatment was 3.1, which has been reduced to 1.3 after the treatment. The result is statistically highly significant  $p < 0.001$ .

- The Initial mean score, in the symptoms as *Sthamba* in *Vatakantaka* among 8 patients was recorded as 2.25 and reduced to 0.5 after the treatment. The result is statistically highly significant  $p < 0.001$ .
- The initial mean score, in the symptoms as *Sho-pha* in *Vatakantaka* among 7 patients was recorded as 1.714 and reduced to 0.285 after the treatment. The result is statistically highly significant  
Patient is able to walk properly without much stress. X- Ray was repeated after the treatment but has not shown any significant changes but patient improved significantly on subjective parameter.

## DISCUSSION

The present "*Clinical Study To Evaluate The Efficacy Of Ishtika Sweda With Amlakanji In Vatakantaka*" was carried out on 10 patients were subjected to *Sthanika Abhyanga* with *Pinda Taila*, followed by *Sthanika ishtika Swedana* and *amla kanji*.

### DISCUSSION ON PROCEDURE:

From the treatment point of view, *Snehana* and *Swedana* has been given the highest importance for *Vata Vyadhi chikitsa* in *sushruta samhita*. *Abhyanga* are the most beneficial procedures described under the external *Snehana*. Various unctuous substances are used in *Abhyanga*, amongst them *Taila* is considered better for the treatment of *Vata – Vyadhi*. Here *Pinda Taila* has been described in *Charaka* as well as in *Ashtanga Hrudaya* in the treatment of *Vatarakta Vyadhi as rujapaha*. Hence, *pinda Taila* was selected for *Abhyanga* in present study. It was done for the

duration of 15 minutes. It gives *abhighata sahatwa bala* to the *shareera*.

### Importance of administration of Swedana after Snehana:

Just as duly applied *Snehana* followed by *Swedana* bends even the dried pieces of wood

Similarly *Swedana* when administered properly after *Snehana* brings *Vata* under control.

One should not administer *Swedana* without the application of oil as the *Swedana*.

Administered after performing *Snehana* has the ability to alleviate the vitiated *Vata*.

### DISCUSSION ON ISHTIKA SWEDA with Amla kanji:

*Swedana Karma*, by virtue of its ability to induce *Sweda*, thereby relieving the *Stambha*(stiffness), *Gaurava* (heaviness), *Sheeta* (coldness) brings about the desired effect in the management of *Vata Vyadhi's* as *Vatakantaka*. So *ishtika sweda* with *amla kanji* as in the form of *Bhaspa sweda* selected as *Ruksha sweda*

### Mode of Action

*Abhyanga* and *swedana* come under the category of *Bahir Parimarjana Chikitsa*. Hence, the Mode of action of *Abhyanga* has to be viewed in the same line as mentioned in *Sushruta Samhita*<sup>12</sup> - Out of the four *Tiryak Dhamanis*, each divides gradually into hundred and thousand times and thus become innumerable. These cover the body like network and their openings are attached to *Romakoopa*. Through them, *Veerya* of Drugs enters the body after undergoing *Paka* with *Bhrajaka Pitta*. As *sparshanendriya* is also one of the principle seats of *vata*, *Abhyanga* reduces the vitiated *vata* just as a pot or leather or an axis of wheel become strong and resistant to wear and tear by *Snehavimardana*. The application of *sweda* in the form of *bhaspa sweda* as *ishtika sweda* with *amla kanji* promotes local circulation and metabolic activities and also opens the pores of the skin to permit transfer of medicaments and nutrients towards the needed sites and elimination of vitiated *Doshas* and *Malas* through skin and perspiration, this relieves pain, reduces fat tissue and muscle tension.

**Benefits of Swedana<sup>13</sup> is**

1	<i>Agnideepta</i>	5	<i>Sroto nirmalata</i>
2	<i>Twak mardavata</i>	6	<i>Tandrahanti</i>
3	<i>Twaka prasada</i>	7	<i>Nidrahanti</i> ( reduces excessive sleep)
4	<i>Bhaktashradha</i>	8	<i>Stabdhasandihanti</i> ( reduces stiffness)

*Gandharva hastaadi taila* which does the *anulomana* of *apana vayu* and relives *kapha* and thus alleviates the *vata dosha*, by removing the *leena sama doshas* Which imparts the *srotoshodhana* effect. *Nimbaadi guggulu* is preferred here because ingredients of this formulation have got *tikta, kashaya rasa* which act as *kaphavatahara inturn reduces shopa (inflammation)*.

**PATHYAPATHYA:**

During the course of administration of this treatment one should consume *snigdha* and *ushna* ahara dravya and to avoid *Amla dravya, Madya, Vyavaya, Vyayama & Atapa sevana*.

**CONCLUSION**

*Vatakantaka* can be considered under *Vata vyadhi* which includes *Snehana* and *Swedana* as a main modality of treatment. *Sthanika abhyanga* and *Sthanika ishtika sweda* with *Amla kanji* are two *Bahirparimarjana Chikitsa* that can be adopted as a modalities of *Bahya Snehana* and *Swedana* in order to treat *Vatakantaka*. Majority of the patients in the study suffering from calcaneal spur, two cases were suffering from bursitis, 3 cases were plantar fasciitis. In the present study the overall effect of treatment in *Vatakantaka* has shown significant with 'p' value < 0.01. Hence the present study revealed that *Snigdha ruksha chikitsa* along with *Gandharva hastaadi taila* and *Nimbadi guggulu* is more effective and beneficial in the management of symptoms especially *Ruk* which is the prime symptoms of *Vatakantaka*.

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