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TO STUDY THE THERAPEUTIC EFFICACY OF AGNIKARMA BY PANCHADHATU SHALAKA AND MADHU IN VATAKANTAKA W.S.R TO CALCANEAL SPUR

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ABSTRACT

Background: *Vatakantaka* primarily comes under the category of *Vatavyadhi* and presents with Tender and painful heels. *Agnikarma, upayantra* in classics and an effective therapy in practice has proven its efficacy in various painful diseases. **Objectives:** This comparative clinical study was undertaken to compare the therapeutic effects of two forms of *Agnikarma* in pain management of *Vatakantaka* w.s.r.to Calcaneal spur. Method: In this clinical study *panchadhatu Shalaka and Madhu* were taken as *Agnikarma* materials and *bindu* type of *Agnikarma* was selected. 60 patients with classical signs and symptoms of *Vatakantaka* were selected and divided into two equal groups, Group A treated with *Agnikarma with panchadhatu shalaka* and Group B with *Madhu*. **Result:** Assessment was done on all assessment parameters before and after the treatment. Obtained data was statistically analyzed. Both the treatment groups showed encouraging and significant results on all the attributes of *Vatakantaka.*

Keywords: *Agnikarma, Vatakantaka, Panchadhatu Shalaka,Madhu*

INTRODUCTION

Pain is the most agonizing symptom that bothers a patient rather than the pathology. Hence instantaneous relief of pain is the challenge for any physician. *Vatakantaka* which can be taken as calcaneal spur, is a common presentation with painful heel which has an ever-rising incidence of 15.7% in the present scenario. A Calcaneal spur is a bony spike growing anteriorly from the anterior edge of a calcaneal tuberosity and its common symptoms are heel pain and tenderness over the insertion of plantar fascia[1].Primarily*Vatakantaka*[2]is a *vatavyadhi* characterized by pricking pain in heels as well as difficulty in walking. The condition is caused by excessive walking on barefoot especially on irregular surface. *Vata* localized at *Gulpha* get aggravated and results in pain. It is also called by the name *parshnishoola, khudavata, Gulphavata* etc. Treatment protocols include local *snehana, swedana, upanaha, Agnikarma, bandhana* etc. *Agnikarma* is an *upayantra karma* mentioned in Ayurvedic Classics which give instantaneous and

long-lasting result in painful conditions[3]. *Agnikarma* with its special property of *Apunarbhava* has shown long lasting reliefs in many clinical entities. *Dahanopakaranas* which are selected for *Agnikarma* depends upon the rate of penetration of heat required and seat of pathology. As the pathology is deeper (involving *Asthi*) in *Vatakantaka sneha dravya* [4]as *madhu* and *panchadhatu shalaka* were selected in this study to study the therapeutic effect as well as to compare the efficacy among the groups.

Aim and Objectives:

- To evaluate the therapeutic effect of *Agnikarma* by *panchadhatu shalaka* in *vatakantaka.*
- To evaluate the therapeutic effect of *Agnikarma* by *madhu* in *vatakantaka.*
- To compare the therapeutic effect *of panchadhatu shalaka* and *madhu* in *Vatakantaka*.

Study Design:

Materials and Methods:

Source of data: O.P.D and I.P.D of Alvas Ayurveda medical college, Moodbidri.

Method of collection of data: 60 patients fulfilling the diagnostic and inclusion criteria were selected.

The patients who were selected for the study were assigned randomly into 2 two equal groups A and B where group A patients were treated with *Agnikarma* using *Panchadhatu shalaka* and group B with *Agnikarma* using *Madhu.*

Method: *Poorvakarma* for group A and group B: The heel and the surrounding area was cleaned with spirit and allowed to dry.

***Pradhana karma*:**

Group A: *Panchadhatu shalaka* was heated to red hot and *Bindu* variety[5] of *Agnikarma* was carried out in the predetermined sites leaving a gap of 5 mm for each *bindu.*

Group B: About 10 ml of *Madhu was* taken in a sterile dish and heated. This heated *madhu* was sucked with a Borosil glass pipette and poured on the predetermined site dropwise.

***Paschat karma* in both groups:** After *Agnikarma* a mixture of *Madhu* and *Ghrita* was applied immediately[6].

Inclusion Criteria:

Clinically diagnosed patients of *vatakantaka.*

Patients were selected between 16-70 years irrespective of sex, occupation, religion and socio-economic condition etc

Exclusion Criteria:

1. Patients with a history of Rheumatoid Arthritis, uncontrolled diabetes and Tuberculosis
2. Patients associated with a compound fracture, pathological fracture, mal union etc.
3. Patients in whom *Agnikarma* is contra indicated.

Assessment Criteria: Pain**,** Tenderness**,** Difficulty in walking**,** Lab investigations**,** RBS**,** X-Ray of foot

Observations and Results: In this clinical study it was found that maximum number of patients were in the age group of 40-49 years (48.33), Female patients were more (68.33) than male patients (31.33). Maximum patients were from Hindu religion 49 patients in both groups. Body weight was a major contributor and Maximum numbers of patients were from 61-70 kgs group (48.33). Maximum numbers of Patients were presented with the symptoms less than 1 year (88.33). All the patients of *Vatakantaka* in Group A and Group B were presented with all the diagnostic features as Pain at heel, Tenderness and difficulty in walking.

Results: The data collected from the patients before treatment and on 8th15th and 22nd day and response were analyzed on all criteria of assessment statistically. Both the Groups showed statistically highly significant result on assessment criteria's like Pain, Tenderness and Difficulty on walking

Table 1: Effect of Treatment on 22nd Day in Group A

Subjective	Assessment of 'Pain' DT	Mean		BT-AT	% of Relief	S.D.	S.E.	't' value	'P' Value
		BT	AT						
Pain	22nd day	2.83	0.50	2.33	82%	0.60	0.11	21.07	<0.001
Tenderness	22nd Day	3.36	0.70	2.66	79%	0.75	0.13	19.26	<0.001
Walking distance	22nd Day	2.96	0.46	2.50	84%	0.50	0.09	26.92	<0.001

Table 2: Effect of Treatment on 22nd Day In Group B

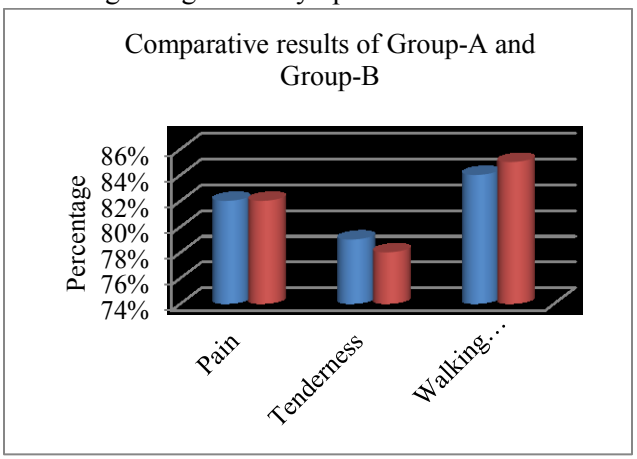
Subjective	Assessment of 'Pain' DT	Mean		BT-AT	% of Relief	S.D.	S.E.	't' value	'P' Value
		BT	AT						
Pain	22nd day	2.83	0.50	2.33	82%	0.60	0.11	21.07	<0.001
Tenderness	22nd Day	3.30	0.70	2.60	78%	1.03	0.18	13.73	<0.001
Walking distance	22nd Day	2.96	0.43	2.53	85%	0.50	0.09	27.34	<0.001

Table 3: Comparative results of Group-A and Group-B

Characteristics	Group –A		% of Relief	Group –B		% of Relief
	Mean Score			Mean Score		
Sign & Symptoms	BT	AT		BT	AT	
Pain	2.83	0.50	82%	2.83	0.50	82%
Tenderness	3.36	0.70	79%	3.30	0.70	78%
Walking Distance	2.96	0.46	84%	2.96	0.53	85%

There is no significant statistical difference between two groups, in all the parameters of assessments.

Graph 1: Comparative results between the groups according to Signs and Symptoms



DISCUSSION

Vatakantaka by virtue of its symptoms found congruent with clinical features of Calcaneal spur. All the patients of both groups presented with pain, tenderness and difficulty for walking. Maximum patients were in the age group of 40-49 years (48.33) in both A and B groups, this may be due to the early degeneration and using ill-fitting and hard sole footwear. Female patients were more (68.33) than male patients (31.33) may be due to strenuous physical work, obesity and usage of hard soled slippers as compared to male. Obesity was one of the contributory factors. Maximum number of patients were from 61-70 kgs group (48.33) and 12 patients were in the group of more than 70 kgs as ankle joint is one among the weight bearing joint and get early wear and tear by heavy weight. The results were highly significant on all the parameters of assessment of both the groups of *Agnikarma*, as the p value was less than 0.001.*Agnikarma* using *Panchadhatu shalaka* was easier and acceptable to the patients and except 2 patients who complained burning sensation at the sole in Group B, no untoward incident was observed.

Probable mode of action: *Agnikarma* is efficient in *Vataja* and *Kaphaja* conditions as *Agnikarma* therapy has *Ushna, Teekshna, Sukshma and Aashukari gunas,* which are opposite to *vata* and *kaphadosha.*By virtue of its properties *Agnikarma* removes *srotorodha* and increase the *Dhatwagni* there by relieving the symptoms .Heat is often used to relieve pain. Therapeutic Heat increases the blood circulation locally and flushes away the P substance. The increased local temperature increases local metabolism and excretes the metabolites which normalizes the circulation resulting in reduction of intensity of pain. One among the selected *Upakarana* is *Madhu* as it has a *sneha dravya* it has the property of more heat penetration (110degree) and *Panchadhatu shalaka* (210-260degree) by its qualities acted on the pathology.

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CONCLUSION

The present study was conducted to compare the therapeutic effect of *Agnikarma* using *Panchadhatushlaka* and *Madhu.* In this study higher incidents of *vatakantaka* was observed in females (68.33). *Vatakantaka* was more noticed in the age group of 41-50 (48.33) and obesity was found to be major contributor. (48.33) Both the procedures were simple economical and could be carried out at OPD the methods of *Agnikarma* have shown statistically higher significant results on all the parameters of assessment of *Vatakantaka.*

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