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### A Research Article On *Agnikarama In Vatakantaka* With Special Reference To Plantar Fasciitis

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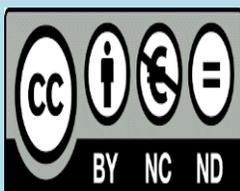
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#### ABSTRACT: -

Plantar Fasciitis is a painful condition in which there is an inflammation of a thick band of tissue that runs across the bottom of foot. Plantar fascia is a broad, thick band of tissue, that run from under the heel to the front of foot. Plantar fasciitis commonly causes stabbing pain and is one of the cause of heel pain. Plantar fasciitis is also known as Heel spur which is common in runners, dancers and is seen in patients of middle age group i.e 35-60 yrs old. Acharya *Sushruta* suggests that the disease Plantar fasciitis can be correlated with *Vatakantaka* in *Ayurveda*. *Vatakantaka* is a condition resulting due to *Kapha-vata* vitiation and is caused by walking on uneven surfaces or by *Ati shrama*, which produces *Ruja* in *Khadula Pradesha* (*Paarshani Padajangha Sandhi*). It is a *Vata Pradhana Vyadhi* and Acharya *Sushruta* hails *Agnikarma* procedure as the best and most important procedure. While elaborating the benefits of this procedure, he mentions that the procedure is easy to perform. It cures many incurable diseases and there will be no recurrence of the disease. In the present study, 30 patients of *Vatakantaka* were selected. Study was carried out for 2 weeks, 1 sitting per week.

**Keywords:** Plantar fasciitis, *Vatakantaka*, *Khadula pradesha*, *Paarshni Or Padajangha Sandhi*, *Vata Pradhana Vyadhi*, *Agnikarma*



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## INTRODUCTION

*Agnikarma* is an important *Anushastra karma* (Parasurgical procedure), elaborately described in *Sushruta Samhita* <sup>[1]</sup>. *Agnikarma* is indicated in many diseases including severe pain in *Asthi* and *Sandhi pradasha* <sup>[2]</sup>. This procedure relieves pain instantly. *Agnikarma* has *Shothhara*, *Shoolhara* and *Vatahara* properties, less painful with minimum expenditures. Except *Acharya Charaka*, all *Bruhtrayi's* and *Laghutrayi's* have accepted *Vatakantaka* As *Vata Nanatmaja Vyadhi* <sup>[3]</sup>. When *Vata* getting localized in ankles due to improper placing of feet or by overuse of ankle or feet, this is called *Vatakantaka* <sup>[4]</sup>. The treatment of *Vatakantaka* involves *Raktamokshana*, *Erandataila pana* and *Agnikarma* <sup>[5],[6]</sup>. The features of *Vatakantaka* have similarity with Plantar fasciitis which is the inflammation of the Plantar fascia due to repeated trauma to the tissue where it is attached to the Calcaneus.

In today's modernized world, the incidence of *Vatakantaka* i.e Plantar fasciitis is increasing. Both men and women are equally affected. The reasons of high prevalence of this disease is wearing high heeled and hard foot wears, improperly fitting foot wears, exposure to excessive cold, walking long distance, engaging in strenuous exercise and prolonged standing. It is found in people from all walks of life <sup>[7]</sup>.

In modern medicine, Plantar fasciitis is treated with NSAID's, local steroids and surgery. Ayurvedic line of treatment for *Vatakantaka* is *Agnikarma* was selected in this study. *Agnikarma* with *Panchloha shalaka* is undertaken for the study. *Shatadhauta ghrta* externally applied which is very useful after the procedure.

### Procedure of *Agnikarma*

Procedure was explained to patient in advance and written consent was taken. After taking

consent the affected part was cleaned with *Triphala Kashaya*. It was then wiped with dry sterilized cotton gauze. Patient was kept in supine position before starting the procedure. *Panchloha Shalaka* was heated to red hot on fire and used for making *Bindu Dahan Vishesh* on the most painful and tender part of the plantar area of heel, till *Samyak Twak Dagdha Lakshanas* occurred. The number was 18-20 of *Samyak Dagdh Vrana*. It is to be noted that a proper space between two *Samyak Dagdh Vrana* should be kept after making *Samyak Dagdha Vrana*. Immediately after completion of procedure, *Shata dhauta ghrta* was applied on *Vrana* to get relief from burning sensation and it was dressed properly with the help of gauze pieces and adhesive tape or cotton bandage. *Gandhak rasayana* was given internally. Above procedure was repeated after the interval of 7 days and patient was advised to keep the area dry, clean and apply paste of *Madhu* and *Ghrta* upto normal appearance of skin.

**Follow Up :** Patient was called on next day of procedure for follow up to review the local status.

## MATERIALS and METHODS

In this present study, following materials are used for the purpose of *Agnikarma* procedure:

1. *Triphala kashaya*
2. *Panchloha shalaka*
3. *Shata dhauta ghrta*
4. *Gandhak rasayana*

**1. *Triphala Kashaya* :** *Triphala* was taken in coarse powder form. Its powder is called *Triphala churna*. For making *Triphala kashaya*, I took patent *Triphala churna* from market and then put the *churna* about 100 gms in the dry clean vessel and added 800 ml of water in it. This combination was kept for boiling for an hour at

mild fire and boiled it in an open air until it remained 200 ml

**2. Panchloha Shalaka :** It is an indispensable tool for *Agnikarma* procedure. It is a 5 metal alloy of Gold, silver, copper, iron and tin by the traditional hand casting method and supplied with wooden handle.

Approximately weight - 210 gm  
 Handle length - 24 cm  
 Shalaka length - 8 cm  
 Width - 2 cm  
 Thickness - 1.3 cm(approx.)

**3. Shata Dhauta Ghrita :**

*Shata* - 100  
*Dhauta* - Washed with water  
*Ghrita* - Ghee or clarified butter  
*Ghee* - 10 ounces  
 Water - sufficient quantity

**Properties** - It has healing properties, anti-inflammatory properties, brightening properties and develop smoothness and softness to the skin.

**4. Gandhak Rasayan :** The word *Rasayana* means Rejuvenation. This is a natural supplement and is used as an internal medication.

**Dosage :** 1-2 tablets twice a day with water.

**Selection Of Patients :**

Age group - Between 20-60 years  
 Sex - Either sex  
 Area of residence - Rural or urban  
 Place of research work - Post graduate dept. of Shalya Tantra associated OPD and IPD at Jammu Institute of Ayurveda and Research & Govt. hospital sarwal, jammu.

**Inclusion Criteria :**

1. Patients willing to undergo trial.
2. Patient in between 20-60 years of age of either sex.

3. Patient presenting with clinical features of *Vatakantaka* i.e. Chronic pain in Plantar area (heel), Tenderness in plantar area, Radiation of pain towards the foot, Pain during stretch of Plantar fascia.

**Exclusion Criteria :**

1. Patients with *Pitta Prakriti*, *Alpa Satva*, *Avara Samhana*, Pregnant women.
2. Patients will not be treated in *Sharad And Grishma Ritu*.
3. Patients having Tuberculosis, Diabetes, Hypertension, Cardiac disease, Rheumatoid Arthritis, Gout, Insane, Mentally retarded, Congenital disorders or infections or having associated some other disorders.

**CLINICAL STUDY**

For this study, Plantar fasciitis has been selected and the basis of the selection of disease is their common incidence in the clinical practice and difficult to treat with the conservative methods. Whole study has been divided into trial group. Minimum number of patients taken =30.

**ASSESSMENT CRITERIA:**

The subjective signs and symptoms of disease are - Pain, swelling, local tenderness, movement, gait. To assess the effect of the therapy objectively, all the signs and symptoms were given gradings depending upon their severity. i.e (0,1,2,3,4).

**OBSERVATIONS and RESULTS**

1. The present study revealed that incidence of *Vatakantaka* was more in age group 20-30 years i.e. 66.6% followed by 20% in 30-40 yrs. The study also showed the dominance of male patients up to 53.3%.

2. Out of all the registered patients 60% of the patients belonged to rural area followed by 40% belonged to the urban areas.
3. Whole study showing supremacy of Hindus i.e 93.33% and 80% (24 pts) were belonging to the middle class.
4. 25 patients i.e. 83.3% had mixed food habits followed by 5 patients i.e 16.6 % had mixed food habits.
5. Majority of the patients i.e.76.66% (23 pts) suffering from this disease were married and 53.3% of the patients had *Vata-Pitta prakriti*.
6. Maximum number of patients were doing service i.e 23.33% having this disease.

## DISCUSSION

Main intension of any research is to re-examine the established facts in modern light, clarify the doubts and filling in the lacunas. Any research work done and data generated will be of no use until an extensive and far searching discussion is being made on the result obtained and the data collected. This section titled 'Discussion' analysis.

S. NO.	Symptoms	Total No. Of Patients	Mean Score BT	Mean Score at (seven days After each Sitting (AT))		SD		Mean Difference	T value	DF	P-VALUE
				Ist sitting	2 <sup>nd</sup> sitting	BT	AT				
1.	Pain	30	2.167	1.027	0.467	0.874	0.50	1.700	9.21	46.56	0.00
2.	Swelling	30	1.33	0.822	0.157	0.479	0.379	1.167	10.45	55.067	0.00
3.	Local Tenderness	30	2.233	1.542	0.367	0.627	0.490	1.867	12.85	54.841	0.00
4.	Movement	30	1.567	0.742	0.100	0.679	0.305	1.467	10.79	40.256	0.00
5.	Gait	30	0.567	0.440	0.100	0.679	0.305	0.467	3.434	40.256	0.00

### Discussion On Clinical Features :

1. Effects on *Vedana* (pain) in *Vatakantaka* of 30 patients, the pain was decreased by 0.467 which is statistically highly significant ( $p < 0.00$ ).
2. Effect on swelling - The swelling was decreased by 0.157 which is statistically highly significant ( $p < 0.000$ ).
3. Effect on local tenderness - Tenderness was reduced by 0.367 which is statistically highly significant ( $p < 0.00$ ). Tenderness causes due to production of *Aama* by *Prakupita kapha*.
4. Effect on movement - The difficulty of movement was reduced by 0.100 which is statistically highly significant ( $p < 0.00$ ).
5. Effect on Gait - The gait was reduced by 0.100 which is statistically highly significant ( $p < 0.00$ ).

### Discussion On *Panchloha Shalaka* :

In *Agnikarma chikitsa*, *shalaka* plays an important role. When red hot *Panchloha shalaka* is applied over skin tissue for *Samyaka Dagdha Vrana*, stored heat is transferred to skin tissue in the form of *Ushana, Tikshna, Sukshma and Laghu* guna neutralizes the *Sheeta* guna and *Vata* resulting in minimising the severity of the pain. It is hypothetically stated that *Bindu pada Agnikarma* which practically used, is capable to break down various cycles of painful adhesions.

### CONCLUSION

*Agni karma* procedure is mostly helpful in *Shoolprashmana*. This procedure proves to be one of the easiest way to reduce pain, swelling, tenderness in Plantar fasciitis has *Sthanika*(local) effects, *Sarvadehika*(General) effects and *Vishishta*(specific) effects. Recurrence of disease after *Agnikarma* is negligible if *Vyadhi* involvement is *Sthanik* i.e it is *Apunarbhava* <sup>[8]</sup>. *Shatadhauta Gritha* should be used as local application because it initiates fast healing of *samyaka Dagdha Vrana* <sup>[9]</sup>. *Gandhak Rasayan* should be used as internally because it can be used as *Shaman Chikitsa* and best known for antimicrobial property <sup>[10]</sup>. Overall observations have showed that *Agnikarma* is simple modality of treatment with minimum complications which can be taken care of easily and the highly significance of *Agnikarma*. So, it is found that this procedure has better management in *Vatakantaka*.

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