



### EFFECT OF *AGNIKARMA* PROCEDURE IN THE PAIN MANAGEMENT OF VATA KANTAKA W.S.R TO PLANTAR FASCIITIS: A SINGLE CASE STUDY

ARJUN GUPTA<sup>1</sup> RISHU SHARMA<sup>\*2</sup>

#### ABSTRACT

Plantar fasciitis functionally limits the foot. It makes people prone to increased risk of falls by altering the perception of foot hence impairing the balance. Present study is case report of a student having the history of injury during playing cricket. that he had received analgesic, anti inflammatory medications but does not any significant and satisfactory relief, then it was decided that this be treated with *Agnikarma Chikitsa* only at an interval of seven days upto complete relief from pain. Patient got complete relief from pain after completion of two sittings. A single case report demonstrates that *Agnikarma* is safe and cost effective OPD based procedure to manage Vata kantaka vis-à-vis Plantar Fasciitis.

**KEYWORDS:** Plantar fasciitis, *Agnikarma*, Vatakantaka, Analgesics.

<sup>1</sup>Asst. Professor, dept. of Surgery, BKAMCH, Moga, Pb. India.

<sup>2\*</sup>Asst. Professor, dept. of Panchakarma, GAMC, Jammu, J&K India

Corresponding Email id: [dr.rishusharma8393@gmail.com](mailto:dr.rishusharma8393@gmail.com) Access this article online: [www.jahm.co.in](http://www.jahm.co.in)

Published by Atreya Ayurveda Publications under the license CC-by-NC-SA

## INTRODUCTION

Plantar fasciitis (PF) is most common cause of pain on the bottom of the heel. Approximately 2 million patients are treated for this condition every year. The deep fascia present in the sole of foot which covers the center as well as the side of foot is called as Plantar fascia. It is attached from medial tubercle of calcaneum and runs towards the head of metatarsal bones for its second attachments. It aims at binding muscles into their respective functional groups and holding down tendons and facilitating their movements. Fasciitis occurs when the strong band of tissue that supports the arch of foot becomes irritated and inflamed due to local injury. The current literature is inconsistent regarding the association between sex and plantar fasciitis, with some studies showing an increased prevalence in men<sup>1,2</sup>, while others show an increased prevalence in women<sup>3,4</sup>.

It (PF) can be correlated with Vatakantaka in ayurveda which is vatapradhana vyadi (predominance of Vatadosha) caused by walking on uneven surfaces or by Atisharana i.e. excessive exertion. Acharya Madhavakar in Madhava Nidan mentioned that Vatakantaka is a pain in the ankle region which arises due to improper position of the foot during its movements<sup>5</sup>. Acharya Sushruta mentioned different treatment modalities like

oleation, poultice, Agnikarma, and massage for management of Vata kantaka<sup>6</sup>.

## CASE STUDY:

Here is a case study of a 22 year aged male patient, student by profession, who visited to OPD of *Shalyatantra* Department of BKAMCH with history of injury during playing cricket having chief complaints of painful heel, tenderness, restricted movements and early morning stiffness at the right heel. He has taken treatment by allopathic Physician at BKAMCH Hospital. The history suggested that he had received analgesic, anti inflammatory medications but does not any significant and satisfactory relief. 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 this be treated with *Agnikarma Chikitsa* only at an interval of seven days upto complete relief from pain. Patient got complete relief from pain after completion of two sittings.

## Procedure of Agnikarma:

After taking inform written consent the affected part was cleaned with *Triphala Kashaya*. It was then wiped with dry sterilized cotton gauze<sup>7</sup>. Red hot *Panchdhatu Shalaka*

Arjun Gupta, Rishu Sharma, Effect of *Agnikarma* Procedure in the Pain Management of Vata Kantaka W.S.R. to Plantar Fasciitis: A Single Case Study. Jour. of Ayurveda & Holistic Medicine, Volume-X, Issue-I (Jan.-Feb.2022).

was used for making *Bindu Dahan Vishesh* and 18-20 *Samyak Dagdh Vrana* were made by *Panchadhatu Shalaka*. It is to be noted that a proper space between two *Samyak Dagdh Vrana* should be kept after making *Samyak Dagdh Vrana*. Also, the *Aloe Vera* pulp was applied on *that area* to get relief from burning

sensation. After wiping of *Aloe Vera* pulp, *lepa* of *Yashtimadhu Ghrita* was applied<sup>8</sup>.

Above procedure was repeated 2 times at the interval of 7 days and patient was advised to apply the paste of *Haridra* powder mixed with coconut oil at bed time upto normal appearance of skin.



**Fig 1: AGNIKARMA BEING PERFORMED ON PATIENT**



**Fig 2: AFTER COMPLETION OF DAHAN KARMA**



PIC 3: YASHTIMADHU GHRITA APPLICATION AFTER COMPLETION OF PROCEDURE

#### **OBSERVATIONS & RESULTS:**

Clinical assessment was done before and after treatment by relief of the pain using a VAS score, tenderness and walking capacity. After the completion of the first sitting, the patient experienced some pain relief (VAS=6 and Clinical assessment was done before and after treatment by relief of the pain using a VAS score, tenderness and walking capacity. After the completion of the first sitting, the patient experienced some pain relief (VAS=6 and Clinical assessment was done before and after treatment by relief of the pain using a VAS score, tenderness and walking capacity. After the completion of the first sitting, the patient got relief from early morning stiffness (pain reduced to VAS=4 and tenderness Grade=2). After the completion of second sitting, the tenderness and restricted movements were relieved without any adverse effects. No relapse was observed after 1 month follow up.

After the completion of the first sitting, the patient experienced some pain relief (VAS=6 and Clinical assessment was done before and after treatment by relief of the pain using a VAS score, tenderness and walking capacity. After the completion of the first sitting, the patient experienced some pain relief (VAS=6 and tenderness Grade= 2). After the completion of First sitting, the patient got relief from early morning stiffness (pain reduced to VAS=4 and tenderness Grade=2). After the completion of second sitting, the tenderness and restricted movements were relieved without any adverse effects. No relapse was observed after 1 month follow up.

## DISCUSSION:

Among para-surgical procedures Agnikarma has paramount importance from ancient time as it cures instantly with less recurrence of disease. In Yogratnakar Agnikarma specifically indicated in the treatment of Vatakantaka. In case of Dhatu Kshaya Janya condition application of Ushna (Hot), Tikсна (Sharp), Suksma (Minute), Ashukari Guna of Agnikarma to Asthi Sandhi through Twaka Dhatu leads to direct impact on Marmaasthi Sandhi Gata Mahabhutagni which result in to stoppage of Dathu Kshaya process by establishing Agni Samatva and normalize function of Vata dosha which eliminates Shotha, Shool and Stambha<sup>9</sup>. The therapeutic heat leads to vasodilatation by thus it increasing blood circulation at local site. This increased blood circulation flushes away the pain producing substances and metabolic waste products from that site as well as provides auto immune response by virtue of chemical transportation and bringing proper nutrition to tissue. In addition to therapeutic heat increases temperature at the applied site which reduces nerve reflexes resulting of relaxation of muscle thereby causing a reduction of stiffness<sup>10</sup>.

## CONCLUSION:

A single case report demonstrates that Agnikarma is safe and cost effective OPD based procedure to manage Vatakantaka.

## REFERENCES:

1. Taunton JE, Ryan MB, Clement DB, et al. A retrospective case- control analysis of 2002 running injuries. Br J Sports Med 2002;36(2):95 -101
2. Lapidus PW, Guidotti FP. Painful heel: Report of 323 Patients with 364 painful heels. Clin Orthop Relat Res 1965;39:178-186.
3. Rano JA, Fallat LM, Savoy-Moore RT. Correlation of heel pain with body mass index and other characteristics of heel pain. J Foot Ankle Surg 2001;40(6):351-356.
4. Davis PF, Severud E, Baxter DE. Painful heel syndrome: results of nonoperative treatment. Foot Ankle Int 1994;15(10):531-535
5. Singhal GD (editor), Madhava, Madhav Nidan, Chaukhamba Surbharati Prakashan; Reprint Edition; 2004: 408.
6. Sharma A (Editor), Sushruta, Sushruta Samhita, 1<sup>st</sup> Edition, Part-2, Chikitsa Sthana, Vatavyadi Chikitsa, Sutra 4/8, Chokhamba Surbharati Prakashan; Varanasi 2001: 205.
7. Gupta P D(editor) Agnikarma Technological Innovation (Treatment of therapeutic Burning), Vol. 1, Edition 1st, Prabha Publication;Nagpur;1992: 32.
8. Available from [https://www.physio-pedia.com/Visual\\_Analogue\\_Scale](https://www.physio-pedia.com/Visual_Analogue_Scale), assessed on 20/03/2022.

Arjun Gupta, Rishu Sharma, Effect of *Agnikarma* Procedure in the Pain Management of Vata Kantaka W.S.R. to Plantar Fasciitis: A Single Case Study. Jour. of Ayurveda & Holistic Medicine, Volume-X, Issue-I (Jan.-Feb.2022).

9. Sehgal Umesh et.al. Role of Agnikarma and AjamodadiVati in the management of Sandhigata Vata W.S.R. to cervical spondylosis, AYU 2009; 30(3):345-349.

10. McLean DA. The use of cold and superficial heat in the treatment of soft tissue injuries. Br J Sports Med 1989;23:p.53-4.

#### CITE THIS ARTICLE AS

Arjun Gupta, Rishu Sharma. Effect of *agnikarma* procedure in the pain management of Vata Kantaka w.s.r to Plantar fasciitis: a single case study *J of Ayurveda and Hol Med (JAHM)*.

2022;10(1): 75-80

Source of support: Nil Conflict of interest: None Declared