Role of Agnikarma in the management of Calcaneal spur: A Case Report

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Abstract:
Vatkantaka (Calcaneal spur) is common source of heel pain causes excruciating type of pain in the heel and disability. Vatkantaka is one of the vatvyadhi. During walking or running on uneven road if the foot landed improperly, the vata ceases in khudukapradesh or gulf sandhi produces as if prick by the thorn hence it termed as a Vatkantaka. Calcaneus is the heel bone. When it is met with constant pressure, calcium deposition occurs beneath this bone and if the pressure continues, the deposition takes the shape of spur, causing pain. Pain on standing or while walking is the characteristic feature. People who need to stand for a long period of time, or those who walk on uneven surfaces tend to cause pressure beneath the heel bone, triggering calcaneal spur. Calcaneal spur condition of painful heel can be understood under the term Vatkantaka. In Ayurvedic literature. Acharya Sushruta has advised Agnikarma as a treatment modality for the management of Vatkantaka. This Agnikarma therapy is local management which relieves pain instantly i.e. Sadyafaldaiy chikitsa.

Keywords:
Agnikarma, Calcaneal spur, Mruttika shalaka, Vatkantaka.

Introduction:
According to Acharya Sushruta, Vatkanataka is a Vatpradhana vyadhi (predominance of Vatadosha) particularly caused by walking on uneven surfaces or by Atishrama (excessive exertion), which produces pain in Khudukapradesha. Madhavakar in Madhava Nidan mentioned that Vatkantaka is a pain in the ankle region which arises due to improper position of the foot during its movements. Vagbhata quoted on Vatkanataka that during walking or running on uneven road if the foot landed improperly, the vata in
Gulf region ceases and produces pain it called Vatkanataka. A calcaneal spur is bony outgrowth from the calcaneal tuberosity (heel bone).

When a foot is exposed to constant stress, calcium deposits build up on the bottom of the heel bone. Incidence of plantar calcaneal spur is 32 %. Posterior calcaneal spur occurs significantly more frequently in females. Incidence occurs between 40 and 60 years of age. The prevalence of this disease increases due to inclination towards wearing high heeled & hard foot wears, improperly fitting footwear's, engaging in strenuous exercise especially jumping, running and standing for prolong period. Diagnosis is usually made on the basis of history and physical, radiological examination alone. Patient experience severe pain with the first step on arising in the or following inactivity during the day, which becomes worse on walking barefoot or upstairs. On examination, maximum tenderness is elicited on palpation over the inferior of heel corresponding to the site of attachment of the plantar fascia. The contemporary treatment consists of Non steroidal Anti-inflammatory drugs, bed rest, Cup pads, injection of hydrocortisone acetate. Surgical procedure of removal of any calcaneal spurs. However in medical practices prognosis with both conservative and surgical treatment is not employed. In various classical textbooks pf Ayurveda Vatakanataka can be correlated with the calcaneal spur. The procedure which is performed with the help of Agni for treating the disease is called as Agni karma.

Agnikarma (Cauterization ) treatment has been described to be superior to the caustic alkali (Kshar Karma), as the disease treated by it do not relapse and more ever those incurable by Bheshaja (medicine), Shastra (Operations) and Caustics (Kshar) yield to it. According to Ayurved shool is due to Vaat prakop. According to Acharya Sushruta Agni karma is the prime treatment indicated for vat prakop in Asthi, Sandhi, Snayu (Disease of tendon, bone and joint). For this condition Though mruttika is not mentioned as dahandravyas, it is the purpose if ‘Pindasweda’. As a matter of ancient vruhdhda vaidya tradition even.

Case Report:

A 38 years old female patient visited unit of Shalyatantra in STRH Pune with complaints of shool (severe pain) while walking, jogging, running in the right heel especially when she first stand up the early morning, stiffness and restricted movements of right heel since 1 years. Then she developed pain while standing after a long rest or standing for a long time. She complained of Pain
aggravation on walking barefoot. She had taken analgesic drugs for 6-7 months from private hospital with no significant relief. There was no history of Diabetes, Hypertension or any other major illness at present and in the past.

**Examination:**

Vital parameters of patient were within normal limits. Systemic examination showed no any abnormal findings. Planter reflex, ankle jerk, knee jerk of both limbs were normal. X ray examination of right heel with A-P and Lateral view was done at private hospital reported with bony projection located at the inferior aspect of the calcaneus I,e calcaneal spur. Local examination was elicited of right heel that maximum tenderness (Grade-3) was noticed without swelling or redness at the bottom of the Rt. Heel

**Diagnosis:** On the basis of the above findings it was diagnosed as *Vatakantaka*.

**Treatment:**

External treatment :

- Agnikarma - at maximum tender point at right heel region.
- Duration- total 4 setting at the interval of 7days.
- Follow up - after 1 month

Procedure of *Agnikarma* was explain and written informed consent of patient had obtained. Then appropriate position for Agnikarma i.e supine given to patient. That affected part was cleaned with distilled water and wiped with dry sterilized cotton gauze. Traced the location of maximum tenderness point and marked that with pen at the right heel region. Agnikarma in the form of *samyak twak dagdha* (therapeutic superficial skin burn) was done by hot *Mruttika Shalaka* which is made from a fine potter’s soil by making in *Binduakruti dahan vishesh* (single dot)at the marked point. After that cotton sticking was applied over a site of *agnikarma*.

**Conclusion:**

*Agnikarma* causes alleviation of vata dosha and removes the srotavarodha thus, is helpful in reducing pain and inflammation. *Agnikarma* is a local, simple, cost effective and easy procedure which didn't require hospitalization it can be easily carried out at OPD level. For this study it can be concluded that *Vatakantaka* can be effectively managed with the *Agnikarma* by using *Mruttika Shalaka i. e. Sadyafaldai chikitsa*. 
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