

To Evaluate The Efficacy Of Aganikarma By Swarna Shalaka In The Management Of Plantar Fasciitis (Vatakantaka) : Case Study

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ABSTRACT:

Heel pain is the most prevalent condition in these days. Various disorders can cause heel discomfort, but one with a high prevalence rate is plantar fasciitis. Amongst these Symptoms and causes of Vatakantaka can be correlated with Plantar Fasciitis, Calcaneum Spur and Achilles tendinitis. The illness often manifests as acute pain during the first few steps in the morning. Contemporary science provides conservative management in form of NSAIDS, Steroids and Steroids injection on local site but all these procedures provide temporary reliefs and produces many side effects. This study aims to evaluate the effectiveness of various treatment options in Ayurveda for Vatakantaka. **METHODOLOGY:** On detailed history, Dosha assessment was done based on the clinical features & mainly Vata Dosha was found to be vitiated in the present patient. Considering all 10 patient was diagnosed with Vatakantaka, and treatment was given to patient based on the line of treatment explained for Vatkantaka in classics. i.e. Aganikarma. And treatment was given 5 seatings at the interval of 7 days. **RESULT:** The patient showed complete relief in extreme pain and was able to walk without pain.

Keywords: Agnikarma, Plantar fasciitis, Heel pain, Swarna shalaka, Vatakantaka, Calcaneum Spur, Achilles Tendinitis.

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INTRODUCTION

According to Acharya Susruta Vatkantaka mentioned under the heading of Vatvyadhi and the etiology is keeping the foot on uneven surface that causes Vata gets aggravated and localised in Khudaka Pradesh.¹

According to Acharya Vagbhata the Nidhana is said to be excessive Shrama. Since there will be repeated Abhighata either caused by of excessive Shrama or keeping the foot on uneven surface.²

Acharya Charka has not mentioned directly "Vatakantaka" as a Vyadhi but he has described 'Vatkhuddata' in Vataj Vikara in Maharogadhayay. The symptoms of 'Vatkhuddata' pain in Gulf Sandhi, correlate with Vatkantaka described by Acharya Shusruta.³

In modern science heel pain is observed in a number of conditions like Achilles tendinitis, Sever's disease, Calcaneal Knob, Bony spur, Bursitis, Osteomyelitis, Acute and Chronic Plantar Fasciitis. Amongst these Symptoms and causes of Vatakantaka can be correlated with Plantar Fasciitis and Achilles tendinitis. It is estimated that 1 in 10 people will develop heel pain in

their lifetime. Incidence occurs between 40 and 60 years of age.⁴

Plantar fasciitis symptoms include stabbing, prickly pain in the heel that comes with initial steps in the morning, lessens after walking, and reoccurs after extended rest. Plantar fasciitis is often diagnosed by a history and physical examination. The prevalence of this disease increases due to inclination towards wearing high heeled & hard foot wears, improperly fitting footwear's, engaging in strenuous exercise and sports especially jumping, running and standing for prolong period. On examination, maximum tenderness is elicited on palpation over the inferior of heel corresponding to the site of attachment of the Plantar Fascia or back of heel where attachment of Achilles Tendon. Plantar fasciitis usually resolves on its own. Shorter time between symptom onset and treatment often leads to faster symptom resolution.

The contemporary treatment consists of ice heat, massage and stretching of the calf muscles and medial arch support, foot strapping, wearing a night splint and use of NSAIDs. Additionally, injection of

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Hydrocortisone can be given at the most tender point. If this fails, then lastly Surgery is indicated. All of this method give short relief and long time uses of all this therapy may gives many adverse drug reaction⁵

Vatkanataka is a Snayu, Asthi Sandhi Ashrit Vyadhi (Disease of tendon, bone and joint) and painful condition. According to the above reference, Agnikarma is indicated as one of the best treatment of pain in diseases of Asthi (bones), Snayu (tendons) and Sandhi (Joints). It cures diseases with no recurrence. Ushna (hot) Guna property of Agnikarma act on Sheeta (cold) Guna of Vata Dosha helping in relieving in pain and stiffness. There occurs Softening of tissue and relaxation of muscles due to heat application and relieving stiffness.⁶

TREATMENT MODALITY (MATERIAL AND METHOD)

In this trial total 10 numbers of patients across the age group ranging between 30 - 60years , both male and females having complaints of pain ranging between moderate to sevier, tenderness between no to moderate and no to moderate range of restricted movements of affected joints.

DIAGNOSIS

Diagnosis was made by on the basis of radiological investigation of ankle joint (Calcaneum Region) and clinically symptoms of Vatakantaka.

Procedure and duration of treatment: Agnikarma procedure by Swarna Shalka was given for five seatings at interval of seven days for 28 days of time duration and after that two follow up periods at the interval of 15 days for one month.

METHOD:- procedure will be divided into three stages-

1. Poorvakarma
2. Pradhana karma
3. Paschata karma

1. POORVAKARMA-

- To educate the patient about the procedure and will be advise to take Pichchhila diet on the day of Agnikarma.⁷
- Informed written consent of the patient will be take.
- Appropriate comfortable position for the patient according to the site of pathogenesis in the plantar region.
- The local part of the patient should clean with povodine iodine solution.

2. PRADHANA KARMA –

- Agnikarma Shalaka (Swarna) will be red hot in smoke- free fire instrument (Gas Stove).
- At the site of most tender point Bindu type Agnikarma done till Samayk Dagdha symptoms appear.
- 1/2 Angul (approx.1cm) space between two Samyak Dagdha will be maintain.
- After each Samyaka Dagdha pulp/gel of Ghrita Kumari will be apply on Vrana to get rid of instant burning sensation.⁸

3. PASCHAT KARMA –

- Apply of Sheet Veerya Draya Ghrita on Samyak Dagdha Vrana and it will be cover with a sterilized gauze piece. After that bandaging on procedure site.⁹

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Equipments used During procedure

swarna shalaka



z

X-ray Image

Red hot *Swarna Shalaka*



During procedure *Bindu type Dagdha*

Ghrit application

Windlass test: ¹⁰

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It is very important clinical examination diagnosing for Plantar Faciitis (Vatakantaka). The great toe is dorsiflexed in standing or sitting position. Pain over medial heel or plantar fascia indicates a positive test. During this examination when big toe is dorsiflexed the Plantar fascia tightens, arch elevates and increase tension, pain noticed in case of inflamed fascia.

1. Pain (Vedana)

SYMPTOMS	SCORE
No pain with walking	0
Mild pain- With walking for a few minutes. Between 1-3mark on scale (pain that can be easily ignored)	1
Moderate pain- Persist for 1hrs -2hrs. 4-6 mark on scale (pain that can't be ignored)	2
Severe pain-(excruciating without walking)Between 7-10 mark on scale (pain that can not be ignored ,needs treatment	3

2.Tenderness (Sparshaasahatva):-

Symtoms	Score
No tenderness	0
Tenderness to palpation without a grimace	1
Tenderness with grimace	2
Tenderness with withdrawal	3

3.Restricted movements (Kriyahani):-

Symptoms	Score
No any difficulty	0
Restricted movement on and off and does not interfere with routine work	1
Restricted movement and does not interfere with routine work	2

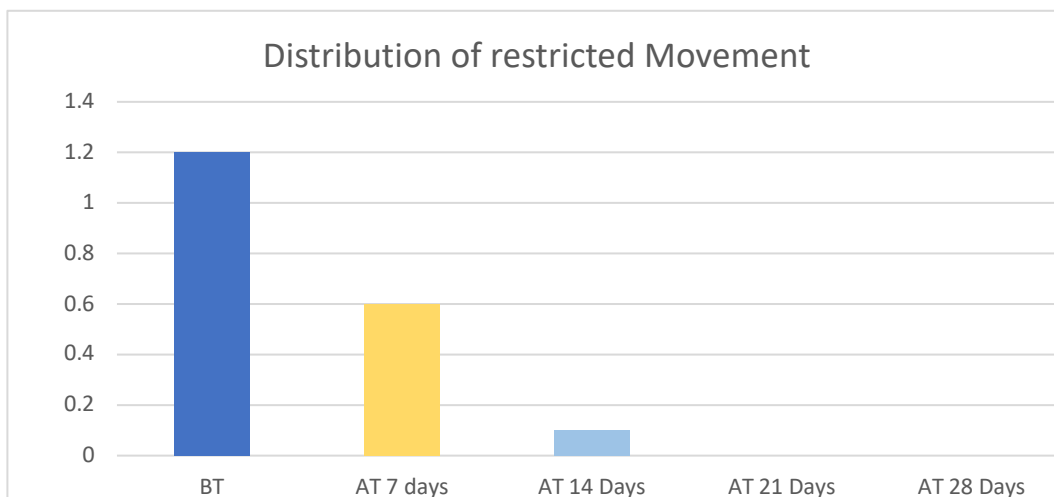
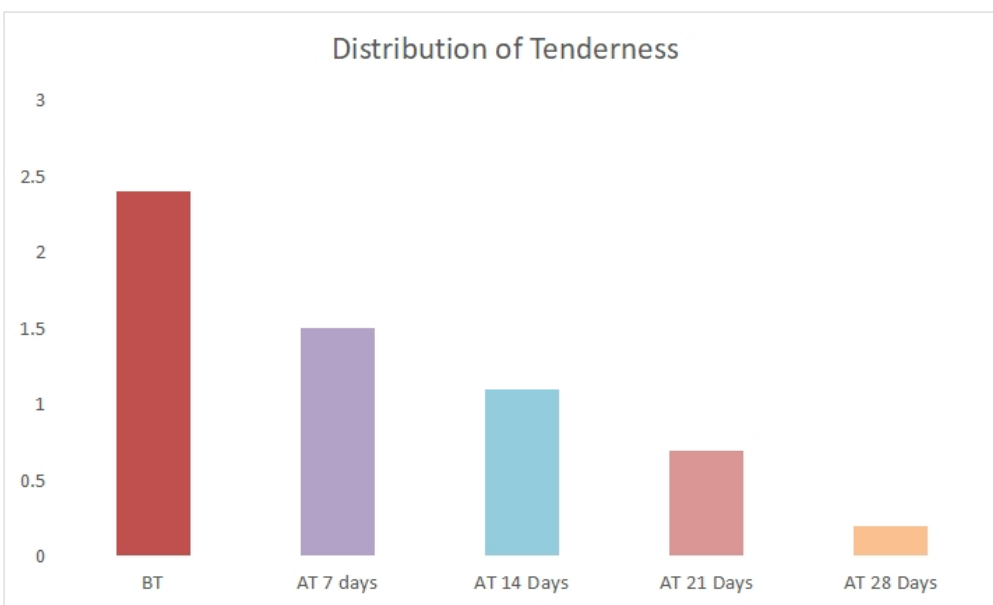
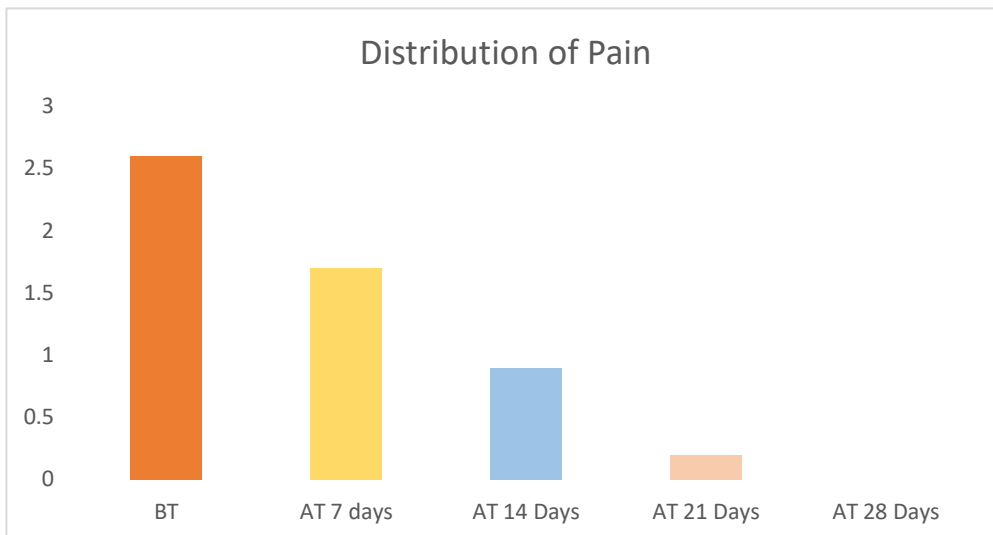
ADVICE TO PATIENT

- ❖ The patient was strictly advised not to allow water contact at Dagdha Vrana site for 24 hours.
- ❖ They were advised to wear soft sole and properly fitting foot wear .
- ❖ To advised some streching exercise for palntar fascia at morning before first step of walking.
- ❖ To avoid stresnous exercise and sports also.
- ❖ To avoid long standing position.

RESULTS AND DISCUSSION :

Before and After Treatment Results

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Based on assessment criteria of pain ,Tenderness and restricted movement and pain while doing windlass test, patient was assessed before and after the treatment. Before treatment the score of pain was mean of 2.60, it was reduced gradually day by day of treatment, on 21th day the mean score of pain is 0.20. And the day of 28th of treatment there was complete relief of pain about 100%. Maximum symptomatic relief of pain percentage are within 7th,14th,21th,28th days respectively are 34.62%,65.38% 92.31%,100.00%.

Before treatment the tenderness score mean was 2.40, it was reduced gradually on 28th day is 0.20 and the symptomatic relief of tenderness within 7th, 14th, 21th, 28th days respectively are 37.50%, 54.17%,70.83%,91.67.00%.

Before treatment the mean score of restricted movement was 1.20, it was gradually reduced on 21th day it was 0.10 and the symptomatic relief completely 100% after 21th day of third seating. No relapse was observed up to 3 months of follow up.

DISCUSS

The commonly seen factor causing the disease is more pressure over the arch of the foot leading to the stretch and strain of fascia which leads to inflammation of plantar fascia. The main symptom is defined as sharp pain on the plantar surface of the heel. Sharp pain in the heel is something like pin pricking. The word kantaka correlates with thorn, and in Vatakantaka there is thorny pain in the heel. So, based on above factors it is appropriate to correlate Vatakantaka to Plantar fasciitis. This inflammation causes pain, tenderness, stiffness, and restricted heel movements. According to Ayurvedic theory, this illness is caused by the imbalance of Vata and Kapha Dosha, known as Anubandha. Vata and Kapha Dosha are believed to play a significant role in causing inflammation and pain in the heel.

Agnikarma Chikitsa creates heat in the affected area. This heat, consisting of Ushna, Tikshna, Laghu, Sukshma, Vyavayi, and Vikashi in Guna, helps break the Kapha-anubandha, lowering Shoth and neutralising Vata Dosha, resulting in relief from pain and soreness. Acharya Charaka has also described the Agnikarma is the best treatment for shool (Pain).¹¹

According to Ayurveda, each Dhātu (tissue) has its own Dhātavagni ,when it low causes diseases. Agnikarma heals illness by delivering external heat and increasing Dhātavagni (digestive fire), which aids in digesting aggravated Dōshas (body humours). Local thermotherapy may accelerate tissue metabolism, resulting in the release of toxic by products and undesired metabolites. Heat may stimulate the lateral spinothalamic tract (SST), causing the descending pain inhibitory fibres (DPI) to release endogenous opioid peptide which blocks the transmission of pain. To control such a disease, Agnikarma Chikitsa is an effective treatment.¹²

The choice of material use for Aganikarma in this study is Swarna Shalaka becoz the conductivity of this metal longer time than other metal . According to Ayurvedic

literature gold metal is Mridu and Snigdha in nature, having Rasayan properties and also tridosha-Shamak. This properties causes less pain ,minimal scar, reduces inflammation, improves tissue regeneration and pacifies Vata and Kapha.

In this case study we have registered 10 number of patient between the age group of 30-60 yr both male and female gender are equal in ratio 50% , most of them habbitate in urban about 90% and in rural 10%.In this study total patients from Hindu community. Bowel Habbit and Sleep was good in all, Life Style was Active and Long standing about 40% patients,Active in 30%,Long standing in 20% and Sedentary in10 % . Physical exercise was regular in 50%,irregular in 30% and no exercise in 20%. In this study pain was totally subsided100% by after fourth sitting of treatment and the Tenderness was subsided mild delay as compare to pain ,totally reliefment of symptoms was seen after fourth sitting100% except 2 patients and the restricted movement was reduced completely 100 % after by 3rd sitting.

CONCLUSION

In this trial we have found highly significant effect of Agnikarma with Swarna shalaka in case of heel pain by Plantar Faciitis, Calcaneum Spur and in posterior calcaneum region caused by Achillis Tendinitis. There was significant relieve of symptoms of Pain ,Tenderness and Restricted movement after Aganikarma procedure and all patients had got significant result and they all do their routine work happily.

The procedure of “Agnikarma” which was simple, economical, and did not require hospitalization and it could be carried out at OPD level itself with good results. This case study suggests that Vātakantaka can be efficiently controlled using a specific treatment modality. Further clinical study with a bigger sample size may be necessary to validate the efficacy.

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