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## A Case Report on Agnikarma, a Novel Method for Treating Planter Fasciatis

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### ABSTRACT:

One in ten persons have heel pain at some point in their lives, making it the most prevalent condition today. There are numerous conditions that can cause heel discomfort, with plantar fasciitis having a high occurrence rate. Plantar fasciitis can be correlated with *Vatakantaka* in Ayurveda. Walking on an uneven surface and suffering repeated injuries can result in aggravation of *vata dosha*, which causes prickling sensation similar to a thorn in the area of the heel and finally leads to *vatakantaka*. This is the scant evidence in favour of the conventional management techniques for plantar fasciitis (*Vatakantaka*).

A 49-year-old female patient complained of left heel pain for six months, along with severe difficulties getting out of bed in the morning. Clinical criteria's for diagnosis were shool (heel pain), daha

(burning sensation at joints), shotha (swelling atheel), and results were assessed. The patient was then administered *kaishorguggulu* two tablet orally twice daily for one month u was as internal medicin along with 4 successive sittings of *bindudagdha Agnikarma* at the posterior medial side of the right heel region in 7-day intervals. After receiving treatment for one month, the patient experienced total pain and stiffness and relief from burning sensation .on the above criteria. *Yograjguggulu* was given as internal medicine with .This case report provides us a guideline that *vatakantaka* associated with stiffness and pain can be treated successfully by following proper Ayurveda siddhantas.

**Keywords:** Vatakantaka, Planter Fasciatis, Agnikarma.

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## 1. Introduction

In today's society, heel pain is a common occurrence. There are a variety of conditions that can cause heel discomfort, with plantar fasciitis being the most common one. It is described as the most typical cause of posterior heel pain and causes a sharp pain on the plantar surface of the heel. [1]Plantar fasciitis typically presents as morning pain after getting out of bed or after a period of rest. According to estimates, 1 in 10 persons will have this disease at least once during their lifetime. This disorder tends to be more prevalent in middle-aged people, between the ages of 40 and 60.[2]Although the precise cause of plantar fasciitis is uncertain, it is thought that excessive stress is to blame in the majority of instances. Plantar fasciitis may be brought on by excessive pressure on heel, heel damage, excessive running, obesity, and jobs requiring extended standing. Plantar fasciitis can be treated with analgesics, NSAIDs (nonsteroidal anti-inflammatory medicines), extracorporeal shock wave therapy, laser therapy, local infiltration of corticosteroids, wearing of certain types of sleepers and finally, if all other treatments fail, surgical splitting of the plantar fascia. [3].However, each of these treatments has its own drawbacks and costs money and time. In Ayurveda, plantar fasciitis and the Acharya-described *Vatakantaka* (painful heel) may be connected. *Sushruta* is listed as a *vatavyadhi* (Disorder due to *vata*). As mentioned by Acharya, *Vatakantaka* is a condition that results from excessive standing or walking on uneven surfaces, which vitiates the *vata* and causes *Vatakantaka*. [4]A *SnayuSandhigatvata*, *vatakantaka* is one. In the context of *vatavyadhi*, many therapy modalities are explained by various Acharya. Such as *Shaman*, *Snehan* (Unctuousness), *Swedan* (Sudation), *Raktamokshan* (Bloodletting), *Agnikarma*, and numerous others. When it comes to treating *vataj* problems, *agnikarma* is the most crucial. Symptoms in *vatakantaka* manifest due to aggravation of all *vatakaphadosha* but mainly *vatadosha*. So according to Ayurvedic perspective, the line of treating is to treat aggravated *vatadosha* and *Dhatwagnimandya*, *Amapachan*. [5] *Yograjuggulu*, which has *Shothahar* (substance lowering inflammation), *Vatanulomana* (correct functioning of *Vata*), and *Amapachaka* characteristics, is mentioned in *Vatarogadhikar*.

## 2. Case Report

Having suffered from left heel pain for six months, a 39-year-old female patient visited the outpatient of Department Shalya Tantra. Patient was complaining of after getting out of bed in the morning, pain and stiffness were at their worst and made walking challenging. Before six months, the patient seemed normal. Slowly, the patient's left heel began to hurt and become stiff. Patient had a 60 kg body weight. Prior to seven months, the patient reported experiencing a stone injury to the left heel. She has been taken modern treatment for two months of physiotherapy and NSAID use, but her problems were not completely alleviated. She was found to be of *vatapradhankaphaprakriti*. She had no previous medical or surgical illness. There is no other significant historical history of chronic illnesses such as diabetes or hypertension. After blood investigation, total cholesterol level was increased.

## 3. Investigation

1. BSL - F 109mg/l
2. BSL - PP 200mg/dl
3. HbA1c -6.5
4. Total Cholesterol 184.94mg/dl
5. HDL- 60.27mg/dl
6. LDL 48.84mg/dl
7. VLDL -69.83mg/dl
8. TG 190.17mg/dl

9. Serum T3/T4/TSH –Normal
10. Serum LH /FSH/ PRL –Normal limit
11. Mutra-WNL
12. Jiva Sama
13. Akriti -Madhyam
14. Lifestyle -Sedentary
15. Diet –Irregular
16. Menstrual history -
17. Menarch -13yrs of age.
18. Periods -4-5 days / 1 month of gap in between cycles

#### **On examination**

There were signs of redness or edoema could be seen on the left heel upon observation. Left heel's posteromedial area was palpably painful, according to Dr. Frank Painter's grading system. On the left foot, the windlass test was positive. There was raised ESR (Erythrocyte Sedimentation Rate) 38mm/hr noted and CRP value 15mg/l-, X-ray of left foot anterior-posterior and lateral view demonstrates normal findings. On Usgfoot reveals On the basis of history and clinical examination of patient was diagnosed with Vatakantaka (Plantar fasciitis).

#### **4. Management**

##### **Treatment Plan Systemic medication**

##### *Ist visit*

##### *Pachana*

1. *Dipan* and *Pachanaushadhi* for 3 days. (Tab. *Aampachakvati* 500 mg x 2 BD with warm water after meal).

##### *Shamanachikitsa*

2. *Yogaraj guggula* 500 mg x BD before meal was given for 1 month.

##### *Agnikarma*

#### **Local treatment: Procedure of Agnikarma**

##### **1) Poorva Karma**

After taking informed written consent, Clinical examination with all the vitals will be checked. Participant will advise to take Guru, Snigdha, Sheeta & Pichhila diet before procedure. The participant will be taken in Agnikarma room on operation table at supine position.

##### **2) Pradhan Karma**

Using a pen, indicate the area of the left heel that is the most sensitive while lying flat. Mark with a pen the part of the left heel that is most sensitive while the foot is flat. The affected part is cleaned with *Triphala Kashaya*. Then wiped with dry sterilized cotton gauze and draped with sterile sheet. Then *Panchadhatu Shalaka* heated on gas stove up to red hot. 15-20 *Samyak Dagdha Vrana* made by Red hot *Panch Dhatu Shalaka* with *Bindu Dahan Vishesh* which penetrate up to *Mansa Dhatu*. Proper space between two *Samyaka Dagdha* near about 0.5 cm. Ten to fifteen *Samyak Bindu Dagdhas* made. *Samyak Bindu Dagdha* created with red heated *Panchdhatu Shalaka*.

##### **3) Paschata Karma**

After making *Samyaka Dagdha Vrana*, *Kumariswaras* is applied on that to get relief from burning sensation. Then dusting of *Yashtimadhu Churna* done on that place. Above procedure

will repeat 4 times at an interval of 7 days. Patients were advice to apply *JatyadiGhrita* twice a day up to normal appearance of skin

#### 2.4Pathyapathya

*Nidanparivarjani*.e. avoid stress,*excessive walking ,pressure n feet ,Vishamashna* and *Diwaswap*.

Avoid *ratrijagaran*and *Abhishyandiannapanasewan*.

**Advice** –Regular 10 mints of exercise.

#### Observations and Result:

A unique scoring system was used to track the improvement of signs and symptoms (Table 1 & Table 2). There was a therapeutic evaluation of pain (fig. 5)

Follow-Up:

The patient was evaluated for any return of symptoms following the conclusion of the one-month treatment plan. In the two months that followed, the patient was completely free of symptoms and none returned.

Table No -1

Symptoms and signs	Grading			
	0	1	2	3
Pain in heel	No pain	Mild pain (Not disturbing daily routine activity and pain only during morning hours)	Moderate tenderness (Pain on slight pressure)	Distressing pain (Continuous pain in the morning hours and walking after rest)
Stiffness	No stiffness	Mild stiffness	Moderate stiffness	severe stiffness
Tenderness	No tenderness	Mild tenderness (Pain on deep pressure)	Moderate tenderness (Pain on slight pressure)	Severe tenderness (Pain on touch)

Table 2: Assessment of Result

Assessment criteria	Before treatment	After treatment
Pain in heel	VAS- 8 Grade -3	VAS-2 Grade 0
Tenderness	Grade 3	Grade 0
Difficulty in walking	walking Pain during walking	Can able to walk(no pain)

## 2. Discussion

Vatakantaka caused due to vitiation Vata dosha association of Kapha Dosha. Vitiating Vata Dosha is responsible for pain stiffness, and due to association with kaphadosha results in inflammation

The heel. Since the beginning of time, Agnikarma has been of the utmost importance among para-surgical techniques because it quickly treats an illness while reducing its recurrence. Agnikarma was recommended explicitly in Yogratnakar for the treatment of Vatakantaka.[6] Ushna (Hot), Tikshna (Sharp), Suksma (Minute), and Ashukari Guna of Agnikarma applied to Asthi Sandhi through Twaka Dhatu in the case of Dhatu Kshaya Janya condition have a direct impact on Marma Asthi Sandhi Gata Mahabhutagni and stop the Dhatu Kshaya process by establishing Agni Samatva and normalising vata dosha.

The therapeutic heat increases blood circulation at the ankle joint, leading to the proper nutrition of the tissue. This induced circulation helps to flush away the pain, producing substances from the affected site ultimately reducing the local inflammation [7] In addition to controlling Aam Pachan in the body, Yogaraj Guggulu also controls aggravated vata Dosha. It is indicated in management of vata vyadhi [8] which acts as analgesic and anti-inflammatory.

## 3. Conclusion

Based on a single case report, Agnikarma is a reliable and affordable OPD-based method for treating Vatakantaka when combined with yogaraj guggulu. It can be concluded that it can be effectively managed with agnikarma. Ayurvedic Siddhantas are key to clinical success. This case study concludes that the holistic approach of Ayurvedic system of medicine gives relief to the patient of plantar fasciitis which is caused due to vitiated vata-kaphadosha.

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