



Case Report

CLINICAL EFFICACY OF VALUKA SWEDA WITH AMLAKANJI IN VATAKANTAKA: A CASE STUDY

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ABSTRACT

Vatakantaka is a disease explained by Sushruta in the context of *Vatavyadhi* as a painful condition of heel caused by its improper placement of foot on the ground. Pain beneath the heel is seen in infra calcaneum bursitis and plantar fasciitis. Plantar fasciitis is a common cause for pain in the heel region, which occurs in about 10% of the general population and represents 10–15% of foot problems requiring professional care. Women are twice as likely as men to get plantar fasciitis. *Vatakantaka* is very common condition that affects normal routine work. A case with chronic *Vatakantaka* managed successfully by *Valukasweda* with *Amlakanji* is reported here. A 57 year old female complaining of pain in the right heel and other associated symptoms, with the X-ray of the right ankle joint report showing heel spurs was treated with *Sthanikaabhyanga* using *Pindataila* followed by *Valukasweda* with *Amlakanji* for eight days showed significant results in the subjective parameters and also marked reduction was noted in the size of the heel spur in X-rays taken before and after treatment. It is the need of hour to focus such practises which yields good results and are not much expensive.

KEYWORDS: *Vatakantaka, Vatavyadhi, Valukasweda, Amlakanji, Pindataila.*

INTRODUCTION

Pada (Foot) being one of the *Karmendriya*, most of the activities of day today life depends on this. Any problems of foot adversely affect the routine of an individual. There is very less reference available regarding *Padagatavyadhi* in Samhitas but amongst *Vatavyadhi*, *Vatakantaka* is one condition which affects the foot of a person. *Vatakantaka* is a *Vatapradhanavyadhi* particularly caused by walking on uneven surfaces or by *Atishrama*, which produces pain in *khudukapradesha* (*Paarshni* or *Padajanghasandhi*)¹. Except Charaka Acharya, all *Bhruhatrayi's* and *Laghutrayi's* accepted *Vatakantaka* as *Vata NanatmajaVyadhi*. Patients suffering with *Vatakantaka* experience severe pricking (*kantakavath*) pain in *Padatalapradesha*.

Vatakantaka is seen as wide spread disease condition during these days. The reasons of high prevalence of this disease can be attributed to wearing high heeled & hard foot

wears, improperly fitting footwear, exposure to excessive cold, working in humid conditions, walking long distance continuously, engaging in strenuous exercise (especially jumping and running) and standing for prolonged periods.

The features of *Vatakantaka* have similarity with various conditions such as Plantar Fasciitis, Achillis Tendinitis etc. Calcaneal Spur is a bony projection, projecting forward forwards from under surface of the calcaneal tuberosity². It is nothing but the ossification of the plantar fascia at its calcaneal end. This is usually revealed by X- Ray. It frequently causes pain on walking and this may even lead to Plantar Fasciitis and in 10% of the cases with calcaneal spur remain asymptomatic.

Calcaneal spurs develop gradually. Heel pain may only occur when taking the first steps after getting out of bed or when taking the first steps after sitting for a long period of time. If the

plantar fascia ligament is not rested, the inflammation and heel pain will get worse. Other conditions or aggravating factors, such as the repetitive stress of walking, standing, running, or jumping, will contribute to the inflammation and pain.

Studies suggest that approximately 10% of individuals who visit a doctor for heel spur have the problem for more than a year.

The line of treatment of *Vatakantaka*, followed in this case results in positive observations.

The case and course of illness

In this case study, a 57 year old female reported to OPD of SKAMCH & RC, Bengaluru on 23rd January 2014, complaining of pain within the heel, sides of the heel and behind the heel of the right foot, since one year. Inflammation was not noticed. Patient was unable to walk properly and was putting more stress on the left heel to avoid the pain of right heel. Pain was more in morning hours, along with pain, stiffness was also there and patient was unable to walk for certain time after awaking.

Initially she had undergone allopathic as well as acupuncture treatment with temporary relief. Her X-ray reports revealed Calcaneal spur in the right heel. No contributing history related with family history, past history and personal history was observed. No history of wearing hard foot ware or heeled foot ware.

Material for Procedure

- A. Medicaments: Pindataila
- B. Other ingredients:
 - a. *Valuka* (Fine sand) - sufficient to make to *Valukapottali* (sand bags) to administer *Swedana*.
 - b. *Amlakanji* (supernatant part of rice gruel) of boiled rice prepared one day before the treatment - one litre.

Method of Administration

PindaTaila was used for *Sthanikaabhyanga* (for right foot concentrating more on heel) for 10 Minutes. After *Abhyanga*, *Valuka Sweda* was done. *Valuka* was heated on moderate flame till hot and immediately tied into a *Pottali* using fine cloth and *Swedana* was done to the affected foot by dipping the *Pottali* in *Amlakanji* for approximately twenty minutes. Later the foot was wiped with a clean cloth.

Abhyanga and *Valuka Sweda* were continued for eight days.

During this procedure, the patient was advised to rest the heel and was educated with exercises to loosen the ankle joint, to be practiced before placing the foot on the ground in the early mornings and also before getting up from sitting posture for a long time.

OBSERVATION

After eight days, treatment with *Abhyanga* and *Valuka Sweda*,

- i. Patient got significant relief from pain and stiffness.
- ii. On follow up visit, after eight days of treatment, patient got absolute relief from pain.
- iii. Patient was able to walk properly without much stress and also there was significant relief in pain of morning hours. X-ray of ankle joint was repeated after the treatment which showed significant changes in the reduction of heel spur and also patient improved significantly on subjective parameters.

DISCUSSION

The Symptoms of the disease *Vatakantaka* like *Shoola* and *Sthambha* indicate vitiation of *Vata* along with *Kaphasamsrushtata*. Considering this, the treatment was planned. *Snehana* and *Swedana* forms the basic lines of treatment adopted in *Vata vyadhi*³. *Swedana* is indicated in *Vatakantaka* by Acharya Caraka⁴, but Chakrapanidatta has specified the type of *Sweda* as *Valuka Sweda* in *Vata* and *Kaphajavyadhi*⁵. Based on all these principles, it can be conceptualized that *Snigdha (Pindatailaabhyanga)* & *Ruksha (Valukasweda) Chikitsa* could be adopted in the management of *Vatakantaka*. *Ruksha Sweda* is specially indicated for *Kaphaja* and *Vatakaphaja* disorders.

Here considering *Kaphanubandhata*, along with *Vata*, *Rukshasweda* i.e., *Valuka Sweda* with *Amlakanji* was selected. *Pindataila* was selected for *Abhyanga* as it has *Shoolahara* property⁶. *Rukshasweda* helps to improve the *Kharatwa* of *Asthidhatu* and gives strength to it. Hence there were considerable changes seen in the X-ray as well. The heel spur noted in the plantar aspect was almost not seen and the spur in the posterior aspect was also reduced in size in the X-ray taken after treatment. Patient was almost asymptomatic subjectively after the follow up.

CONCLUSION

Vatakantaka is a disease which comes under *Vatananatmajavikara*. Keeping the pathogenesis and management mentioned as per the classics, treatment was planned accordingly and the case was successfully managed with Ayurvedic treatment. Along with the improvement in the signs and symptoms, there is also marked improvement in the X-ray report with showed considerable changes in the reduction of the heel spur. Hence this treatment modality can be adopted in clinical practice and further large scale clinical trial should be conducted to establish the efficacy of treatment.

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