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Case Study

SIRAVEDHA - A CASE REPORT ON THE AYURVEDIC TREATMENT OF *VATAKANTAKA* W.S.R. TO PLANTAR FASCIITIS

Sant Amrit Singh[1]*, Sood Sanjeev[2], Sharma Chander Shekhar[3]

*[1]MD Scholar, [2]Professor and HOD, Dept. of Panchkarma, [3]Professor and HOD, Dept. of Kayachikitsa, D.A.C., Jalandhar, Punjab, India.

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ABSTRACT

Vatakantaka is a very common complaint now days with mild to severe pain in the *Pada* (foot), *Parshini* (heel), *Gulfa* (ankle), *Jangha* (calf) of the patient. Contemporary medicine describes this condition as Plantar fasciitis which presents as pain in the plantar aspect of the foot frequently associated with heel and ankle pain. It usually does not respond to standard pain management medications, techniques and is a major cause of embarrassment and disability for the patient. This case report refers to the complete remission of V*atakantaka* (plantar fasciitis) in a 49 year old female patient with the use of *Siravedha* (venesection/bloodletting) of the S*ira* (vein) located 2 *Angul* (finger width) above *Padagata Kshipra Marma* (vital point in foot). A total of 3 sittings of *Siravedha* were done with a gap of 9 days between consecutive sittings. The 1st sitting itself relieved the pain significantly with complete relief from pain and tenderness after all the three sittings were completed. The 3 month long follow up revealed that the symptoms did not reoccur. This case report serves as an example that classical Ayurvedic methods for pain relief such as *Siravedha* can be explored for improving the management protocols for diseases like *Vatakantaka* (plantar fasciitis). Further large sample studies are needed to confirm the findings.

INTRODUCTION

Pain in the heel and sole is a very frequent complaint among adults of all age groups, but more often it leads to disability and embarrassment in middle aged and geriatric subjects. The classical sign of plantar fasciitis is sole and heel pain, which is worse on getting out of bed in the early mornings and reduces after a few steps. There is also a tendency of pain aggravation on prolonged standing and walking bare-feet. Plantar fasciitis affects both sedentary and athletic people and is thought to result from chronic overload either from lifestyle or exercise[1]. The disease runs a chronic course with pain and tenderness usually lasting for 1-2 years. After which either the pain lessens by itself or the patient gets used to it. Sometimes it heals with the formation of fibrosis leading to reduced flexibility of the plantar fascia.

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In contemporary medicine pain management is attempted using various NSAIDs, long-acting steroidal injections into the fascia, TENS therapy, night splints, even plantar fasciotomy[1] is done as a last resort, but most of the times no significant relief is achieved in the symptoms.

Whereas in Ayurveda this painful condition involving pain in *Pada* (foot), *Parshini* (heel), *Gulfa* (ankle), *Jangha* (calf) is described as a *Vata-Vyadhi* i.e., disorder due to *Vata* vitiation and named as *Vatakantaka*[2,3]. *Acharya Sushrut*[4] and *Acharya Vagbhata*[5] have advised administration of *Siravedha* in *Vatakantaka* i.e., bloodletting by venesection, from a *Sira* (vein) situated 2 *Angul* (finger width) above the *Padagata Kshipra Marma* (vital point in foot). Though clear indication for *Siravedha* has been given in our classical texts it is still seldom attempted by Ayurvedic physicians, perhaps due to lack of clinical and scientific evidence of the working and benefits of *Siravedha*. The purpose of this case report is to shed light on the fact that a simple O.P.D. procedure like *Siravedha* can yield tremendous results in an aliment which is more or less unmanageable using the tools and techniques of contemporary medicine. This study aims to serve as a

corner stone for planning out high quality large sample studies and confirming the findings expounded in this case report.

Case Report

A 49 year old housewife visited the *Panchkarma* out-patient department of Dayanand Ayurvedic Hospital with the complaint of *Dakshin Pada-tala Evum Parshini Vedna* (right sole and heel pain) since 2 years. The pain aggravated with prolonged standing and on getting out of bed in the mornings. The probable causative factor was faulty footwear. There was no history of any trauma. The Visual Analogue Scale (VAS) score for pain was 7 on initial observation. The patient had earlier taken various NSAID's, physiotherapy sessions, analgesic and steroidal injections into the plantar fascia but there was no significant relief. Later she was advised plantar fasciotomy but she refused and then started searching for a cure through Ayurveda. At the time of consultation in *Panchkarma* O.P.D., the patient was not taking any Allopathic or Ayurvedic medications.

Clinical Findings

On general examination, the patient was fit and well oriented. All the vitals of the patient were within normal range. Pallor, oedema, and icterus were absent. On inspection, *Shoth* (swelling), *Raag* (redness) were found to be absent, and on palpation *Sparsh asahyatva* (tenderness) +4 on the plantar aspect of the heel and sole of right foot was noted. Windlass Test i.e. aggravation of pain on passive dorsiflexion of toes of the ipsilateral foot, was found positive.

All the routine blood investigations were within normal range. An X-Ray (lateral view) of the right foot was done and no abnormality was noted.

Diagnosis

Based on the clinical findings the patient was diagnosed with *Vatakantaka* (plantar fasciitis). The X-Ray film taken ruled out any Calcaneal spur formation.

Therapeutic Intervention

The patient was given 3 sittings if *Siravedha* at a gap of 9 days between consecutive sittings. Approximately 20 ml of blood was let out per sitting. No oral medication was administered during the course of the treatment.

Therapeutic Assessment Criteria

Pre-procedure steps (*Purva Karma*)

Informed written consent was taken from the patient after thoroughly explaining the details of the *Siravedha* procedure. The patient was advised to take light and nutritious food 2 hours before the procedure. The required materials i.e., hypodermic needle no. $23*1^{1/2}$, sterile kidney tray, tourniquet, isopropyl-alcohol swabs, instrument tray were gathered before starting the procedure. All the vitals i.e., blood pressure, temperature, pulse rate, respiration rate, SPO_2 of the patient were noted and they were within normal limits. Light *Abhyanga* (massage) with *Tila Tail* (sesame oil) and *Swedan* (sudation) with *Patta Swedan* (hot towel fomentation) was done for 5 minutes on the patient's foot before starting with the procedure.

Procedure Steps (*Pradhana Karma*)

Patient was made to sit on the examination table comfortably with legs suspended and feet supported on the step of the table. Tourniquet was tied on the mid calf region to make the veins prominent. A centrally situated prominent vein from the dorsal venous arch, approximately 2 *Angul* (finger width) above the *Padagata Kshipra Marma* was selected. Afterwards the region was properly cleaned and sterilized with a spirit swab. Then a hypodermic needle no. $23*1^{1/2}$ was inserted into the vein and blood was allowed to flow into a kidney tray. The bloodletting was allowed to continue until it stopped by itself. Approximately 20ml of blood was let out per sitting.

Post-procedure steps (*Paschat Karma*)

After the blood stopped flowing, the needle was removed. The insertion site was then cleaned with a spirit swab and a sterile band-aid was applied. All the vitals of the patient were noted and they were within normal limits. The patient was kept under observation in the hospital for 2 hours to look out for any adverse effects. In total 3 sittings of *Siravedha* were administered with a gap of 9 days between 2 consecutive sittings.

Table 1: Pattern for Assessment Scoring

Signs & Symptoms	Grading				
	0	**1**	**2**	**3**	**4**
Visual Analog Scale (VAS)	No pain (0)	Mild pain (1-3)	Moderate pain (4-6)	Severe pain (7-9)	Unbearable pain (10)
Tenderness	No tenderness on palpation	Tenderness on palpation without grimace / flinch	Tenderness with grimace / flinch on palpation	Tenderness with withdrawal on palpation	Severe tenderness (patient does not allow palpation)
Windlass Test	Negative	Positive	-	-	-

Assessment frequency and follow up

The patient was assessed on day 0 (one day before starting the treatment), day 1 (after 1st *Siravedha* session), day 11 (after 2nd *Siravedha* session), day 21 (after 3rd *Siravedha* session). Four follow ups were done i.e., day 35 (1st follow up after 14 days), day 60 (2nd follow up after 40 days), day 90 (3rd follow up after 70 days), day 120 (4th follow up after 100 days).

Therapeutic Assessment

Table 2: Scores Achieved Per Assessment

Assessment Criteria	Day 0	Day 1	Day 11	Day 21	Day 35	Day 60	Day 90	Day120
Visual Analog Scale (VAS)	3	2	1	1	0	0	0	0
Tenderness	4	2	1	0	0	0	0	0
Windlass Test	1	0	0	0	0	0	0	0
Total Score	8	4	2	1	0	0	0	0

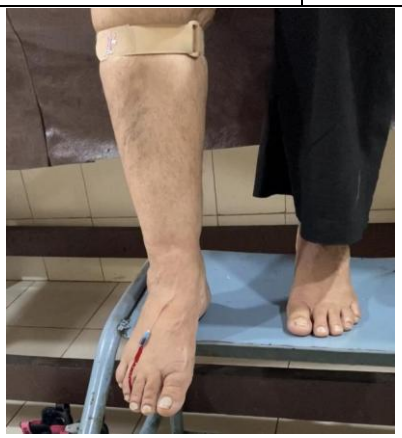

Fig. 1: Torniquett applied on mid-calf region

Fig. 2: Needle inserted into a prominent vein

Fig. 3: Blood collecting in a kidney tray

RESULT

The patient had a complete remission of all the symptoms as is evident from the above data and since past 3 months the patient is living symptom free with no sign of recurrence of the ailment. The patient did not receive any oral medication during the course of treatment.

DISCUSSION

Vatakantaka (plantar fasciitis) is an ailment which does not yield to standard modalities of treatment, of both contemporary and alternative medicine. To further complicate the picture, the sole of the foot does not get any rest as during standing or walking it bears all the weight of the body.

Sushruta Samhita mentions *Siravedha* for treating *Vatakantaka* along with similar disorders like *Pada-daha* (burning sensation in the feet), *Pada-harsh* (tingling sensation in the feet). The exact working mechanism of *Siravedha* is not very clear but as per classical Ayurvedic texts if a disorder does not yield to the standard treatment modalities like *Sheeta* (cold applications), *Ushna* (hot applications), *Snehan* (oleation), *Rukshan* (drying), then probably it is a *Raktaj Roga*[6] i.e. ,the *Rakta Dhatu* (blood) has become *Dushti* (vitiated) by *Doshas* and *Siravedha* (venesection) is the treatment of choice for *Raktaj Rogas*[7].

As *Sushruta Samhita*[2] and other classical Ayurvedic texts clearly indicate the predominance of *Vata* in *Vatakantaka*, as is clear from the name itself. Therefore, by administration of *Siravedha* we are letting out the blood which is vitiated by *Vata Dosha* and hence the patient's symptoms are relieved. *Siravedha* also lets out the various blood borne inflammatory end products which are released into the blood stream from the inflamed tissues, thereby reducing the inflammation and discomfort of the patient. *Siravedha* also reduces venous blood stagnation and thereby improves blood circulation in the foot and promotes healing.

CONCLUSION

This report concludes towards the viable application of *Siravedha* in treating *Vatakantaka* (plantar fasciitis). In addition to it being a very effective treatment modality it is also very economical for the patient. The compliance of the patient is also very high as the pain reduction is achieved right from the 1st session of *Siravedha*. This case report could pave the way for further research on the applications of *Siravedha* in *Vatakantaka* and similar painful

conditions, thereby furthering the advancement of Ayurveda on a global perspective.

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***Address for correspondence**
Dr. Sant Amrit Singh
MD Scholar,
Dept. of Panchkarma,
D.A.C., Jalandhar, Punjab, India
Email: drassant@gmail.com
Mobile: 9501040404