



Case Study

MANAGEMENT OF VATAKANTAKA W.S.R TO CALCANEAL SPUR BY AGNIKARMA

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ABSTRACT

Objectives: In today's day to day life, prolonged hours of standing, poorly fitted and hard sole footwear, excessive walking, running and being overweight, they all are the risk factors of the calcaneal spur. There is no proper treatment in modern medicine other than surgery but Ayurveda offers a variety of treatment procedures through which patient can get relief. One of the most effective methods is *Agnikarma*. In Ayurvedic texts, similar signs and symptoms are found in a *Vatavyadhi* named *Vatakantaka*. Thus, *Vatashamak chikitsa* becomes the basis of the treatment. **Materials and Methods:** An attempt has been made in which 5 patients with calcaneal spur, confirmed by X-Ray having main complain of pain and tenderness in heel region were taken under study and *Agnikarma* were done for consecutive 3 weeks (once a week). **Result:** After the therapy, patient feels instant relief in the pain. **Conclusion:** This proves that the *Agnikarma* plays a very effective role in the management of calcaneal spur.

INTRODUCTION

A calcaneal spur is a bony outgrowth from the calcaneal tuberosity. When foot is exposed to constant stress, calcium gets deposited over the bottom of the heel bone. Repeated damage can cause the deposits to pile up on each other, causing a spur-shaped deformity, called calcaneal spur. Calcaneal spurs can be located at the back of the heel (dorsal heel spur) or under the sole (plantar heel spur). It is mainly characterized by pain in heel region during weight-bearing activities, in the morning, prolonged hours of standing or after a period of rest [1]. Middle aged and overweight people are more prone to the problem. According to observational studies, incidence of Calcaneal spur in Indian population with the heel spur is 59%. [2]

In Ayurveda, the various symptoms resemble to *Asthigata vata* disorder called *Vatakantaka*. It occurs mainly by the disturbance of *Vata dosha*. Pain is the characteristic feature of *Vata Dosha* imbalance and this is what predominantly found in the disease.

If they move on wrong path or are unbalanced, they afflict the body with disorders relating to their location and functions. It is mentioned that walking on an uneven ground or strenuous exercise led to vitiation of *Vata* in the ankle joint region to produce pain in the feet; the condition is called *Vatakantaka* [3]. It is also mentioned in classics that by placing feet over uneven surface causes *Khudakashrita vata* to get vitiated (heel region) and causes *Vatakantaka* [4]. The main principle of treatment thus includes mainly *Vatashamak chikitsa* including *Sneha*, *Upanah*, *Agnikarma*, *Bandhan* and *Unmardan*. Out of these, *Agnikarma* is the one which help in instant pain reduction. In Ayurvedic texts *Agnikarma* is highly praised by saying that the disease that is not curable by medicine, surgery or *Ksharkarma* can be treated through *Agnikarma* even without recurrence [5].

Agnikarma should be performed in all seasons except autumn and summer. Even in autumn and summer, if there is an emergency, then *Agnikarma* can be performed by arranging situation that prevents the extreme changes in temperature that can occurs in autumn or summer [6]. It is done mainly to avoid complications that can occur due to extremeness in temperature. Generally, after 2-3 sittings, patient gets complete relief and recovery. The scar formed gets removed slowly after 1 month. In modern system of medicine, surgery is the only option to cure it, so day

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by day people are getting aware towards Ayurvedic system of medicine and getting benefitted by *Agnikarma* in their calcaneal spur.

Diagnostic Method: X-Ray

Criteria for Selection

Inclusion Criteria

- Either Sex: Male/Female
- Age: 20-60 yrs
- Fulfilling diagnostic criteria (calcaneal tuberosity in X-Ray findings.)
- Pain in the heel or plantar region on standing, walking or even after rest.
- Chronicity < 5 yrs
- Patient willing to complete the all 3 sessions of *Agnikarma* weekly.

Exclusion criteria:

- Age: < 20 and > 60 yrs
- Pregnant and lactating women
- *Pitta Pradhan* people
- Swelling in the heel or planter region
- Chronicity > 5 yrs
- Known cases of any major illness like uncontrolled diabetes mellitus, hypertension, tuberculosis, malignancy of spine or other organs, AIDS etc.

MATERIALS AND METHODS

Materials required

- *Panchadhatu Shalaka*
- Aloe vera pulp
- *Haridra Churna*
- Burner

- *Goghrita*
- *Madhu*
- *Triphala kwath*
- Sterilized gauze piece

Methods or Procedure

Purva Karma

Snigdha Picchila Anna (Moong Khichdi mixed with *Ghritha*) was taken by the patient prior to the procedure [7]. The site of *Agnikarma* was cleaned with *Triphala Kwatha* then wipe with dry sterilized gauze. Then the *Panchdhatu Shalaka* was heated up to red hot. Aloe-vera pulp and *Haridra Churna* were kept ready for dressing.

Pradhana Karma

Patient was given sitting position over chair and asked to keep his/her leg over a stool. *Agnikarma* is done with *Panchdhatu Shalaka* making the signs of *Bindu* all over the maximum tender site of heel region with application of *aloe vera* intermittently to give cooling effect to the patient. The minimum space should be kept between two *Agnikarma* sites to avoid overlapping of *Dagdha Vrana*.

Paschat Karma

After wiping of *Aloe-vera* pulp, *Madhu* and *Goghrit* were applied on *Dagdha Vrana*. After that *Haridra Churna* was applied. Patient was kept under observation for 30 min after procedure and was advised to apply *Aloe-vera* pulp or *Ghritha* over *Agnikarma* site until the healing of *Samyak Dagdha Vrana*. Patient was strictly advised not to make water contact over *Dagdha Vrana* site for 24 hr.

Case Series

S.No	Age/Sex	Symptoms present	No. of Sittings done	Remarks
Case 1	46/M	Pain in both heels, walking difficulty	03	Pain was significantly reduced, walking distance increased
Case 2	60/M	Pain in right heel, walking difficulty	03	Pain was significantly reduced, walking distance increased
Case 3	50/F	Pain in right heel, walking difficulty	03	Pain was significantly reduced, walking distance increased
Case 4	47/F	Pain in both heels, walking difficulty	03	Pain was significantly reduced, walking distance increased
Case 5	31/M	Pain in left heel, walking difficulty	03	Pain was significantly reduced, walking distance increased

Duration: Three sittings at the interval of 7 days were performed, and the follow up assessment was carried out consequently after every seven days [day 0, 7, 15, 21, 30] a total of five times in a month.

Instructions to the Patients

- Avoid water contact in the affected area for 24 hrs.
- Take proper rest.
- Use proper fitted footwear having comfortable heel arch and support.
- Avoid bare foot walk especially in hard floor.

- Avoid standing for long time.

Pathya Sevana: *Godhuma, Mamsarasa, Raktashali, Sarpi, Godugdha, Dhanyak, Sunthi Siddha Jala, Draksha* to be taken.

Follow Up: After 7th, 15th, 21st and 30th day.

Assessment Criteria

1) Pain at Both Heel Regions

Nature of Pain Grading

No pain: Grade 0

Mild pain: Grade 1

Moderate pain: Grade 2

Severe pain: Grade 3

2) Distance Walked by Patient within 10 Minutes

Distance in feet Grading

90 feet: Grade 0

60 feet: Grade 1

30 feet: Grade 2

Less than 30 feet: Grade 3

RESULTS

The results so obtained after 3 sittings of *Agnikarma* were recorded as follows:

S.No	Symptoms	Before Treatment Score	After Treatment Score
Case 1	Pain in both heels	3	1
	Walking distance within 10 min	2	0
Case 2	Pain in right heel	2	0
	Walking distance within 10 min	2	0
Case 3	Pain in right heel	1	0
	Walking distance within 10 min	1	0
Case 4	Pain in both heels	3	1
	Walking distance within 10 min	2	1
Case 5	Pain in left heel	2	0
	Walking distance within 10 min	2	0

DISCUSSION

It is mentioned in classics, to perform *Agnikarma* in severe pain in the *Twacha, Mamsa, Sira, Snayu, Sandhi* and *Asthi*. And in *Vatakantaka*, all of these somehow get affected^[8]. Also, the procedure works by pacifying *Kapha* and *Vata* through its *Ushna* and *Tikshna* nature, thus *Agnikarma* suited ideal for *Vatakantaka*^[9]. The main reason behind using *Panchadhātu Shalaka* as it has been mentioned to be use in *Twak* and *Mamsagata Rogas* and since discomfort in *Vatakantak* is mainly due to tenderness in *Twacha* and *Mamsa* of the heel region, thus it is justified to use the *Panchdhātu Shalaka* during the procedure^[10].

Probable mode of action of Agnikarma^[11]

Agni possesses *Ushna* (hot), *Tikshna* (sharp) *Sukshma*, and *Aashukari Gunas* (fast in action). Physical heat from red hot *Shalaka* gets transferred as therapeutic heat to *Twakdhātu* (skin) and produces *Samyak Dagdha Vrana*. Following are the different postulates on this therapeutic heat that may act in subsiding the disease.

- First, due to *Ushna* (heat), *Tikshna* (sharp, *Sukshma*, and *Aashukari Gunas* (fast in action). It may remove the *Srotavarodha*, (obstruction in channels), pacifies the vitiated *Vata* and *Kapha Dosha*, and maintain their equilibrium.
- Secondly, therapeutic heat may increase the *Dhatwagni*, so the metabolism of *Dhatu* becomes proper and also it digests the *Amadosha* from the affected site and promotes proper nutrition from *Purva Dhatu*.
- Third, the heat may increase the *Rasa Rakta Samvahana* (blood circulation) to the affected site.

The increase in blood circulation to the affected part, flushes away the pain-producing substance and the patient gets relief from symptoms. Further, the therapeutic heat goes to the deeper tissues like *Mamsa Dhatu* (muscles) and neutralizes the *Sheeta Guna* of *Vata* and *Kapha Dosha* located in the affected region and in this way vitiated *Doshas* come to the phase of equilibrium and patients get relief from the pain.

Possible Hypothesis

1. Temperature and Pressure Hypothesis

The mechanism of action of *Agnikarma* can be understood with the help of the afferent spinothalamic tract. The ascending neurons are the pathway for conduction of pain (lateral spinothalamic tract), pressure (ventral spinothalamic tract-Ruffini endings) and temperature (lateral spinothalamic tract). When perception of pressure and temperature factor is increased suddenly, pain perception is reduced by Stimulation of Lateral Spinothalamic Tract (SST). Heat stimulation of descending pain inhibitory fibers lead to release of endogenous opioid peptide which bind (DPI) with opioid receptors at substantial gelatinosa. This inhibits the release of P-substance (pro-synaptic rolandic blockade of transmission of pain sensation inhibition). This helps us to understand the role of *Agnikarma* in relief of pain.

2. Counter Irritation Hypothesis

This hypothesis suggests that the released heat could have irritated the superficial sensory nerve endings thereby eliminating pain from the site.

Pathway for pain and thermal signals run parallel and end up at the same area, but only stronger can be felt. Therefore, complete exclusion of pain impulse occurs by *Agnikarma*.

3. Vasodilatation Hypothesis

It has also been suggested that pain may be possibly caused as a result of the accumulation of metabolic waste products in the tissues. When *Agnikarma* is done, vasodilation occurs, causing increase in blood flow, removing toxins from the affected region causing reduction in pain. Another possibility is that the pain releasing mechanism is associated with muscle relaxation.

CONCLUSION

Agnikarma is simple, non-invasive and economical procedure which can be done easily at opd level. It pacifies *Kapha Vata Dosha*, thus helps reducing pain, stiffness and inflammation. It is a common misconception about Ayurveda among common people is that Ayurvedic System of Medicine works slowly, but *Agnikarma* is one the most effective example that if managed properly, patient can get relief in just few seconds. *Agnikarma* is a very powerful weapon of Ayurveda that can even outshine many surgical procedures done by modern system of medicine. Here, through the case series, an attempt has been made to glorify the beauty of *Agnikarma*. In the series, after 1st sitting, all the 5-patients got somewhat relief in pain but after 3 consecutive sittings once a week, most of the patients got complete relief in pain with no further complain of recurrence in their 1-month period of follow up. Thus, from this case series, we can conclude that calcaneal spur can be effectively managed with *Agnikarma*.

REFERENCES

1. Calcaneal spur - Wikipedia
https://en.wikipedia.org/wiki/Calcaneal_spur
2. Dr. Hemant Pundalikrao Charde, Dr. Pranam Suresh Kharche. Management of Calcaneal Spur (Vatakantak) - A Case Study. International Journal of Trend in Scientific Research and Development (IJTSRD) Volume 5 Issue 5, July-August 2021
3. Astanghridyam- Vidyotini Bhasa Tika-Nidanastana Vatavyadhinidanam chapter 15/53 Hindi vyakhya by Kaviraja Atrideva Gupta, chaukhambha Prakashan Varanasi edition-2021 reprint p-380
4. Susruta Samhita- Ayurved Tatwa Sandeepika-Nidanasthana vatavyadhi chapter (1/79) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-304.
5. Susruta Samhita- Ayurved Tatwa Sandeepika-sutrasthana Agnikarmavidhi chapter (12/3) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-50.
6. Susruta Samhita- Ayurved tatwa Sandeepika-sutrasthana Agnikarmavidhi chapter (12/5) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-51.
7. Susruta Samhita- Ayurved tatwa Sandeepika-sutrasthana Agnikarmavidhi chapter (12/6) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-51.
8. Susruta Samhita- Ayurved tatwa Sandeepika-sutrasthana Agnikarmavidhi chapter (12/10) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-52.
9. Charak Samhita-Chikitsasthana (5/62) vidyotini Hindi vyakhya by Prof. Kashinath Shastri (volume 2), Chaukambha Bharti Academy, Varanasi, re edition 1998, p-210
10. Susruta Samhita- Ayurved Tatwa Sandeepika-Sutrasthana Agnikarmavidhi chapter (12/4) Hindi vyakhya by Kaviraj Dr. Ambikadatta shastri (volume-1), Chaukambha Sanskrit Sansthan Varanasi. Edition-reprint 2018, p-51.
11. Gurjar, R., Sharma, S., Kumar, H., & Singh, N. (2021). Role of Agnikarma in Pain Management- A Review. International Research Journal of Ayurveda and Yoga, 4(5), 224-228. <https://doi.org/10.48165/>

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