



**MANAGEMENT OF VATAKANTAKA WITH SIRAVYADHANA W.S.R TO PLANTAR
FASCITIS: A CASE STUDY**

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ABSTRACT

Planter fasciitis is an inflammation of the thick band of the tissue that connects the heel bone the toes. Pain is generally in the heel and bottom of the foot. Causes of planter fasciitis are long period of standing, increase in exercise and obesity. Due to long period of standing straining of ligament takes place that support arch. Repeated strain causes tiny tear in the ligament leading to pain and swelling, pain usually is unilateral and sharp in nature. We can correlate planter fasciitis with vatakantaka described in ancient ayurvedic literature. In vatakantaka pain is severe after period of rest. Walking on uneven ground and improper positioning of the feet are main reasons for vatakantaka. For this present study, 51 years old female patient having severe pain in left calcaneal region from 2-3 months without any significant past History of any other chronic disorder. Patient was taking analgesics but had no relief in pain. Patient treated with siravyadhana with 2 follow ups. Patient reported significant improvement in pain while walking.

KEYWORDS: Planter Fasciitis, Vatakantaka, Siravyadhana.

INTRODUCTION

Heel pain is most common condition now days and the ratio of occurrence observed is 1 out of 10 people suffered once during their life period. There are so many conditions causing heel pain among that Planter fasciitis is one which is having high prevalence rate. Prevalence of this condition usually manifested in middle age group between 45 to 64 years.^[1] It is defined as sharp pain on the plantar surface of the heel and most common cause of posterior heel pain.^[2] The exact cause of planter fasciitis is unknown but it is believed that most cases result from overuse stress. The probable risk factors of planter fasciitis include trauma to heel, excessive running, obesity and occupation requiring prolonged standing.

In Ayurveda Planter fasciitis can be correlated with Vatakantaka. According to acharya Sushrut, Vatakantaka is included in vatavyadhi, hetu of vatakantaka are walking on uneven ground and improper positioning of feet during walking resulting in to vitiation of Vata which leads to condition called Vatakantaka.^[3] Excessive exertion and walking also hetu mentioned in samhita.

रूक् पादे विषमन्यस्ते श्रमाद्वा जायते यदा।

वातेन गुल्फमाश्रित्य तमाहुर्वातकण्ठकम्॥१३॥

अ. हृदय, नि. वातव्याधी निदान अध्याय 15/53^[4]

region. With modern aspect we can correlate Vatakantaka with planter fasciitis which is inflammation of ligament of the heel. Ayurveda has one of the best treatment for planter fasciitis, Siravyadhana mostly use as a management of planer fasciitis.

Vatakantaka is a Asthi-Snayu Sandhigat Vata. There are various types of treatment methods explained by different Acharya in context of Vatavyadhi like Shaman, Snehan (Unctuousness), Swedan (Sudation), Raktamokshan / siravyadhana (Blood letting), Agnikarma and many more. In Siravyadhana, scalp is used to letting of blood from particular part of heel to reduce pain and inflammation. In ayurveda, there is specific sthana mentioned for siravyadhana for specific disease.

पाददाहे खुडे हर्षे विपाद्यां वातकण्ठके॥१६॥

चिप्पे च द्रव्यङ्गुले विध्येदुपरि क्षिप्रमर्मणः।

अ. हृदय, सू. सिराव्यधविधी अध्याय, 27/16^[5]

Objectives of the Study

1. To study in detail about Vatakantaka.
2. To study the clinical efficacy of Siravyadhana.
3. To study the clinical efficacy of Siravyadhana on Vatakantaka.

Due to hetu sevan, vata get vitiated and vitiated vata take स्थानसंश्रय in गुल्फ संधि (ankle joint) leading to pain in heel

Source of Data

Patients who attended the OPD and IPD of our concerned institute with signs and symptoms of Vatakantaka were selected for this study.

Method of Collection of Data

Data regarding history, duration of illness, findings on clinical examination and other relevant information including Lab investigations were recorded in a case proforma specially designed for this study, based on the clinical features of the disease Vatakantaka.

• Inclusion criteria

1. Patients with classical sign and symptoms of Vatakantaka.
2. Patients with age ranging from 20-60 years.
3. Those who were not included in other clinical trials.
4. Who has undergone written consent.

• Exclusion criteria

1. Patients of age below 20 years and above 60 years.
2. Patients with other systemic diseases.
3. Fracture of ankle joint bones was excluded.
4. Patients contraindicated for Siravyadhana.
5. Pregnant women.

• Diagnostic criteria

The clinical features of “Vatakantaka” as mentioned in Classics were taken as the diagnostic criteria.^[6]

CASE REPORT

A 51 years old female patient complaining of pain in left calcaneal region from 2-3 months, difficulty while walking and pain is commonly severe in morning time.

- **Examination** - x-ray of left ankle joint show no significant changes.

• Nidana Panchaka.

1. Hetu
 - Walking on uneven ground
 - Improper positioning of feet during walking
 - Excessive exertion and walking

2. Samprapti -



3. Roopas

- Pain In Left Calcaneal Region
- Difficulty While Walking

4. Treatment

- Tab. Yogaraj Guggula 500mg TDS
- Rasna Saptak Kwatha 20ml BD
- Haritaki Choorna 5gm HS With Warm Water

- Siravyadhan – On two anguli above kshipra marma 50ml

OBSERVATION

After siravyadhana patient got complete relief from pain. After 10 days of treatment of internal medicine patient got significant relief from other symptoms. She was able to walk properly without much stress. X-ray was repeated after 1 month but did not show any significant change.

DISCUSSION

Raktamokshana (Bloodletting) like Basti (Ayurvedic enemas) is worth the name “Aardhachikitsa” i.e. “Half treatment” as covering a wide range of indications, because of that Siravyadha chikitsa (Ayurvedic venepuncture treatment) has taken for study. Raktamokshana (Bloodletting) is also the Shodhana (purification) therapy, so it is recommended to remove the vitiated Dosh or blood from nearest route of Roga Adhithana (disease main or root site or location). In ankle pain all pathology moves around kandaras (Tendons). Kandara is upadhatu’s (sub tissue) of Raktadhatu (Blood). Therefore by pacifying vitiated doshas (bodily humours) from Raktadhatu (blood), ultimately Upadhatu (sub tissue) regain its health back. Rakta (Blood) is a mula (root) of sharira (body), Vatadushta kandara’s (Tendon vitiated by Vata) with snayu’s (Ligaments) reflects on Raktadushti (vitiation of blood), therefore by pacifying vitiated doshas (bodily humours) by Raktamokshana (Bloodletting), ultimately reducing sign and symptoms of Vatakantaka.^[7]

In present case siravyadhana has been used for treatment of planter fasciitis, result found were encouraging. Disease that are treated with siravyadhana do not reoccur. In present case agnikarma act as वातघ्न and शूलघ्न. Siravyadhana plays very important role giving instant relief from pain. Siravyadhana has been described as the most effective therapy in the management of all painful conditions especially for musculo-skeletal disorders. Siravyadhana should also be done in conditions such as presence of severe pain in the skin, muscles, veins, ligaments, bony joints and bones, caused by Vata (aggregation).^[8]

CONCLUSION

The effect of siravyadhana is very significant in planter fasciitis without any adverse effect on the body. Siravyadhana is very easy and cost effective treatment which can be easily done at OPD level.

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