



**AGNIKARMA BY MRUTTIKA SHALAKA IN THE MANAGEMENT OF
VATAKANTAKA**

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ABSTRACT

Vatcantaka (Calcaneal spur) is common source of heel pain causes excruciating type of pain in the heel and disability. *Vatcantaka* is one of the *vatvyadhi*. During walking or running on uneven road if the foot landed improperly, the vata ceases in *khudukapradesha* or *gulf sandhi* produces as if prick by the thorn hence it termed as a *Vatcantaka*. Calcaneus is the heel bone. When it is met with constant pressure, calcium deposition occurs beneath this bone and if the pressure continues, the deposition takes the shape of spur, causing pain. Pain on standing or while walking is the characteristic feature. People who need to stand for a long period of time, or those who walk on uneven surfaces tend to cause pressure beneath the heel bone, triggering calcaneal spur. Calcaneal spur condition of painful heel can be understood under the term *Vatcantaka*. In Ayurvedic literature. *Acharya* Sushruta has advised *Agnikarma* as a treatment modality for the management of *Vatcantaka*. This *Agnikarma* therapy is local management which relieves pain instantly I.e *Sadyafaldayi chikitsa*.

KEYWORDS: Agnikarma, Calcaneal spur, Mruttikashalaka, *Vatcantaka*.

INTRODUCTION

According to *Acharya* Sushruta, *Vatcantaka* is a *Vatpradhanavyadhi* (predominance of *Vatadosha*) particularly caused by walking on uneven surfaces or by *Atishrama* (excessive exertion), which produces pain in *Khudukapradesha*. *Madhavakar* in *MadhavaNidan* mentioned that *Vatcantaka* is a pain in the ankle region which arises due to improper position of the foot during its movements. *Vagbhata* quoted on *Vatcantaka* that during walking or running on uneven road if the foot landed improperly, the *vata* in *Gulf* region ceases and produces pain it called *Vatcantaka*.

A calcaneal spur is bony outgrowth from the calcaneal tuberosity(heel bone).

When a foot is exposed to constant stress, calcium deposits build up on the bottom of the heel bone. Incidence of plantar calcaneal spur is 32 %. Posterior calcaneal spur occurs significantly more frequently in females. Incidence occurs between 40 and 60 years of age. The prevalence of this disease increases due to inclination towards wearing high heeled & hard foot wears, improperly fitting footwear's, engaging in

strenuous exercise especially jumping, running and standing for prolonged period. Diagnosis is usually made on the basis of history and physical, radiological examination alone. Patient experience severe pain with the first step on arising in the or following inactivity during the day, which becomes worse on walking barefoot or upstairs. On examination, maximum tenderness is elicited on palpation over the inferior of heel corresponding to the site of attachment of the plantar fascia. The contemporary treatment consists of Non steroidal Anti-inflammatory drugs, bed rest, Cup pads, injection of hydrocortisone acetate. Surgical procedure of removal of any calcaneal spurs. However in medical practices prognosis with both conservative and surgical treatment is not employed. In various classical textbooks of Ayurveda *Vatcantaka* can be correlated with the calcaneal spur.

The procedure which is performed with the help of *Agni* for treating the disease is called as *Agni karma*.

Agnikarma treatment has been described to be superior to the caustic alkali (*Kshar Karma*), as the disease treated by it do not relapse and moreover those incurable

by *Bheshaja* (medicine), *Shastra* (Operations) and Caustics (*Kshar*) yeild to it. According to Ayurved *shool* is due to *Vaatprakop*. According to *Acharya Sushruta Agni karma* is the prime treatment indicated for *vat prakop* in *Asthi, Sandhi, Snayu* (Disease of tendon, bone and joint). For this condition Though *Mruttika* is not mentioned as *dahan dravyas*, it is the purpose if '*Pindasweda*'.As a matter of ancient *vrudhdhavaidya* tradition even.

CASE REPORT

A 38 years old female patient visited unit of Shalyatantra in STRH Pune with complaints of *shool* (severe pain) while walking, jogging, running in the right heel especially when she first stand up the early morning, stiffness and restricted movements of right heel since 1 years. Then she developed pain while standing after a long rest or standing for a long time. She complained of Pain aggravation on walking barefoot. She had taken analgesic drugs for 6-7 months from private hospital with no significant relief. There was no history of Diabetes, Hypertension or any other major illness at present and in the past.

Examination

Vital parameters of patient were within normal limits. Systemic examination showed no any abnormal findings. Planter reflex, ankle jerk, knee jerk of both limbs were normal.

Xray examination of right heel with A-P and Lateral view was done at private hospital reported with bony projection located at the inferior aspect of the calcanei, calcaneal spur.

Local examination was elicited of right heel that maximum tenderness (Grade-3) was noticed without swelling or redness at the bottom of the Rt. Heel

Diagnosis: On the basis of the above findings it was diagnosed as *Vatakantaka*.

Assessment Criteria

- **Subjective parameters**
 1. Tenderness
 2. Pain

Table no.1: Gradation of tenderness.

Parameters	Grade
Nil	0
Mild tenderness, patient says the part is tender	1
Moderate tenderness, patient winces and withdraws the affected part on digital pressure	2
Severe tenderness, patient does not allow to touch.	3

Table no.2: Scores of Visual Analogue.

Parameters	Grade
Nil	0
Mild	1-3
Moderate	4-6
Severe	7-10

TREATMENT

External treatment

- Agnikarma* - at maximum tender point at right heel region.
- Duration- total 4 setting at the interval of 7days.
- Follow up - after 1 month

Procedure of *Agnikarma* was explained and written informed consent of patient had obtained. Then appropriate position for *Agnikarma* i.e supine given to patient. That affected part was cleaned with distilled water and wiped with dry sterile cotton gauze. Traced the location of maximum tenderness point and marked that with pen at the right heel region. *Agnikarma* in the form of *samyak twak dagdha* (therapeutic superficial skin burn) was done by hot *Mruttika Shalaka* which is made from a fine potter's soil by making in *Binduakruti dahan vishesh* (single dot) at the marked point. After that cotton sticking was applied over a site of *Agnikarma*.

OBSERVATIONS AND RESULTS

Clinical assessment was done before and after treatment by relief of the pain using a VAS score, tenderness and walking capacity. After the completion of the first sitting, the patient experienced some pain relief (VAS=6 and tenderness Grade- 2) and got 20% pain relief while walking. After the completion of 2nd sitting, the patient got relief from early morning stiffness (pain reduced to VAS=4 and tenderness Grade-2) got 40% pain relief while walking. After the completion of 3rd sitting, (pain reduced to VAS- 3 the tenderness Grade -1) 60% pain relief while walking. After the 4th sitting got 80-85 % relief. There was no pain, tenderness and restricted movements were relieved without any adverse effects. Prior to treatment of *Agnikarma* the patient was unable to even place her foot on floor and after the treatment the patient walks freely without any pain while walking. No relapse was observed after 1 month follow up.

Table No.4: Subjective parameters before and after treatment.

Sr No.	Symptoms	BT	AT
1.	Heel pain	VAS-8	VAS-1
2.	Difficulty in walking	Pain and unable to even place her foot on floor	walks freely without any pain while walking
3.	Tenderness	Grade-3	Grade-0

BT: Before treatment AT: After treatment

DISCUSSION

Vatakantaka is mainly caused due to vitiation of *Vata* with the association of *Kapha Dosh*. *Vitiated Vata Dosh* is responsible for shool (pain), *Stambha*(stiffness) and *Kaphanubandha* (association of *Kapha*) is responsible for *Shotha* (inflammation) in the heel.

Agnikarma is an important *Anushtra karma*(para surgical procedure) elaborately describe in *Sushruta Samhita*. *Acharya Sushruta* mentioned that *Agnikarma* treatment has been described to be superior to the caustic alkali(*Kshar Karma*), as the disease treated by it do not relapse and moreover those incurable by *Bheshaja* (medicine), *Shashtra*(Operations) and *Caustics* (*Kshar*) yeild to it. *Agni karma* is the prime treatment indicated for *vat prakop* in *Asthi, Sandhi, Snayu*.

Probable mode of action of Agnikarma

The *ushna-tikshna guna* of *Agni* exerts an antagonist effect on *kapha* and *vata dosha*. Thus it is specially indicated in the *lakshan* and *vyadi* caused governed by *vat a dosha* and *kapha dosha*. Only two principles exit in body i.e. *sheeta* and *ushana*. The *Ushan, Tikshna, Laghu Sukshma, Vyavayi, Vikashi and Ashukari* properties of *Agni* help to remove the *srotavarodha* (obstruction of channels), pacifies the viatiated *Vata- kapha dosha* and maintains their their equilibrium thus break tha *Samprapti*(pathology). All the *margaavarodha samprapti* which is produced by excessive *sheetatva* are cured by *Agnikarma*. The principle behind this is "*Viparit-gun-chikitsa*. *Acharya Charaka* described that *Agni* is the best treatment for *shool* (pain). It reduces *Kaphanubandha* there by relieving the *Shoth* (inflammation).

Therapeutic heat stimulates the lateral spinothalamic tract, leading to stimulation of descending pain inhibitory fibers, causing release of endogenous opiod peptide, which blocks the transmission of pain.^[14] In this procedure, the temperature at the applied site is increased which reduces nerve reflexes resulting in relaxation of muscle thereby causing a reduction of stiffness.

CONCLUSION

Agnikarma causes alleviation of *vata dosha*and removes the *srotavarodha* thus, is helpful in reducing pain and inflammation. *Agnikarma* is a local, simple, cost effectiveand easy procedure which didn't require hospitalization it can be easily carried out at OPD level. For this study it can be concluded that *Vatakantaka* can be effectively managed with the *Agnikarma* by using *Mruttika Shalaka* i.e *Sadyafaldayi chikitsa*.

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