

Effect of *Agnikarma* in calcanial spur: A case study

Nakhate Sandip Rambhauji* ¹, Giri S.V.²

- 1. PG Scholar Shalyatantra Dept.
- 2. Guide Shalyatantra Dept.

Government Ayurvedic College, Osmanabad, Maharashtra, India

* Corresponding author: Email: - sandip.nakhate@gmail.com; Mob no:-9423404057

ABSTRACT

The most common form of heel pain is mainly due to Calcanial Spur. It is most irritating and usually affects people badly during their routine work especially in middle age women.

Ayurveda describe this condition as **Vatkantaka**. It is described as **Kapha vata**

Pradhan dushtijanya vikara and it categorised under sadhya roga. as a result of kaphadushti by vitiated vata small osteophytes forms and leads to excess calcium deposition and spur forms. This vitiated vata causes burning sensation and pain. Therapy as according to modern science is injection, Surgical correction etc. which have many side effects as well as recurrence.

In ayurvedic literature kapha vata dushti can be treated by Agnikarma. so in Vatkantaka I have kept the patient under Agnikarma therapy upto satisfactory level of relief from pain. I have given 4 sittings at the interval of 5 days and the patient got complete relief from pain. Follow up kept for next 3 months.

KEYWORDS: *Agnikarma*, Calcanial spur, *Vatkantaka*, *Kaphavata Dushti*.

INTRODUCTION: Calcaneal spur is very common problem in middle age overweight person due to sedentary life and use of fashion foot ware with hard sole. This is most often seen in the patients over the age of 35 years. Many surveys tell that women are the common sufferer.

According to Ayurveda this condition occurs due to kapha dosha vitiation



along with *vata dosha*. *Ayurveda* clearly mentioned this condition as treatable.

as a result of kapha dushti/vitiation bone formation in that area. In modern science treatment available for condition is analgesic and surgery. This is usually revealed in X- ray and is a bony projection farwards from under surface of the calcanial tuberosity. Disease be compared with can Vatkantaka. Agnikarma is treatment indicated for Kaphavata dushti in asthi dhatu.

A Case:-

In this case study a 32 yrs aged woman patient working as housewife was selected for Agnikarma in management of calcanial spur who visited to OPD of Shalyatantra Department, Govt. Ayurved College, Osmanabad on 2th July 2016 with complaints of painful heel, tenderness restricted movements at the right heel. The history suggested that she had received analgesic, anti inflammatory but without any significant and satisfactory relief, hence Routine Blood investigation and X-ray examination of heel were done and X-ray shows presence of calcanial spur. After careful assessment examinations patient was diagnosed with

calcanial spur and it was decided that this be treated with *Agnikarma Chikitsa* only at an interval of five days upto complete relief from pain. Patient got relief from pain after completion of first sitting. After the completion of 3rd sitting patient got relief from tenderness and restricted movement. And all symptoms were relieved after the completion of 4th sitting. no any adverse effects being observed throughout the entire sittings. To observe any recurrence of symptoms patient was followed upto 3 month but recurrence of symptoms were not observed. Patient was fully satisfied with *Agnikarma Chikitsa*.

MATERIALS AND METHODS:

Panchdhatu Shalaka, Aleo vera for local Application, Candle, Match Box.

METHOD:

First clean the heel area with Betadine and spirit. Then mark more painful points. Place *Shalaka* on the point on the heel where pain is more. Heat the other end of *shalaka* the heat gets transferred by following the law of conduction from one end to another upto the tolerance of patient. Then *shalaka* placed on other point. Repeat the procedure after 5 days for 2 to 3 times.



X-ray foot- there is no change in x-ray.

RESULTS:

Represents the pre and post assessment of patient after *Agnikarma* therapy according to Numeric pain Rating scale⁽⁷⁾

Criteria	Before Agnikarma Therapy	After Agnikarma Therapy
Pain (NRS)	Severe pain (8)	Mild pain (2)

DISCUSSION:

As per Ayurvedic concept, it is a type of vatavyadhi. Pain is the sign of Vatadushti. Agnikarma mentioned in the selective clinical condition where vata and kapha dushti present. vata and Kapha dosha have been considered causative factors for Shotha and Shoola in the heel. Agnikarma procedure introduces heat in affected area which is Ushna, Tikshna, Laghu, Guna and breaks Vat-kaphanubandha which reduces Shotha and Neutralize vata so that

shoola get relieved. Hence Agnikarma is safe, cost effective with less complication, which gives sudden relief in Pain.

CONCLUSION:

From the above case it can be concluded that Agnikarma is an effective and cost effective method for the management of is calcanial spur as there was no complications. It proves better than any other treatment. *Agnikarma* gives significant result in calcanial spur.

REFERENCES:

- Das S.; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg. no. 496.
- Das S.; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg. no. 497.
- Clinical Orthopaedic Examination, Ronald McRae, Churchill Livingstone Edinburgh London New York Philadelphia St Louis Sydney Toronto 1998, Fourth Edition, Vol. 1, Page no. 262.
- 4. Yadavji Trikamji Acharya; *Sushrut Samhita of Sushruta* with



commentary of *Dalhanacharya*, *chaukhamba surbharati prakashana*, *Varanasi*, *2003*, Nidana Sthan, Adhyaya no.01, Vatavyadhi Nidana, Sutra no. 79 pg. no. 269.

Anantram Sharma, Sushruta
 Samhita Part-2, Chokhamba
 Surbharati Prakashan, Varanasi, 1st
 Edition, 2001, Chikitsa Sthana,
 Adhyaya no. 04, Vatavyadi

- Chikitsa, Sutra no. 08, Page no. 205.
- 6. Gupta P. D., *Agnikarma*Technological Innovation

 (Treatment by therapeutic

 Burning), Vol. 1, Edition 1st,

 Prabha Publication, 1992, Nagpur,

 Page no. 32.
- 7. McCaffery, M., A., et al. (1989).
 Pain:Clinical manual for nursing
 practice, Mosby St Louis, MO.

Cite this article:

Effect of Agnikarma in calcanial spur: A case study

Nakhate Sandip Rambhauji, Giri S.V.

AYURLINE: INTERNATIONAL JOURNAL OF RESEARCH IN INDIAN MEDICINE 2017; 1(1): 62-65

Source of Support: None, Conflict of Interest: None Received: March, 2017. Accepted: March, 2017