

## An ayurvedic management of *vatakantak* with special reference to plantar fasciitis

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### Abstract

*Ayurveda* - the science of life and longevity - is an ancient Indian system of holistic medicine. *Vatakantak* can be correlated with Plantar Fasciitis. According to the *Ayurveda* "*Vatakantaka*" is defined by Acharya Charaka in *Charak chikitsa* 28 (*Vata vyadhi chikitsa adhyaya*), by Sushruta in *Sushruta Nidan* 1 and by Vagbhata in *Vagbhat Nidan* 15 which is caused by vitiated *Vata* at *Gulfa Sandhi Pradesha* (*Khudakashrit* by Sushruta). Plantar Fasciitis is a chronic inflammation of plantar fascia and degeneration of fibrous tissue with without fibrous formation. Plantar fasciitis is a common cause of foot pain in adults, with the peak incidence occurring in people between the ages of 40 and 60 years, according to the Harrison. A 42-year-old male patient came to outpatient department with chief complaints pain in left heel and foot sole since 1 month. Pain was increased during first few step after waking up from bed. In modern medicine diclofenac sodium introduce by intramuscular, orally can be given for pain management of Plantar Fasciitis. He was treated with *Agnikarma* (5 seatings at interval of 8 days) at local site and *Yogaraj Guggulu* 500 mg thrice daily for 30 days and *Vatavidhwansa Rasa* 500 mg thrice daily for 30 days. The condition was completely cured without recurrence. Plantar fasciitis can be cured completely without recurrence through *Ayurvedic* management like *Agnikarma* with *Rajat Shalaka*.

**Keywords:** *Vatakantak*; Plantar Fasciitis; *Agnikarma*; *Ayurvedic* management

### 1. Introduction

*Vatakantaka* is basically a *Vyadhi* of vitiated *Vata Doshas* and come under *Vatavyadhi*. The *Vayu*, in its normal or undisturbed condition, maintains a state of equilibrium between the different *Doshas* and the root principles of the body (*Dhatu*); it further tends to maintain uniform state in the metabolism of the body (*Agni*) and helps the organs of sense-perception in discharging their specific functions.<sup>[1]</sup>

Acharya Sushruta has mentioned the disease at *Nidansthana* (*Su.Ni. 1*) in *Vatavyadhinidanadhyaya*. The local *Vayu*, enraged by making a false step on an uneven ground, finds lodgment in the region of the ankle (*Khudaka*, in step according to others), thus giving rise to a disease which is called *Vatakantaka*.<sup>[2]</sup>

Acharya Charaka has mentioned the disease at *Chikitsasthana* (*Cha.Chi.28*) in *Vatavyadhi chikitsa adhyaya*.<sup>[3]</sup>

Acharya Vagbhata has mentioned the disease at *Vagbhatnidandhyaya* (*Vg. Ni. 15/53*).<sup>[4]</sup>

Plantar fasciitis is a common cause of foot pain in adults, with the peak incidence occurring in people between the ages of 40 and 60 years. The pain originates at or near the site of the plantar fascia attachment to the medial tuberosity of the calcaneus. Several factors that increase the risk of developing plantar fasciitis include obesity, pes planus (flat foot or absence of the foot arch when standing), pes cavus (high-arched foot), limited dorsiflexion of the ankle, prolonged

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standing, walking on hard surfaces, and faulty shoes. In runners, excessive running and a change to a harder running surface may precipitate plantar fasciitis.<sup>[5]</sup>

The clinical features of *Vatakantaka* can be correlated with the symptoms of Calcaneal spur where there is involvement of *Kaphavruta Vayu*.<sup>[6]</sup> *Vatakantaka* caused mainly due to the vitiation of *Vata Dosha* occurring due to walking on an uneven ground frequently, placing the feet improperly.<sup>[7]</sup> As the reference of Acharya Sushruta suggests the disease chronic plantar fasciitis can be correlated with *Vatakantaka*. *Vatakantaka* is *Snayu Asthi Sandhi Aashrita*.<sup>[8]</sup>

### 1.1. Incidence

The current literature is inconsistent regarding the association between sex and plantar fasciitis, with some studies showing an increased prevalence in men,<sup>[9,10]</sup> while others show an increased prevalence in women.<sup>[11,12]</sup> It is estimated that 1 in 10 people will develop Plantar fasciitis during their lifetime.<sup>[13]</sup>

## 2. Case report

A 34-year-old male patient came with chief complaints pain in left heel and foot sole since 1 month. According to him, pain was severe during first few steps after waking up from bed. History of present illness The patient was alright before 1 month. After that, the patient started feeling pain and stiffness in left heel. He visited a general practitioner and was prescribed NSAIDS which he took for 1 week but got only temporary relief and symptoms gradually increased leading to trouble in day to day routine activities. Hence he came to OPD No.2 of Kayachikitsa Department, Sumatibhai Shah Ayurved Mahavidyalay, Hadapsar, Pune.

### 2.1. Past history

- No history of Hypertension, Diabetes Mellitus, Hypothyroidism.
- No any history of surgical or chronic illness.

### 2.2. Personal history

- Occupation - General manager in a bank
- Addiction -non-alcoholic, non-smoker
- Family history - No evidence of this type of disease in the family.

### 2.3. General examination

- General condition of patient was good and afebrile.
- Pulse-88/min
- Blood pressure-110/70 mmHg
- Respiratory rate-18/ min
- Pallor-Absent

### 2.4. Systemic examination

- CVS- S1 S2 normal
- CNS -Well oriented, conscious
- RS -AEBE clear
- P/A -Soft, non-tender

**Table 1** Ashta vidha parikshan

Nadi	Mala	Mutra	Jivha	Shabda	Sparsha	Drik	Aakruti
vata	Kathin	Samyak pravrutti	Sama	Spashta	Ushna	Prakrut	Madhyam

## 2.5. Local examination

Thorough examination was bilateral limb was done.

- Inspection: No evidence of skin discolouration or swelling on bilateral ankle and foot sole region.
- Palpation: No evidence of tenderness in right ankle and foot sole.

Evidence of moderate tenderness in left ankle heel and foot sole.

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## 3. Materials and methods

### 3.1. Selection of Ayurveda treatment

*Vatakantaka* occurs due to vitiation of *Vata Dosha* reflecting as pain and stiffness clinically in this case. So, treatment was aimed at pacification of *Vata Dosha* at systemic as well as local level.

*Agni karma* <sup>[14]</sup> at local site along with administration of *Vatavidhwansa Rasa* internal medication was selected to treat the case in present study. Patient was advice to wear soft padded shoes during day to day life.

### 3.2. Agnikarma (Therapeutic heat burns)

#### 3.2.1. Materials-

- Rajat Shalaka (Tool for therapeutic heat burn)
- Aloe vera pulp

#### 3.2.2. Pre-operative

- Informed written consent of patient was taken prior to procedure.
- Demarcation of points of maximum tenderness was done on left heel.
- Rajat Shalaka was heated to red hot.

#### 3.2.3. Operative procedure

- Position- sitting
- Cleaning of local site was done with distilled water.
- Agnikarma was done on demarcated points with the help of Rajat Shalaka.
- Application of Aloe vera pulp was done.

#### 3.2.4. Post-operative

- Dusting of Haridra Churna was done at site of Agnikarma.
- Same procedure was repeated, total 5 sittings with interval of every 8 days.

#### 3.2.5. Internal Medications:

*Vatavidhwansa Rasa* was administered for 30 days in the dosage of 500mg twice daily.

### 3.3. Assessment criteria

**Table 2** Assessment Criteria

Sr.No.	Grades →	0	1	2	3
	<b>Sign and symptom ↓</b>				
1.	Pain	No Pain	Mild (Not disturbing daily routine activity and pain only during morning hours)	Moderate (Continuous pain in the morning hours and walking after rest)	Severe (Pain throughout the day and disturbing daily routine)
2.	Tenderness	No Tenderness	Pain on deep pressure	Pain on slight pressure	Pain on touch
3.	Swelling	No Swelling	Mild Swelling	Mild Swelling	Mild Swelling
4.	Burning Sensation	No Burning Sensation	Mild Burning Sensation	Mild Burning Sensation	Mild Burning Sensation
5.	Redness	No Redness	Mild Redness	Mild Redness	Mild Redness

### 4. Observations and results

After initial 30 days of active treatment period, patient was assessed for more further 15 days. Patient got complete relief from symptoms and there was no recurrence of symptoms in 6 months of follow up period.

**Table 3** Signs and Symptoms before treatment and after treatment

Sr.No.	Signs and symptoms	Before Treatment	After Treatment
1.	Pain	3	0
2.	Tenderness	3	0
3.	Swelling	2	0
4.	Burning Sensation	1	0
5.	Redness	1	0

### 5. Discussion

*Vatakantak* can be correlated with Plantar Fasciitis. In *Vatakantak* vitiation of *Vata dosha*. So *Agnikarma* is important treatment for it.

In contemporary science, Plantar Fasciitis is dealt by prescribing NSAIDs, administration of corticosteroid injections, iontophoresis. But long term outcomes of these treatment options are not satisfactory. [15-17]

#### 5.1. Discussion on Agnikarma

*Agnikarma* is indicated as one of the best treatment of pain [18] in diseases of *Asthi* (bones), *Snayu* (tendons) and *Sandhi* (joints). It cures diseases with no recurrence. [19] *Ushna* (hot) *Guna* (property) of *Agnikarma* acts on *Sheeta* (cold) *Guna* of *Vata Dosha* helping in relieving pain and stiffness. *Agnikarma* improves blood circulation at local site. There occurs softening of tissue and relaxation of muscles due to heat application relieving stiffness. Therapeutic heat stimulates the lateral spinothalamic tract, leading to stimulation of descending pain inhibitory fibers, causing release of endogenous opioid peptide, which blocks the transmission of pain. [20]

## 5.2. Discussion on Vatavidhwansa Rasa

It is useful to promote the strength of the bones and joints. It has as an excellent anti-inflammatory and analgesic property. Ayurveda has a theory that says there is no pain without vata. *Vatavidhwansa Rasa* itself is a *Vatashamak*. It mainly pacifies *Vata* and decreases pain. Main function of *Vatavidhwansa Rasa* is to establish *vata-samya* by curing *vata dushti*. It relieves the pain very soon. [21]

## 5.3. Discussion on Yogaraja Guggulu

*Yogaraja Guggulu* is a herbo-mineral preparation having *Kaphavatahara* property. The main target area of the drug is *Asthi Majjagata Vata*. As the drug which has *Ushna* and *Ruksha Guna* which clears the *srothas* (channel). *Yogaraja Guggulu* has main therapeutic action as *Vedana Sthapaka* and *Shothahara* which is attributed by the presence of *Guggulu* as the major ingredient. [22]

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## 6. Conclusion

From above discussion we can conclude that *Agnikarma* and *Abhyantar Vatashamana Chikitsa* is the management of *Vata kantaka* (plantar fasciitis).

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## Compliance with ethical standards

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### Disclosure of conflict of interest

This work is not published anywhere. The authors declare no conflict of interest.

### Statement of ethical approval

Ethical approval is not applicable for this case study as this is a single case study.

### Statement of informed consent

Informed consent was obtained from individual participant included in the study.

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