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# A CONCEPTUAL STUDY ON AGNIKARMA IN THE MANAGEMENT OF VATAKANTAKA W.S.R. CALCANEAL SPUR

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## ABSTRACT

Calcaneal spur is a highly prevalent clinical entity in patients presenting with painful heel. It is one of the most troublesome complaints affecting a large percentage of individuals in their routine work, where mechanical factors are the usual aetiology. It is often seen in females and individuals over 35 years. Recent studies have reported that 11 – 16% of the general population have radiographic evidence of calcaneal spur. Commonly most of the conditions of painful heel and pain in the ankle joint region is considered to be *Vatakantaka* in Ayurveda. Acharya Sushruta has mentioned it, as one of the *Vatavyadhi* which is caused due to exertion and walking on uneven surface which is characterized by severe pain in the foot. The association between calcaneal spurs and heel pain has led to the development of several interventions directly targeted to the spur, including surgical excision and extracorporeal shock wave therapy. Among the various treatment modalities, *Agnikarma* as explained in Ayurveda is one of best *Anushastra Karma*. It is indicated in various diseases of *Sira, Snayu, Asthi* and *Sandhi* in which pain is the predominant symptom. Hence, the present study brings to light the role of *Agnikarma* in *Vatakantaka.*

**Keywords**: Calcaneal spur, *Vatakantaka, Agnikarma.*

## INTRODUCTION

Calcaneus is the largest tarsal bone which forms a major component of the skeleton of the foot providing posterior pillars for bony arches. It provides insertion to the ligaments, tendons and muscles which are necessary in carrying out the day to day activities. Painful heel is a troublesome condition in which calcaneal spur is one of the chief causes.

Calcaneal spur is a common enthesopathic change involving the insertions of the plantar aponeurosis and the Achilles tendon. The term calcaneal spur in Latin "kalkaneussporn" was first introduced by the German physician Pletter who described the condition as the osseus spuring of the plantar fascia of the calcaneous[1]. They become symptomatic through pressure and inflammation of adjacent soft tissues and bursae. Clinically it is diagnosed by a radiograph of the foot as an abnormal growth of bone in the form of a hook on the sagittal image projecting inferomedially from the calcaneus.

Most of the conditions of painful heel can be understood under the term *Vatakantaka* in the Ayurvedic texts. *Vatakantaka* is one among the *Vatavyadhi* in which involvement of vitiated *Vatadosha* is the root cause in the pathogenesis. It is caused by *Vishama Sthana Gamana* (walking on uneven surfaces) or by *Ati Shrama* (exertion) due to which there is *Khavaygunya*. It takes *Stanasamshraya* in *Parshni* and *Gulpha Pradesha*[2]. The vitiated *Vata* further vitiates *Asthi Dhatu* because of the *Ashraya Ashrayi Bhava* of *Vata* and *Asthi*. This results in *Asthi Vikruti* in *Parshni Pradesha* which produces *Ruja* in *Mamsa, Peshi* and *Khandara* in *Khuddala Pradesha* (*Paarshni* or *Paada Jangha Sandhi*). Patients suffering with *Vatakantaka* ex-

perience severe pricking pain (*Kantakavath Vedana*) in heel region[3].

*Vatakantaka* being a *Vatavyadhi*, the general treatment advised in ayurvedic texts for *Vatavyadhi* can be adopted. Among them, the specific treatment includes *Raktavasechana, Eranda TailaPana, Abhyanga, Samanya Vatavyadhi Chikitsa* and *Agnikarma*[4].

*Agnikarma* is an important *Anushastra Karma*, elaborately described in Sushruta Samhita. Sushruta hails this procedure as the best and the most important one. The disease which cannot be cured with *Bheshaja* (medicines), *Shastra* (surgery) and *Kshrakarma* can be beneficially treated with *Agnikarma* and thereby preventing its recurrence[5]. Agnikarma which is indicated in *Snayu, Sandhi* and *Asthi gata Vata,* relieves pain instantly[6]. Thus, *Vatakantaka* can be successfully managed by *Bindu Prakara* of *Agnikarma* with *Panchaloha Shalaka*.

**PURVA KARMA**

The diagnosis is made on the basis of clinical and radiological examination.

Written informed consent was taken. Necessary laboratory investigations were done.

**PRADHANA KARMA**

The patient is made to lie in a comfortable position.

The red hot *Panchaloha Shalaka* is then applied to the most tender point on the heel in *Bindu Akruti*. Appropriate precautions are taken to avoid *Asamyak Dagdha* (neither superficial nor deep burn).

**PASCHAT KARMA**

After completion of the procedure, the part where the *Agnikarma* was done should be anointed and dressed with medications like *Shatadhauta Ghrita* for *Ropana* of *Dagdha Vrana*.

## DISCUSSION

*Vata* which is the predominant *Dosha* is mainly responsible in the pathogenesis of *Vatakantaka*. In the ayurvedic view, two theories are postulated on the mechanism of *Agnikarma*. According to the first theory, it works by giving external heat there by increasing the *Dhatvagni* which brings the aggravated doshas to equillibrium and hence subsiding the signs and symptoms. In the second theory, *Ushna* (hot), *Tikshna* (sharp), *Sukshma* (finest) *and Ashukari* (quick acting) properties of *Agni* is exactly opposite to *Sheeta Guna* of *Vata* and *Kapha Dosha* which pacifies *Vata* and *Kapha* therefore reduces *Shoola* and also the *Shotha.*

**Probable mode of action**

According to the modern view, the endogenous pain inhibiting system consists of gate control mechanism and descending pain inhibiting system[7].

In gate control mechanism, when the pain signals carried by the small fibres (A-delta and C fibres) are less intense compared to the other sensory signals like touch, pressure and temperature, the inhibitory neurons prevent the transmission of the pain signals through the T cells. The other sensory signals (temperature) override the pain signals and thus the pain is not perceived by the brain.

In descending pain inhibiting system, heat may stimulate lateral spinothalamic tract which leads to the stimulation of descending pain inhibitory fibres (DPI) with release of endogenous opioid peptide which bind with opioid receptors at substantia gelatinosa of Rolando which inhibit the release of P - substance (pre - synaptic inhibition) and blockade of transmission pain sensation occur.

On the basis of the above theories, *Agnikarma* is effective in the management of pain in *Vatakantaka*.

## CONCLUSION

*Agnikarma* is effective and results in relief of pain which is most uncomfortable for the patients with *Vatakantaka*.

The procedure is simple, economical, safe and can be done at the OPD level.

Number of sittings of *Agnikarma* depends on the chronicity and severity of the disease.

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