

Role of agnikarma in the management of chronic plantar fasciitis

Case Study

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Abstract

Chronic plantar Fasciitis is a common Condition in painful heel. Heel pain is observed in number of conditions like sever's disease, Calcaneal knob, Bursitis, bony spur, Pagets, Orteomyelitis, acute plantar fasciitis and chronic plantar fasciitis. Management of the above condition is done by medicine, para surgical procedure and surgical procedures as per requirement. But these treatments modalities are lengthy having complications and are not suitable for common people belonging to developed countries.

As the reference of *Acharya Sushruta* suggests the disease chronic plantar fasciitis can be correlated with *Vatakantaka*. *Vatakantaka* is *Snaya Asthi Sandhi Aashrita*, so the patient should be kept under *Agnikarma* therapy upto a satisfactory level of relief from pain. It may be for long duration and hence in this study a case of chronic plantar fasciitis was treated by *Agnikarma* for a period of 45 days. In this period 6 sittings was administered at the interval of 7 days giving a complete relief from pain. After completion of *Agnikarma*, the patient was followed up and observed for recurrence for 3 months.

Keywords: *Agni karma*, Plantar fasciitis, Painful heel

Introduction

Painful heel is common complaint which is often received from an individual of any age. There are various conditions causing heel pain in different age groups. In children sever's disease is observed mostly in boys which is type of 'traction osteochondritis'. In adolescent girls calcaneal knob is uncommonly observed. In adult women bursitis is common and acute plantar fasciitis may be found with gonorrhea (1).

In patients belonging to middle-aged groups, bony spur and chronic plantar fasciitis is commonly observed (2). The

exact pathology of chronic plantar fasciitis is not known but it is more often seen in men between 40 to 60 years of age who are more prone for ill fitting footwear (3). There is an early morning stiffness, restricted movement, pain and tenderness below the calcaneus (4). To get relief from pain, initially a soft pad may be used just below the tender area. If this does not help, injection of Hydrocortisone should be made at the most tender spot. If this fails then lastly division of the plantar fascia is indicated (5). But all these measures have side effects, complications and are time consuming. Moreover they do not give permanent cure for the disease. It is therefore, very uneconomical for a common man to afford all these costly measures.

According to *Acharya Sushruta* chronic plantar fasciitis can be correlated with *Vatakantaka* which is caused by vitiated *Vata Dosha* due to constant

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standing and walking on uneven surface resulting into pain in foot (*Heel*) (6). *Sushruta* also mentioned that the disease *Vatakantaka* is *Snayu Asthi Sandhi Ashrit* and such diseases should be treated with oleation, poultice, *Agnikarma*, *Bandaging* and massage upto a considerable relief from pain (7). Hence a case study of *Agnikarma* in management of chronic plantar fasciitis was selected.

Here we shall study a case of a 45 year aged patient working as an agriculture labor who visited to OPD of *Shalyatantra* Department of Ayurved Mahavidyalaya, Rahuri on 10th May 2013 with complaints of painful heel, tenderness, restricted movements and early morning stiffness at the right heel. There was history of previous treatment for chronic plantar fasciitis under private orthopedic surgeon since the last four months. The history suggested that he had received analgesic, anti inflammatory, steroid and two sittings of hydrocortisone injection but without any significant and satisfactory relief, hence after. Routine Blood investigation and x-ray examination of heel were done and all investigations were found normal. After careful assessment and examinations patient was diagnosed with nonspecific chronic plantar fasciitis and it was decided that this be treated with *Agnikarma Chikitsa* only at an interval of seven 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 early morning stiffness whereas tenderness and restricted movement were relieved after the completion of 6th sitting without 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* as compared to previously treated with modern modalities.

Procedure of Agnikarma

After taking informed written consent the affected part was cleaned with *Triphala Kashaya*. It was then wiped with dry sterilized cotton gauze (8). Red hot *Panchdhatu Shalaka* was used for making *Bindu Dahan Vishesh* and 18-20 *Samyak Dagdh Vrana* were made by *Panchadhatu Shalaka*. It is to be noted that a proper space between two *Samyak Dagdh Vrana* should be kept after making *Samyak Dagdh Vrana*. Also, the *Kumari Swarasa* should be applied on that to get relief from burning sensation. After wiping of *Kumari Swarasa* dusting of *Yashtimadhu churna* should be applied (9).

Above procedure was repeated 6 times at the interval of 7 days and patient was advised to apply the paste of *Haridra* powder mixed with coconut oil at bed time upto normal appearance of skin.

Discussion

Chronic planer fasciitis can develop due to use of walking on uneven roads with ill fitting footwear which causes silent and repeated injury resulting into inflammation of plantar fascia which results in the painful heel, tenderness, early morning stiffness and restricted movements of heel. As per *Ayurvedic* concept, this condition may develop as the vitiation of *Vata* with *Anubandha of Kapha Dosha*. *Vata* and *Kapha Dosha* have been considered as the important factors for causation of *Shotha* (inflammation) and *Shoola* (pain) in the heel.

Agnikarma Chikitsa introduces heat in the affected area. This heat is *Ushna, Tikshna, Laghu, Sukshma, Vyavayi and Vikashi* in *Guna* which is helpful to break the *Kaphanubandha* thus reducing *shoth* and ultimately *Vata Dosha* gets neutralised so that *Shool* (pain and tenderness) is relieved. To manage such a condition *Agnikarma Chikitsa* is creditable treatment.

Conclusion

1. *Agnikarma* therapy is OPD procedure.
2. *Agnikarma* therapy is mostly helpful in management of local pathological diseases.
3. During procedure of *Agnikarma* one should not exert excessive pressure unless it will produces *Atidagdha vran*.
4. Scar of *Dagdha Vran* produced by *Agnikarma* disappeared within 3 weeks.
5. Number of sitting of *Agnikarma* depends upon chronicity and severity of the disease.

Thus from the above study it can be concluded that *Agnikarma* procedure proves to be one of the easiest way to reduce the plantar fasciitis.

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PHOTOGRAPHS



Fig.1. Instruments for Agnikarma Therapy



Fig.2. Heating Of Panchadhatu Shalaka.



Fig.3. Red Hot Panchadhatu Shalaka.



Fig.4. Painting With Triphala Kasaya



Fig.5. Wipe With Gauze .



Fig.6. Bindu Agnikarma With Tip Of Shalaka



Fig.7.After Bindu Agnikarma.



Fig.8.Application Of Kumari Patra Swarasa.



Fig.9.Yashtimadhu Churna Application After Agnikarma.



Fig.10.After 3rd Sitting Of Agnikarma.



Fig.11.After 6th Sitting Of Agnikarma.