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 “kalkaneuss-porn” was first introduced by the German physician Pletter who described the condition as the osseus spuring of the plantar fascia of the calcaneous¹. 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 Aiti Shrama (exertion) due to which there is Khavavyunya. It takes Stanasamshraya in Parshni and Gulpha Pradesha². 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-
experience severe pricking pain (Kantakavath Vedana) in heel region. 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. 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 Bhashaja (medicines), Shastra (surgery) and Kshrakarma can be beneficially treated with Agnikarma and thereby preventing its recurrence. Agnikarma which is indicated in Snayu, Sandhi and Asthi gata Vata, relieves pain instantly. 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 Shatatdauta 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 equilibrium 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.

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 spinthalamic 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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Source of Support: Nil
Conflict Of Interest: None Declared