



A COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF AGNIKARMA WITH PANCHALOHA SHALAKA AND RAJATA SHALAKA IN THE MANAGEMENT OF VATAKANTAKA W.S.R TO PLANTAR FASCIITIS

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ABSTRACT

Vatakantaka is a disease which gives thorny pain in the foot associated with *vata kapha dushti*, and interferes in doing day to day activities. In classics it has been said that when the foot is kept on the uneven ground or placing the foot improperly (while walking) or by over exertion of the foot, *Vata* localized in the *Khudaka*¹ gets aggravated and produces pain. *Vatakantaka* can be correlated to plantar fasciitis in modern science. The treatment of *Vatakantaka* in *Ayurveda* is *Sneha, Upanaha, Agnikarma, Bandhana and Unmardhana*. Both the *Shalaka* enhances the local temperature and looks similar but their way of preparation is different. So this topic is chosen to evaluate the better efficacy between them.

Methodology: It is the open randomized clinical study where minimum 20 patients in each group were selected. Group A is treated with *Panchaloha Shalaka* and Group B is treated with *Rajata Shalaka*. **Results:** In Group A (*Agnikarma with Panchaloha Shalaka*) out of 40 patients, 70% patients showed Marked improvement and 15% patients had moderate improvement and 15% patients showed mild improvement. There were no patients with complete remission. In Group B (*Agnikarma eith Rajatha Shalaka*) out of 40 patients, 60% patients showed Marked improvement and 25% patients had moderate improvement and 15% patients showed mild improvement. There were no patients with complete remission **Conclusion:** Agni karma with *Panchaloha shalaka and Rajatha shalaka* both are effective in alleviating the features of *Vatakantaka*.

Keywords: *Vatakantaka, Khudaka, Agnikarma, Panchaloha Shalaka, Rajatha Shalaka.*

INTRODUCTION:

Vatakantaka is a disease which interferes in doing day- to-day

activities. In classics it has been said that when the foot is kept on the uneven ground or placing the foot improperly (while walking) or by over exertion of the foot, *Vata* localized in the *Khudaka* gets aggravated and produces pain. Intensity of the disease is so severe that the ankle joint restricts in mobility and man become helpless to do daily works. *Pada* being one of the *karmendriya*, most of the activities of the day to day life depend on this and body weight is bear by the *Pada*. Any problem of foot adversely affect to routine of an individual. There are few references available regarding *Padagata Vyadhi*² in Samhita but amongst *Vatavyadhi*, The factors which are responsible for *Vatakantaka*² are excessive use of Ruksha, *Sheeta*, *Laghuahara* and Excessive walk in bare foot. In India 10 million people are suffering with the same, men and women are equally affected. The regions of high prevalence of the disease are wearing high healed and hard footwear, improperly fitting footwear, exposure to excessive cold, working in water, walking long distance, engaging in strenuous exercise especially Jumping,

Running and Standing for prolonged periods. *Vatakantaka* can be co-related to plantar fasciitis⁴ in modern science. The treatment in modern science is both conservative and as well as surgical⁵, by use of NSAID's, pain will be relieved temporarily but treatment is expensive and having the chance of complications and re-occurrence is more. The person who suffers from this disease cannot walk and stand properly more over painful foot continuously drags his attention. The treatment of *Vatakantaka* in *Ayurveda* is *Sneha*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardhana*⁶. In *Agnikarma* due to its *Ushna Guna*, eliminates the vitiated *Vata Kapha Dosh*a and pain relives quickly, no chance of recurrence.

AIMS AND OBJECTIVE OF THE STUDY

1. Comparative study of *Agnikarma* with *Panchaloha Shalaka* and *Rajata Shalaka* on *Vatakantaka*.
2. To study *Vatakantaka* and Plantar fasciitis as per *Ayurveda* and Modern reference books.
3. To evaluate clinically role of *Agnikarma* with *Panchaloha Shalaka* on *Vatakantaka*.

4. To evaluate clinically role of *Agnikarma* with *Rajata Shalaka* on *Vatakantaka*.

METHOD OF COLLECTION OF DATA

The study was conducted at Shri JGCHS'S AYURVEDIC MEDICAL COLLEGE AND HOSPITAL GHATAPRABHA. Patients suffering from classical features of *Vatakantaka* were selected for the study from the OPD and IPD. It is the open clinical study where forty patients suffering from classical features of *Vatakantaka* where selected randomly and made each group of 20 patients.

CRITERIA FOR SELECTION OF CASES

A] Inclusion criteria:

1. Patient of age group between 20-60 years with irrespective of sex, religion, occupation and status.
2. Patients with classical symptoms of *Vatakantaka*.

B] EXCLUSION CRITERIA

1. *Anarhas* of *Agnikarma* karma mentioned in the classics.
2. Patients having uncontrolled DM, HTN or any severe systemic diseases.
3. Following the fracture of Calcanei

STUDY DESIGN:

A total of 40 patients were selected for the study. They were divided into two groups of 20 each under Group- A and Group- B.

Group – A: The patients under this group were treated by Agni karma.with Panchaloha Shalaka.

Group – B: The patients under this group were treated by Agni karma.with Rajata Shalaka. The procedures in both the groups were conducted at minor O.T of shalya tantra P.G department of Shri JGCHS'S AYURVEDIC MEDICAL COLLEGE AND HOSPITAL GHATAPRABHA.

Agnikarma – 02 sittings

1st day – 1st sitting.

15th day – 2nd sitting.

Follow up – 30th day

Total duration – 1 Month.

ASSESSMENT CRITERIA

Table 1 : SWELLING

Swelling	Absent	0
	present	1

Table 2: TENDERNESS

Tenderness	Absent	0
	present	1

Table 3 :STIFFNESS

Stiffness	No stiffness	0
	Some times for 5-10 min	1
	Daily for 10-20min	2

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Daily for 20-30min	3
Daily for more than ½ an hour	4

difficulty in walking)	
Moderate (pain and slight difficulty in walking)	3
Sever (pain and extreme difficulty in walking)	4

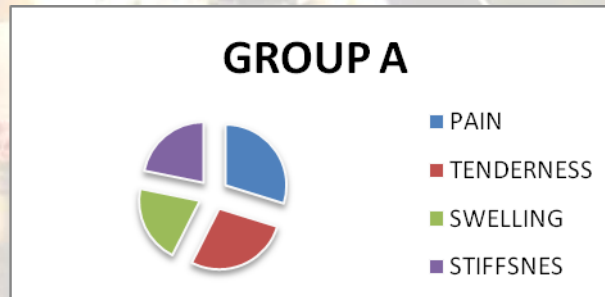
Table 4: PAIN

Pain	No pain	0
	Occasional	1
	Mild (pain but mild)	2

RESULT

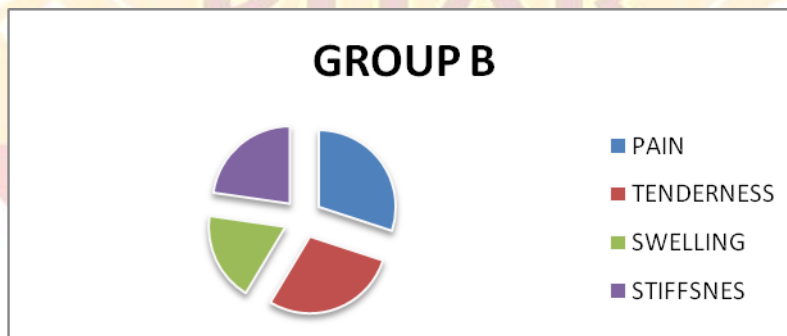
Result of group A

The percentage of improvement in Group A on pain is 86.15%, tenderness is 80%, Swelling is 60% and Stiffness is 63.03%.



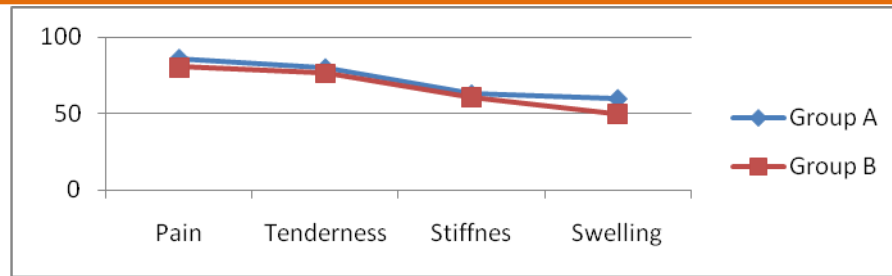
Result of group B

The percentage of improvement in Group B on pain is 80.41%, tenderness is 76.6%, Swelling is 50% and Stiffness is 60.86%.



Comparative results of Group-A and Group-B

In case of Vatakantaka, Group A overall result is 72.29 % and Group B overall result is 67.96%



DISCUSSION ON AGNIKARMA

Agnikarma is indicated in diseases of *Vata*. Thus *Agnikarma* is probably works in *Sandhigata* by causing normalcy of *Dushita Vata*. It reduces pain quickly by breaking down the obstruction (*Sanga*) to the normal movement of *Vata*, thus restoring the normal circulation and function of *Vata*⁸.

PROBABLE MODE OF ACTION:

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According to Ayurveda:

Aggravation *vata dosha* caused for *Vatakantaka* with *Anubhandh* of *kapha*, *Agnikarma* is considered as best therapy for *Vata* and *kapha dosha* because *Agni* possesses *Ushna*, *Sukshma*, *Tikshna guna aashukari guna* which are opposite to *Vata* and *Kapha*. It removes *Srotovarodha* and increase the *Rasa Rakta samvahana* to the affected site.

Therapeutic heat transferred by *Agni karma* increase the *dhatwagni*, so metabolism at *dhatu* level increases

which helps to digest the *ama dosha* of metabolism. Possible scientific explanations:

1. Gate control therapy: pain sensations are transferred by two types of fibers. "A" fibers (stimulated by heat, cold and touch) and "C" fibers (stimulated by pain). Here the gate mechanism is blocked by stimuli from A fiber, so the pain will not be felt.

2. According to scientist Dr. Ven Hanff:

The place where heat burns the local tissue metabolism is improved and thus it leads to increased demand of oxygen and nutrient of the tissues. This causes enhanced delivery of nutrients and more efficient removal of waste products, hence speeding up the natural process of repair.

3. Heat → Thermal receptors → Stimulation of Lateral Spinothalamic Tract → Stimulation of Descending Pain Inhibitory fibers → Release of endogenous Opioid peptide which bind with opioid receptors at Substantia Gelatinosa Rolandi → Inhibition of

release of P-substance → blockade of pain sensation. Pain receptors of skin and motor end plate stimulated at 450C. Pathway for pain and thermal signals run parallel and ends into same area but only stronger one can felt. Therefore complete exclusion of pain impulse by heat occurs.

4. Counter irritation theory: A counter irritant stimulate sensory nerve endings and relieves pain.

5. Blocking mechanism: Agni karma probably block the pathway of pain, which makes the person to not feel the pain.

6. Increased blood supply: Heat causes vasodilatation, so the increased blood flow to superficial tissue prompts oxygen and nutrient supply and removal of waste products.

7. Effect on muscle tissue: Heat induces muscle relaxation.

CONCLUSION

1. Both the *Shalaka* (*Panchaloha* and *Rajatha*) are effective in treating *Vatakantaka*.

2. It was found that both the procedure have given significant result in all the parameters of assessment designed for *Vatakantaka*.

3. Overall result of *Agnikarma* with *Panchaloha Shalaka* is 72.29% and with *Rajatha Shalaka* is 67.29%

4. No untoward effects were observed in any of the cases in both the groups during and after the treatment.

5. Both the materials used were economic can be advised at OPD level. It does not required admission in the hospital and hence it is ambulatory.

6. Patient's co-operation and acceptability for both the procedures were good.

7. This study should be done on large samples with lengthy follow up so that definite conclusions can be drawn as the present study is limited to small sample of 40 patients.

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