Management of Parshnishool (Heel Pain) Due to Vatakantaka (Calcaneal Spur) With Agnikarma (Therapeutic Burn). – A Case Report.

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Abstract: Pain is the commonest symptom due to which patients come to the Physician. Every patient wants instant relief from such type of unwanted feelings. Conventional therapies have many painkillers that instantly give the desired effect with a byproduct of many side effects. Parshnishool (Heel pain) occurring due to Vatakantaka (calcaneal spur) is a common type of pain nowadays. It hampers day-to-day life chores affecting the physical as well as mental status of an individual. Ayurveda has solutions for all types of diseases occurring in every Era. The calcaneum has tiny osteophyte projections known as calcaneal spurs. It is not an acute illness with abrupt onset. It takes place as a result of progressive changes in that area. Calcaneal spurs are often seen in two regions: the inferior and posterior ones. The lower one is placed on the calcaneum’s inferior side and frequently reacts to plantar fasciitis over time. Calcaneal spur and its symptoms can be easily treated with Agnikarma means therapeutic heat application. Vata is the causative factor in all types of pain. There are a total of 80 diseases that occur due to the vitiation of Vata. Vata and Agni have exactly opposite properties. In this case, we use Loha shalaka (Iron lancet) for therapeutic burns. Loha shalaka gives more relief from pain than any other shalakas. The patient got complete relief after three sittings. He was advised with some internal medication as supplements. Agnikarma is the easy, less time-consuming, and financially affordable treatment in Pashnishool occurring in Vatakantaka with no side effects.

Keywords: Agnikarma, calcaneal spur, Loha shalaka, Pashnishool, Vatakantaka

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1. **INTRODUCTION**

Pain is a very unwanted sensation. Musculoskeletal pain is one of the most severe pains. Heel pain is very common in all age groups. Pain sometimes arises in the absence of any noticeable incentive, injury, or disease. Pain is the main universal reason for physician consultation in most countries and a chief symptom in many medical circumstances and can hinder a person's quality of life and day-to-day life function. The definition of Pain is an unpleasant sensory and emotional experience related to actual or potential tissue damage or described in terms of damage. This definition is according to the international association for the Study of Pain.  

Calcaneal spur is a familiar root of heel pain in older people. The causative factors are calcium deficiency, accidental injuries, use of high heels, lifestyle, food intake, standard of living, and work type. A calcaneal spur (also known as a heel spur) is a bony result of the calcaneal tuberosity (heel bone). When a foot is uncovered to regular stress, calcium deposits assemble on the floor of the heel bone. Repeated damage can end up with the deposition piling up on each other, causing a spur-shaped deformity called a calcaneal spur. In conventional treatment plans, Pain killers and intraarticular injections of steroids are used. But the results are not that satisfactory. Relapses and pain reverses as medications are stopped. The patient has no history of HTN, DM, or any previous severe illness.

2. **CASE REPORT**

A 45-year-old patient came to the OPD of MGACH & RC, Salod, Wardha, with pricking pain over the heel, worst in the morning; the patient could not touch the floor. He had a pricking sensation over his heel and felt pain on the touch.

2.1. **Family history**

Mother – no history of illness  
Father – no significant history  
Siblings – No significant history

2.2. **Past History**

The patient had an accident four years back. No History of HTN and DM.

2.3. **Personal history**

The patient has an addiction to Tea, Tobacco, betel nuts, and alcohol occasionally.  
Diet – Non - Vegetarian, Junk food, and stale food I consumed daily; the timing of meals is not fixed. Dry food like Snacks, Sleep – Disturbed sleep, sleeping hours are not fixed. Bowl – not satisfactory; goes 3-4 times for defecation.

2.4. **Clinical findings**

The patient was good and healthy 4 years back. He had met with an accident four years back. There was a blunt injury on the Right heel at that time. He had taken medications. But the patient has no history of HTN, DM, or any previous severe illness.

2.5. **General examination**

When the patient came to OPD, he was thoroughly examined, and complete history was taken. The patient was supportive and oriented to time and place. 
Vitals – Temperature – 96.3, Pulse – 88 / min, Respiratory rate - 18 / min, Blood pressure – 120/80 mm Hg.

2.6. **Asthavidhaparisha (Eight vitals according to Ayurveda)**

| Nadi (pulse) | 88/ min |
| Mutra (urine) | No complaints |
| Mala (feces) | 3-4 times a day, unsatisfactory |
| Jivha (tongue) | Sama (coated) |
| Shabda (speech) | Normal |
| Sparsha (touch) | Normal |
| Drik (vision) | Normal |
| Akruti (shape) | madhyam |

2.7. **Diagnostic assessment**

2.7.1. **Pain scale**

...
A pain scale is used to assess the pain of this patient.

0 – none
1-3 – Mild
4-6 – Moderate
7-10 – Severe

2.7.2. Grading of tenderness

0 – No tenderness
1 - Mild tenderness without wincing.
2 – Tenderness with a grimace
3 – Jump sign positive
4 – Jump sign with noxious stimulus.

2.8. Treatment

The patient was advised to go for Agnikarma. Along with this, internal treatment was advised to the Patient.

2.8.1. Pre-procedure

Written consent was taken from the patient for the procedure. Then, a complete procedure was introduced to the patient.

2.8.2. Procedure

The right Heel was completely cleaned with Betadine solution and spirit. *Loha Shalaka* (Iron lancet) was heated on the spirit lamp and then touched to the different points of the heel.
2.8.3. After procedure

Kumari (Aloe vera) was applied over the heel, and the patient was advised to rest.

*Fig 4: Aloe vera for after application*

*Fig 5: Application of Aloe vera after the procedure*

Three sittings of Agnikarma are advised to the patient with a gap of 5 days. Along with this, internal drugs and *pathya* (Food regime to be followed) – *apathya* (Food regime to be avoided) were advised to the patient.

<table>
<thead>
<tr>
<th>Type of treatment</th>
<th>Drug name</th>
<th>Dose</th>
<th>Administration time</th>
<th>Duration</th>
<th>Anupama</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abha gugulu</td>
<td>250 mg</td>
<td>BD</td>
<td>15 days</td>
<td>Koshna jala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 tabs</td>
<td>Before meal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Triphala gugulu</td>
<td>250 mg</td>
<td>BD</td>
<td>15 days</td>
<td>Koshna jala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 tabs</td>
<td>Before meal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Agnikarma</td>
<td>-</td>
<td>-</td>
<td>3 times in a fortnight</td>
<td>-</td>
</tr>
</tbody>
</table>

In this patient, *Abha Gugulu*, 250 mg 2 tablets were given for 15 days twice daily before meals with *Koshna jala* as Anupan. *Triphala gugul*, 250 mg 2 tablets given for 15 days twice daily before a meal with *Koshna jala* as Anupan. *Agnikarma* was done 3 times a fortnight with *Shalaka*, and Aloe vera has applied afterward.

2.8.4. Assessment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>BT</th>
<th>I&lt;sup&gt;st&lt;/sup&gt; Follow up</th>
<th>II&lt;sup&gt;nd&lt;/sup&gt; Follow up</th>
<th>III&lt;sup&gt;rd&lt;/sup&gt; Follow up</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parshnishool (Pain)</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Tenderness</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Difficulty in walking</td>
<td>Pain on walking</td>
<td>Moderate pain on walking</td>
<td>Mild pain on walking</td>
<td>Mild pain on walking</td>
<td>No pain on walking</td>
</tr>
</tbody>
</table>
The patient came to OPD with pain grading 7 on the pain scale. After doing Agnikarma and taking internal medication for 7 days, the pain reduced to 6 on the first follow-up. On the second follow-up, it was 4. On the third follow-up, the pain was 3 on the VAS pain scale, and after treatment, it was completely reduced.

2.8.5. Probable mode of action of Agnikarma in Vatakantak

Due to unequal positioning of the foot and other similar causes, vata gets vitiated and enters the khudaka (Heel), which causes great pain. Agnikarma is on the heel because its opposite of Vata's. Vata that has become vitiated is stabilized, and the discomfort it causes is eased. Agnikarma works by applying external heat, which increases the Dhavagni and aids in the digestion of the inflamed Doshas, curing the illness. Therapeutic heat causes vasodilatation, increasing local blood flow. This enhanced blood circulation removes the analgesics and metabolic waste products from the area. It triggers an auto-immune response by delivering the right nutrients to the tissue and facilitating chemical movement. In addition to being therapeutic, heat raises the temperature at the applied region, which lessens nerve reflexes and causes muscles to relax, reducing stiffness.

3. DISCUSSION

Shool means a pricking type of pain that can’t occur without Vata. This quotation is according to Acharya Sushruta. I3 School is a symptom of an underlying disease. There are various treatment strategies in Ayurveda to fight pain. Agnikarma (therapeutic heat burn therapy) is one of them. Agnikarma is superior to all. It pacifies local Vata and Kapha doshas and gives instant relief from pain. Various tools can be used for Agnikarma. Even various types of metals such as Loha (Iron), Tamra (copper), and Suvarna (Gold) are used in general. Here we have used Loha shalaka. In this case, the patients have undergone three sittings of Agnikarma. The patient has severe pain over the heel, so it was difficult for him to touch the ground. On the first visit, Agnikarma was done on the first follow-up, and the Pain was reduced to 6, which is moderate according to the scale. The tenderness is reduced to 2. On the second visit same procedure was followed, and the pain was reduced to 4 and tenderness to 1 on the second follow-up, which is mild. On the third visit again, Agnikarma was done, and the pain was reduced to 3 and tenderness reduced to 1. Again Agnikarma was done, and the patient was asked to give a follow-up after five days. On the After treatment visit, there was no pain. The patient could touch the ground, and there was no pain over heel to the patient. Along with Agnikarma, Abha guggul and Triphala guggul were also prescribed to the patient with Koshnjal (lukewarm water). Abha guguulu contains Babula Twak. (Acacia arabica), Amalaki (Emblica officinalis), Bibhitaki (Terminalia bellirica), Haritaki (Terminalia chebula), Sunthta (gingibar officinalis), Marich (Piper nigrum), Pippali, Guggulu (Commiphora mukul) and Ghrita. Abha guguulu works on diseases related with Asthi dhatu (Bones). It has an anti-inflammatory effect. Triphala guggul contains Amalaki, Bibhitaki, Haritaki, Pippali and Shuddha guggul (purified resin). Triphala Guguulu works on Vata-related diseases such as arthritis, bone pains, etc. It works anti-inflammatory and reduces pain. Guguulu is resin extracted from Commiphora mukul. It is the most used drug in Ayurveda due to its anti-arthritic and detoxifying properties. In Ayurveda, there are mainly three types of Agni (digestive fire): Dhatvagni, Jatharagni, and Bhutagni. Dhatvagni is the metabolism that occurs at Dhatus (tissue) level. Agnimandhya (low metabolic rate) is the root cause of various diseases. Therapeutic Heat application increases local warmth and dilates the blood vessels. It helps in relief from localized pain. Every Dhatu (tissue), according to Ayurveda, has a unique Dhatvagni, and ailments start to appear when it declines. Agnikarma treats this condition by applying external heat and raising Dhatvagni, which aids in digesting the exacerbated Doshas and hence heals the illness. Thermotherapy applied locally may speed up tissue metabolism, which could result in the expulsion of toxic substances and undesirable metabolites. Heat can activate the lateral spinothalamic tract (SST), activating the descending pain inhibitory fibers (DPI). The DPI stimulates the release of endogenous opioid peptide, which binds to opioid receptors in the substantia gelatinosa rolandi and inhibits the release of P- substance (pre-synaptic inhibition), preventing the transmission of pain signals. In a review article, Cauterization
is depicted as a modern concept of Agnikarma. It is said that diseases that are treated with it never recur. The benefit of this method is that there is no bleeding; it is very similar to electrocautery, and the heat produced by the procedure immediately sterilizes the treated region.

4. CONCLUSION

Agnikarma is a therapeutic heat treatment. It is the half treatment according to Ayurveda. It gives relief from localized pain instantly. Agni has exactly the opposite guna (properties) of data. As Vata is responsible for all types of pain, it can be beaten up with Agni’s usha guna (hot properties). The Loha shalaka used in this patient as Loha (Iron) shalaka gives better pain relief than other metal shalakas. Agnikarama is the safest, most affordable, and less time-consuming way of relieving pain without side effects.

5. AUTHOR’S CONTRIBUTION STATEMENT

Divya Jadhav observed the patient under the guidance of Mayuri Deshpande. Mayuri Deshpande curated the data and made the final draft. Amol Deshpande and Minakshi Urkude gave their valuable inputs in methodology and analyzed the data. Finally, all authors read, discussed, and approved the manuscript for the final content of the manuscript.

6. CONFLICT OF INTEREST

Conflict of interest declared none.