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Ayurveda

MANAGEMENT OF CALCANEAL SPUR BY AGNIKARMA: CASE SERIES

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ABSTRACT The modern lifestyle demands being active on our feet for long hours resulting pain in the heels in many cases. The predominant cause of such a pain is 'Calcaneal spur'. Calcaneal spur is a condition of pointed bony outgrowth of the heel bone. It is one of the most troublesome common health complaints which affect people's routine work badly. This is most often seen in people over the age of 35. People who are obese, who have flat feet, or who often wear high-heeled shoes are most susceptible to heel spur. Its major symptoms are pain in heels, which increases in intensity after prolonged periods of rest. Outgrowth is detected in X-ray of foot in Calcaneal spur. Till date symptomatic treatments are available like NSAID and analgesic drugs, steroid injections, orthotics and exercise. The surgical treatment like excision of Calcaneal spur is available but it is sometimes having complications like incomplete relief of pain and nerve damage. According to Ayurveda, asthi-snayugata, vata and vatakantak can be correlated with the Calcaneal spur. Classics said that pain is caused by vitiated Vata dosha and Agni Karma counter acts on it due to its Ushna guna, as it is exactly opposite to Sheeta guna of Vata. Agnikarma has Shulahara, Shothahara and Vatahara properties. Four patients successfully treated with Agnikarma therapy are hereby presented in this case series.

KEYWORDS : Agnikarma, Calcaneal Spur, Shulahara, Shothahara, Vatahara.

INTRODUCTION:

A heel spur (or osteophyte) is a small bony growth or collection of bony growths on the back or underside of the heel. Stabbing pain under the heel, mild inflammation of the heel and ankle joint pain are the cardinal features of this illness. Numbness is also complained by some individuals. [1] The prevalence rate of heel pain is 59 % of the Indian population. [2] In Ayurveda Calcaneal spur can be correlated with vatakantaka, which is common vatavyadhi. In which vata is vitiated due to excessive walking or walking in irregular surface, excessive pressure exerted over ankle region and vata accumulated in ankle region causing heel pain. [3] Diagnosis is usually made based on an X-ray, which will indicate where the spur is located on the heel. Till date symptomatic treatments are available like NSAID and analgesic drugs, steroid injections, orthotics and exercise. The surgical treatment like, plantar fascia release and excision of calcaneal spur are available having complications like incomplete relief of pain and nerve damage. [4] According to Ayurveda asthi-snayugatavata can be correlated with the calcaneal spur. Sushruta has advised Agnikarma for disorders of asthi and snayu. Ayurveda also describes this condition as vatakandaka, condition resulting due to kapha-vata vitiation.

MATERIAL AND METHODS REQUIRED-

Material:

- Panchaloha dhatu Shalaka
- Jatyadi Taila
- Aloe vera leaf
- Turmeric powder
- Burner etc.

Method or Procedure:

Agnikarma is done with Panchaloha dhatu Shalaka making the signs of bindu, all over the affected part with application of aloe vera intermittently to give cooling effect to the patient. After Agnikarma turmeric powder should be applied as post-operative procedure [5].

CASE SERIES:

Before performing Agnikarma procedure, all routine investigations were done and they were found to be in normal Range. Systemic examination do not reveal any abnormality in any of the four cases.

X-Ray Heel (AP View) – X-Ray heel was suggestive of calcaneal spur in all the cases.

S.No	AGE/ SEX	Symptoms Present	No. of Sittings Done	Remarks
Case 1	55/F	Pain in Left heel, walking difficulty.	02	Pain was significantly reduced. Walking distance increased.
Case 2	40/M	Pain in both heels, difficulty in walking.	02	Pain was significantly reduced. Walking distance increased.
Case 3	42/M	Pain in Right heel, difficulty in walking	02	Pain was significantly reduced. Walking distance increased.
Case 4	38/F	Pain in Left heel.	02	Pain was significantly reduced. Walking distance increased.

TYPE OF AGNIKARMA:

Agnikarma in the form of bindu at maximum tenderness point at calcanial region, multiple bindu are formed (10-15 in number).

INSTRUMENTS (SHALAKA) USED: Panchloha dhatu Shalaka
DURATION: Two sittings at the interval of 15 days were performed, and the follow up assessment was carried out consequently after every seven days [Day0, 7, 15, 21, 30] a total of five times in a month.

Post Agnikarma : Aloe Vera was applied to cool the wound and advised to applied Yashtimadhu gritha from next day. The same procedure was adopted after 14 days.

INSTRUCTIONS TO THE PATIENTS:

Take proper rest.
Use proper fitted footwear with having heel arch and support.
Avoid bare foot walk especially in hard floor.
Avoid standing for long time.

Follow Up:

After 24 hrs. of Agnikarma, 7th day, 15th day, 21st day and 30th day.

Assessment Criteria:

1) PAIN AT BOTH HEEL REGION:

Nature of pain Grading:

No pain: Grade 0
Mild Pain: Grade 1
Moderate pain: Grade 2
Severe pain: Grade 3

2) DISTANCE WALKED BY PATIENT WITHIN 10 MINUTES:

Distance in feet Grading:

90 feet: Grade 0
60 feet: Grade 1
30 feet: Grade 2
Less than 30 feet: Grade 3

RESULTS & DISCUSSION:

The results so obtained after 2 sittings of Agnikarma were recorded as follows:

S. No.	Symptom	Before Treatment Score	After Treatment Score
Case 1	Pain in left Heel Region	3	0

	Walking distance within 10 min	3	1
Case 2	Pain in both Heels	3	0
	Walking distance within 10 min	3	0
Case 3	Pain in Right Heel Region	3	0
	Walking distance within 10 min	3	0
Case 4	Pain in left Heel Region	3	0
	Walking distance within 10 min	3	0

Probable mode of action of Agnikarma:

Theory 1- Effect on pain:

Due to increased local metabolism, the waste products get excreted, which normalise the blood circulation and releases the pressure on end nerves, thus resulting in decreased intensity of pain.

Theory 2- Effect on muscle tissues:

Rise in temperature reduces relaxation of muscles and increase the efficiency of their action.

Theory 3- Pain Gate Theory:

Stimulation of Lateral Spinothalamic Tract (SST) Heat stimulation of descending pain inhibitory fibers Release of endogenous opioid peptide which bind (DPI) with opioid receptors at substantia gelatinosa and Inhibition of release of P-substance.

Theory 4:

Pain receptors of skin and motor end plate get stimulated at 45°C. Pathway for pain and thermal signals run parallel and end up at same area, but only stronger one can be felt. Therefore, complete exclusion of pain impulse by heat occurs.

CONCLUSION:

Agnikarma is simple, easy and economical procedure which can be performed at OPD level. It causes alleviation of vata thus, is helpful in reducing heel pain, stiffness and inflammation. From this Case Series, we can conclude that Calcaneal spur can be effectively managed with Agnikarma.

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