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Effect of agnikarma on chronic plantar fasciitis- A case report

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Abstract

Plantar fasciitis is the most common cause of heel pain in adults. It usually results when plantar fascia is got injured from too much pressure or activity. However in most of the cases, the exact cause or triggering event is missing. Although it is a self-limiting condition but due to severity of pain, medical attention is sought. Its management includes use of anti-inflammatory drugs, analgesics, local injections of steroids, physiotherapy, foot wear correction, use of heel pads, cold and hot water fomentations etc. Despite of adequate treatment, the symptoms recur or persist for a long time. Surgical intervention is rarely adopted. The clinical features of this disease simulate with Snayu- Asthi- Sandhigata Vyadhi termed as Vatakantaka by Acharya Sushruta in which the recommended treatment includes local application of Taila (medicated oils), Upnaha (poultice), Agnikarma (therapeutic burning) and Bandhana Karma (bandaging) etc. Here is a case report of a patient who was managed with Agnikarma.

Key words: agnikarma, plantar fasciitis, syndrome, patient

Introduction

Plantar fasciitis is pain on the plantar surface of heel. It is also referred to as plantar heel pain or policeman's heel or heel spur syndrome or painful heel syndrome or Subcalcaneal pain. Plantar fasciitis is one of the most common musculoskeletal pathology of foot that accounts for about 80% of cases of heel pain in persons who are middle aged or overweight or in those having occupation or work compelling prolonged standing. Typical feature is pain in heel that is more in the morning or after rest. Patient feels difficulty in walking immediately after rising from the bed. After walking a few steps, pain usually decreases. It is an enthesopathy of the plantar fascia usually around the medial tubercle of the calcaneum. It is of two types viz. insertional plantar fasciitis (point tenderness) and diffuse plantar fasciitis. Clinical picture of plantar fasciitis simulates with Vata Kantaka described by Acharya Sushruta, which results from vitiated Vata dosha due to constant standing or walking on uneven surfaces. Acharya Sushruta has mentioned Vatakantaka in Snayu-Asthi- Sandhigata Vata Vyadhi and local oleation, poultice, Agnikarma, bandaging and massage have been indicated in its management. Agnikarma has been indicated and found quite effective in providing significant relief in symptoms and one such case report is presented here.

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Case Report: A female patient, aged 38 years, was brought to the outdoor patient department of Shalya Tantra at National Institute of Ayurveda, Jaipur, Rajasthan, India; with the complaints of pain and stiffness around medial plantar aspect of right heel since one year. There was no past history of trauma. In the course of last one year, she had taken treatment from various physicians, in the form of oral medications and local application of cold and hot water fomentations with variable temporary relief in symptoms. She was thoroughly examined locally as well as systematically. The local findings revealed that there was local tenderness of grade III around the medial tubercle of calcaneum that was extending to the surrounding area. Radiographic investigations revealed no bony injury or any bony spur or pathology. There was no history of any systemic disease or surgical intervention reported by the patient and his attendant (Neufeld and Cerrato, 2008; John Ebnezar, 2010; Ronald McRae, 2006).

Management: The entire procedure of Agnikarma was adequately described to the patient. After obtaining a written consent before each sitting, the procedure was performed in three sittings at regular

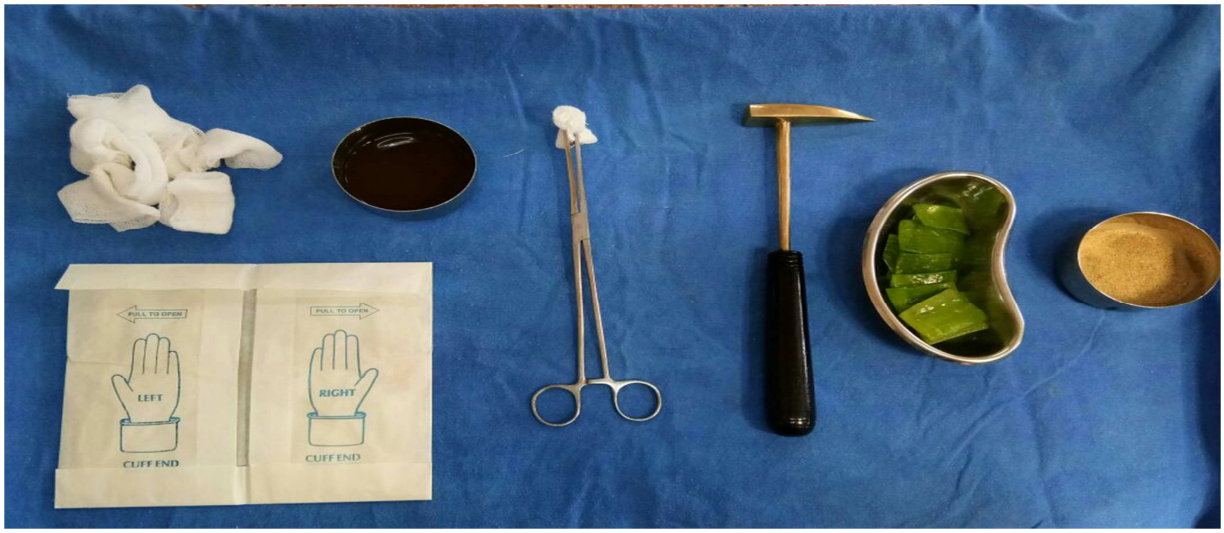


Fig 1.

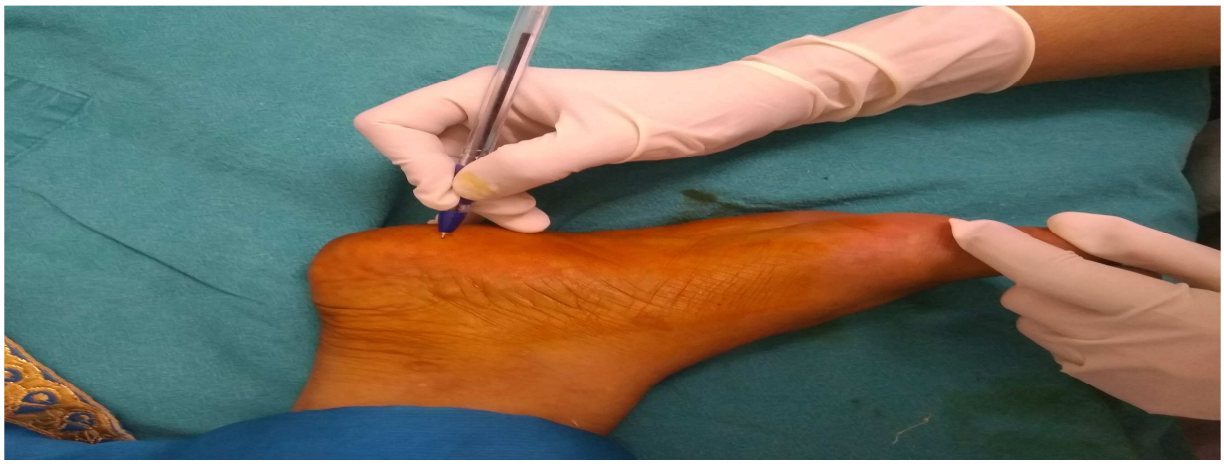


Fig 2.

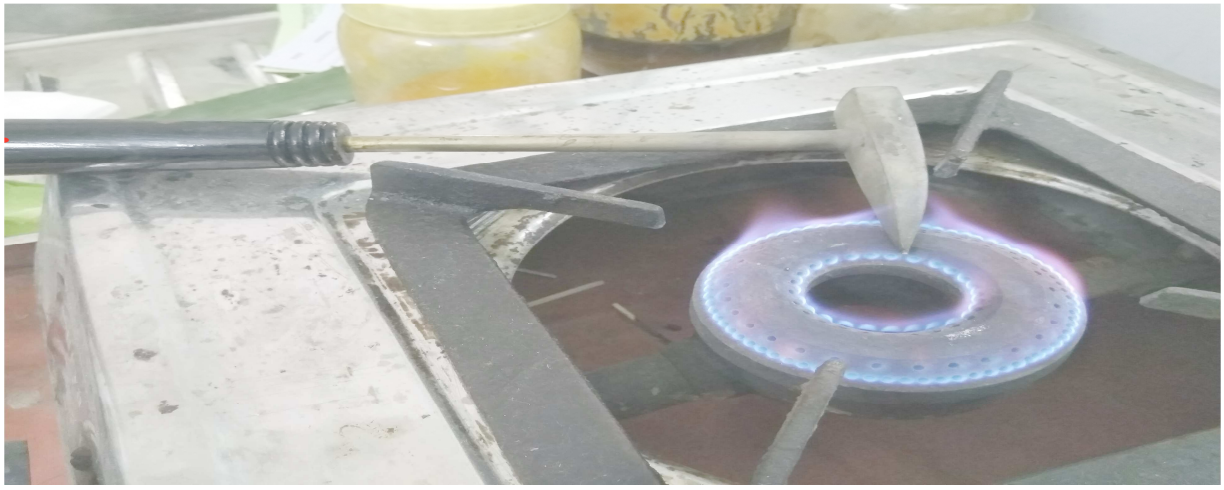
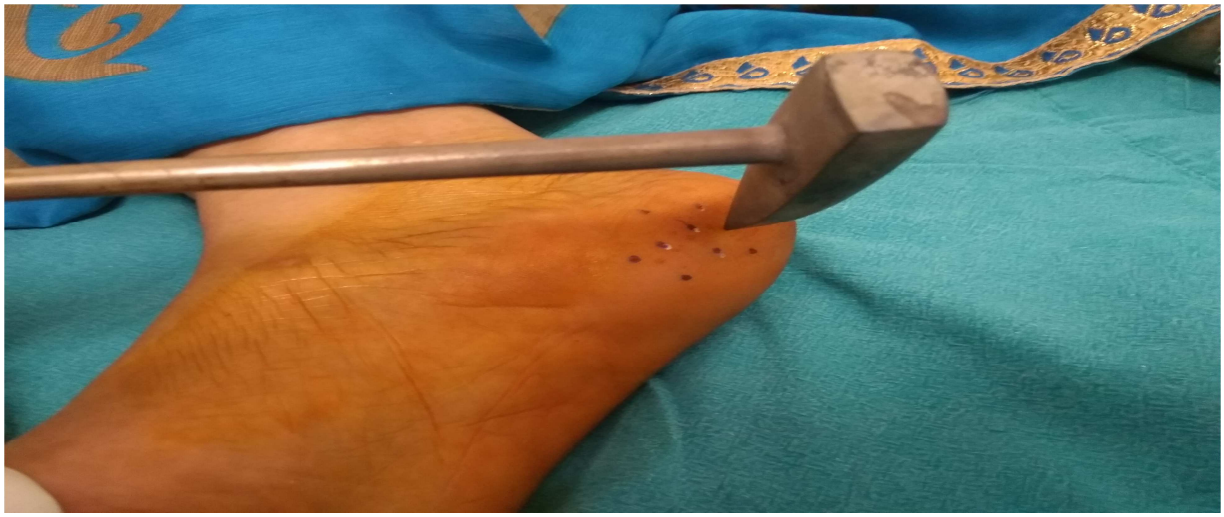


Fig 3.



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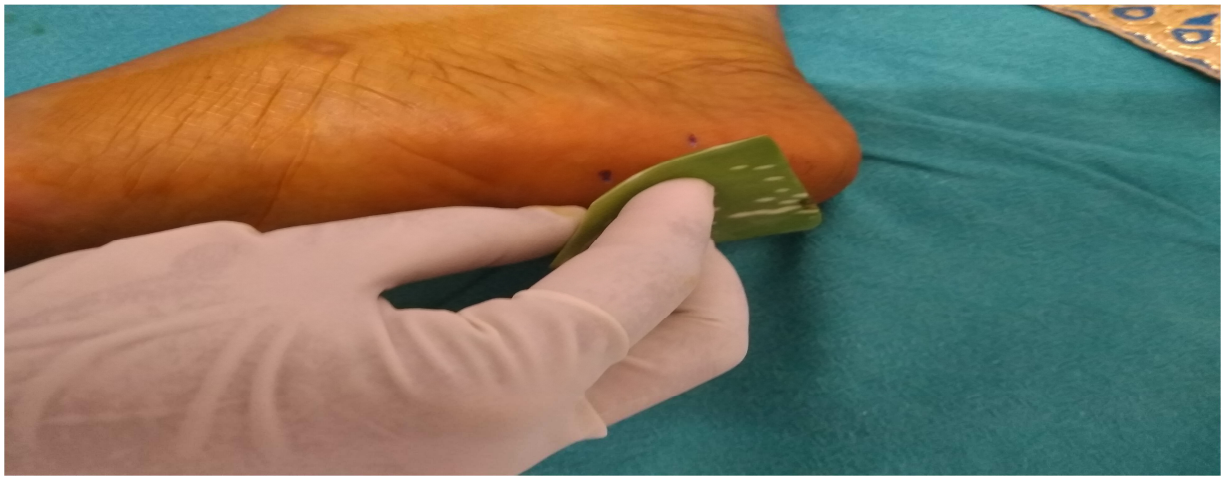

Fig 5.

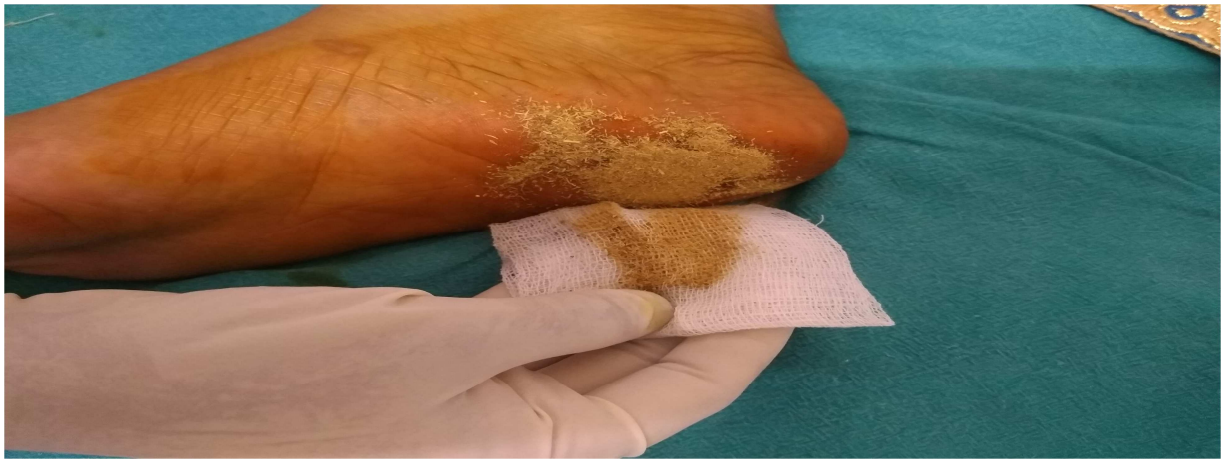

Fig 6.

intervals of one week. The whole procedure was carried out in outdoor patient department of the hospital.

First Sitting: Area of maximum tenderness was palpated and marked. Nine Bindu (round shaped) type of Agnidagdha were performed with hot tip of Panchadhatu Shalaka (heating rod made up of five metals viz. copper, iron, gold, silver and zinc). Firstly at the points of maximum tenderness (two points of tenderness associated with withdrawal - Grade III) were treated, afterwards in the surrounding area eliciting less tenderness (seven points of tenderness with grimace – Grade II). Effort was made to make Agnidagdha of equal size. Afterwards local application of Aloevera (Ghritakumari) pulp followed by application of Liquorice powder (Yashtimadhu churna) was done to alleviate local pain and burning sensations.

Patient was advised exercises of foot and ankle including stretching exercises of Tendo-Achilles and precautions against walking barefoot and prolonged standing (Wearing *et al.,* 2010).

Second Sitting: Patient was re-examined for the presence of pain, stiffness and tenderness around right heel. Morning pain and stiffness were reported to be reduced. The previous Dagdha Vrana (burn wounds) was found to be completely healed. After obtaining a fresh consent for the second sitting, the old points of tenderness were palpated. Out of nine points, tenderness of grade II was observed around four points including the point of maximum tenderness. Around two points the tenderness grade I (tenderness to palpation without grimace or flinch) and around three points no tenderness was observed even with deep palpation (tenderness grade 0). Second sitting of Agnikarma was performed excluding the latter three points. Follow up advice was given as was done in first sitting.

Third Sitting: After examining the patient, pain and stiffness around right heel were reported to be further decreased. All the points were palpated for eliciting tenderness. No recurrence of tenderness was observed around six initial points. Including the initial points of maximum tenderness, only around three points tenderness of grade I could be appreciated even after deep palpation. Third sitting of Agnikarma was performed by the same Panchadhatu Shalaka at all the three points. Follow up advice was given as in previous sittings.

First Follow up Visit: After one week of third sitting of Agnikarma, patient again visited the outdoor department of hospital. The features of pain, stiffness and difficulty in walking after rest, were reported to be alleviated by the treatment. No tenderness could be elicited even after deep palpation. The patient was advised regular exercises and precautions and was called for the next follow up visit after 15 days.

Second Follow up Visit: Patient visited the hospital after 20 days and no recurrence of features was observed.

Oral Medication: During the entire duration of management, the patient was prescribed Rasna Saptaka Kwatha 10 grams thrice a day after preparation (Sharma, 2001).

Discussion

In Ayurveda the cause of pain is attributed to vitiated Vata Dosha. Though the exact mode of action has not been described in any of the ayurvedic treatises, yet it can be explained that probably Ushna guna (hot characteristic) of Agni directly pacifies the Sheeta Guna (cold characteristic) of Vata and alleviates the pain of plantar fasciitis. As per modern science, therapeutic heat increases local blood circulation and ensures proper nutrition to the treated tissues. Also increased circulation helps to flush away the pain producing substances from affected site. These days, Agnikarma is usually practiced to manage various painful musculosketelal conditions like cervical spondylosis, lumbar spondylosis, plantar fasciitis, sciatica, frozen shoulder and tennis elbow etc. It has been observed to provide relief in symptoms and can be considered as a main or adjuvant therapeutic measure to manage such conditions (Goff, 2011; Acharya, 2003).

Conclusion

Plantar fasciitis is generally an overuse injury that disturbs the daily activity. Being a safe, economic and an OPD based easy procedure that requires minimum equipment, Agnikarma can be considered for the management of plantar fascitis.

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