A UNIQUE HERBAL COMBINATION WITH AGNIKARMA IN THE MANAGEMENT OF VATKANTAKA- A CASE STUDY

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Abstract

Vatkantak is one type of vat-vyadhi, which is most common form of articular disorder. Today’s era, continue standing work like conductor, heavy weight, labour work, travelling and injury etc leads to this disease. All the osteoarthritis diseases in Ayurveda have been described under the heading of ‘vatvyadhi’ vatkantak can be correlated with the calcaneal spur. Here in the case study a female patient of age 45 years presenting with clinical features of vatkantaka and was treated with Agnikarma got relief within 15 days.

Keywords: Vatkantak; Agnikarma; Ayurvedic Management; Effective Therapy.


1. Introduction

VataKantak(1) is one of the Vata Vyadhi(2) which occurs in Gulpha sandhi(3) region. It is characterized by shool (pain) and shoth (Inflammation) in khudak (Heel). It can be co-related with calcaneal spur in modern science. Calcaneal spur (4) is a condition in which Osteophytes (bone spur) are formed on calcareous bone (5) and is characterized by pain during walking, swelling and tenderness over heel.

According to acharya Sushruta, Agnikarma is the superior in all Para surgical procedure. For eradication of various diseased conditions of Sira, Snayu and Sandhi in which pain is a predominant symptom.
2. **Aim and Objective**

1) Conceptual and clinical study of *Vatakantak* and Calcaneal spur
2) To assess the clinical the efficacy of *Agnikarma* in the management of *Vatakantaka*

3. **Case Report**

**History of Personal Illness**
A female patient aged 45 years presented with the complaint of *gulf sandhi shool* (ankle joint pain) and *gulf sandhi shoth* (Inflammation at ankle joint) and *chakraman kashtata* (difficulty in walking) these symptoms from 1 month. But from 15 days patient increase the severity of symptoms. The present case study is successful Ayurvedic management of a case of *vatkantak* (Calcaneal spur). A 45 year old female patient came to us with chief compliant of –

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Chief Complaints</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>gulf sandhi shool (ankle joint pain)</td>
<td>15 days</td>
</tr>
<tr>
<td>2</td>
<td>gulf sandhi shoth (Inflammation at ankle joint)</td>
<td>15 days</td>
</tr>
<tr>
<td>3</td>
<td>Chakraman-kashatata (difficulty in walking)</td>
<td>1 month</td>
</tr>
</tbody>
</table>

**Table 1: Showing symptoms & duration of patient**

*Nadi* (pulse) = 78/min.
*Mala* (stool) = *awastambha*
*Mutra* (urine) = 3-4 times in a day
*Jeeva* (tongue) = *Eshat saam.*
*Agni* = *prakrut*
*Shabda* (speech) = . *prakrut*
*Akruti* = *Madhyama.*
*Bala* = *Madhyama.*
*Raktadaaba* (B.P) = 120/70 mm/Hg.
5. Materials and Methods

Center of study: S. S. N.J. Ayurvedic Hospital, Solapur, India.

Method of sampling & study design: Simple randomized single case study.

Materials

Table 2: Showing material used in study

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Dravya</th>
<th>Dose</th>
<th>Duration</th>
<th>Anupan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yograj guggulu</td>
<td>200 mg</td>
<td>1 pack Twice in day</td>
<td>Luke warm water</td>
</tr>
<tr>
<td>2</td>
<td>samirpannaga</td>
<td>125 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dashmula</td>
<td>500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Guduchi</td>
<td>1 gm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Gandhrava haritaki</td>
<td>1 gm</td>
<td>At night</td>
<td>Luke warm water</td>
</tr>
</tbody>
</table>

Table 2: Panchakarma

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Procedure</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agnikarma</td>
<td>at ankle joint</td>
</tr>
</tbody>
</table>

Hetu seven

Ahar- ruksha, shit (cold), bread, bekari products oily, non veg dite katu tikta kashaya rasatamak diet.

Vihar- heavy weight and continue standing house work.
Samprati

Hetu seven

vata dosh Prokop

stratus stanvaigunya nirman (rukshata,parushata,kharata)

Rikta strotas (gulf pradeshi) vayupuran

gulf prdeshi school, shoth,

chakraman-kashtata

vatkantak

Samprati-Ghatak:

- Dosha– vata dosha prakop
- Dushya – asthi
- Srotas – asthivaha
- Srotodusti – sanchaya vrutti
- Udhhavasthana – asthi, sandhi
- Vyaktasthana – gulf pradeshi

Samprapti Bhanga

Action of all individual drug mentioned in following table-

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Dravya</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yograj gugulu(^6,7)</td>
<td>vatshamak,vatashoolnashak,strotobandanashak</td>
</tr>
<tr>
<td>2</td>
<td>Samirpanna(^8)</td>
<td>vata kaphaghana</td>
</tr>
<tr>
<td>3</td>
<td>Guduchi(^9)</td>
<td>Rasayani, vayasta, jwaragni, vatkapaghn</td>
</tr>
<tr>
<td>4</td>
<td>Dashashmool</td>
<td>vatanashak</td>
</tr>
<tr>
<td>5</td>
<td>Gandrav haritaki</td>
<td>anulomak,vatashulanashak</td>
</tr>
</tbody>
</table>

6. Observation and Result

The results observed after the treatment: Improvement in signs and symptoms of the patient. Relief was found in dragging pain, numbness and tingling sensation. Gait has improved.
Walking Distance
Before treatment: - Patient had severe pain after walking 100 mts.
After treatment: - Patient could easily walk without pain about 200 mts.

Walking Time
Before treatment: - Patient took around ten minutes to walk 100 steps.
After treatment: patient took around five minutes to walk 100 steps.
No significant change was observed in x ray

Above results after Agnikarma treatment only.

7. Discussion and Conclusion

Agnikarma therapy shows highly significant results in all signs and symptoms, especially in case of pain as it is one of the most uncomfortable factors for patient. The entire treatment was tolerated comfortably by the patients. There were no side effects noticed in any of the patients. The procedure was simple economical and can be done in OPD level gives instant relief to most of the patients, but still to avoid the reoccurrence of the disease and to break the Samprapti the patient may need to continue on oral shaman medication. The Pain relief provided by Agnikarma presents a window of opportunity in the clinical management of calcaneal spur.

References


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