

A Case Study on The Impact of Agni Karma in Ayurveda on Calcaneal Spur

Ragini Patil¹, Naveen Gaddam¹, Rajesh Mhaske¹, Satyendrakumar Singh¹, Shinde Suresh¹

¹Department of Rognidan Avum Vikrutivigyan, Pune District Education Association's College of Ayurveda and Research Center, Nigdi, Pune.

Corresponding Author:-

Naveen Gaddam

Email ID:- Dr.naveengaddam@gmail.com

Submission: 29.01.2024

Acceptance: 20.02.2024



Publication: 28.02.2024

https://www.doi.org/10.63778/PDEASIJRAAS-ARJCPL/2024_22831

Abstract

Since Ayurveda focuses on promoting health and treating illnesses, it is the timeless gold standard of medicine. Enhancing the health of all people is the goal of medical science. To do this, the pathy must be able to completely eradicate the illness and do it without causing any negative side effects. In Ayurveda, *Agni Karma* is regarded as the finest for managing and relieving pain. The primary cause of the most prevalent type of heel discomfort is the calcaneal spur. Middle-aged adults are more likely to develop calcaneal spurs, which can cause severe pain, incapacity, and other problems. *Agni Karma* is applied to sore heels (calcaneal spurs) using an *Agni Shalaka*, a cautery tool that heats up with fire. Calcaneal spur and *Vata Kantaka* are associated with Ayurveda medicine. Among the *Vata Vyadhi* that exist in the *Gulpha Sandhi* area is *Vata Kantak*. It is distinguished in *Khudak* (Heel) by *Shool* (pain) and *Shotha* (inflammation). Literature on ayurveda *Agni Karma* is used to treat *Kapha Vata Dushti*.

Keywords: *Agni Karma*, Calcaneal spur, *Vata Kantaka*, *Kapha Vata Dushti*, Ayurvedic Para Surgical Procedure.

Introduction

One of the most distinguished branches of Ayurveda, *Shalya Tantra* is based on six main techniques of management, including *Bhesajkarma*, *Ksharkarma*, *Agnikarma*, and *Raktamokshan*. Among them, *Agnikarma* is more effective and beneficial for treating local *Vataj* and *Kaphaj Vyadhi* diseases because it prevents recurrence and provides patients with immediate relief⁽¹⁾. Sushruta recommended “*Agnikarma*” for several conditions affecting the skin, muscles, blood vessels, ligaments, joints, and bones. Middle-aged overweight people frequently get calcaneal spurs as a result of their sedentary lifestyle and usage of fashionable footwear with a firm sole. Pain in the ball of the heel, particularly after prolonged standing or walking, is a characteristic feature of plantar heel pain. It also manifests as heel tenderness felt specifically at the point where the planter fascia attaches to the medial tubercle of the calcaneus. Additionally, there may be mild swelling at this location.

Case History: -

This case study features a 37-year-old male patient who has been a teacher for ten years. (teaching for six to seven hours a day while standing) was chosen for *Agnikarma* in the treatment of calcaneal spurs in patients who came to the outpatient department complaining of sore heels, tenderness, and limited range of motion in both heels. Given the history, which indicated that he had been taking anti-inflammatory and analgesic medications for the previous three to four

months without experiencing any noticeable and satisfactory relief, an X-ray of the heel and a routine blood investigation were conducted; the results revealed the presence of a calcaneal spur. Following a thorough evaluation and examination, the patient was diagnosed with a calcaneal spur. Treatment with *Agnikarma Chikitsa* was limited to five days at a time until the patient experienced total pain relief. The patient's discomfort subsided when the first sitting was over. The patient had relief from soreness and limited mobility following the conclusion of the second sitting, and most of the symptoms subsided following the end of the third. During the entire session, no negative effects were noticed. The patient was monitored for two months to look for any return of symptoms, but none was found. The patient was ecstatic and delighted to see *Agnikarma Chikitsa*.

Patient details and Examinations:

Age: 37 years / Male

No k/c/o- HTN, DM, Koch's, Epilepsy or major illness in past

No H/o any drug allergies

Afebrile,

P- 82/min,

B.P-120/70 mm of Hg

RS- AEBE clear, CVS- S1S2 normal,

CNS-conscious & oriented, P/A- soft and non-tender

X-Ray- shows both heels calcaneal spur

Assessment criteria: -

Case Report

1) Pain in both heel region² Table no:1

Sr. No	Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate pain	2
4	Severe pain	3

Treatment:-

Agnikarma treatment has been performed using *Pancha Louha Dathu Shalaka* in the form of *Bindu* (point) at maximum tenderness point at the calcaneal region. Multiple *Bindu* are formed.

Time Morning hrs 11:00 am to 12:00 pm.

Materials And Methods

Material: -Betadine and Spirit, Matchbox, candle, cotton bandage, *Panchloha Dhatu Shalaka*, *Triphala Ghrita* (for daily application in *Paschat Karma*, Aloe vera for local application after procedure,

Method: - Procedure of *Agnikarma*

2) Distance walked by patients for 10 minutes⁽³⁾ Table no:2

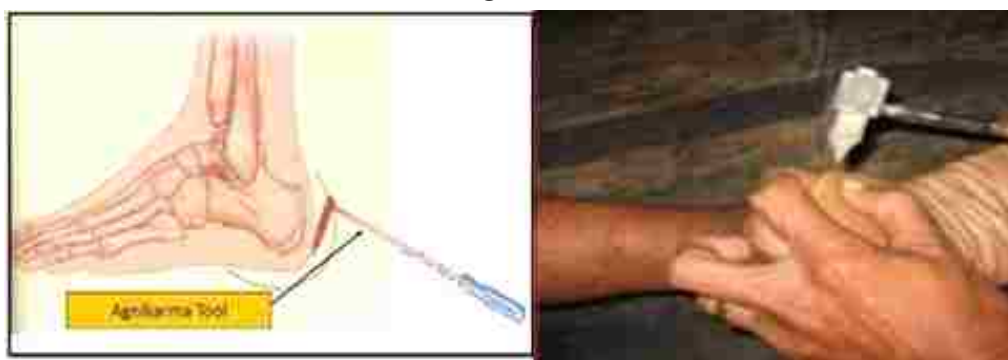
Sr. No	Distance in feet	Grade
1	90 ft	0
2	60 ft	1
3	30 ft	2
4	Less than 30 ft	3

The three steps of the processes described by Acharya Sushruta as *Purva Karma*, *Pradhan Karma*, and *Paschat Karma*.

Purva Karma: -Diet before *Agnikarma*:- It was a case of calcaneal spur, so the patient was advised to come after having light food⁽⁴⁾. The first patient's consent for the *Agni Karma* procedure was taken. Then use spirit and betadine to clean the heel area. Next, annotate more tender spots. *Swasthik-Vachan* should be performed prior to performing *Agnikarma*.

Pradhan Karma: -. Next *Agnikarma* was performed by heating the *Shalaka* on maximum tender points. After five days, repeat steps two to three times⁽⁵⁾.

Fig No: 1



Paschat Karma:- *Triphala Ghrita* should be applied in the

section where *Agnikarma* completed for *Ropana* of *Dagdha Varna*⁽⁶⁾.

Observations in the present case after 1st sitting.

Table no:3

Sr No.	Examination	Before treatment	After treatment
1	Pain in both heel region	3 (severe pain)	2 (moderate pain)
2	Distance walked by patient for 10minutes	3 (severe pain)	2 (moderate pain)

Observations in present case after 2nd sitting

Table no:4

Sr. No	Examination	Before treatment	After treatment
1	Pain in both heel region	3 (severe pain)	2 (moderate pain)
2	Distance walked by patient for 10 minutes	3 (severe pain)	2 (moderate pain)

Observations in present case after 3rd sitting
Table no:5

Sr No	Examination	Before treatment	After treatment
1	Pain in both heel region	3(severe pain)	2(moderate pain)
2	Distance walked by patient for 10 minutes	3 (severe pain)	2 (moderate pain)

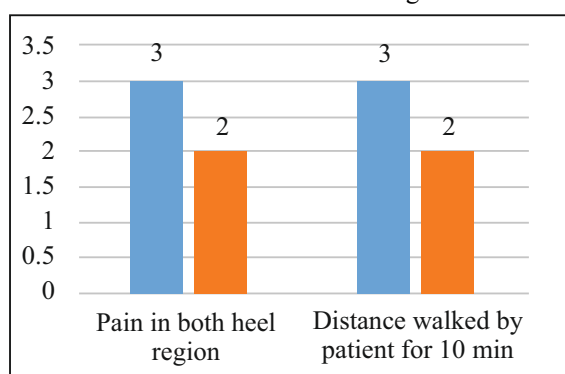
Following *Agnikarma Vrana*, the scar vanished after 15 days and the wound caused by *Agnikarma* fully recovered without any complications after a week.



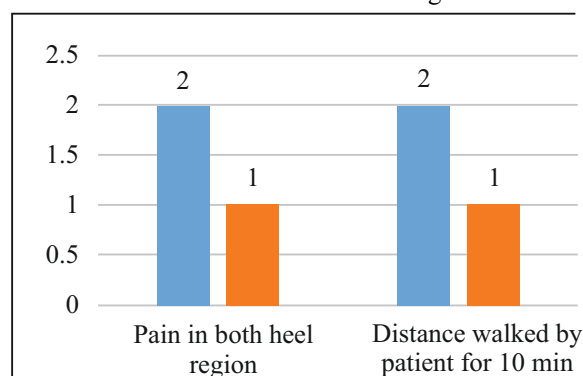
Figure 2 :- Right ankle joint before treatment

Figure 3:- Right ankle joint after treatment

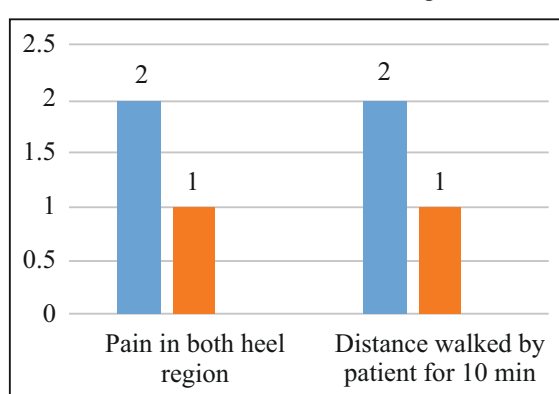
Observations after 1st sitting



Observation after 2nd sitting



Observation after 3rd sitting



Results And Discussion

The case illustrates that, despite the lack of luster advancements in modern medicine, one can still have faith in the principles of Ayurvedic treatment. A calcaneal spur is *Asthisnayugata Ashrita Vyadhi*; in these diseases, Sushruta suggested *Agnikarma*. The patient's calcaneal spur was identified using an Ayurvedic diagnosis and radiological findings, and *Agnikarma* therapy was used to treat it. The patient had been afflicted with the illness for nearly six months when they arrived at OPD. Walking difficulties and pain in both heel regions. With the aid of *Panchlohdathu Shalaka*, traditional *Agnikarma* therapy was conducted in this study. A calcaneal spur is *Asthisnayugata Ashrita Vyadhi*; in these diseases, Sushruta suggested *Agnikarma*. Thus, the patient received *Agnikarma* therapy in *Vatcantaka* until they experienced a level of pain relief that satisfied them. The patient experienced satisfactory relief after three sittings spaced five days apart as shown in the above table and chart.

Follow-up kept for next 2 months. Following a month of *Agnikarma* therapy, the patient's B/L heel no longer hurts, and they can walk without any trouble. No other complaints exist.

Probable Mode of action of *Agni Karma*:

In *Agnikarma*, *Agni* is introduced to the affected area by hot *Shalaka*. External/ physical heat is transferred to *Twak Dhatu* by hot *Shalaka* producing *Samyak Dagdha Vrana*. The *Ushna*, *Tikshna*, *Laghu*, *Sukshma*, *Vyavayi*, *Vikasi* and *Aashukari* properties of *Agni* help to remove *Strotoavarodha*, pacifies the vitiated *Vatakapha Dosha* and break the pathogenesis and reduces pain and inflammation. After *Agnikarma*, the *Ushna Guna* of *Agni* pacifies the *Shita Guna* of *Vayu* and reduces pain. It reduces *Kaphanubandha* thereby relieving the inflammation and also causes *Pachan* of *Ama*.^{8,9} The *Agni* increases blood circulation at the heel region, leading to the proper nutrition of the tissue. This increased circulation helps to flush out toxins material from blood and reduce pain and local inflammation.¹⁰

Conclusion

Ayurvedic pain management techniques include *Agnikarma*. This procedure has been done in a different location under a different name. These days, modern science primarily uses modified *Agnikarma* instruments, akin to cautery. With the

aid of *Panchlohdathu Shalaka*, traditional *Agnikarma* therapy was conducted in this study. *Agnikarma* is a straightforward, affordable, safe, efficient, and non-complicative alternative treatment for calcaneal spurs. With Ayurveda, it is possible to recover well without the need for injections, surgery, or other negative side effects.

Source of Support: Nil

Conflict of Interest: Nil

Copyright © 2024 PDEA'S International Journal Research in Ayurved and Allied Sciences. This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non Commercial-ShareAlike: CC BY-NC-SABY 4.0 license.

References

1. Brahmanand Tripathi, Asatanga Hridayam, Edited With 'Nirmala' Hindi Commentary, 2, Delhi Chaukhamba Sanskrit Pratisthan, 2011; page 15-53.
2. Available from, www.ncbi.nlm.nih.gov/pmc/articles/PMC4649569 cited on 30/01/2017.
3. Hendrix CL, Jolly GP, Garbalosa JC, Blume P, Dos Remedios E: Entrapment neuropathy: the etiology of intractable chronic heel pain syndrome. The Journal of foot and ankle surgery, 1998; 37: page 273-279.
4. Acharya JT, editor. Reprint ed. Ch. Varanasi: Chaukhamba Surbharti Prakashan; Sushruta Samhita of Sushruta, Sutra Sthana, 5/3,. Varanasi: Chaukhamba Surbharti Prakashan 2009.
5. Ranade subash & G. R. Paranjape, edited with 'indutika' Marathi commentary. Ashtang- snagraha, maharshivagbhat. sutra- s tan; Agnikarma vidhi- adhyaya : 40/5 : Anmolprakashan, 2006; page 493.
6. Shekokar A. Shalyatantra Part 1. 2nd ed. Agnikarmadhyay. Ahmednagar: Shantanu Prakashan, p.410.
7. Timmewar BK, Shinde A, Dawane S, Urhe K, Khandekar V. A Case Study of Agnikarma in the management of Wart. International Journal of Research in Ayurveda and Medical Sciences 2020; 3 (1): 17-18.
8. McLean DA. The use of cold and superficial heat in the treatment of soft tissue injuries. Br J Sports Med 1989; (23): 53.