



ROLE OF *AGNIKARMA* THERAPY IN THE THERAPEUTIC MANAGEMENT OF CALCANEAL SPUR (*PARSHNISHOOL*)

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Abstract

Pain is most common complaint leading patients to seek medical help. Instant relief from such discomfort is often the top priority of patient as well as physician. *Parshnishool* is one such condition manifests as heel pain (calcaneal spur) and also described as *Vatakantaka* in scientific texts. This painful condition impacts daily activities, affecting both physical and mental status of patient. Ayurveda offers solutions for calcaneal spurs; *Agnikarma* is one such approach which effectively treats calcaneal spurs. In *Agnikarma*, *Loha shalaka* is utilized for therapeutic burns to acquire pain relief. *Vata* is responsible for pain and *Agni* possesses contrasting properties to the *Vata* therefore provides therapeutic benefits in case of *Parshnishool*. Present article reported a study in which patients of *Parshnishool* were treated successfully with the help of *Agnikarma*. In this study more than 70% patients feel instant relief even after the 1st treatment with *Agnikarma*. Study explores scope of *Agnikarma* in the therapeutic management of *Parshnishool*.

Key-Words: *Ayurveda, Parshnishool, Agnikarma, Calcaneal Spurs, Vata*

Introduction

Musculoskeletal pain is very common in all age groups; which can arise due to the injury or presence of diseases. *Parshnishool* is one of the conditions associated with pain and characterized by tiny osteophyte projections on the calcaneum, which develop gradually. This condition commonly occurs in inferior and posterior regions of the calcaneum therefore correlated with calcaneal spur according to modern science. These types of heel pain may occur due to the calcium deficiency, injuries, use of wrong foot wears, and physical burden of lifestyle, posture and occupational reasons. Calcaneal spur (heel spur) is a bony result of the heel bone. The condition arises when a foot is uncovered to regular stress, calcium deposits assemble on the heel bone. *Parshnishool* is considered as one of the symptoms of *Vatakantaka* and *Sushruta* has mentioned *Vatakantaka* in *Vata Pradhan* condition. It occurs due to the injury caused by walking on uneven surface. Aggravating of *Vata dosha* can also trigger the pathogenesis of *Vatakantaka*. Conventional treatment includes pain killers, steroids, minor surgery and uses of topical formulations [1-5].

Agni karma is Ayurveda approach which helps to calm many painful conditions. The diseases managed with *Agni karma* do not reoccur and it produces a harmonizing effect on vitiated *Vata Dosha*. Several *Dahana Upkaranas* like *Pippali*, *Ajashakrit*, *Godant*, *Shara*, *Shalaka* and *Jambavoshtha*, etc. are used in *Agni karma* along with various types of metals. The heat properties of *Agnikarma* help to soothe pain in various conditions. *Agni* balances *Vata-Kapha Doshas*, enhancing *Dhatwagni* and alleviating pain. This procedure considered very effective for musculoskeletal issues like *Parshnishool*, *Sandhigatavata* and *Avbahuka*, etc. *Agnikarma's* imparts dual roles in *Roga Unmulana* as well as helps in pain alleviation. *Agnikarma* promoting coagulation, ensuring hemostasis and eliminate ailments at their core, thus preventing recurrence. It offers calming effect on *Vata* and *Kapha doshas* [5-7].

Since *Agni* delivering superior pain relief compared to other methods. *Agnikarma* emerges as a convenient method for *Parshnishool* linked to *Vatakantaka*. Considering these all facts we planned a study to explore role of *Agnikarma* in calcaneal spur. Study aims to manage the pain due to calcaneal spur with *Agnikarma* [7-9].

Material & Method

Total 30 patients suffering from calcaneal spur were registered at Gangai Hospital Ayurvedic Neuro Therapy Spine and Panchkarm Center, Chikhali, Buldhana, Maharashtra, India.

Clinical findings

Patients reported no history of HTN, DM, or any previous severe illness. Patients were examined for vital parameters; Temperature, Pulse, Respiratory rate and Blood pressure, etc. *Asthavidhaparisha* also done and all parameter were found within normal range. The diagnosis considered *Asthidhatu beejdushti*, *Asthidhatu agnimandya* and *Asthidhatu kshay* in majority of patient which was considered cause of *Parshni shool*.

The symptoms found in majority of patients were as follows

- ✚ *Vedna* in heel
- ✚ *Daah*
- ✚ *Tanaav*
- ✚ Morning stiffness especially in winter

INCLUSION CRITERIA:

- ❖ Painful conditions in lower extremities
- ❖ Classical cases of calcaneal spur
- ❖ Possessing symptoms of disease
- ❖ Both male and female, ranging from 35-50 years

EXCLUSION CRITERIA:

- ❖ Patients with history of fracture
- ❖ Pregnant women
- ❖ Foreign body causing pain in heel
- ❖ Having other chronic illness

ASSESSMENT CRITERIA

Pain Scale	Tenderness	Grading Score
None	No tenderness	0
Mild	Mild tenderness	1
Moderate	Jump sign positive	2
Severe	Jump sign noxious stimulus (Painful expression)	3

TREATMENT PROTOCOL:

1. First, the affected leg or both legs of the patients were cleaned with normal soap water.
2. Then, the patients were allowed to lie down in prone position.
3. Simple *Snehan* of the affected area was done with *Tila Tail*.
4. *Saptadhatu shalaka* was heated on a flame.
5. This heated *Shalaka* was used for *Agnikarma* on the heel where the pain was most prevalent.
6. This procedure was repeated 3 to 4 times.
7. After this, a leaf of aloe vera (*Ghrithkumari*) was cut in half and applied on the place where *Agnikarma* was performed.
8. This procedure was repeated after the 7 days, in specific patient as per requirement until patient acquired complete relief.

Result and Discussion

Study observed that more than 70 % patients acquired instant relief after the 1st *Agnikarma* treatment. However approximately 20% patients felt moderate relief in the 1st treatment and these patients were further treated 2-3 times with *Agnikarma* therapy. The symptoms of *Parshnishooli* were reduced significantly, similarly tenderness score was reduced from 3 to 1 in majority of patients having severe tenderness at initial stage, the patient registered with pain score 3 also feel better and came up to the level of 1 (mild pain), appreciably the score of tenderness and pain reduced down from 2 to 0 in majority of patient after the 2-3 times repeated treatment protocol. Difficulty in walking also reduced remarkably in majority of patient.

After the treatment, there was a significant reduction in the patient's heel pain while walking, and even pain while jumping improved noticeably. *Asthi* is considered as a site where *Vata dosha* primarily resides. *Shool* arises due to vitiated *Vata dosha*, therefore alleviation of *Vata* is required in the treatment of heel pain. *Rakta-Asthi dhatu dushti* was also considered as causative factor of disease therefore treatment was planned accordingly to alleviate *Vata* and to pacify *Rakta-Asthi dhatu dushti*. *Agnikarma*

reduces pain and inflammation, *Sneha kalpana* (performed in early stage of treatment) not only works on *Vata* but also improves strength of *Asthi dhatu* [1].

Overall Effect of Therapy:

Out of 30 patients 22 were acquired complete relief (final assessment score of pain and tenderness improved to “0”), 04 patients were acquired moderate relief (final assessment score of pain and tenderness reached to 1), similarly 04 patients were acquired mild relief (final assessment score of pain and tenderness reduced to 2) and no patient was fall under the heading of criteria of “no improvement” (final assessment score of pain and tenderness 3). The overall relief in symptoms parameters is depicted in **Figure 1**.

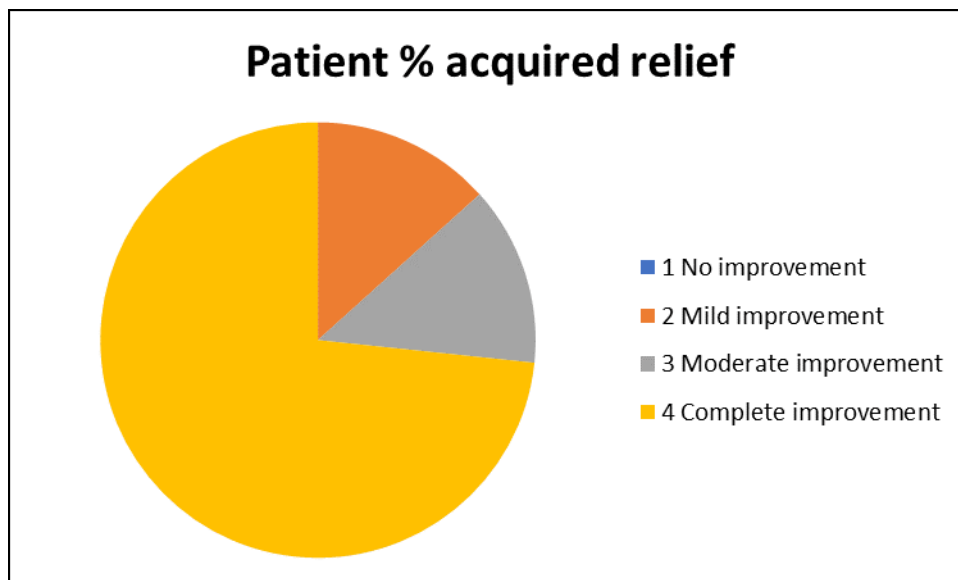


Figure 1: Overall effect of therapy on number of patients

PROBABLE MODE OF ACTION

Agnikarma, a parasurgical procedure, possesses remarkable effects in managing pain and treating diseases. Musculoskeletal pain (*Ruja*) often results from imbalanced *Vata Dosha*. *Agnikarma* counteract vitiated *Vata Doshas* by virtue of its *Ushna*, *Tikshna*, *Sukshma*, *Laghu*, *Vyavayi* and *Vikasi* properties. These attributes of *Agnikarma* counteract *Vata Doshas*, providing relief from pain and local stiffness.

Imbalanced *Vata* causes intense pain in heel (*Khudaka*) and *Agnikarma* targeted at the heel because of its properties that counteract vitiated *Vata*. By stabilizing vitiated *Vata*, *Agnikarma* alleviates discomfort caused by *Vata Dosha*. This procedure helps to

digest the inflamed *Doshas*; therapeutic heat from *Agnikarma* induces vasodilation, enhancing local blood flow. This increased circulation eliminates metabolic wastes from the area. It also delivering essential nutrients to the tissues and facilitating chemical processes requiring for healing purpose. The applied heat raises local temperature, reducing nerve reflexes and inducing muscle relaxation, thus relieving pain and stiffness [1, 8-10].

Conclusion

Agnikarma is a method of Ayurvedic heat treatment, provides immediate relief from localized pain. *Agni's* properties contrast to *Vata*, thus reduces pain and inflammation of heel. Present study concluded that *Agnikarma* can be suggested as an effective modality for the management of *Parshnishool*, however study on larger population for long period of time is also advises for better outcome of therapy.

References

1. Divya Jadhav, Mayuri Amol Deshpande, Amol Madhav Deshpande and Minakshi Urkude, Management of Parshnishool (Heel Pain) Due to Vatakantaka (Calcaneal Spur) With Agnikarma (Therapeutic Burn). – A Case Report..(2023). Int. J. Life Sci. Pharma Res. 13(5), L358- L363.
2. Misar S. Agnikarma in the management of Vatakantaka (plantar fasciitis). J Indian Syst Med. 2017 Apr 1;5 (2):126.
3. Swash M, Glynn M, Harrison. Pain etiology and pathogenesis: Hutchinson's clinical methods. Elsevier; 2002. p. 450.
4. Alatassi R, Alajlan A, Almalki T. Bizarre calcaneal spur: A case report. Int J Surg Case Rep. 2018 Jan 1;49:37-9.
5. Kaviraj Ambika Dutt Shashtri: Vol.1, Sutra Sthana, Agnikarmavidhiadhyaya of Shushrut Samhita of Maharishi Sushruta Edited with Ayurveda tatvasandipika Hindi commentary published by Chaukhamba Sanskrit Sansthan, Varanasi, 14th edition. 12/4. P. 51.
6. Sherkhane Rahul Nagnath. Critical appraisal of agnikarma and its thertapeutic aspects. Int. Res. J. Pharm. 2013; 4(5): 75-77.

7. Kaviraj Ambika Dutt Shashtri: Vol.1, Sutra Sthana, Agnikarmavidhiadhyaya of Shushrut Samhita of Maharishi Sushruta Edited with Ayurveda tatvasandipika Hindi commentary published by Chaukhamba Sanskrit Sansthan, Varanasi, 14th edition. 12/8.
8. Kaviraj Ambika Dutt Shashtri: Vol.1, Sutra Sthana, Agnikarma vidhiadhyaya of Shushrut Samhita of Maharishi Sushruta Edited with Ayurveda tatvasandipika Hindi commentary published by Chaukhamba Sanskrit Sansthan, Varanasi, 14th edition. 12/10.P.52
9. Kaviraj Ambika Dutt Shashtri: Vol.1, Sutra Sthana, Agnikarmavidhiadhyaya of Shushrut Samhita of Maharishi Sushruta Edited with Ayurveda tatvasandipika Hindi commentary published by Chaukhamba Sanskrit Sansthan, Varanasi, 14th edition. 12/13, 28. P. 52, 55.
10. Rathod NA, Kuchewar VV. Review on the role of Agnikarma in pain of various musculoskeletal disorders. J Indian Sys Medicine. 2019 Jan 1;7(1):43.