



Case Study: Agnikarma – A Parasurgical Procedure In The Management Of Calcaneal Spur (Vatakantaka)

Dr. Priyanka Anand Hasbe, M.S (Shalya Tantra Pg scholar)

Annasaheb Dange Ayurved Medical College, Ashta, Tal. Walva, Dist. Sangli, Maharashtra.

Dr. Akbar Walandkar, M.S.(Professor shalyatantra)

Annasaheb Dange Ayurved Medical College Ashta, Tal. Walva, Dist. Sangli, Maharashtra

ABSTRACT-

Calcaneal spur is a bony overgrowth from calcaneum bone which occur when foot exposed to constant strain leads to calcium deposition in heel bone, it is painful condition. It can be correlated with vatakantaka according to Ayurveda and can be treated with agnikarma.

Agnikarma is an important parasurgical procedure of Ayurvedic surgeons, which has been used widely in the clinical practice. Agnikarma has emerged as an integral part of the Ayurvedic therapeutics. In Ayurveda, agnikarma is a treatment in which heat is applied to a particular part of body to reduce inflammation there and hence the underlying pain. Due to Ushna Teekshna and Sukshma Guna of Agni it reduces the Localised Vata. It stimulates musculoskeletal tissue to remove spasm pain. Agnikarma therapy is mostly used in treatment of calcaneal spur by treating vata. Agnikarma treatment is carried out with a special instrument made of 5 metals (Copper, Iron, Zinc, Silver & Lead, also contains gold in some special ones), thus is named as Pancha Dhatu Shalaka. A patient successfully treated with Agnikarma therapy is presented in case study.

Keywords: Agnikarma, Calcaneal Spur, Vatakantaka, Heel Pain, Ayurveda, Parasurgical Procedure

Introduction

Heel pain is a prevalent musculoskeletal complaint that can severely impact mobility and quality of life. Among the various causes of heel pain, **calcaneal spur** is one of the most common, characterized by a bony outgrowth on the underside of the calcaneus (heel bone). It typically results from chronic stress and strain on the plantar fascia, often coexisting with plantar fasciitis. The pain is usually sharp and stabbing, especially during the first steps in the morning or after prolonged rest. In **Ayurveda**, such a condition is closely associated with **Vatakantaka**, a disorder described under **Vata Vyadhi**. "Vatakantaka" literally means pain in the heel caused by aggravated **Vata dosha**. It is primarily triggered by factors such as prolonged standing, walking on uneven surfaces, excessive physical exertion, and improper posture. The vitiated Vata localizes in the **Parshni (heel)**

region, causing **shoola (pain)**, **stambha (stiffness)**, and functional limitations. One of the most effective Ayurvedic parasurgical procedures for such localized Vata disorders is **Agnikarma**—the application of therapeutic heat using a specialized metal instrument (*Shalaka*). As described in classical texts like **Sushruta Samhita**, Agnikarma is particularly indicated in **Asthi-Sandhi-Majjagata Vata**, **Snayugata Vata**, and chronic pain conditions where other treatments offer limited relief.

This case study presents a clinical application of **Agnikarma** in a patient with calcaneal spur, successfully managed using an integrative Ayurvedic approach. It highlights the efficacy of Agnikarma in providing **rapid, localized, and long-term pain relief** when combined with internal medications and supportive therapies for Vata pacification.

Case Study -

1. **Name:** Mrs Mangal Tukaram Dodmani
2. **Age/Sex:** 40yrs/ Female
3. **Occupation:** Housewife(Runs a mess)
4. **Date of Consultation:** 30th March 2025
5. **Chief Complaint:**
 1. Severe pain in the left heel for the past 8 months
 2. Pain worse in the morning with first steps
 3. Pain aggravated by walking or prolonged standing
 4. Local tenderness on palpation

History of Present Illness

The patient developed heel pain gradually over the last 8 months, which increased in intensity and frequency. She had tried NSAIDs and physiotherapy with only temporary relief. No history of trauma or systemic illness was noted.

Diagnosis

Modern Diagnosis:

- **Calcaneal Spur** (Confirmed by X-ray: bony outgrowth at the inferior surface of right calcaneus)

Ayurvedic Diagnosis:

- **Vatakantaka** (based on symptoms of heel pain, stiffness, and aggravation by movement)

Samprapti (Pathogenesis) in Ayurveda

Due to improper footwear, prolonged standing, and Vata-provoking lifestyle (dry, irregular food habits), Vata dosha gets vitiated and localizes in the **Parshni (heel)** region. This leads to **Shoola (pain)**, **Stambha (stiffness)**, and **Sparsha-asahyata (tenderness)**.

Chikitsa Sutra (Line of Treatment)

1. **Vata Shamana**
2. **Sthanik Agnikarma** for localized pain
3. **Internal medications** to support Vata pacification
4. **Pathya-Apathya** to prevent recurrence

Treatment Protocol



Pain point marked

Ingredients used



Heated shalaka applied in multiple dots and Aloe vera pulp and turmeric applied

A. Agnikarma Procedure

1. **Date of Procedure:** 20th April 2025
2. **Instrument Used:** Panchadhatu Shalaka (metal rod made from five metals)
3. **Method:** Bindu Dagdha (dot cauterization) over the point of maximum pain

B. Procedure:

Pre-procedure:

1. Local area cleaned with cotton and spirit
2. Pain point marked

Main Procedure:

1. Heated Shalaka applied in multiple dots over the painful area (approx. 8–10 points)
2. Each touch was quick to avoid deep burn
3. Immediate application of **Aloe vera pulp** and **Turmeric(Haldi)** post-cauterization

Post-procedure care:

1. No water contact for 24 hours
2. Application of **Jatyadi Ghrita** daily
3. Advised to avoid walking barefoot or standing



prolonged

Internal

B.

Medications:

1. **Yogaraja Guggulu** – 2 tabs twice daily
2. **Eranda Sneha** – 10 ml at bedtime (mild laxative to pacify Vata)

C. External Therapies:

1. **Abhyanga** with Til Taila for 7 days
2. **Nadi Sweda** (medicated steam) for 5 days post-procedure

Follow-up and Observations

1st Follow-up (After 7 Days):

1. Significant reduction in pain intensity (~50%)
2. Better movement in the morning
3. Local healing of burn sites progressing well

2nd Follow-up (After 14 Days):

1. Pain relief over 80%
2. No tenderness on palpation
3. Improvement in gait and daily activities

3rd Follow-up (After 1 Month):

1. Near-complete relief from heel pain
2. Patient able to walk longer distances without discomfort
3. Advised to continue internal medicines for 2 more weeks and avoid causative factors

Outcome and Assessment

PARAMETER	BEFORE TREATMENT	AFTER 1 WEEK	AFTER 1 MONTH
Pain (VAS SCALE)	9/10	4/10	1/10
Tenderness	Severe	Mild	Nil
Gait	Affected	Improved	Normal
Morning stiffness	Present	Mild	Absent

Discussion

Calcaneal spur, a condition frequently encountered in clinical practice, often presents with chronic heel pain and discomfort, particularly during weight-bearing activities. In modern medicine, treatment includes NSAIDs, orthotic support, physiotherapy, and in chronic cases, surgical intervention. However, these treatments may offer only temporary relief and are sometimes associated with side effects or recurrence.

In Ayurvedic parlance, this condition correlates with **Vatakantaka**, a Vata-dominant disorder affecting the **Parshni (heel)** region. Vitiated Vata dosha in the heel leads to symptoms such as pain, stiffness, and limited mobility. Classical Ayurvedic texts like **Sushruta Samhita** and **Ashtanga Hridaya** recommend **Agnikarma** as a frontline treatment for such disorders due to its **immediate effect on Shoola (pain)** and ability to **pacify Vata and Kapha doshas** at the site of affliction.

In the presented case, **Agnikarma** using **Bindu Dagdha (dot cauterization)** with a heated **Panchadhatu Shalaka** was applied over the tender region of the heel. Within one week, the patient experienced **significant**

pain relief, with near-complete resolution within a month. The thermal cauterization effectively reduced local inflammation, improved microcirculation, and helped break the pain-spasm-pain cycle.

The use of **internal medication** such as *Yogaraja Guggulu* further supported systemic **Vata pacification**, while external therapies like *Abhyanga* and *Swedana* enhanced muscle relaxation and joint function. The holistic approach not only addressed the symptoms but also corrected the underlying doshic imbalance, leading to sustained relief and functional improvement.

This case underscores the **clinical efficacy and safety of Agnikarma** in managing calcaneal spur and validates the relevance of Ayurvedic parasurgical interventions in modern pain management.

Conclusion

The case study demonstrates that **Agnikarma**, when integrated with classical Ayurvedic internal and external therapies, is a highly effective and minimally invasive treatment modality for **Calcaneal Spur/Vatakantaka**. It offers rapid, localized relief from pain, improves functionality, and minimizes the need for conventional analgesics or surgery.

With proper diagnosis, patient selection, and post-procedure care, Agnikarma proves to be a **valuable parasurgical technique** in the Ayurvedic management of chronic heel pain, particularly in Vata-dominant conditions. This case highlights the scope of Ayurveda in treating modern orthopedic conditions through traditional principles and techniques.

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