



## Management of Plantar Fasciitis with Cupping and Agnikarmain Ayurveda : A Case Study

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### ABSTRACT:

Repetitive traction stresses on the plantar fascia at its origin over the distal calcaneus cause plantar fasciitis (PF), a common overuse ailment. It causes 8–10% of running-related injuries and about 80% of heel pain. It has a 10% lifetime prevalence, is most prevalent in middle-aged people, and has an equal incidence in both sexes. The majority of the time, the problem is self-limiting; nonetheless, because of the intensity of the pain, treatment is sought. Symptoms will start to subside fast if risk factors are managed and treatment modalities are initiated as soon as possible. The 50-year-old patient's primary complaints were discomfort in both heels, along with edema and tenderness. The patient was treated with cupping and agnikarma therapy by three sessions by the gap of seven days. The outcomes were positive. Results and Observation: The therapy significantly reduced the pain and soreness and ache from the discomfort the visual analogue scale (VAS) of 8 came to 4. The current situation calls for an emphasis on these affordable, result-driven therapies. From this study, it can be concluded that PF patients can be treated successfully this.

**KEYWORDS:** Plantar fasciitis, Cupping therapy, Agnikarma, Vatakantaka

### INTRODUCTION:

Plantar fasciitis is the most typical cause of heel discomfort (PF). This is the reason for about 15% of all foot issues that are brought to the attention of medical specialists.<sup>[1]</sup> In the majority of individuals who are present and complaining of heel pain, it typically affects the medial region and might radiate into the medial arch of the foot. A person's pain usually gets worse after a period of rest or in the morning, peaking during the first few steps and then getting better as they walk further. <sup>[2]</sup>Numerous diseases and disorders, including Sevier's disease, calcaneal knob, bursitis, bony spur, Paget's disease, osteomyelitis, and acute and chronic PF, are associated with heel pain. Among them, it has a relationship to PF. The tendency to wear high heels and hard shoes, wearing footwear that doesn't fit properly, and indulging in strenuous exercise like leaping, jogging, and standing for extended periods of time all contribute to an increase in the occurrence of this disease. Typically, only a physical examination and the patient's medical history are used to diagnose it. When the patient first gets out of bed in the morning or after a period of inactivity during the day, they feel excruciating pain. This gets worse when going upstairs or while barefoot. Maximum tenderness during an examination is felt when palpating the inferior heel, which corresponds to the location where the plantar fascia attaches. <sup>[3]</sup> *Vatakantaka*, an Ayurvedic clinical pain dominant illness, can be connected with PF given its pathophysiology and clinical manifestation. In the Ayurvedic texts, clinical symptoms like *Nyaste Tu Vishmam Pade Ruja* are used to explain *Vatakantaka*. Walking on an uneven surface, or *Kuryat Samirana*, can lead to *vata* vitiation in the *Gulfa Sandhi* (ankle joint), which aggravates pain. Patients who experience pain more frequently in the morning and during periods of inactivity are likely experiencing *Samsarga* of *Kapha* or the presence of *Ama* with the *Vata*. In this instance, *Rogamarga* is *Madhyama*, while *Dushyas* are *Snayu* (a ligament) and *Sandhi* (a joint).<sup>[4]</sup>

### MATERIAL AND METHODS:

Case Study A 60-year-old woman visited the OPD MAPH, Worli, Mumbai, complaining discomfort and tenderness in right sided heel (*Parshni-shool*) that had been present for one month. After waking up in the early morning with excruciating agony right sided heel and suffering pain all day. The case was identified as plantar fasciitis based on the presence of clinical symptoms. Due to pain, she was unable to walk far. In addition to grade 4 pain and tenderness, a local examination revealed redness. *Cupping* and *Agnikarma therapy* was slated to receive treatment.

#### Past History

HTN since 2 years on medication Telma 40 mg

S/H/O- Appendicectomy 20 years ago

#### Examination of Patient

The general and specific examination of the patient was conducted. Observations are mentioned in Table 1. *Astavidha Pariksha*.

Table-1	<i>AstavidhaPariksha</i>	Observations
1	<i>Nadi</i> (pulse)	65/ min
2	<i>Mutra</i> (urine)	<i>Prakrut</i>
3	<i>Mala</i> (stool)	<i>Samyak</i>
4	<i>Jivha</i> (tongue)	<i>Saam</i>
5	<i>Shabda</i> (Sound)	<i>Spashta</i>
6	<i>Sparsha</i> (Touch)	<i>Anushnasheet</i>
7	<i>Drik</i> (eye)	<i>Spashta</i>
8	<i>Aakriti</i> (Built)	<i>Leena</i>

### Treatment Administered

Procedural therapies that is *Agnikarma* & wet cupping therapies were followed in the patient.

### Preprocedure

**Abhyanga, Swedana:** Massage (*Sthanika Abhyanga*) with *Sahachara Taila* was performed on the right heel followed by localised *Swedana* (*Nadi Sweda*). A tourniquet was tied at the calf region and under aseptic conditions, *Prachchhan Karma* done near right heel and ankle joint, and 10 ml of blood was drawn by cupping. The patient was observed for 1 to 1.5 hrs.

### Procedure

The patient was made to lie comfortably over the examination table. Then the part just 1 *Angul* below the lateral Malleolus was cleaned with surgical spirit. With the help of 15 no. blade fine superficial incision taken over the skin below lateral Malleolus. Cupping done over the incised area as mentioned earlier. 10 ml blood was drained. After 15 minutes of that, *agnikarma* done with the help of *Mrittika Shalaka* over maximum tenderness at right plantar heel region.

This procedure was repeated for 3 times by the interval of 7 days.

### Paschata Karma

After letting out blood, sterile cotton pad with spirit, area was cleaned. After *agnikarma* the area was covered by application of *Yashtimadhughritalepa* was kept and bandaged. The patient was asked to rest for 30 min.

## OBSERVATIONS

The patient was observed on the basis of visual analog scale (VAS) and tenderness grading soft tissue scale before cupping and *Agnikarma*. a it was 8. After complete treatment by cupping and *agnikarma* it was 4 out of 10 on the scale.

After 30 days of follow-up, pain was diminished and tenderness also vanished on the assessment scales.

### RESULT

he patient successfully finished the course of treatment.

The patient was evaluated using the pain/disability scale. It evaluates a patient's capacity to carry out daily tasks and the degree of pain in various settings. This study has three assessment intervals. Results were obtained using those data. Baseline evaluation took place prior to treatment (BT), final evaluation followed evaluation followed by Cupping therapy and *Agnikarma* procedure.

### DISCUSSION

Treatment was designed with the goal of reducing *Vata* and evacuating the vitiated blood from below right ankle while taking into account the symptoms, such as pain and soreness.<sup>[5]</sup>

Therefore, following cupping to remove impure blood, the main course of treatment was to normalise *Vata* and *Kaphadosha* with *Agnikarma*.<sup>[6]</sup>

#### Role and mode of action of Cupping therapy-

The therapeutic effects of cupping therapy, such as an improvement in blood circulation, immunomodulatory effects, and the elimination of toxins and wastes, are intended to be explained by mechanisms of action. Only the first three ideas, which are concerned with pain treatment.<sup>[7]</sup>

#### Role and mode of action of Agnikarma therapy-

Walking on uneven surfaces while wearing improper footwear can lead to chronic plantar fasciitis, which results in inflammation of the plantar fascia, which causes the heel to hurt, be tender, stiffen in the morning, and have limited movement. According to Ayurveda theory, this condition might arise from the vitiation of *Vata* with the *Anubandha* of *Kapha Dosha*. *Shotha* (inflammation) and *Shoola* (pain in the heel) have been attributed to *Vata* and *Kapha Dosha*, which are important factors in their causation.

The affected area is heated by *Agnikarma Chikitsa*. This heat is *Ushna*, *Tikshna*, *Laghu*, *Sukshma*, *Vyavayi*, and *Vikashi* in *Guna*, which helps to break the *Kaphanubandha* by lowering *shoth* and ultimately neutralising the *Vata Dosha* so that *shool* (Pain & tenderness) gets relieved. To manage such conditions *Agnikarma* procedure is creditable treatment.<sup>[8]</sup>

## CONCLUSION-

After receiving cupping and *Agnikarma* therapy, there was a noticeable reduction in pain and tenderness in the case of PF (*Vata kantaka*).

The effectiveness of a holistic Ayurvedic care approach for PF patients can be examined using a large sample of patients. Cupping & *Agnikarma* therapy is a rapid relief method that is inexpensive, less difficult to use, and doesn't involve surgery or hospitalisation.

Therefore, cupping therapy followed by *Agnikarma* therapy may be a suitable substitute for modern heel pain treatments.

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