

CASE STUDY-AYURVEDIC MANEGMENT IN CALCANEAL SPUR (VATAKANTAKA)

***Vd. Arshadkhan Rasulkhan Pathan**

Assistant Professor, Kayachikitsa Department, S.S.V.P. Ayurved College & Research Center,
Hatta, Taq. Vasmat, Dist. Hingoli. Maharashtra.

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***Corresponding Author**

Vd. Arshadkhan

Rasulkhan Pathan

Assistant Professor,
Kayachikitsa Department,
S.S.V.P. Ayurved College &
Research Center, Hatta, Taq.
Vasmat, Dist. Hingoli.
Maharashtra.

ABSTRACT

A Calcaneal spur is a small bony projection that is formed on calcaneus or heel bone. It is a small osteophyte, pointed bony outgrowth of bone. It is a form of exostosis. It is a common cause of heel pain in adult with the peak incidence occurring in people between the ages of 40-60 years. It is seen more frequently in a younger population consisting of runners, aerobic exercise dancers and ballet dancers. Calcaneal spur as per modern and Vatakantaka as per Ayurveda has etiological and clinical relationship. It is one of the most troublesome common health complaint usually affects badly peoples routine work and once it is manifested very difficult for the body to heal. Large percentages of people suffer from this disease.

Vatakantaka is a condition caused by vata characterized by a sharp stinging pain at the heel of foot. Aggravated vata, because of exertion and walking on uneven surface takes ashraya (located) in gulf sandhi (Ankle joint) and produce pain. Major symptoms consist of pain in the region surrounding the spur, which typically increases in intensity after prolonged periods of rest. The pain can be sharp, shooting pain or present as a tearing feeling at the bottom of the heel. Patients may report, pain more severe when walking up in morning.

In today's life patient given NSAID's. But NSAID's relieve the pain temporarily. Ayurvedic medicine is one of the best for management of calcaneal spur. Local snehana- swedana, Agni karma and oral medicine are classical line of treatment for Vatakantaka (Calcaneal spur).

Here I present the case of 64 years old female patient, whose early diagnosis of Vatakantaka (Calcaneal spur) permitted successful management according to ayurvedic principles. Though initially having severe pain and difficulty in walking, than she return to normal life after treatment.

CASE

PATIENT NAME- XYZ

AGE- 64 yrs.

SEX- Female

Occupation-House Wife

Reg. No. 19035/159

D.O.A-13/6/2017

D.O.D-21/6/2017

C/O –Pain and swelling in both heel region

-Pain more severe when walking up in morning

-Difficulty in walking

-since 1 years.

No H/O- Malaria /Typhoid /Jaundice.

No K/C/O- HTN/DM/PTB/BA/Epilepsy.

No H/O- Any Surgical illness.

No H/O- Any Drug Allergy.

O/E- GC- Fair & Afebrile

P-76/min BP-130/80 mm of Hg

S/E- RS- AEBE Clear

CVS-S1 & S2 Normal

CNS-Conscious & Oriented

RTVC RTDS

Pupils: Rt-Normal size and reacting to light

Lt-Normal size and reacting to light

Planters-Bilateral flexor

Deep tendon reflex

	Knee jerk	Ankle jerk	Biceps jerk	Triceps jerk
Right	2+	2+	2+	2+
Left	2+	2+	2+	2+

Muscle power grade

MPG	RT	LT
UP	5/5	5/5
LP	5/5	5/5

P/A- soft & non-tender

Urine-passed

Stool-Passed

Investigations

Hb-10%; RBC-4800; WBC-7000; ESR-15; Platelets- 221000

RA, VDRL, HbsAg –Negative

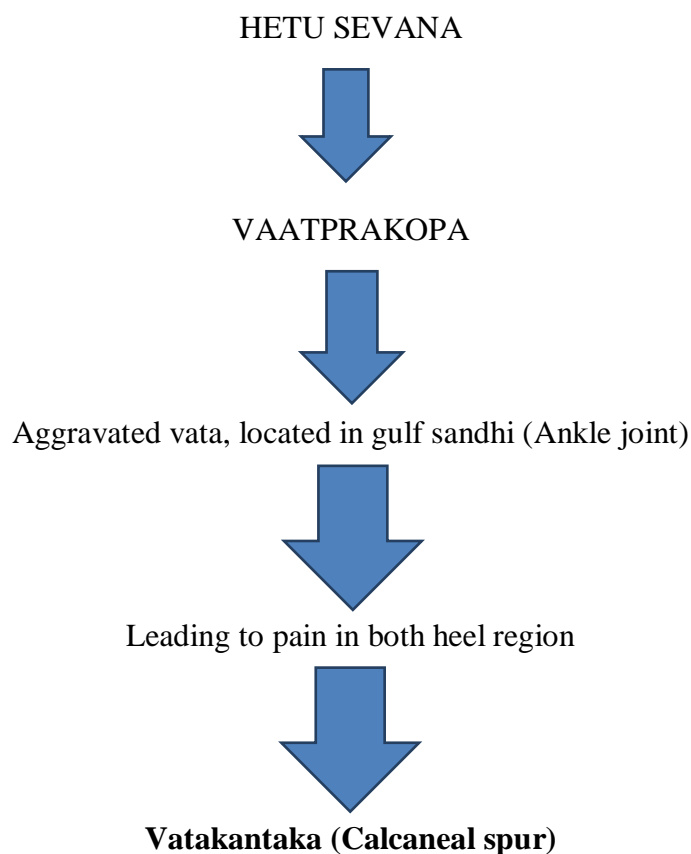
X-Ray of B/L Ankle Joint (AP view) shows- Calcaneal Spur

NIDANPANCHAKA-

Hetu

Bahya hetu – heavy weight lifting, walking on uneven surface, exertion.

Abhyantar hetu- Mash, Draksha, Vatana, Udid, Gahu etc. Sevan

Samprapti

Poorvaroopa- Mild pain in both heel region.

Roopas -Pain and swelling in both heel region, Pain more severe when walking up in morning, Difficulty in walking.

Treatment Given

Panchakarma

-Sthanik Snehan & Swedan with Til Tail x 7 days

-Yog Bastikram with Dashmul Kwath (400ml) with Anuvasan Basti (Til Tail-80ml) x 7 days

-Agni Karma on both Heel region x 3 times

Oral: --Tab. Lakshadi Guggulu (500mg) TDS x 15 days

-Tab. Arogyavardhini Vati (500mg) TDS x 7 days

-Dashmul + Rasna Kwatha 30ml BDX15 days

RESULTS

No pain and swelling in both heel region, patient walking without difficulty. So, ayurvedic treatment can be effectively adopted in patients of Vatakantaka.

On Discharge- Patient is advised oral medicines and regular follow up in OPD.

DISCUSSION

Initially when patient came to us, patient was suffering from the disease almost since 1 year. Having Pain and swelling in both heel region, Pain more severe when walking up in morning, Difficulty in walking. After therapy of fifteen days, patients relief from above complains. There is no other complains. Patient can now do his routine work without taking NSAIDS.

We have manage this patient with the help of Ayurvedic Medicines & Panchakarma.

CONCLUSION

The case highlight the fact that confidence can be placed in Ayurvedic treatment principles even in a case where modern medicines progress is poor. The patient was diagnosed in Ayurvedic term and treated accordingly Sthanik Snehan & Swedan, Agni Karma & Yog Bastikram with Dashmul Kwath in case of Vatakantaka (Calcaneal spur). Patient can now do his routine work without taking NSAIDS.

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