

**A COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF  
AGNIKARMA(THERMAL CAUTERY) WITH AND WITHOUT  
INTERNAL ADMINISTRATION OF *ERANDA TAILA* IN  
VATAKANTAKA W.S.R TO CALCANEAL SPUR**

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**ABSTRACT**

**Background:** *Vatakantaka*/Calcaneal Spur is a common cause of heel pain with peak incidence between 40 to 60 yrs of age. Calcaneal treated by measures that decrease the associated inflammation and reinjury. Anti inflammatory and analgesics medications are often helpful. But they relieved pain temporarily, hence we need a permanent curative treatment for the condition.

**Objectives:** To Evaluate the Efficacy of *Agnikarma* with and without *Eranda Taila Pana* in *Vatakantaka* W.S.R to Calcaneal Spur.

**Methods:** 60 patients of *Vatakantaka* were selected and randomly divided into two equal groups consisting of 30 patients each as Group-A and Group-B.

**Group-A-** were subjected to *Agnikarma* at the maximum tender point in *Bindu Akriti* (dot) shaped pattern with *Panchaloha Salaka* for a single sitting.

**Group-B-** were subjected to *Agnikarma* at the maximum tender point in dot shaped pattern with *Panchaloha Salaka* for a single sitting along with *Eranda taila pana* (10 ml) in the early morning on empty stomach with warm water for 7 consecutive days.

Subjective parameter- *Ruk, Thoda, Sthambha*

Objective parameters - *Kriyahani, Sparshashishnutwa*.

These were suitably graded to assess the result based on clinical observations. Statistical test were applied to analyse the result. For comparing between the groups Mann-Whitney U Test using SPSS Statistics is done Wilcoxon Sign Rank Test was done for analysing the different of significant change.

**DISCUSSION:** There was a significant difference among the result of treatment among Group A and Group B with test significance  $p < 0.001$ . The percentage of success of Group A was 69.7% and Group B was 96.1%.

**CONCLUSION:** Group B showed better result than Group A. Combination of *Agnikarma* and internal administration of *Eranda taila* mentioned in *Vatakantaka* is more effective than *Agnikarma* alone with low recurrence rate.

**Key Words:** *Eranda taila, vatakantaka, Calcaneal Spur, Agnikarma.*

**INTRODUCTION:** Acharya Sushruta explained *Vata dosa* predominant diseases under the vast chapter *VataVyadhi*<sup>1</sup>. *Vatakantaka* is one

among them. Both *Bruhatrayis* and *Lagutrayis* considered it as a *disease of vatadosha origin*. *Vatakantaka* is a painful condition of heel due to improper placement of foot on the ground or by

walking over an irregular surface. Aggravated *Vata* because of various *Nidan* takes *Ashraya in Gulfa sandhi*<sup>3</sup> causes pain in *Padatala Pradesha* especially in the morning and after a long period of inactivity. With this pathology and clinical presentation of *Vatakantaka*, it can be co related with calcaneal spur<sup>4</sup>. Calcaneal spur<sup>5,6</sup> is a condition where calcium deposit causing a bony protrusion on the inner side of heel bone. Generally this has no effect on persons' daily life. However repeated damage cause these deposits to pile up on each other causing a spur shaped deformity called calcaneal spur. Major symptoms consists of pain in the surrounding spur, which typically increase in intensity after prolonged period of rest. Patient may not be able to bear weight in the afflicted heel comfortably. Patient report severe pain when waking up in the morning. Heel spur are treated by measures that decrease the associated inflammation and re injury. Anti inflammatory and analgesic medications are often helpful.

In Ayurveda, Acharyas mentioned *Agnikarma*, *Raktaavasechana*, *Valukasweda*, *Erandathailapana* as treatment modalities for this disease<sup>7</sup>. *Agnikarma* is the fast acting *shoolahara* procedure mentioned by *Acharya Sushruta*<sup>8</sup>, *Bhavaprakasa*<sup>9</sup> and *Chakrapanidatta*<sup>10</sup>. *Snehana* and *Mridu Sodhana* is considered as one of the treatment principle for *Vataja Vikaras* where *Vata* is found affecting *Snayu*, *Sandhi* and *Asthi*<sup>11</sup>. *Eranda taila* is *Vata Kaphahara* in action and act as *Mridu Virechana* also<sup>12</sup>. Hence the present study is selected to evaluate the efficacy of *Agnikarma* and *Eranda taila* in *Vatakantaka*.

## AIMS AND OBJECTIVES OF THE STUDY

- To evaluate the effect of *Agnikarma* in the management of *Vatakantaka*.
- To evaluate the effect of *Agnikarma* with internal administration of *Eranda Taila* in the management of *Vatakantaka*.

## MATERIAL AND METHODS.

It is a comparative clinical study with pre-test and post-test design, where in 60 patients of either sex, diagnosed as *Vatakantaka*, were assigned into two groups, each comprising of 30 patients.

## INCLUSION CRITERIA:

1. Patients presenting with *lakshanas* of *Vatakantaka*.
2. Patients of either sex, above 18 years.

## EXCLUSION CRITERIA:

1. Other systemic diseases which interfere with the course of treatment.
2. Patients with the Fracture and dislocation of ankle joint.
3. Bony deformities
4. Complete rupture of tendons
5. Ligament injuries
6. Patients with previous history of reconstructive surgery of ankle and foot.
7. Medical conditions leading to ankle pain like Ankle sprain, Osteoarthritis, Achilles Tendonitis, Stress fracture etc.

## Criteria for diagnosis:

Patients suffering with *Lakshanas* of *Vatakantaka*.

**Investigation:** Lateral foot X-Ray.

## Drugs selected for the study

- **GROUP A:** *Agnikarma* with *Panchaloha shalaka*.

## *Panchaloha Shalaka:*

*Pancha loha shalaka* was prepared by mixing of the five metals in the following quantity and percentage<sup>7</sup>.

**Table no: 1 showing contents of Panchaloha Salaka**

METALS	WEIGHT	PERCENTAGE
<i>Tamra</i>	20gms	40%
<i>Loha</i>	15gms	30%
<i>Rajatha</i>	5gms	10%
<i>Yashada</i>	5gms	10%
<i>Vanga</i>	5gms	10%

All the metals are good conductor of heat and electricity. The length of the *Shalaka* is 7inches, having weight of 50gms and thickness of 3mm.

**GROUP B:** *Eranda thaila pana* followed by *Agnikarma* using *Panchaloha shalaka*.

#### Method of collection of data

Patients with *lakshana* of *Vatakantaka* is selected randomly after fulfilling inclusion and exclusion criteria

#### Study design

A total of 60 patients were selected after confirming the diagnosis. They were randomly allotted into 2 groups A and B consisted of 30 patients each. The cases were examined and documented in clinical case sheet designed for the purpose and documented in clinical case sheet designed for the purpose.

#### Intervention

Group-A- were subjected to *Agnikarma* at the maximum tender point in Dot shaped pattern in multiple points with *Panchaloha Salaka* for a single sitting. Group-B- were subjected to *Agnikarma* at

the maximum tender point in *Dot shaped pattern* with *Panchaloha Salaka* for a single sitting along with *Eranda thaila pana*(10 ml) in the early morning on empty stomach with warm water for 7 consecutive days.

**Course of Treatment** – 7 consecutive days. Assessment on:

Pre test – 1 st day, Post test – 7 th day, 1st follow up – 14th day.

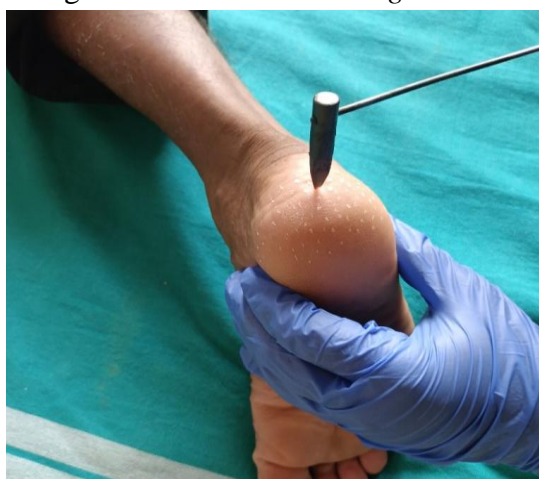
#### Pre procedure:

Patient was advised to take food which are *Pichila* , *Mrdu*, *Seeta* in nature like Milk, Cow's Ghee, cold water

The patient is made to lie down in prone position. Sterile the local site for *Agnikarma*.

#### Procedure:

*Panchaloha shalaka* is heated in smoke free fire till it become red hot at 235 degree celcius<sup>8</sup>. Place the *Shalaka* at the maximum tender point in dot shaped pattern. After *Agnikarma* the patient has to be observed for *Samyak*, *Hina*, *Atidagdha lakshanas*.



### Image No 1 Agnikarma using pachaloha salaka in dot shaped pattern

#### Post Procedure:

After completion of procedure the part where Agnikarma has done should be rubbed with Kumari pulp.

#### Posology:

Eranda taila internal administration – 10ml for 7 consecutive day morning at empty stomach.

#### Study Duration & Follow up: Table no : 2 showing study Duration & Follow up

Group	Treatment	Doses	Duration
A	Agni karma	Once	One sitting
B	Eranda Taila internal administration	Once a day	7consecutive days

Observation during the treatment were made on 1<sup>st</sup> day (pre test), 7<sup>th</sup> day (post-test), Follow up: Once after 14<sup>th</sup> day.

#### OBSERVATION AND RESULT

#### Effect of therapy on individual parameters in Group A and Group B

##### RUK

**Group A :** There was 76.7 % relief in the symptom on 14<sup>th</sup> day after Agnikarma procedure which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is < 0.016 (Bonferroni correction)

**Group B :** There was 94.2% relief on 14<sup>th</sup> day after internal administration of Eranda taila along with one sitting of Agnikarma in the symptom which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is <0.016(Bonferroni correction)

While comparing the groups we can interpret that both groups having statistically significant changes during the treatments but Group A shows one participant Ruk score get reoccurred during 7<sup>th</sup> day and 14 th day.

##### TODA

**Group A :** There was 53.5 % relief in the symptom on 14<sup>th</sup> day after Agnikarma procedure which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is < 0.016 (Bonferroni correction)

**Group B :** There was 90% relief in the symptom on 14<sup>th</sup> day after internal administration of Eranda taila along with one sitting of Agnikarma which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is <0.016 (Bonferroni correction).

While comparing the groups we can interpret that both groups having statistically significant changes during the treatments but Group A shows reoccurrence of symptoms and in Group B the changes are stable in all the stages.

##### STHAMBA

**Group A:** There was 48.1 % relief in the symptom on 14<sup>th</sup> day after Agnikarma procedure which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is < 0.016(Bonferroni correction)

**Group B :** There was 90.9% relief in the symptom on 14<sup>th</sup> day after internal administration of Eranda taila along with one sitting of Agnikarma which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is <0.016(Bonferroni correction)

While comparing the groups we can interpret that both groups having statistically significant changes during the treatments but Group B lower STHAMBA

Score than Group A. The changes are stable in all the stages with 17 participants in Group B

### KRIYAHANI

**Group A :** There was 42.8 % relief in the symptom on 14<sup>th</sup> day after *Agnikarma* procedure which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is < 0.016 (Bonferroni correction)

**Group B :** There was 90.9% relief in the symptom on 14<sup>th</sup> day after internal administration of *Eranda taila* along with one sitting of *Agnikarma* which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is <0.016(Bonferroni correction)

While comparing the groups we can interpret that both groups having statistically significant changes during the treatments but Group B lower *KRIYAHANI* Score than Group A. The changes are stable in all the stages with 16 participants in Group B.

### SPARSHASAHISHNUTWA

**Group A :** There was 59.3 % relief in the symptom 14<sup>th</sup> day after *Agnikarma*

procedure which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is < 0.016(Bonferroni correction)

**Group B :** There was 98% relief in the symptom on 14<sup>th</sup> day after internal administration of *Eranda taila* along with one sitting of *Agnikarma* which was statistically significant with the "Asymptotic Sigma 2 tailed " value, which in this case is <0.016(Bonferroni correction)

While comparing the groups we can interpret that both groups having statistically significant changes during the treatments but Group B lower *Sparsha asahishnutwa* Score than Group A. The changes are stable in all the stages with 27 participants in Group B and also the reoccurrence of condition is more seen in Group A.

### Overall assessment of results in the groups:

#### Group A:

Out of 30 patients , 12 (40%) showed good response, 4 (13.3%) showed moderate response, 6(20%) showed mild response and 8(26.6%) showed poor response

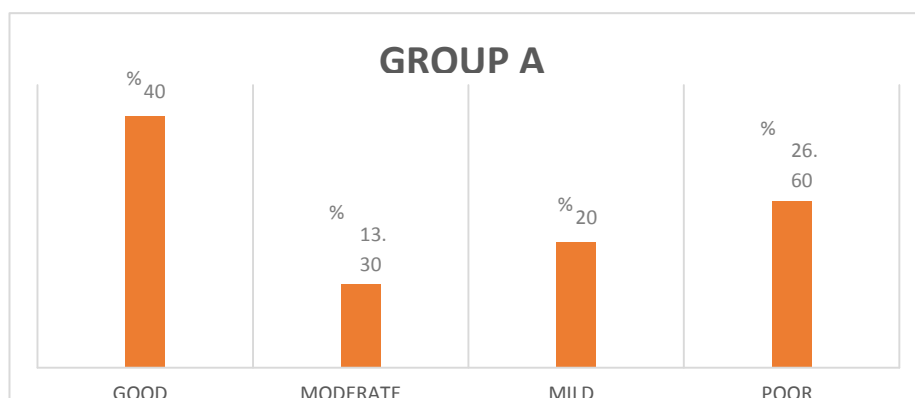
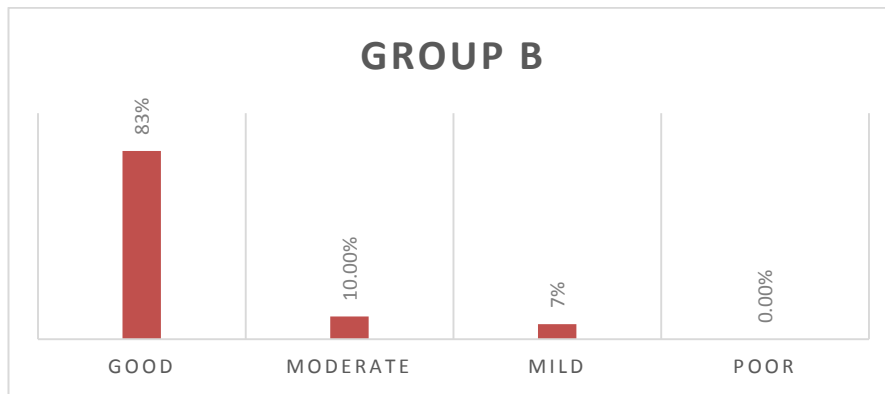


Chart no 1 showing overall assessment of results in the group A

**Group B:** Out of 30 patients , 25 (83%) showed good response, 3 (10%) showed moderate response,2 (7%) showed mild response.





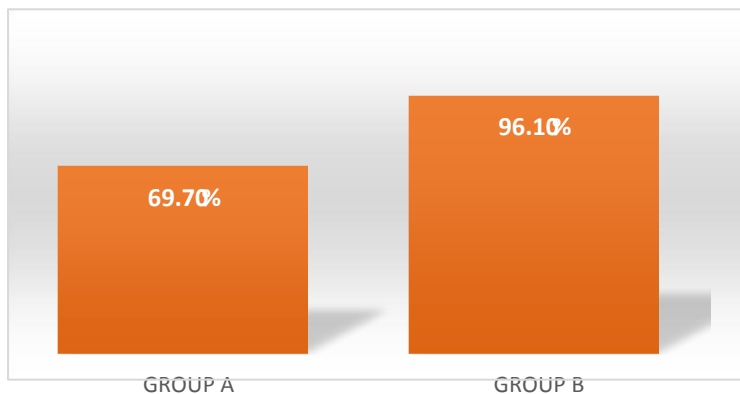
**Chart no 2 showing overall assessment of results in the group B**

Better result in group B is due to the combined effect of *Agnikarma* with internal administration of *Eranda Taila*. There is no structural changes found on X-ray after treatment.

**Interpretation of Statistical Analysis**

The overall assessment of parameters shows 69.7% relief in Group A and 96.1%

relief in Group B. Group B showed Moderate Response to the treatment whereas Group A showed Mild Response. It may be inferred that the combination of *Agnikarma* and internal administration of *Eranda Taila* mentioned in *Vatakanataka* is more effective than *Agnikarma* alone



**Chart no 3. showing overall assessment of parameters in Group A and Group B**

**DISCUSSION ON OBSERVATION**

The observation obtained before, during and after the clinical study are discussed below.

**AGE**

The patients of age group 40-49 and age group of 50-59 are showing *Vatakantaka* more. Comparing both, the age group of 40-49 are higher.

*Vata roga* affects when age advances, so *Vatakantaka* are more seen in elderly stage It is implied that prolonged standing is the major cause of *Vatakantaka* which is always

associated with active people in the middle age.

**SEX**

Out of 60 patients 20(33.3%) are females and 40(66.7%) are males. From this study the more prior group for *Vatakantaka* is Male. As physical strenuous activities seen more in Males than females, here males are more diagnosed.

**OCCUPATION**

From the analysis, Housewife 16(26.7%), Farmer 10(16.7%) Business and Teachers

5(8.3%) were more diagnosed as *Vatakantaka*.

By comparing these three, Farmers are more diagnosed. The predominance of disease in House wife, Farmers, Teachers is due to their nature of work that is long standing. This long standing is the causative factor for *Vatakantaka* due to *Vata* aggravation

### RELIGION

Out of 60 Patients,6 (10%) were Christian,43 (71.7%) were Hindus and 11 (18.3%) were Muslims.

Hindus are more diagnosed as having *Vatakantaka*. The study locality has Hindu religion as majority.

### MARITAL STATUS

Out of 60 Patients,1(1.7%)were unmarried,58(96.7%)were married.

Married group were more Diagnosed as *Vatakantaka*. The study group had majority of married patients.

### SOCIO ECONOMIC STATUS

Out of 60 patients, 48 (80%) were under Middle class and 12 (20%) were under poor class. In this group, middle class group were more diagnosed as *Vatakantaka*. It is because in most cases the patients approach for treatment at later stages due to poor economic status. Higher the living standard higher were the health concern, otherwise severe pain affecting the routine life were considerable for those who belong to middle and poor class.

### PRAKRITHI

Out of 60 patients 2(3.3%) were *kaphapitha*, 6(10%) were *kaphavata*, 42 (70.0%) were *vatakapha*, 9 (15%) were *vatapitta prakrithi* , 1 (1.7%) were *Pittakapha*.

*Kaphavata Prakrithi* person were more diagnosed as *Vatakantaka*. Since *vatakantaka* is *vata kaphaja vyadhi* it affects more in *vatakapha prakrithi* and *kaphavataja prakrithi* patients

### KOSHITA

Out of 60 patients 51(85%) were identified as *Krura Koshta*, 7(11.7%)

were identified as *Madhyama Koshta*, 2(3.3%) were identified as *Mridu Koshta*.

*Krura koshta* person were more diagnosed as *Vatakantaka*. This is because *vata* involvement is more in *krura koshta*. When bowel movements are controlled by *vata* it is called *krura koshta*. *Krura koshta* are more seen in *vatakapha* type of personality.

### AGNI

Out of 60 patients 8 (13.3%) were identified as *Mandagni*, 1(1.6%) were identified as *Tikshnaagni*, 51(85%) were identified as *Vishmaagni*.

*Vishama Agni* persons were more identified as having *Vatakantaka*. This is because digestive fire is influenced by *doshas* when *vata* influences *agni* , *agni* behaves in a weird way, it is called *vishama agni*. Vitiated *vata* and *agni* influenced by it will case wide array of diseases of *Vata* origin

### SATWA

Out of 60 patients, all the patients belong to *Madhyama Satwa*. Since the study group belongs to middle age group, the *satwa* is *Madhyama*.

### DEHABALA

Out of 60 patients, all the patients belong to *Madhyama Bala*. Since the study group belongs to middle age group, the *Dehabala* is *Madhyama*.

### DISCUSSION ON RESULT

#### Effect of therapy on individual parameters in Group A and Group B

### RUK

Group B showed better result in this parameter compared to group A. *Vata dosha* is the cause for *Ruk* in *Vatakantaka*. *vatakantaka* is *vata* predominant disease. *Agnikarma* is fastest pain relieving technique and *Eranda* is termed as enemy for *vata* because of its purifactory action

on *vata*. *Eranda Thaila* balances *vata* and *kapha dosha*. In Group A study, only *Agnikarma* therapy is used whereas in Group B both *Agnikarma* therapy along with *Eranda Thailapana* is done, so the combined effect of therapy made Group B better compared to group A.

#### **TODA**

Group B showed better result in this parameter compared to group A. *Vata dosha* is the cause for *toda* in *Vatakantaka*. *vatakantaka* is *vata* predominant disease. *Agnikarma* is fastest pain relieving technique and *Eranda* is termed as enemy for *vata* because of its purifactory action on *vata*. *Eranda Thaila* balances *vata* and *kapha dosha*. In Group A study, only *Agnikarma* therapy is used whereas in Group B both *Agnikarma* therapy along with internal administration of *Eranda Taila* is done, so the combined effect of therapy made Group B better compared to group A.

#### **STHAMBHA**

Group B showed better result in this parameter compared to group A. *Sthamba* is caused due to *Kapha dosha*. *Eranda taila* has *Vatakapha hara* action and act as *mridu virechana* also. So in group B, the combined effect of *Agnikarma* therapy along with internal administration of *Eranda taila* makes better results than Group A.

#### **KRIYAHANI**

Group B showed better result in this parameter compared to group A. *Vata dosha* is the cause for movements. Impairment to *Vatadosha* may cause *kriyahani*. *vatakantaka* is *vata* predominant disease and *kriyahani* can be one of its presentation. *Eranda* is termed as enemy for *vata* because of its purifactory action on *vata*. *Eranda Taila*

balances *vata* and *kapha dosha*. In Group A study, only *Agnikarma* therapy is used whereas in Group B both *Agnikarma* therapy along with internal administration of *Eranda Taila* is done, so the combined effect of therapy made Group B better compared to group A.

#### **SPARSHAASAHISHNUTWA**

Group B showed better result in this parameter compared to group A. *Vata dosha* is the cause for *Sparshaasahishnutwa* in *Vatakantaka*. *vatakantaka* is *vata* predominant disease. *Agnikarma* is fastest pain relieving technique and *Eranda* is termed as enemy for *vata* because of its purifactory action on *vata*. *Eranda Taila* balances *vata* and *kapha dosha*. In Group A study, only *Agnikarma* therapy is used whereas in Group B both *Agnikarma* therapy along with internal administration of *Eranda Taila* is done, so the combined effect of therapy made Group B better compared to group A.

#### **Discussion on procedure**

##### ***Agnikarma using Panchaloha Salaka***

*Agnikarma* act on a multi-factorial level in the body. Mainly it is indicated in the disease caused by *vata* and *kapha* because of its *tikshna* (quick action), *ushna* (Hotness), *sookshma* (subtle), *vyavayi* (Quick spreading), *vikashi* (works without being metabolised) properties to remove *srotorodha* (obstruction in channels of body)

The Gate Theory is the answer for the mode of action of *Agnikarma*. *Agnikarma* stimulate A- fibers which carry fast pain stimulus and activate endogenous analgesic system and close the gate for dull pain carried by the Substance P through Small C- fibres and resulting in relieving pain in the patients.



Thus Agnikarma act same like that of opioids analgesic drug and that too without any adverse effect and is also cost effective.

### **Eranda Taila administration:**

Traditional ayurvedic medicine consider *Eranda taila* , the king of medicinal plants for curing *vata vikaras*. It pacify *vata*, the aggravation of which is the route cause of all disease. Among *chatush Sneha* , *thaila* is the best for management of *Vatavyadhi* as it possess opposite *gunas* of *Vata*. In *Vatika Vikaras*, *Sneha virechana* is advised, as it clears obstruction in the *srotas* and relieves *vata* vitiation subsequently. In *Samhita* it is mentioned as *vatakapha hara* and *adhobhaga Doshahara*. It is *deepana* in *karma* , *ushna* in *virya*. All these qualities is ideal for pacification of aggravated *vata dosha*. *Vatakantaka* is a *vata* predominant *vyadhi* where *vata* and *kapha doshas* are involved. *Snehana* and *Mridu sodhana* is considered as one of the treatment principles of *vataja vikaras* were *vata* is found affecting *Snayu*, *Sandhi* and *Asthi*. So , *Eranda taila* is one of the best medicine in management of *Vatakantaka*. *Vatakantaka* is *vata kapha* predominant disease with *lakshana* of *vata vikara*. *Agnikarma* is the supreme therapy for *Shoola* with its fastest action and is mentioned in first line treatment principle for *Vatakantaka*. *Snehana* and *Mridu Shodhana* is considered as one of the treatment principle for *Vataja Vikara* were *Vata* is found affecting *Snayu*, *Sandhi* and *Asthi*. *Eranda Taila* is *Vatakaphahara* in action and act as *Mridu Virechana* also.

### **CONCLUSION**

The overall assessment of parameters shows 69.7% relief in Group A and 96.1%

relief in Group B. Group B showed Moderate Response to the treatment whereas Group A showed Mild Response. It may be inferred that the combination of *Agnikarma* and internal administration of *Eranda Taila* mentioned in *Vatakanataka* is more effective than *Agnikarma* alone with low recurrence rate.

Group B treated with *Agnikarma* along with internal administration of *Eranda Taila* showed better result than Group A which was treated with *Agnikarma* alone.

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