



MANAGEMENT OF PARSHNISHOOL WITH AGNIKARMA :
A CASE REPORT.

¹Borakhade V. R.

²Khot Varsha S.

¹Associate Professor, Kayachikitsa Department Yashwant Ayurved College P.G.R. &T.C.Kodoli.416114.

²Assistant Professor, Kayachikitsa Dept., Yashwant Ayurvedic College, P. G. T. & R.C. Kodoli.

ABSTRACT :

Parshnishool is one of the *vatavyadhi*. There is severe pain at the heel due to which patient is unable to walk while initiating movement in the morning. It is very pain full. The treatment mentioned in text is *agnikarma* as it is one of the *vatavyadhi*. Sushrut mentioned *agnikarma* which relives pain in *vatavyadhi*. According to modern science it is planter fasciitis & small osteophyte located on calcaneus. A heel spur is calcium deposite, common source of heel pain. Analgesic is only line of treatment for this condition. *Agnikarma* is local management which relives pain instantly. In this case, we are going to place simple local application i.e. *agnikarma* which proves better results in *parshnishool*.

Key words: *Agnikarma, parshnishool, calcaneal spur, vatavyadhi.*

INTRODUCTION: Due to calcaneal spur

there is pain phobia in patient every morning while initiating movement for walk. Nowadays it is very common problem because of overweight due to sedentary life and use of fashion foot ware with hard sole. Consumption of fast food offers less nutrition to the muscles and bone. Plantar fasciitis, is a disorder that results in pain in the heel and bottom of the foot.¹ The pain is usually most severe with the first steps of the day or following a period of rest.² Plantar fasciitis is estimated to affect 1 in 10 people at some point during their lifetime and most commonly affects people between 40–60 years of age.³ Only treatment available for this condition is analgesic and surgery. Many times recurrence occurs. Patient suffers by side effects of analgesic treatment. This disease can be compared with *parshnishool*. According to ayurveda *parshnishool* is caused due to *vatprakop* in *parshni*.⁴ *Agnikarma* is treatment indicated for *vat prakop* in *asthi dhatu*.⁵

CASE REPORT:

45 yrs male patient came in opd of *kayachikitsa* dept of yashwant ayurved college kodoli, Complaining of severe heel pain in the morning while initiating movement for walk from one week. History reveals the same problem 3-4 months back stopped after taking analgesics.

Due to recurrence of complaint he came in our hospital.

Examination: Blood pressure: 130/80 mm of Hg

Pulse: 76/min

Sleep: regular

Bladder habit: regular

Bowel habit: regular

Appetite: regular

Occupation: clerk

Systemic

Examination: CVS:

S1 S2 normal.

CNS: well oriented and

conscious. RS: AE-BE clear.

P/A- soft non tender; liver kidney, spleen

not palpable.

No H/O any major illness.

Investigation-X ray foot AP and Lateral view.

Assesmemnt Criteria: Pain while initiating movement before and after treatment.

MATERIAL AND METHOD:

Panchadhadu Shalaka is used.Goghruta for local application after agnikarma. Candle, match box.

Method: Place shalaka on the point on heel where there is more pain intensity; heat the

other end of shalaka. The heats get transferred from one end to other. Heat it up to the tolerance of the patient .Now place on other point. Repeat the procedure after 5 days for 3-5 times depending on intensity of pain.

Xray foot- There is no change in x ray findings.

Pain : Before treatment- severe pain at heel

After treatment – no pain



DISCUSSION

It is one of the *vatavyadhi*. There is no pain without *vitiatioan* of *vata*. *Agnikarma* is treatment mentioned for *vatavyadhi*. *Agnikarma* is indicated in selective clinical conditions dominated by *Vata* and *Kapha dosha*. It is *ushna*, *tikshna*, *aashu guna* pradhan hence relieves pain. It increases *dhatwagni*. As per *Ayurveda* - *Ama* also is produced due to *dhatwagnimandya*, which causes *sanga*. *Agnikarma* stimulates *dhatwagni* so *pachana* of *sama dosha* occurs which provides nutrition to *dhatu*, specially *mansa*, *asthi* and *majja dhatu*. Modern action: Direct effect of heating: Increased metabolic activity: “Any chemical change capable of being accelerated by heat is accelerated by a rise in temperature”-Von't Haffs principle.⁶

IJAAR

Pain may be due to accumulation of waste product of metabolism in the tissue. Consequently heating of tissue accelerated the chemical changes i.e. metabolism is greatest in the region where most heat is produced. As a result of increased metabolism there is a resulting increased demand for oxygen and food stuff. This causes increase in output of waste products, including metabolites. Increased blood flow- As a result of the increased metabolism, the output waste product from the cells is increased. Metabolites act on walls of capillaries and arterioles causing dilation of these vessels. In addition heat has direct effect on the blood vessels, causing vasodilatation particularly in the superficial tissue. Stimulation of superficial nerve endings can also cause a

reflex dilation of the arterioles. Result of the vasodilatation there is an increased blood flow though area with supply of oxygen and nutrients. Waste products are removed from this area. Stimulation of neural receptors in the skin or tissues- Heat appears to produce definite sedative effects: the effects of heat on nerve conduction have to be thoroughly observed and study. There is evidence that any sensory excitation reaching the brain simultaneously with pain result in the pain impulse being more and less attenuated. These changes in tissue may be produced by local, general or remote effects. So pain is diminished after treatment in *parshnishool*. Benefits of Agnikarma: Sudden relief of pain. It is a simple, safe and outdoor procedure. The disease treated by Agnikarma do not recur. Less fear of infection. Highly economical with less complications.

CONCLUSION

From the above case it is clear that *agnikarma* in *parshnishool* proves better than any other treatment. *Parshnishool* cured successfully by Agnikarma.

REFERENCES

1. Beeson P (September 2014). "Plantar fasciopathy: revisiting the risk factors". Foot and ankle surgery: official journal of the European Society of Foot and Ankle Surgeons **20** (3): 160–

5:10.1016/j.fas.2014.03.003. PMID 25103701.

2. Goff JD, Crawford R (September 2011). "Diagnosis and treatment of plantar fasciitis". Am Fam Physician **84** (6): 676–82. PMID 21916393.

3. osenbaum AJ, DiPreta JA, Misener D (March 2014). "Plantar Heel Pain". Med Clin North Am **98**(2): 339–52:10.1016/j.mcna.2013.10.009. PMID 24559879.

4. Dr.Brhmanand Tripathi, Charak Samhita, Part II, Choukhamba Surbharati Prakashan, Varanasi, 2005, Page no.938.

5. Ambikadatt Shastri, Sushrut Samhita, Choukhamba Sanskrit Sansthan, Varanasi, Page no. 39.

6. Chemical Thermodynamics, D.J.G. Ives, University Chemistry, Macdonald Technical and Scientific, 1971, ISBN 0-356-03736-3

Corresponding Author:

Dr.BorakhadeV.R.

Associate Professor, Kayachikitsa Department Yashwant Ayurved College P.G.R.&T.C.Kodoli.416114.

Email id: vasudha.borakhade@gmail.com

Source of support: Nil
Conflict of interest:None
Declared