



**EFFECTIVENESS OF *AGNIKARMA* (THERAPEUTIC CAUTERIZATION) PROCEDURE WITH *PANCHLOHASHALAKA* IN MANAGEMENT OF *VATAKANTAKA* (CALCANEAL SPUR)  
: A CASE STUDY**

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**ABSTRACT**

**Background:** Pain in the heel due to prolonged walking, standing, or physical activity is a common modern complaint, with calcaneal spur being one of the leading causes. A calcaneal spur is a pointed bony outgrowth on the calcaneus, typically associated with pain and difficulty in routine activities. In *Ayurveda*, this condition is correlated with *Vatakantaka*, a type of *Vatavyadhi*, characterized by sharp, thorn-like pain in the heel. Acharya Sushruta has advocated *Agnikarma* (therapeutic cauterization) as an effective treatment for such conditions.

**Aim:** To evaluate the efficacy of *Agnikarma* therapy in the management of calcaneal spur.

**Case Description:** A 46-year-old female presented with heel pain and tenderness diagnosed as calcaneal spur. The condition was managed with three sittings of *Agnikarma* without any oral medication. After the second sitting, symptoms were partially relieved, and after the third sitting, pain and discomfort completely subsided. No adverse effects were observed during the procedure.

**Conclusion:** The case demonstrated significant improvement in heel pain and overall mobility following *Agnikarma* therapy, highlighting its potential as a safe and effective treatment modality for calcaneal spur.

**Clinical Significance:** Conventional management of calcaneal spur often provides only temporary relief and may involve prolonged use of analgesics or invasive procedures. *Agnikarma* offers a simple, minimally invasive, and cost-effective alternative with promising results in symptom alleviation and improved quality of life.

**Key words:** *Agnikarma*, calcaneal spur, *vatakantaka*, *bindu Agnikarma*, *panchlohashalaka*, *Gulpha sandhi*.

**INTRODUCTION:** The calcaneus, also known as heel bone, is the largest foot bone. It forms the back part of the foot, known as the heel. Among the various aetiologies of heel pain, the calcaneal spur remains one of the most significant contributing factors.<sup>1</sup> This is more often seen in middle-aged adults. In India,

around 59% of people with heel pain have a calcaneal spur.<sup>2</sup>

A calcaneal spur is a small bony growth that forms where the plantar fascia (a thick band of tissue under the foot) connects to the heel bone.<sup>3</sup> This can cause mild to severe, ongoing pain in the bottom of the heel. The pain is usually worse in the

morning after getting out of bed or after walking for a long time. The heel may feel tender, and standing or walking for long periods can make the pain worse. Activities like walking, running, or lifting heavy things can increase the discomfort.<sup>4</sup> As per the Ayurvedic view, calcaneal spur is correlated with *Vatakantaka*. According to Acharya Sushruta and *Vagbhata*, it is caused by *Vata*, which gets vitiated due to excessive walking or walking on irregular surface and excessive pressure exerted over the ankle region. That leads to vitiation of *vata* in *Gulpha sandhi* (Ankle joint) causing *Parshnishoola* (Heel pain).<sup>5,6</sup>

At present, in modern medicine, there is no completely safe and affordable treatment for calcaneal spur.<sup>7</sup> The usual treatments include painkillers like NSAIDs, steroid injections, and exercises. In some cases, surgery is done to cut the plantar fascia or remove the spur.<sup>8</sup> However, surgery may not always fully relieve the pain and can sometimes cause other problems like nerve damage.

*Agnikarma* is a para-surgical treatment that uses heat (fire) to burn a specific area of the body in a controlled way for healing purposes. It is indicated for various *Vata - Kapha* disorders. While describing *Agnikarma chikitsa*, Sushruta has said that diseases which are not curable by *Aushadha* (medicinal therapy), *shastra* (surgical intervention), and *Kshar* (chemical cauterization) can be beneficially treated by *Agnikarma*.<sup>9</sup> It can be done by different methods like *Valay* (circular/ ring-shaped), *Bindu* (multiple points), *Vilekha* (line pattern), and *Pratisaran* (smeared/rubbed over surface) with different materials like *Pipali* (Long pepper), *Aja Shakrut* (Goat dung cake), *Madhu* (Honey), *Tail* (oil),

*Panchdhatushalaka* (Five-metal rod), *Suvrnashalaka* (Gold rod), and *Lohashalaka* (Iron rod).<sup>10</sup> It is very effective to terminate the chance of recurrence of the disease without causing infection and no secondary complication if done properly.

**CASE REPORT:** A 46-year-old female patient visited the Shalya Tantra OPD (No. 51347). at Pt. Khushilal Sharma Ayurveda Institute & Hospital, Bhopal, complaining of pain and tenderness in her left heel. She reported difficulty in walking, with the pain being especially severe in the mornings, the pain may worsen in plantar aspect during standing or walking all of which had been present for the past 2 months. She reported a significant impact on her daily activities and ability to ambulate comfortably. She had taken analgesic drugs for approximately about 1 month from a private hospital for this problem, but was not completely relieved. So, she came to our hospital for further treatment. She had no known history of hypertension, diabetes mellitus or any other major illness in the past. There was no history of drug allergies. On local examination, tenderness was noted over the left heel region.

**History of Present Illness:** Patient was no history of similar complaints before two months ago. Gradually, she began experiencing heel pain after walking, which slowly worsened over time. She eventually noticed sharp, aggravated pain which increased with physical activities such as standing and doing household chores. She also received medications but got mild relief in complaints.

**Past History:** There was no history of Diabetes Mellitus or hypertension or any surgical history.

### Systemic Examination:

On systemic examination, the respiratory system revealed clear air entry bilaterally. Cardiovascular examination showed normal S1 and S2 heart sounds. The central nervous system examination indicated that the patient was conscious and oriented.

**Personal Habits:** On *Ashtavidha Pariksha*, the patient's *Nadi* (pulse) was found to be of *Vata-Kaphaja* type. *Mala* (stools) was *nirama* (normal stools), passed once daily. *Mutra* (urine) was passed five to six times during the day and one to two times at night. The *Jihva* (tongue) was slightly coated, *Shabda* (voice) was clear, *Sparsha* (touch) was normal indicating afebrile condition, *Drika* appeared normal, and *Akruti* was of medium build. In terms of diet and lifestyle, the patient followed a vegetarian diet with preference for sweet and spicy food along with curd, and had an active lifestyle involving prolonged standing.

On *Dashavidha Pariksha*, the *Prakriti* was assessed as *Kapha-Vata*, while *Vikriti* was of *Vata-Pitta* type. *Sara* was *Mamsa*, *Samhanana* was *Madhyama*, and *Pramana* was also *Madhyama*. The patient was habituated to all *Rasas* (*Satmya* – *Sarvarasa*). *Satva* was of *Madhyama* level. Her *Vaya* (age group) corresponded to *Madhyama*. Both *Ahara Shakti* (digestive capacity) and *Vyayama Shakti* (capacity for physical activity) were of *Madhyama* strength.

**Clinical Findings:** The case was documented on 03 July 2025 in the outpatient department of Shalya Tantra at our hospital for further management. Blood pressure was recorded at 120/70 mm/Hg, and the pulse was 76 beats per minute. The patient's tongue exhibited slightly coated appearance. Clinical examination showed no external foot deformity in both feet. However, there was swelling and tenderness over left heel at the site of pain upon deep palpation. The patient experienced difficulty in walking due to pain.

**Investigations:** All routine investigations such as CBC, blood sugar level were in normal range.

**X-Ray left heel (L)-** X-ray revealed a small, well-defined bony projection at the base of calcaneus in the left heel shows calcaneal spur.

**Diagnosis:** The diagnosis was confirmed as Calcaneal spur (*Vatakantaka*) on the basis of sign and symptoms and x-ray finding of left heel.

### Treatment Plan:

The patient was treated with three sittings of *Agnikarma* in the form of *bindu* (point) using *panchloha shalaka*, at an interval of three days, without administering any oral medication. The number of *bindus* applied in each sitting was dependent on the extent of the painful area, and the procedure was performed at the same affected site (left heel).

**Table no.1 Number of Agnikarma Sitzings performed**

S.no.	Date	Intervention
1	03/07/2025	1 <sup>st</sup> sitting of <i>Agnikarma</i>
2	07/07/2025	2 <sup>nd</sup> sitting of <i>Agnikarma</i>
3	11/07/2025	3 <sup>rd</sup> sitting of <i>Agnikarma</i>

### Materials used for Agnikarma

For the *agnikarma* procedure, *panchlohashalaka* (Iron rod), fresh aloe vera pieces, turmeric powder, sterile gauze and surgical gloves, Betadine solution and roll bandage were used. (Fig. 1)

### Procedure of Agnikarma

#### Purvakarma (Before Agnikarma procedure)

**Consent:** Informed written consent was obtained from the patient after explaining about the procedure in detail.

The patient's vital signs were recorded, and the point of maximum tenderness at the left heel was identified. The selected site was then cleaned thoroughly with Betadine solution. Meanwhile, the *Panchloha Shalaka* was heated until it became red hot, reaching an approximate temperature of 240 °C.<sup>11</sup>

#### Pradhankarma(Agnikarma procedure)

*Agnikarma* in the form of *bindu* was performed using a heated *Panchloha Shalaka* at the point of maximum tenderness over the left heel. During the procedure, the *Samyak Dagdha Lakshanas*

of *Agnikarma*, such as the presence of a crackling sound and minimal pain, were observed.<sup>12</sup>

#### Paschatkarma(After Agnikarma procedure)

After completion of the *Agnikarma* procedure, aloe vera was applied locally to alleviate the burning sensation. The patient's vital signs were monitored and found to be within normal limits. The patient was instructed to keep the treated area clean and moisture-free for one day.

#### Instructions Given

The patient was advised to take adequate rest and to use properly fitted footwear with appropriate heel arch and support. Walking barefoot, particularly on hard floors, was strictly discouraged. The patient was also instructed to avoid standing for prolonged periods to prevent recurrence or aggravation of symptoms.

### OBSERVATION AND RESULT

The pain was assessed by VAS (Visual Analogue Scale). A unique scoring pattern was adopted to observe the relief in other signs and symptoms.

**Table no. 2: Assessment criteria for relief in sign and symptoms**

Signs and symptoms	0	1	2	3
Difficulty in walking	No difficulty in walking	Mild difficulty in walking	Moderate difficulty in walking	Severe difficulty in walking
Tenderness	No Tenderness	Mild Tenderness	Moderate Tenderness	Severe Tenderness
Swelling	No Swelling	Mild Swelling	Moderate Swelling	Severe Swelling

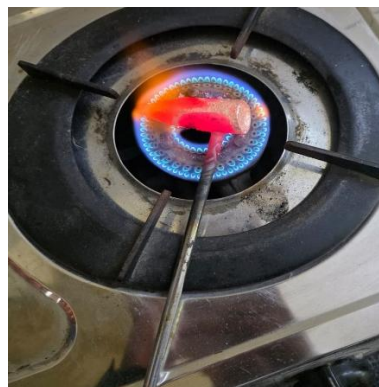
**Table no. 3: Observations after the Agni karma as per Assessment criteria**

Assessment criteria	Before treatment	After 1 <sup>st</sup> sitting	After 2 <sup>nd</sup> sitting	After 3 <sup>rd</sup> sitting
Pain – VAS	6	5	2	1
Difficulty in walking	3	2	1	0
Tenderness	3	2	1	0
Swelling	2	2	1	0





(Fig. 1) Materials required for *agnikarma* procedure



(Fig. 2) Heating the *shalaka* to red hot before *agnikarma*



(Fig. 3) Before procedure (*binduagnikarma*)



(Fig. 4) During procedure



(Fig. 5) After procedure



(Fig. 6) X-ray foot (Lateral view) before *agnikarma* [on 03/07/25]



(Fig. 7) X-ray foot (Lateral view) taken after third sitting of *agnikarma* [on 12/07/25]  
calcaneal spur suffering from heel pain since 02 months experience significant relief from pain after three sittings of *Agnikarma* procedure. *Agnikarma* was administered for three consecutive sittings. After the first sitting, the heel pain reduced mildly. In the successive sittings, tenderness and swelling decreased further. At the end of the third sitting, she could walk without difficulty.

**DISCUSSION:** *Agnikarma* is a para-surgical procedure that holds great importance because it has a lower chance of disease recurrence after being treated with therapeutic heat. It is especially useful in managing severe pain affecting the skin, muscles, blood vessels, ligaments, joints, and bones. In the case of a calcaneal spur, the primary symptom is pain around the heel or spur area. In this case report, a 46-years-old female with

Agnikarma treatment has been elaborately mentioned by Acharya Sushruta in *Sushruta Samhita*. This procedure is in practice since ancient times for various disorders of joints, ligaments and bones, acute and chronic both.<sup>13</sup> This condition may develop as the vitiation of *Vata* along with *Kapha dosha*. *Vata* and *Kapha Dosha* have been considered as the important causative factors for creating *Shotha* (inflammation) and *Shoola* (pain) in the heel. *Agnikarma* is considered as the best therapy for disorders of *vata* and *kapha dosha* because of the qualities of *Agni*. It possesses *ushna* (Hot), *Sukshma* (Minute), *Tikshna* (Intense/Strongly acting) and *aashukari guna* (Fast-acting) which are opposite to *vata* and *kapha*.<sup>14</sup> the *Ushna guna* of *Agni* helps to alleviate the vitiated *Vata*, which exhibits *sheeta* guna (cold) and thus reduces pain. It reduces *Kapha anubandha* thereby relieving the inflammation and also causes *pachana* of *ama* (breaking and neutralization of undigested metabolic waste). It leads to vasodilatation and removes *srotovarodha* (obstruction of body channels) and increases the flow of *rasa rakta* (Plasma, lymphatic fluid & blood) to the affected site.<sup>15</sup> The gate control theory suggests that when non-painful stimuli are applied, they can block or "close the gate" to painful signals, stopping them from reaching the central nervous system.<sup>16</sup> In *Agnikarma*, the heat acts as a non-painful stimulus, which helps reduce pain in the heel area.

**CONCLUSION:** This case of a calcaneal spur was successfully treated with *Agnikarma*, and the symptoms did not return after the follow up of two weeks. *Agnikarma* can be a useful option for treating various conditions, especially

when surgery isn't possible. It is a simple, quick, and cost-effective procedure that provides pain relief without the need for hospitalization or surgery, unlike some modern medical treatments. Interestingly, modern medicine now uses cautery, which is similar to the traditional *Agnikarma* method. Compared to modern treatments, *Agnikarma* has fewer chances of the condition coming back, causes less pain, and has fewer complications. It is a safe procedure that can be done in an outpatient setting. It gives quick relief in the pain caused due to the vitiated *vata* in the joints of the foot in *vatakantaka*. Administration of *bindu agnikarma* reduces pain caused by plantar calcaneal spur. Therefore, *agnikarma* provides promising results in calcaneal spur.

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