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CLINICAL MANAGEMENT OF *Vatakantaka* (CHRONIC PLANTAR FASCIITIS) THROUGH AN INTEGRATED AYURVEDIC APPROACH: A CASE REPORT

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ABSTRACT

Background: *Vatakantaka is a painful condition described in Ayurveda, commonly correlating with chronic plantar fasciitis in modern medicine. It is caused by aggravated Vata localized in the heel region, producing severe pricking and stabbing pain, often impairing gait.*

Case: *A 45-year-old female patient presented with intense unilateral heel pain with a baseline score of 9/10 on the Visual Analogue Scale (VAS) from six months. X-ray results confirmed the diagnosis of chronic plantar fasciitis. The first conservative treatment offered little relief.*

Intervention: *Treatment included integrative approach with Viddhakarma, performed at Kṣhipra marma (2 angula above) and on heel region and Agnikarma on heel with Mṛuttika Shalaka twice weekly for 3 weeks, once weekly for 2 weeks, and once in every 15 days thereafter. Internal medications included Vatavidhvansa Rasa (125 mg BID), Dashmoolarishta (20 mL BID), Yograj Guggulu (2 BID), Kukkutnakhi Guggulu (2 BID), Haritaki Churna (5 g HS), Ashwagandha Churna (3 g BID with milk), and local application of Panchguna Taila for 2 months.*

Outcome: *Marked improvement was observed, with pain reduction from VAS 9 to 1 within four weeks and improved walking tolerance, reduced morning stiffness sustained relief at two-month follow-up. No adverse effects were reported.*

Conclusion: *Integrated Ayurvedic intervention can effectively break the Vata-dominant Samprapti of Vatakantaka, providing sustained relief in chronic plantar fasciitis.*

KEYWORDS – *Vatakantaka, Chronic Plantar fasciitis, Heel Pain, Agnikarma , Viddhakarma. Ayurveda*.

INTRODUCTION

Plantar fasciitis is one of the most prevalent causes of chronic heel pain, responsible for about 11–15% of foot-related conditions seen in orthopaedic and primary care clinics worldwide.[1] The lifetime incidence in the general population is reported to be approximately 10%, peaking among those aged 40–60 years and being higher in athletes and those in jobs that require extended periods of standing or walking.[2] Plantar fasciitis manifests as a sharp, localized pain in the heel. After waking up or after resting, the pain is usually most intense during the first few steps. It arises from degenerative alterations and microtears in the plantar fascia, which is a thick band supporting the foot's medial longitudinal arch.[3] Chronic cases may exhibit resistance to conventional treatments such as NSAIDs, corticosteroid injections, orthotics, and physiotherapy.

Ayurveda refers a similar condition as *Vatakaṇṭaka*, which *Acharya Sushruta* describes as *Parṣhṇi shoola* (heel pain) results when improper or uneven foot placement exacerbates *Vata*, resulting in pain in the area.[4] The aggravated *Vata*, which has *Rukṣha* (dry) and *sheeta* (cold) characteristics, leads to stiffness, pain, and functional limitations in the *Snayu* (ligaments) and *Mamsa* (muscles) near the heel area. Management principles stress the importance of *Uṣhṇa*, *Snigdha*, and *Sukshma* measures to calm *Vata* and restore local function.

Agnikarma is a para-surgical procedure recommended for chronic pain disorders of *Vata–Kapha* origin that do not respond to other treatments. *Mṛuttika Shalaka* provides a uniform and controlled application of heat that minimizes the chance of excessive damage to tissue in comparison to metallic *Shalakas*. This case report illustrates the effective management of chronic plantar fasciitis through an integrated Ayurvedic approach. The purpose of this case is to emphasize the clinical significance and possible advantages of these conventional para-surgical procedures for long-term management of refractory heel pain conditions.

Case Presentation

A 45-year-old female, housewife presented at the outpatient department of AIIA, New Delhi reporting a primary complaint of heel pain that has persisted for 14 months. The pain began gradually and worsened progressively. It was initially mild but intensified over time, leading to significant discomfort while walking and performing routine activities at home. The patient reported that symptoms worsened during the first steps in the morning and after long periods of standing, with some relief during rest. She exhibited morning stiffness and localized tenderness, which significantly affected her walking tolerance. No trauma, swelling, redness, fever, or systemic illness had been reported in the past. The patient had previously undergone various conservative treatments, including local analgesic

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applications and physiotherapy, which resulted in minimal improvement.

Clinical Examination

On examination, localized tenderness was noted on the plantar aspect of the heel, especially around the medial calcaneal tubercle, along with mild restriction of ankle dorsiflexion due to pain. On examination, the highest perceived pain intensity was 9 on the Visual Analogue Scale. No deformity or swelling was observed. The gait exhibited a slight antalgic characteristic. Routine haematological and biochemical tests were within normal limit. No bony abnormalities or spur formations were found on the calcaneum X-ray.

Asthavidha Pariksha revealed that the *Nadi* was noted to be regular at 82 bpm, *Mutra* appeared normal in terms of quantity and frequency, any unusual colour and smell was absent, while *Mala* was passed daily but was unsatisfactory. The *Jihva* was *Nirama*, *Shabda* was clear, and *Sparsha* over the heel showed localized tenderness without an elevated temperature. *Dṛika* was normal *Kalusha*, while *Aakṛiti* suggested a medium build with *Madhyama Sara*.

In the *Dashavidha Parikṣha*, the patient was identified as having a *Vata–Pitta Prakṛiti* with *Vataja vikriti*, *Madhyama Sara*, and *Madhyama Samhanana*. The height was 1.57 m, and the weight was 58 kg. The patient had *Madhyama Satmya, Madhyama Aahar Shakti* (digestive capacity) *and Vyayam Shakti* (exercise tolerance), as well as belonging to *Madhyama Vaya.*

Differential Diagnosis

Included differential diagnosis were:

i. **Calcaneal spur** – excluded based on X-ray results that displayed no bone outgrowth.
   Achilles tendinopathy – excluded because the pain was confined to the heel's plantar aspect, not the posterior calcaneal insertion.
ii. **Tarsal tunnel syndrome** is unlikely, as there were no pain radiation, paresthesia, or neurological deficits in the foot.
iii. **Stress fracture** of the calcaneum is excluded due to the absence of trauma history and normal radiological findings.
iv. **Systemic arthropathies** are excluded based on the absence of systemic manifestations, and unilateral isolated presentation.

Defenative Diagnosis

The combination of biomedical findings with classical Ayurvedic description of *Parshni Shoola* and clinical correlation informed the diagnosis of *Vatakaṇṭaka*, which corresponds to the modern diagnosis of chronic plantar fasciitis.

Timeline

The patient was asymptomatic until 14 months, she developed gradual-onset heel pain with morning stiffness and difficulty walking. The symptoms progressively worsened, significantly limiting her daily activities. Conservative measures, including physiotherapy and local analgesics, offered minimal relief. On first visit, pain intensity measured 9/10 on the Visual Analogue Scale, and there was significant tenderness at the medial calcaneal tubercle. Ayurvedic management was started, which included *Viddhakarma* above 2 *Angula* of *Kṣhipra Marma* and *Agnikarma* with a *Mṛuttika Shalaka*, in addition to oral medications. *Agnikarma* was applied twice a week for the first six weeks, which led to a noticeable decrease in stiffness and pain. During weeks 7 and 8, the frequency of the procedure was cut back to once a week, and additional improvement was noted. During weeks 9 to 12, *Agnikarma* was given twice weekly. Pain levels decreased to 1/10 on the VAS, walking tolerance improved, and morning discomfort became minimal. The detailed timeline of the treatment has been enlisted in Table.1 [Table.1]

Period	Events
01 Sept 2024	Initial visit to OPD, based on classical signs and clinical assessment, the diagnosis of *Vatakaṇṭaka* (Chronic Plantar Fasciitis) was made. X-ray of the heel showed no evidence of a bony spur. Baseline VAS: 9.
03 Sept 2024	Start of Ayurvedic treatment – internal remedies (*Vatavidhvansa Rasa*, *Dashmoolarishta*, *Yograj Guggulu*, *Kukkutnakhi Guggulu*, *Haritaki Churna*, *Ashwagandha Churna*) and topical use of *Panchguna Taila*.
05 Sept 2024	Initial *Viddhakarma* session at *Kṣipra marma* (2 *angula* above) and on the heel. Minor relief noted immediately after the procedure.
07 Sept 2024	Initial *Agnikarma* session using *Mṛuttika Shalaka* at the site of greatest tenderness. Minor decrease in VAS (9 to 8).
20 Sept 2024	3rd week follow-up: clear improvement observed – VAS decreased to 5, morning stiffness reduced, and walking tolerance enhanced.
04 Oct 2024	5th week follow-up: VAS decreased to 3, slight tenderness noted; patient able to carry out daily activities without significant discomfort.
20 Oct 2024	7th week follow-up: VAS 2, with normal walking for over 500 m without pain.
17 Nov 2024	Maintenance phase: VAS 1, no stiffness, no tenderness; *Agnikarma* administered every 15 d.
17 Dec 2024	Final follow-up: Complete symptomatic relief achieved – VAS decreased from 9 to 1, normal walking observed, no recurrence noted. Treatment stopped with recommendations for lifestyle modification and stretching exercises.

Table 1. Detailed Timeline.

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Intervention Plan

The patient was treated with selected Ayurvedic oral formulations, local oil application, and para-surgical measures (*Viddhakarma* and *Agnikarma*). Details of the therapeutic regimen are provided in [Table 2].

Sr. No.	Name of Medicine / Procedure	Dose	Route	Timing	Probable Mode of Action
1	*Vatavidhvansa Rasa*	125 mg	Oral	After food, two times per day (BID)	Pacifies aggravated *Vata*, relieves pain, mild anti-inflammatory.[5]
2	*Dashmoolarishta*	20 mL with equal water	Oral	After food, two times per day (BID)	*Vata–Kapha* pacification, reduces *Shoola* and *Shotha*, improves microcirculation.[6]
3	*Yograj Guggulu*	2 tabs (~500 mg each)	Oral	After food, two times per day (BID)	*Ama Pachana*, reduces stiffness and *Vata–Kapha.*[7]
4	*Kukkutnakhi Guggulu*	2 tabs	Oral	After food, two times per day (BID)	Strengthens bone–tendon junction, anti-inflammatory.[8]
5	*Haritaki Churna*	5 g with lukewarm water	Oral	At bedtime, once daily	Mild laxative, supports *Vatanulomana.*[9]
6	*Ashwagandha Churna*	3 g with milk	Oral	After food, two times per day (BID)	*Balya*, *Rasayana*, reduces *Vata* aggravation.[10]
7	*Panchguna Taila*	q.s.	Local application over heel	Two times per day (BID)	*Snehana*, reduces stiffness, nourishes fascia.[11]
8	*Viddhakarma*	*Kṣipra marma* (2 ^{12}*Angula* above and on heel)	Sterile needle puncture	Once weekly × 3 weeks, then as needed	Relieves *Srotorodha*, stimulates nerve endings, reduces pain.[13]
9	*Agnikarma* with *Mṛuttika Shalaka*	Over maximum tenderness point on heel	Heated *Mruttika Shalaka*	Twice weekly × 3 weeks, once weekly × 2 weeks, then once every 15 days	Thermal stimulation, reduces *Kapha–Vata*, improves circulation.[14]

Table 2. Details of therapeutic intervention.

Procedure Details

The site of *Viddhakarma* [Fig 1],[Fig 2] and *Agnikarma* [Fig 3] are summerised as follows :



Fig 1. *Viddhakarma* 2 *angula* above *Kshipra Marma*



Fig 2. *Viddhakarma* at the pain site

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Fig 3. *Agnikarma* with *Mruttika Shalaka.*

Assessment tools and follow-up

The Visual Analogue Scale (VAS) for pain intensity was used to conduct baseline and follow-up assessments, along with clinical evaluations of morning stiffness, local tenderness, and walking tolerance. At every visit, follow-up examinations were conducted to track symptomatic changes and functional improvement. [Table 3] presents a summary of findings from each follow-up.

Follow-up Date	VAS Score	Morning Stiffness	Local Tenderness	Walking Tolerance	Remarks
01 Sept 2024 (Baseline)	9	Severe, >30 min	Marked	<100 m without pain	Diagnosis confirmed; baseline X-ray normal
20 Sept 2024 (3rd week)	5	Moderate, ~15 min	Moderate	~200–300 m	Notable improvement; reduced stiffness
04 Oct 2024 (5th week)	3	Mild, <10 min	Mild	Daily activities without significant discomfort	Functional ability improved
20 Oct 2024 (7th week)	2	Occasional, <5 min	Minimal	>500 m without pain	Near-normal mobility
17 Nov 2024 (Maintenance phase)	1	None	None	Unlimited	Agnikarma every 15 days
17 Dec 2024 (Final follow-up)	1	None	None	Unlimited	Complete symptomatic relief; advised lifestyle modifications and stretching exercises

Table no.3- Follow up and Outcome

RESULTS

At baseline, the patient reported significant heel pain (VAS 9), morning stiffness lasting more than 30 min, pronounced local tenderness, and an inability to walk more than 100 m without discomfort. VAS dropped to 5 after three weeks of integrated Ayurvedic management, accompanied by a significant reduction in stiffness and improved walking tolerance (approximately 200–300 m). VAS was at 3 by the fifth week, with only mild tenderness present, and the patient was able to resume daily activities without experiencing significant pain. By week 7, the VAS was 2, with a walking tolerance of over 500 m and only occasional minimal stiffness. During the maintenance phase, VAS was at 1, with no stiffness or tenderness observed. The final follow-up after three months confirmed total symptomatic relief (VAS 8 → 1), with no recurrence and enhanced functional mobility. The details are given in [Table 3].

Patient Perspective

I had severe heel pain for several months, which made it very difficult to walk and stand. Stiffness and discomfort in the mornings became a routine occurrence, impacting my confidence. My pain diminished rapidly and walking became easier after I received *Viddhakarma* and *Agnikarma* treatments. In the weeks that followed, my condition improved consistently, allowing me to return to my daily activities without limitations. I now feel relieved, energetic, and thankful for the treatment.

Informed Consent

Written informed consent was obtained from the patient. The patient understood that details would be published anonymously.

DISCUSSION

This present case shows that chronic *Vatakantaka* can be effectively managed with a focused multi-modal Ayurvedic treatment that concurrently calms aggravated *Vata*, restores *Snayu-Mamsa* function, and reverses *Srotorodha* at the pathological site. Clinical features such as *Parshni Shoola*, *Rukshata*, *Sheeta Sparsha*, morning stiffness, and reduced gait tolerance suggest a localized *Vata Prakopa* linked with *Snayu kshobha*. The integrated therapeutic plan used in this case disrupted the *Samprapti* through *Ushna*, *Snigdha*, and *Sukshma*

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properties. Its effects can also be explained by contemporary biomedical concepts such as neurovascular, anti-inflammatory, and connective tissue modulation.

Viddhakarma at *Kshipra Marma* provided immediate *Shoola Prashamana* through *Marma* stimulation, which could activate A-delta fibers and engage the gate-control mechanism at the spinal level to reduce pain perception from a neurophysiological standpoint. The release of endogenous opioids and changes to segmental facilitation patterns further strengthen sustained analgesia.[15]

Agnikarma with *Mruttika Shalaka* is especially suitable for chronic conditions dominated by *Sthanika kapha-Vata*.[16] The regulated heat not only disperses stagnant *Kapha* but also causes vasodilation, boosts the local metabolic rate, and starts mild protein denaturation in degenerated collagen initiating a remodeling process similar to therapeutic radiofrequency procedures.[17] Opting for *Mruttika Shalaka* reduces the likelihood of overt thermal injury while providing consistent, penetrating heat.

Dashmoolarishta, act as both a *Vata-Kapha Shamaka* and *Shothahara*.[18] In *Vatakantaka*, *Kapha* plays a role in *Sthirata* and *Gaurava*, which compounds stiffness caused by *Vata*. The *Ushna Virya* of *Dashamoola* facilitates the dispersion of accumulated *Kapha*, while its nourishing effect on *Mamsa* and *Snayu* supports the restoration of structural integrity and functional elasticity. According to modern pharmacology, *Dashamoola* has the ability to inhibit cyclo-oxygenase-2 and modulate nitric oxide.[19] This could decrease micro-inflammation of the fascia and improve local perfusion, thereby accounting for the reduction in morning stiffness observed within three weeks.

Vatavidhvansa Rasa contains *Parad*, *Gandhaka*, and *Rasna* having *Ushna*, *Snigdha*, *Tikshna*, and *Sukshma* characteristics that directly oppose the *Ruksha–Sheeta* predominance in *Vatakantaka*. It helps in calming aggravated *Vata*, reinstating *Snigdhatva* to *Snayu-Mamsa*, and eliminating micro-obstructions in the affected area. *Parad–Gandhaka Samskara* may improve deep tissue penetration and microcirculation,[20] while *Rasna* demonstrates anti-inflammatory and analgesic properties collectively diminishing nociceptive signaling and enhancing local tissue function.[21]

Yograj Guggulu plays a crucial role where *Ama* blocks *Vata Gati* in *Sandhi* and *Snayu*. In the case of chronic plantar fasciitis, *Ama* can be compared to lingering inflammatory by-products and degraded collagen fragments trapped in the extracellular matrix, which continue to irritate the tissue. The *Katu-Tikta Rasa* and *Ushna Virya* of *Yograj Guggulu* stimulate *Agni* at the *Dhatu* level, dissolving these obstructive factors. It has been demonstrated that Guggulsterones can lead to a reduction in the activity of NF-κB pathways.[22] This may have the effect of lowering the expression of inflammatory genes at the enthesis.

Kukkutnakhi Guggulu aids in *Asthi-Sandhi* repair and fortifies *Snayu* anchorage. In *Vatakantaka*, the repetitive pulling at the calcaneal insertion necessitates strengthening of the enthesis. The mineral-rich *Kukkutnakhi Bhasma* in the formulation may boost osteoblast activity, while the *Guggulu* base enhances collagen synthesis and restores tensile strength.

Haritaki regarded as the finest of the *Anulomana Dravyas*. *Haritaki Churna* helps an uninterrupted *Apana Vata* flow an upstream prerequisite for calming *Vyana* and *Samana Vata* that affect peripheral tissue health. Chronic constipation or *Vata Avarana* at the *pakwashaya* can indirectly sustain peripheral *Vata Prakopa*. The Rasayana characteristic of *Haritaki* aids in maintaining systemic oxidative equilibrium at the same time.[23]

Ashwagandha Churna act as *Balya*, *Rasayana*, and *Vatahara*, nourishes the depleted *Mamsa Dhatu* and *Snayu* helping to counteract *Dhatu Kshaya* caused by chronic pain avoidance and disuse. It contains withanolides that have adaptogenic properties could potentially adjust the hypothalamic pituitary adrenal axis, leading to a decrease in cortisol-mediated catabolism and promoting protein synthesis in repair tissue.[24]

Panchguna Taila is indicated for delivering *Ushna Sneha* directly to the pain site, restoring *Snigdhatva* and promoting *Sukshma Marga Anuvritti*. Lipid-mediated transdermal delivery enables active herbal constituents to influence local inflammatory responses and mechanically soften fibrotic fascia through massage induced mechanotransduction.[25]

This regimen's systemic *Vata Shamana*, *Ama Pachana*, *Snayu Balya*, local *Shothahara*, and *Srotoshodhana* components tackle each aspect of the *Samprapti*, which can be correlated with anti-inflammatory, neuromodulatory, and regenerative effects according to contemporary mechanistic comprehension. Considering the chronic nature of this case and the failures of previous treatments, the rapid and lasting decrease in VAS from 9 to 1, as well as the restoration of function, highlights the promise of these integrated protocols for managing refractory *Vatakantaka.*

CONCLUSION

A comprehensive Ayurvedic strategy that included systemic *Vata* pacification, local *Snigdha- Ushna* treatments, and para-surgical procedures led to a quick and lasting remission in a chronic case of *Vatakantak* that had not responded to previous conventional treatments. The integrative approach disrupted the pathological sequence by alleviating *Srotorodha*, restoring *Snayu* elasticity, reducing neurogenic inflammation, and promoting fascial remodeling. The alignment between traditional Ayurvedic notions of *Vata Shamana*, *Shothahara*, *Snayu Balya* and biomedical processes like enhanced microcirculation, modulation of nociceptive pathways, and collagen reorganization highlights the translational significance of this approach. The results back up the function of multi-modal Ayurvedic management in chronic degenerative musculoskeletal disorders and emphasize the necessity for controlled clinical trials to confirm efficacy and reproducibility.

Declaration

Conflict of Interest

The authors state that there is no conflict of interest.

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