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# Management of Pain in Vatakantaka by Raktamokshana and Ishtika Sweda: A Case Report

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**Abstract**

A 57 year old female presented with the chief complaints of pain in both the heels associated with swelling and tenderness. With a standard X-ray the presence of posterior superior and inferior calcaneal spur was evident in both the heels. The patient was managed with raktamokshana followed by ishtikasweda. There was significant relief in the symptoms. With the follow up of one year no recurrence was seen in the symptoms.

**Keywords:** Vatakantaka; Ishtikasweda; Raktamokshana.

## Introduction

Calcaenal spur are painful bony outgrowth from the calcaneum which are among the common causes for the heel pain. The exact pathophysiology of formation of spurs is not well understood[1] while many theories have been proposed.[1-3] It is said to be associated with plantar fasciitis[4], insertional Achilles tendinitis and bursitis.[5] Inferior calcaneal spur is located on the inferior aspect of the calcaneous and a posterior calcaneal spur develops on the back of heel at the insertion of Achilles tendon.

If vayu situated in khudaka (joint of feet and leg) produces pain in feet while placed unevenly is known as Vatakantaka.[6] Vatakantaka can be considered as Calcaenal spur. Raktaavasechana followed by vaataupakrama is mentioned as the line of treatment of vatakantaka.[7]

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*Case Report*

A 57 year old married diabetic female presented to OPD of KLE Ayurveda hospital Belgaum, Karnataka with the chief complaints of pain in both the heels associated with swelling and tenderness. She was unable to walk long due to the pain. Her history includes type-2diabetes mellitus managed uneventfully with Metformin since 6 months.With a standard X-ray the presence of posterior superior and inferior calcaneal spur was evident in both the heels. Local examination revealed swelling and redness along with grade 4 pain and tenderness. She was diagnosed as Raktavarana[8] vatakantaka.

She was planned for Raktamokshana. Prior to the procedure her fasting blood sugar was 94mg/dl and her post prandial blood sugar was 116 mg/dl. The patients consent was taken prior to the procedure. Sthanikaabhyanga with murchitatilataila was performed to the right heel followed by NadiSweda. A Tourniquet was tied at the calf region and Under aseptic conditions, vein was identified near right heel and ankle joint, and 20cc of blood was drawn by a syringe. Principle used here is of that of Shringa, i.e. Vaccum is created with negative pressure effect by Achushana Kriya. The Patient was observed for 2-3 hrs. The same procedure was

| | Before Raktamokshana | After Raktamokshana | After ishtikasweda |
|---|---|---|---|
| Pain [9] | VAS 8 | VAS 5 | VAS1 |
| Swelling | Grade III | Grade I | Grade O |
| Tenderness[10] | Grade IV | Grade I | Grade O |
| Redness | Present | Absent | Absent |

**Image 1: Before treatment**


**Image 2**

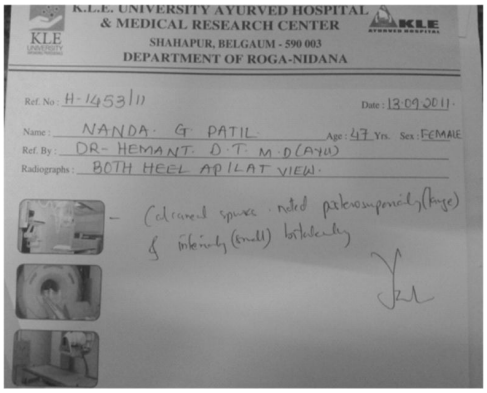
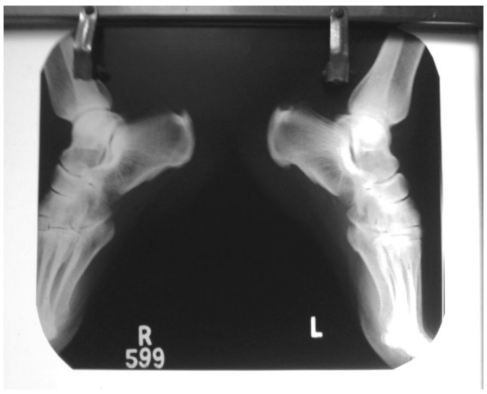



**Image 3: Raktamokshana**

**Image 4 : After Treatment**




carried out on the left foot after one week.

On follow up after two weeks the patient complained of pain (grade 3). Local examination revealed grade 1 tenderness and no swelling or redness, and was advised Ishtikasweda for 7 days.

*Procedure Details*

Sthanikaabhyanga with moorchitatilataila to both the heels was done for 20 mins. Ishtika was heated till it became red hot.Kanji was poured over taptaishika and swedana was done with the bashpa generated to the heel till the ishtika became cold. Once it was cold it was replaced by another taptaishtika. Procedure is carried out for 30 mins. The same procedure was repeated to the other heel on the 7th day the patient was reassessed and on examination patient had mild pain (grade 1), there was no redness, swelling and tenderness on both the heels. The patient was able to walk comfortably. Though there were no significant radiological changes after the treatment, there was considerable relief to the patient from pain, tenderness and swelling.

## Discussion

Depending on the lakshanas, involvement of vata,kaphaand raktawas considered and the treatment was planned accordingly. Initially raktamokshana was planned to remove the raktaavarana.[7] Principle used here is of that of Shringa, which is mainly used in Twaksthitadoshas i.e. in raktavarana conditions. By this modified technique the sthanikasanga in sira is relieved, relief of congestion and pain is seen.Considering vata and kapha involvement Ishtikasweda was selected and relief in pain and tenderness was noticed.

## Conclusion

Management of pain and tenderness was noticed after the treatment by Raktamokshana and Ishtikasweda in a case of raktaavaranavatakantaka. The same can be assessed in a large sample to evaluate the efficacy of Raktamokshana and Ishtikasweda in vatakantaka.

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