

An Ayurvedic Management of Chronic Heel Pain: A Single Case Report

Darshan P. Akhade, ^{1*} Santosh G. Girbide, ² Jyoti Meghdambar³

¹PG scholar 3rd year, ² HOD & Professor, ³Associate Professor, Department of Rog Nidan Evam Vikruti Vigyan, R.A. Poddar Medical college (Ayu), Mumbai, Maharashtra, India

ABSTRACT:

Chronic heel pain commonly caused by conditions such as plantar fasciitis, calcaneal spurs, Achilles tendinitis, calcaneal fractures, calcaneal apophysitis, heel-pad atrophy, acute plantar fascia tears, and retrocalcaneal bursitis significantly impairs mobility and quality of life. In *Ayurveda*, this condition can be correlated with *Vatakantaka*, *Aamvata*, *Sandhigata Vata*, and *Vatarakta*. This case report describes a 65-year-old male patient was suffering from left heel and sole of foot pain since 5 months. The pain intensified during the initial steps taken after rising from bed. Heel pain managed primarily with *Agnikarma* as the first-line intervention along with selected herbo-mineral compounds. The patient underwent *Agnikarma* treatment, consisting of eight sessions, at the affected site, along with a regimen of *Gokshuradi Guggulu* at a dosage of 500 mg thrice daily after food for 15 days, and *Mahavatavidhwansa Rasa* 125 mg thrice daily for 15 days, *Agnitundi vati* 500mg thrice a day after food. The patient's condition was completely resolved without any recurrence. It is evident that chronic heel pain can be effectively treated without recurrence through Ayurvedic interventions such as *Agnikarma* combined with *Mruttika Shalaka*.

KEYWORDS: *Agnikarma*, Chronic Heel pain, *Kleada*, *Mruttika Shalaka*.

Received: 02.03.2026

Accepted: 19.03.2026

Published: 05.04.2026



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



*Corresponding Author:

Dr. Darshan P. Akhade

Department of Rog Nidan Evam Vikruti Vigyan,
R.A. Poddar Medical college (Ayu), Mumbai, Maharashtra,
India

Email: drdarshanpakhade@gmail.com

INTRODUCTION:

Chronic heel pain is a frequently encountered musculoskeletal problem that can significantly limit a person's daily activities and overall quality of life. It is commonly associated with conditions such as plantar fasciitis,^[1] calcaneal spur^[2], Achilles tendinitis ^[3], and fat pad atrophy. Patients often experience sharp pain during the first few steps in the morning or after prolonged periods of rest. Although conventional treatments including analgesics, anti-inflammatory medications, physiotherapy, orthotic supports, and corticosteroid injections can provide symptomatic relief, recurrence of symptoms and dependence on long-term medication remain ongoing challenges. Up to 10% of the population may present with heel pain over the course of their lives ^[4].

In Ayurveda, chronic heel pain can be correlated with *Vatakantaka*^[5], a condition described as arising from the aggravation of *Vata Dosha* in the heel region (*Kantaka*). It can also be correlated with *Aamvata*, *Sandhigata Vata*, and *Vatarakta*.

Classical *Ayurvedic* texts explain that factors such as improper posture, excessive walking, prolonged standing, and trauma disturb *Vata*, leading to pain, stiffness, and difficulty in walking. Rather than focusing solely on symptomatic relief, *Ayurvedic* management aims to address the underlying *doshic* imbalance. Treatment involves a combination of *Shamana* (palliative therapies) and *Shodhana* (purificatory therapies)

to pacify aggravated *Vata*. Interventions ^[6] such as *Snehana* (oleation), *Swedana* (sudation), *Basti* (medicated enema), *Agnikarma* (therapeutic cauterization), *Lepa* (application of herbal pastes), along with appropriate internal herbal medications, are traditionally employed. These therapies not only help reduce pain and inflammation but also aim to prevent recurrence by restoring functional balance.

This paper seeks to present a comprehensive overview of chronic heel pain from an *Ayurvedic* perspective, discussing its pathogenesis, clinical presentation, and holistic management. The emphasis is on safe, cost-effective, and sustainable treatment approaches that improve patient outcomes and enhance quality of life.

CASE REPORT:

A patient of 65-year-old male worked as a labour live in *anoopa desha* came to our OPD for Chronic heel pain. Before introducing the treatment, informed consent was taken from the patient with explaining the treatment plan.

The chief complaints were pain in the left heel and pain during walking for the past 7 months, inability to walk freely after waking up in the morning, pain radiating to the calf during walking, and pain in both knee joints for the last 6–7 months. The patient consulted a general physician for the same complaints and received treatment for 15–20 days, after which he experienced slight relief. However, the symptoms recurred. There

is no significant past medical or drug history. There is no relevant family history. The patient has no history of addictions. *Astha Vidya Parikshan* of patient was done where, his *Nadi Vatapradhan Kaphanubandhi*, Rate – 82/min regular rhythm, *Mala* of patient - *Sakashta* 1-2 times / day, Unsatisfactory, *Mutra – Strushta* 5-6 / day, pale yellow, *Jivha – Alpa sama*, *Shabda – Prakrut*, *Sparsha – Samashitoshna*, *Druk – Prakrut*, *Akruti – Krush*. General examination of patient was Weight -73Kg., Height-5.6 feet., BP-140/90mmHg., Pulse -82/min., Respiratory rate-19/min., and Temperature-37.2°C.

Local examination of patient done, *Vedana* (Heel pain during rest and movement) present and assessed on VAS Scale, *Shotha* (Local swelling around heel) present with pitting assessed on gradation where 0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe, *Sparsha Asahishunta* (Tenderness on palpation) present assessed on gradation where 0 = Absent, 1 = Mild, 2 = Moderate, 3 = Severe, *Stambha* (Morning stiffness in heel) Present assessed on gradation where 0 = None, 1 = <10 min, 2 = 10-30 min, 3 = >30 min.

Assessment criteria

Visual Analog Scale (VAS) for Heel Pain (*Vedana*) presented in table no 1.

Table 1: VAS score

Activity Assessed	Before Treatment (VAS Score)
Morning first-step pain	8
Pain while standing	7
Pain while walking	8

- The intensity of heel pain was assessed using the Visual Analog Scale (VAS), a 10-cm horizontal line representing pain severity, where 0 indicates no pain and 10 indicates the worst imaginable heel pain.
- The patient was asked to mark the point on the line that best represented the average heel pain experienced during weight-bearing activities such as standing and walking.

VAS Score Interpretation:

- 0 – No pain
- 1–3 – Mild heel pain
- 4–6 – Moderate heel pain
- 7–10 – Severe heel pain

For other subjective parameter, assessment done before treatment and gradation are presented in table no 2.

THERAPEUTIC INTERVENTION:

After obtaining informed consent and taking proper precautions, the patient underwent Agnikarma Chikitsa using a *Mruttika Shalaka* at the left heel region.. Also, patient has given an herbochemical compounds like *Gokshuradi Guggul*, *Mahavatvindhansa Rasa*, *Agnitundi vati* along with *agnikarma*. Treatment Protocol with timeline mentioned in table no 3 and 4.

Table 2: Assessment Parameters:

Parameter	Gradation (BT)
<i>Vedana</i> (Pain)	Average VAS Score – 7
<i>Shotha</i> (Swelling)	2
<i>Sparsha Asahishunta</i> (Tenderness on palpation)	2
<i>Stambha</i> (Morning stiffness in heel)	3

Table-3: Intervention for 1st week from 6 January 2026 to 13 January 2026

<i>Dravya / Karma</i>	Dose	Duration	Frequency	<i>Anupana</i>
<i>Agnikarma</i> at <i>parshni</i> (<i>Mruttika Shalaka</i>)	For 15 min with hot red <i>mruttika shalaka</i>	07 days	4 setting on alternate day	
<i>Gokshuradi guggul</i>	500mg	07 days	1 tablet thrice a day before food	With Luke warm water
<i>Mahavatvidhwansa rasa</i>	125mg	07 days	1 tablet thrice a day after food	With Luke warm water
<i>Agnitundi vati</i>	500mg	07 days	1 tablet thrice a day before food	With Luke warm water

Table 4: Intervention for 2nd week from 14 January 2026 to 28 January 2026

<i>Dravya / Karma</i>	Dose	Duration	Frequency	<i>Anupana</i>
<i>Agnikarma</i> at <i>parshni</i> (<i>Mruttika Shalaka</i>)	For 10 min with hot red <i>mruttika shalaka</i>	07 days	4 setting on alternate day	
<i>Gokshuradi guggul</i>	500mg	07 days	1 tablet thrice a day before food	With luke warm water
<i>Mahavatvidhwansa rasa</i>	125mg	07 days	1 tablet thrice a day after food	With luke warm water
<i>Agnitundi vati</i>	500mg	07 days	1 tablet thrice a day before food	With luke warm water

Table 5: Assessment of result:

Time Point	Morning First-Step Pain (VAS Score)	Standing (VAS Score)	Walking (VAS Score)	Shotha (Swelling)	Sparsha Asahishunta (Tenderness on palpation)	Stambha (Morning stiffness in heel)
Baseline (Day 0)	8	7	8	2	2	3
Day 7	5	4	5	0	1	2
Day 14	2	1	2	0	0	1

DISCUSSION:

Agnikarma [7] (Para Surgical Procedure) is an ancient pain treatment tool that has been practiced and documented for at least 3000 yrs. *Agnikarma* therapy has been practiced for a long time in the management of both acute and chronic conditions affecting joints, ligaments, and bones. The therapeutic benefits of *Agnikarma* may be attributed to the increase in local temperature at the site of application. The generated heat promotes vasodilation, which enhances blood circulation and tissue perfusion, thereby helping to reduce inflammation and alleviate pain. Another possible mechanism is that the localized heat helps disperse the accumulated or obstructed *Vata*, allowing it to move through its natural pathways and thereby decreasing pain associated with its stagnation. The rise in temperature may also elevate the basal metabolic rate in the affected area, leading to improved oxygen supply and better nourishment of tissues. According to *Acharya Charaka*, *Agni* (therapeutic heat) is considered one of the most effective remedies for pain.

The *Ushna* [8] (hot) quality of *Agni* counteracts the *Shita* (cold) attribute of *Vayu*, thus helping in pain relief. Heat application further facilitates the drainage of excess fluids from the affected region i.e. its removes excess *kleda* from that region. *Agnikarma*[9] is considered a primary therapeutic procedure for conditions arising from aggravated *Vata*, particularly when affecting *Asthi* (bones), *Sandhi* (joints), and *Snayu* (ligaments). The *Ushna* (hot) and *Tikshna* (sharp) qualities of *Agni* counteract the properties of both *Vata* and *Kapha doshas*. Therefore, this therapy is especially beneficial in disorders characterized by symptoms and pathologies dominated by *Vata* and *Kapha* imbalance. In such cases, patients may be treated with *Agnikarma* using instruments such as a *Mruṭṭika Shalaka*. According to *Acharya* [10], *Krishna Mruṭṭika* acts as a *Vatashamaka*, *Vedanasthapana* (pain reliever), *Shothahara* (anti-inflammatory) and *Vranashodhaka* (wound cleanser), as well as treatment of *Vata, Kapha Dosha*. The pharmacodynamic [11] attributes of *Agni*, namely *Ushna*, *Tikshna*, *Laghu*

(light), *Sukshma* (subtle), *Vyavayi* (quickly spreading), *Vikashi* (diffusive), and *Ashukari* (rapid-acting) help to eliminate *Srotavarodha* (obstruction of bodily channels). By clearing these obstructions, *Agnikarma* pacifies the aggravated *Vata* and *Kapha doshas*, restores their balance, and interrupts the progression of the disease process (*Samprapti*).

Many pathological conditions involving *Marga Avarodha* (blockage of pathways) caused by excessive coldness (*Sheetatva*) can be effectively managed through this therapy. The fundamental principle underlying this treatment is *Viparita Guna Chikitsa*, which involves counteracting pathological qualities with their opposite attributes. *Acharya Charaka* also emphasized that *Agni* is one of the most effective remedies for *Shoola* (pain). By reducing *Kapha* association, it alleviates *Shotha* (inflammation) and provides symptomatic relief^[12].

Gokshuradi Guggul^[13]: - *Gokshuradi guggul* contains *Gokshur* (*Tribulus Terrestris*), *Triphala* contains *Amalaki* [*Embllica Officinalis*], *Haritaki* [*Terminalia Chebula*], *Bhibhitaki* [*Terminalia bellirica*], *Trikatu* contains *Pippali* [*Piper longum*], *Maricha* [*Piper nigrum*], *Shunthi* [*Zingiber Officinale*], *Musta* [*Cyperus rotundus*] and *guggul* [*Commiphora wightii*] in it. *Gokshur trikatu musta* acts as a *deepan pachana*, *Gokshur and guggulu* has *vedanasthapan property* and *shothaghna* effect. *Guggul*, *Marich*, and *Shunthi* are *tikshna* by nature, aiding in the breakdown and dissolution of *doshas* and *ama*. Their *lekhana* properties further promote

srotoshodhana by cleansing the channels.

Gokshur itself is *kledaghna* it removes excess *kleda* from body through urine. Also, *trikatu* and *musta* are having *shothaghna* property through their *kleda* clearance mechanism.

Mahavatvidhwansa rasa

It contains *Shudha Parad* (Purified mercury), *Gandhak* (Purified sulphur), *Vanga* (Purified lead), *Loha Bhasma* (Purified iron), *Tamra Bhasma* (Purified copper), *Shudha Tankan* (Borax), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*), *Shunthi* (*Zingiber officinale*), and *Shudha Vatsanabh* (*Aconitum ferox*) are *Ayurvedic* ingredients that are considered *Vata-Kapha Shamak*.

Vatavidhvamsana Rasa, as outlined in *Yogaratanakara*^[14] and AFI, is a popular and widely available remedy. Most of its ingredients feature *katu* (pungent) and *tikta* (bitter) tastes, *ushna virya* (hot potency), and *vata-kapha shamaka* (balancing *vata and kapha*) qualities. *Vatsanabha*, delivers *shoolahara* (pain-relieving), *yogavahi* (catalytic) *tridoshaghna* (balancing all doshas), *mutrala* (diuretic), *swedajanana* (induces sweating), and *shoolanirmulana* (eliminates pain), making it ideal for *vataja Vedana*^[15].

Agnitundi vati^[16]

It contains *Shudha Parad* [Purified mercury], *Gandhak* [Purified Sulphur], *vatsanabh* [*Aconitum ferox*], *sajjikshar*, *yavakshar*, *chitrak* [*Plumbago zeylanica*], *ajmoda* [*Trachyspermum roxburghianum*], *saindhav* [Rock salt] etc stimulates *Agni* (digestive fire), helps in *Ama pachan* (digestion of toxins), and supports *Vata* balance. *Agnitundi vati*

balances the *vata* and *kapha*. Contains *Kuchala* (*Strychnos nux-vomica*) acts as *Vatashamaka*, nervous system stimulant, *Shothahara*, *Puthihara*, *Vedanasthapana*, *Uttejaka*, *Nadibalya*, *Deepana*, *Pachana*, *Grahi*, *Shoolprashamana*, *Hridayottejaka*, *Kaphaghna*.

Follow up:

Follow-up of the patient was conducted at the end of the 7th day and again on the 14th day after the intervention. During the first follow-up, the patient reported noticeable reduction in heel pain and tenderness with slight improvement in walking. By the second follow-up, further improvement was observed with better mobility and minimal discomfort during daily activities. No adverse effects or complications were noted during the follow-up period

CONCLUSION:

Chronic heel pain in *Ayurveda* is mainly due to *Vata* aggravation, *Ama* accumulation in *dushta kleda* form, and *Srotorodha*. An integrated approach using *Agnikarma* along with medicines like *Gokshuradi Guggulu*, *Mahavatavidhwansa Rasa*, and *Agnitundi Vati* helps relieve pain, reduce inflammation, and improve mobility. This provides a safe, cost-effective, and root-cause-based management.

Declaration of Patient consent:

The informed written consent has been taken from patient for appropriate procedure and publication of data and image without disclosing the identity of patient.

Limitation of study:

Since this study is based on a single patient, the findings cannot be generalized to a wider population with chronic heel pain. The absence of a control group and long-term follow-up limits the ability to fully evaluate the sustained effectiveness of the treatment. Therefore, larger clinical studies with standardized assessment parameters are required to further validate the effectiveness of this *Ayurvedic* management approach.

Acknowledgement:

The authors express their sincere gratitude to the patient for providing consent and cooperation throughout the course of treatment and for allowing the publication of this case report. The authors also acknowledge the support and guidance of the faculty members and colleagues who contributed to the successful completion of this study.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Darshan P. Akhade, Santosh G. Girbide, Jyoti Meghdambar. An *Ayurvedic* Management of Chronic Heel Pain: A Single Case Report. *Int. J. AYUSH Case Reports*. 2026; 10(1-B): 1-8.

REFERENCES:

1. Buchbinder R. Plantar fasciitis. *N Engl J Med.* 2004;350:2159-66.
2. McMillan AM, Landorf KB, Barrett JT, Menz HB, Bird AR. Diagnostic imaging for chronic plantar heel pain: a systematic review and meta-analysis. *J Foot Ankle Res.* 2009;2:32.
3. Tero AH, Kannus P, Paavola M, Nyyssönen TL, Józsa L. Achilles tendon injuries. *Curr Opin Rheumatol.* 2001;13:150-55.
4. Danielle L, Philip J, Owens BD. The epidemiology of plantar fasciitis. *Lower Extremity Review Magazine.* 2010.
5. Acharya YT, editor. *Sushruta Samhita of Sushruta with Dalhana commentary. Nidana Sthana, Vatavyadhi Nidana, Adhyaya 1, Verse 79.* Varanasi: Chaukhamba Surbharati Prakashan; 2003. p. 269.
6. Sharma A. *Sushruta Samhita. Part 2. Chikitsa Sthana, Vatavyadhi Chikitsa, Adhyaya 4.* Varanasi: Chaukhamba Surbharati Prakashan; 1st ed.
7. Sharma PV, editor and translator. *Sushruta Samhita with English translation and Dalhana commentary. Vol. 1.* Varanasi: Chaukhamba Publishers; 2004.
8. Karande RD, Patade VJ, Tathed PP. A single arm study of efficacy of Mruttika Shalaka Agnikarma in the pain management of Vatakantaka with special reference to calcaneal spur. *EPRA Int J Multidiscip Res.* 2025;11(12): :965-968.
9. Ravishankar AG, Ravi Rao S, Krishnamurthy MS, Mahesh TS. A scientific and analytic approach on Snigdha Agnikarma. *Int J Res Ayurveda Pharm.* 2013;4(6):851-53.
10. Patel RP. Clinical evaluation of Mruttika Shalaka Agnikarma in the management of Vatakantaka [MD thesis]. Jamnagar: Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University; 2018.
11. Karande RD, Patade VJ, Tathed PP. A single arm study of efficacy of Mruttika Shalaka Agnikarma in the pain management of Vatakantaka with special reference to calcaneal spur. *EPRA Int J Multidiscip Res.* 2025;11(12):965-968.
12. Acharya YT, editor. *Charaka Samhita of Agnivesha. Chikitsa Sthana 25/40.* Varanasi: Chaukhamba Prakashan; 2009. p.132.
13. Tripathi B, editor. *Sharangadhara Samhita of Pandit Sharangadhara with Dipika Hindi commentary. Madhyama Khanda, Chapter 7, Verse 84-87.* Varanasi: Chaukhamba Surbharati Prakashan; 2011. p.206.
14. Tripathi I, editor. *Yogaratanakara of Vaidya Laxmipati Shastri. 1st ed.* Varanasi: Chaukhamba Krishnadas Academy; 1998. p.436-37.
15. Shastri K, editor. *Rasa Tarangini of Shadanand Sharma. Tarang 24, Verse 34. 11th ed.* New Delhi: Motilal Banarsidass; 2014. p.654.
16. Tripathi B, editor. *Sharangadhara Samhita. Madhyama Khanda 12/222.* Varanasi: Chaukhamba Surbharati Prakashan; 2016. p.204.