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Successful management of *Vātakaṇṭaka* (Plantar Fasciitis) by *Iṣṭikā Sveda* with *Chincha Kwātha*: A Pilot Clinical study

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ABSTRACT:

Vātakaṇṭaka (Plantar Fasciitis) is one of the most common causes of heel pain, characterized by inflammation and stiffness of the plantar fascia leading to discomfort during walking or standing. Conventional treatment approaches often provide limited relief, necessitating exploration of effective *Āyurvedic* modalities. This pilot study reports successful management of *Vātakaṇṭaka* through *Iṣṭikā Sveda* using *Chincha Kwātha* (Tamarind decoction) as *Svedopakrama* twice daily for one week for 15 minutes. Ten patients diagnosed with *Vātakaṇṭaka* were included and assessed daily for one week using Visual Analogue Scale (VAS) for pain and Foot Function Index (FFI) for functionality. Remarkable improvement was observed, with mean pain reduction from 8.7 to 2.6 and corresponding enhancement in foot function. The therapy provided prompt relief, improved mobility, and minimized tenderness without any adverse effects. The clinical outcomes suggest that *Iṣṭikā Sveda* with *Chincha Kwātha* is an effective, safe, and non-invasive *Āyurvedic* approach for managing *Vātakaṇṭaka*.

KEYWORDS: Ayurveda, *Chincha Kwatha*, Heel Pain, *Istika Sweda*, Pain Management, Plantar Fasciitis, *Svedana Karma*, *Vatkantaka*.

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INTRODUCTION:

Plantar fasciitis, referred to as *Vātakaṇṭaka* in *Āyurvedic* literature, is among the most frequent causes of heel pain, accounting for nearly 10% of running-related injuries and approximately 15% of foot disorders in adults. [1,2,3] It is a condition that arises due to excessive mechanical stress and repetitive microtrauma at the origin of the plantar fascia, usually the medial calcaneal tuberosity. The pathology involves collagen degeneration, fibroblast proliferation, and

microtears within the fascia, leading to localized inflammation and pain.[4]

This pilot study aims to evaluate the efficacy of *Iṣṭikā Sveda* using *Chincha Kwātha* in ten clinically diagnosed patients of *Vātakaṇṭaka*, assessed over one week using the Visual Analogue Scale (VAS) and Foot Function Index (FFI).

CASE DETAILS:

Patient Details and Baseline Profile- Ten patients aged between 35–60 years (6 females, 4 males) presented with classical symptoms of *Vātakaṇṭaka* such as heel pain aggravated in the morning, stiffness, and discomfort while walking. Most patients were housewives, teachers, or field workers with long standing hours. No history of trauma, gout, diabetes, or systemic illness were reported as given in table 1.

All patients had previously used NSAIDs or topical analgesic and anti-inflammatory ointments such as diclofenac or nimesulide gels, which provided only temporary relief without sustained improvement. None of the patients had any significant comorbid conditions such as diabetes mellitus, rheumatoid arthritis, or thyroid disorders. General examination findings, including BMI assessment, were within normal limits, thereby ruling out obesity-related association with plantar fasciitis.

Baseline laboratory investigations including complete blood count (CBC), ESR, fasting blood sugar, uric acid, and rheumatoid factor were advised to rule out other musculoskeletal or systemic inflammatory conditions as shown in Table 2. Ultrasonography (USG) of the heel was not performed, as the diagnosis of plantar fasciitis was established clinically based on characteristic symptoms and physical findings such as morning pain, tenderness at the medial calcaneal tubercle, and pain on dorsiflexion of the foot. No significant past medical or surgical history was reported by any of the patients.

THERAPEUTIC INTERVENTION:

Preparation of *Chincha Kwātha*-

100 g of course *Chincha* was boiled in 800 mL of water and reduced to 200 mL to obtain the decoction. The filtrate was kept warm and freshly prepared each day before treatment.

Procedure of *Iṣṭikā Sveda*-

A clean brick was heated on an open flame until it attained a red-hot temperature. The heated brick was carefully positioned beneath the affected foot of the *Vātakantaka* patient. *Chimcha Kwātha* was poured periodically over the brick to produce steam, facilitating consistent heat transfer to the affected heel as shown in figure 1 and 2. When steam generation ceased, a leaf of *Arka* (Calotropis gigantea) was placed between the leg and the brick, and the foot was rested over the leaf to continue therapeutic heat application as shown in figure 3. Fomentation was performed for 15–20 minutes, with the patient seated comfortably to ensure safety and optimal effect.

Pradhankarma

The procedure was carried out twice daily (morning and evening) for seven consecutive days in the hospital under doctors' supervision. Each session ensured sustained local warmth without burning or discomfort. After fomentation, mild massage with lukewarm *Tila Taila* was performed for 5 minutes.

Observations and Results

Assessment Parameters was assessed as given in table 3

- **Pain:** Visual Analogue Scale (VAS) – 0 (no pain) to 10 (worst pain)
- **Functionality:** Foot Function Index (FFI) – percentage score assessing pain, disability, and activity limitation

By the end of one week, all patients reported marked improvement in heel pain and morning stiffness. No adverse reactions or recurrence of symptoms were noted during treatment or in the one-week post-observation period. A telephonic follow-up was conducted after 30 days from the day of intervention, as all patients were unable to visit the hospital, and no adverse events or recurrence of symptoms were reported.

- **Mean VAS** reduced from **8.7 to 2.6** (≈70% improvement).
- **Mean FFI** decreased from **83.8 to 36.8** (≈55% functional recovery) figure -4.

Table-1: Patients details

S.N	Age/Sex	Chief Complaint	Duration (months)	Occupational Activity	Examination Findings
1	45/F	Severe morning right heel pain.	3	Housewife	Moderate Tenderness at right medial calcaneal tuberosity, positive Windlass test on right side
2	50/M	Right Heel pain on walking, stiffness	4	Farmer	Mild Tenderness, restricted dorsiflexion
3	38/F	Left Heel pain on standing >1 hr	2	Teacher	Positive Windlass test on left side, mild swelling
4	42/M	Radiating pain to both sole	5	Shopkeeper	Moderate Tenderness, tight plantar fascia
5	55/F	Bilateral Heel pain with stiffness in morning	6	Retired nurse	Stiffness, positive Windlass test on both sides.
6	46/F	Bilateral Pain during prolonged walking	3	Housewife	Moderate Tenderness and mild edema
7	48/M	Left Pain in heel radiating to midfoot	4	Businessman	Calcaneal tenderness
8	60/F	Difficulty in standing >15 min	5	Homemaker	Limited dorsiflexion
9	36/F	Morning pain, subsides with movement	2	School teacher	Mild Tenderness, mild spasm

10	52/M	Bilateral heel pain	6	Farmer	Positive Windlass on left side absent o right side, limited dorsiflexion

Table 2- Baseline laboratory investigations

S.N	Age/Sex	Hb (g/dL)	ESR (mm/hr)	FBS (mg/dL)	Uric Acid (mg/dL)	Rheumatoid Factor
1	45/F	12.8	18	92	4.8	Negative
2	50/M	13.2	20	98	5.1	Negative
3	38/F	12.5	16	88	4.6	Negative
4	42/M	13.4	22	95	5.0	Negative
5	55/F	12.0	24	94	4.9	Negative
6	46/F	12.7	18	90	4.7	Negative
7	48/M	13.0	20	97	5.3	Negative
8	60/F	11.9	25	96	5.0	Negative
9	36/F	13.1	17	89	4.5	Negative
10	52/M	13.5	21	93	5.2	Negative

Table-3: Patient-wise VAS and FFI Scores:

Pt. No.	VAS Day 0	Day 4	Day 7	% Pain Reduction	FFI Day 0	Day 4	Day 7	% FFI Improvement
1	9	5	3	66%	80	58	36	55%
2	8	4	2	75%	85	61	39	54%
3	9	6	3	66%	78	52	34	56%
4	8	5	3	62%	88	59	38	57%
5	10	6	3	70%	90	63	41	54%
6	9	5	2	77%	84	57	35	58%
7	8	4	2	75%	82	56	33	60%
8	9	5	3	66%	87	62	39	55%
9	8	4	2	75%	83	54	37	55%
10	9	5	3	66%	81	59	36	56%
Mean	**8.7**	**4.9**	**2.6**	**69.80%**	**83.8**	**58.1**	**36.8**	**56%**

Figure 1: *Purvakram*- Preparation of *Chincha Kwath* & Filtration along with heating *Ishtika* at gas stove

Figure 2: *Pradhan Karma*- sprinkling of *Chincha Kwath* over the Hot *Ishtika* producing steam

Figure 3: *Paschat Karma*- foot placed over *Arka Patra* which is placed over the *Ishtika* after

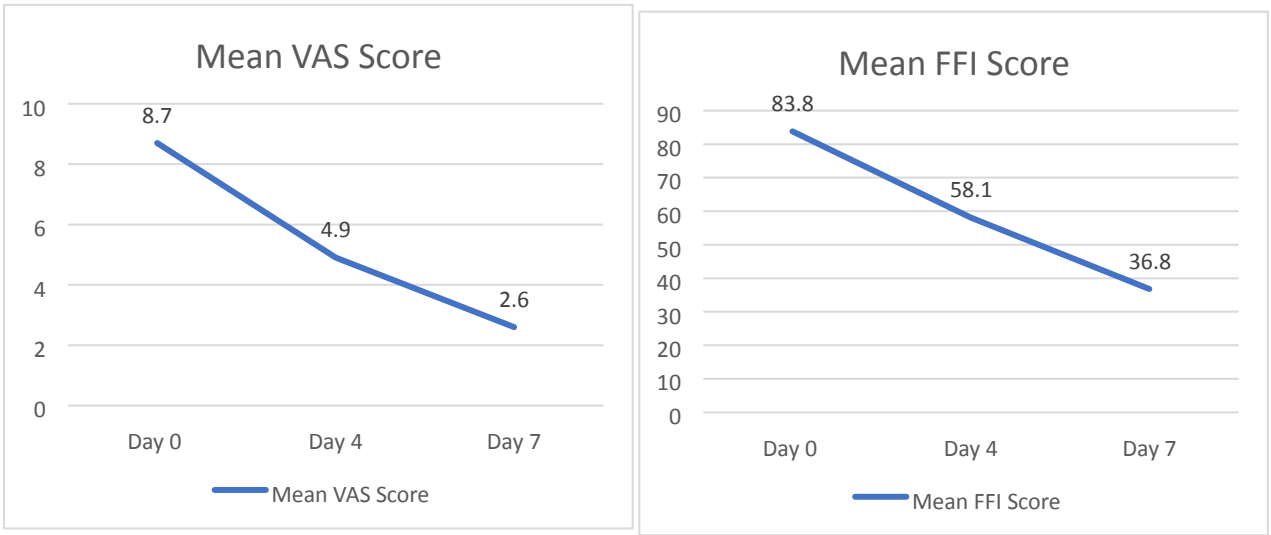

Figure 4: Graphical representations of mean VAS and mean FFI score over day 0, 4 and 7

VAS score reduction over seven days & FFI score improvement indicating enhanced gait and mobility.

DISCUSSION:

Vātakaṇṭaka is described in *Āyurvedic* classics as a *Vāta-pradhāna Vatavyādhi* caused due to *prakopa* and *āvaraṇa* of *Vāta doṣa* at the level of *Gulpha Sandhi* (ankle joint) and *Pāda tala* (sole region). The pathogenesis involves *Sandhigata Vāta* leading to *Śūla* (pain), *Stambha* (stiffness), and *Sphuraṇa* (tenderness) at the site of attachment of the *Pādatalasira* closely correlating with the modern pathology of plantar fasciitis, which presents as inflammation and microtears of the plantar fascia near the medial calcaneal tuberosity. [5,6]

Patients often report intense pain on the first few steps after waking, which gradually lessens with movement but recurs after prolonged standing or walking. The condition significantly affects occupational productivity and daily activities, particularly among individuals engaged in prolonged standing, walking, or heavy physical activity.

Modern management strategies include NSAIDs, corticosteroid injections, physical therapy, night splints, and orthotic supports. However, these provide only symptomatic relief and are often associated with relapse and side effects like gastric irritation, local fat pad atrophy, or plantar fascia rupture. [7,8] Surgical options are reserved for chronic and resistant cases but may lead to complications like arch collapse or nerve entrapment.

In *Āyurveda*, *Vātakaṇṭaka* is described under *Vātavyādhi*, caused by *Vāta* vitiation due to overuse of the foot, standing for prolonged periods, or walking on uneven surfaces. [9,10] The pain at the heel (*Pādāgra Śūla*) is explained as *Vāta dosha* affecting the *Gulpha Sandhi* and *Snāyu*, producing symptoms of *Śūla*, *Stambha*, and *Sparśāsahyatā*. The management aims to pacify *Vāta Dosha* through *Snehana* (oleation), *Svedana* (sudation), and *Agnikarma* (thermal cauterization).[11]

Iṣṭikā Sveda a type of *Saagni Svedana* is a traditional fomentation procedure using a heated brick (*Iṣṭikā*) dipped in medicated decoction. It combines the therapeutic effects of controlled heat with the medicinal potency of the decoction.[12] *Chincha* (*Tamarindus indica*) is rich in phytoconstituents such as tannins, saponins, and flavonoids known for their *Vāta-Kapha hara*, *Śothahara* (anti-inflammatory), and *Vedana Sthāpaka* (analgesic) actions.[13]

Svedana karma (sudation therapy) is one of the prime *Pañchakarma upakrama* indicated for *Vātakapha-pradhāna* disorders. It relieves *śīta*, *stambha*, and *śūla* the chief features of *Vātika roga*. [14] The application of a heated brick (*Iṣṭikā*) soaked in medicated decoction provides controlled, localized heat that penetrates the deeper tissues (*Snāyu*, *Sandhi*, and *Asthi*).

The therapeutic heat applied during *Iṣṭikā Sveda* produces local vasodilatation, which enhances blood circulation and improves the supply of oxygen and nutrients to the affected tissues. This process aids in the elimination of accumulated metabolic wastes (*Āma*) and inflammatory exudates through *Srotoshodhana* (micro-channel cleansing), thereby reducing local congestion. The resultant increase in local metabolism facilitates faster tissue repair and softens collagen fibers within the plantar fascia, alleviating stiffness and improving flexibility. Thus, *Iṣṭikā Sveda* restores the functional balance of *Vāta Doṣa* by counteracting its *Śīta* (cold) and *Rūkṣa* (dry) attributes with *Uṣṇa* (hot) and *Snigdha* (unctuous) properties.

Chincha (*Tamarindus indica*) is mentioned in *Nighaṇṭus* as *Amla rasa pradhāna*, *Uṣṇa vīrya*, and *Kaṭu vipāka*, having *Vāta-Kapha hara*, *Śotha-hara*, and *Vedana-sthāpaka* actions. When used as *Kwātha* in *Svedana*, it potentiates the thermal effect with its pharmacological attributes in anti-inflammatory and analgesic effects. [15,16,17,18,19]

The therapeutic action of *Chincha Kwatha* in conjunction with *Istika Sveda* can be understood through both Ayurvedic principles and modern pharmacology. The *Amla* and *Katu Rasa* of *Chincha* serve as effective *Vata-shamaka*, helping pacify deranged *Vata* and facilitating the dissolution of *Ama* (Charaka Samhita, Sutrasthana 26). Its *Ushna Virya* improves peripheral circulation, counteracts local coldness, and reduces *Stambha* (rigidity), while the *Katu Vipaka* supports *Srotoshodhana*, promoting *Dhatu Poshana* and clearance of inflammatory by-products (Charaka Samhita, Vimanasthana 1). Modern investigations on *Tamarindus indica* reveal significant anti-inflammatory, antioxidant, and analgesic effects due to its rich content of flavonoids such as luteolin and apigenin, as well as alkaloids and polyphenols, which inhibit mediators including prostaglandins, TNF-α, and IL-6, thereby reducing heel pain and inflammation [20]. The synergistic application of *Istika Sveda* with *Chincha Kwatha* produces a therapeutic triad of *Ushna*, *Snigdha*, and *Sukshma* properties: the *Ushna Guna* alleviates *Vata* and reduces stiffness, the *Snigdha Guna* prevents excessive dryness and maintains the elasticity of *Snayu*, and the *Sukshma Guna* ensures deeper penetration of heat and phytoconstituents into the *Snayu-Marma Sthana*, enhancing localized healing and functional recovery.

The localized thermal therapy in *Iṣṭikā Sveda* corresponds to modern physiotherapeutic modalities such as moist heat fomentation or paraffin wax bath, which promote vasodilation, collagen extensibility, and muscle relaxation [21]. The use of *Chincha Kwātha* as the fomenting medium introduces bioactive anti-inflammatory and antioxidant compounds, offering additional pharmacological support. The observed 70% improvement in pain and function among the treated patients aligns with these mechanisms, demonstrating enhanced microcirculation, reduced inflammation, and faster tissue healing.

Patients reported improved comfort during walking, reduction in morning heel pain, and increased range of motion. No adverse effects were observed, emphasizing its safety and cost-effectiveness. The short duration and high compliance make it a practical Āyurvedic intervention for early-stage Vātakaṇṭaka, though long-term follow-up is necessary to assess the sustained efficacy and recurrence-prevention potential of the therapy. .

In essence, *Iṣṭikā Sveda* with *Chincha Kwātha* acts through dual mechanisms thermal and pharmacological to achieve *Vāta śamana*, *Śotha hara*, and *Śūla prashamana* effects. Its action is consistent with both *Āyurvedic* and modern physiological principles, making it an effective, safe, and simple local therapy for *Vātakaṇṭaka*.

Limitations

The study included only ten patients and lacked long-term follow-up or control group comparison. Radiological or

ultrasonographic validation was not performed. Hence, randomized controlled studies with larger sample sizes and extended follow-up are essential to substantiate the present findings.

CONCLUSION:

This pilot study demonstrates that *Iṣṭikā Sveda* with *Chincha Kwātha* is a simple, effective, and safe *Āyurvedic* therapy for *Vātakaṇṭaka* (Plantar Fasciitis). Within just one week of treatment, significant reductions in pain (≈70%) and functional disability (≈55%) were achieved, with sustained comfort and no recurrence.

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