

Ayurvedic Management of Calcaneal Spur: A Case Report

Dr. Avinash Bais¹, Dr. Abhimanyu Sahu²

¹ Consultant, Dr. Abhimanyu's Ayurveda MultiSpeciality Hospital, Raipur, Chhattisgarh

² Director and Consultant, Dr. Abhimanyu's Ayurveda MultiSpeciality Hospital, Raipur, Chhattisgarh

Date of Submission: 20-07-2025

Date of acceptance: 02-08-2025

Abstract

This case report illustrates the successful Ayurvedic management of a 45-year-old female suffering from a calcaneal spur in the right heel, associated with chronic heel pain and morning stiffness. Radiological evaluation confirmed a bony outgrowth (~5 mm) on the plantar aspect of the right calcaneus. Based on Ayurvedic principles, the condition was assessed as *Asthi-Sandhigata Vata* with *Kapha* involvement, caused by degeneration and obstruction in the joint space. The treatment approach combined *Panchakarma therapies*—including *Abhyanga*, *Swedana*, *Matra Basti*, *Kshara Basti*, and *Agnikarma*—with internal medications such as *Yogaraja Guggulu*, *Rasnadi Guggulu*, and *Dashamoola Kwatha*. The patient reported significant relief in symptoms, with pain reduction from 8/10 to 1/10 on the Visual Analog Scale (VAS), improved mobility, and normalization of gait. Follow-up X-rays showed reduction in inflammation and spur size. This case highlights the effectiveness of a holistic Ayurvedic regimen in managing musculoskeletal conditions like calcaneal spurs without surgical intervention.

Key Words: Calcaneal spur, Panchakarma, Asthi-sandhigata vata, Dr. Abhimanyu's Ayurveda Multispeciality Hospital

I. Introduction

Calcaneal spur, also known as **heel spur**, is a bony outgrowth that forms on the underside of the **calcaneus (heel bone)**, often associated with **plantar fasciitis**. It causes significant pain, especially during the first steps after rest or in the morning. Conventional treatment includes analgesics, corticosteroid injections, and sometimes surgery. However, these approaches often provide temporary relief or involve side effects. Ayurveda offers an effective alternative by addressing the root cause through **dosha balance**, **Shodhana (Panchakarma)**, and **Shamana (internal medications)**.

Study Center : Dr. Abhimanyu's Ayurveda Multispeciality Hospital, Raipur, Chhattisgarh
ASHTA STHANA PAREEKSHA:

1. **NADI:** Vata Kapha, Pulse:- 80/minutes
2. **MOOTRAM:** 5-6 times / day
3. **MALAM:** 1 time
4. **SPARSHA:** normal
5. **DRIK:** normal
6. **JIHVA:** uncoated
7. **SABDA:** normal
8. **AKRITI:** normal

Case Profile

Patient Information:

- **Age:** 45 years
- **Occupation:** School teacher (prolonged standing)
- **Chief Complaint:** Severe heel pain for 1 year, aggravated in the morning or after sitting long
- **Laterality:** Right-sided heel
- **Pain Score (VAS):** 8/10

Modern Clinical and Radiological Findings

- **X-ray Foot (Lateral view):** Sharp, pointed bony outgrowth (~5 mm) at the plantar aspect of right calcaneus
- **Ultrasound:** Thickening of plantar fascia
- **Diagnosis:** Calcaneal spur with plantar fasciitis

Ayurvedic Assessment

Nidana (Causative Factors)

- **Ruksha & Sheeta Ahara** (Dry/cold food)
- **Overuse of standing posture (Ati-sthita sthana)**
- **Aging (Vardhakya - Vata vriddhi)**

Dosha Involvement

- **Vata** predominance (due to degeneration and pain)
- **Kapha** (due to *Shleshaka Kapha* involvement in joints)

Vyadhi Samprapti

The condition is classified under **Vata-Kaphaja disorders** and can be correlated with **Vata Rakta** and **Asthi Sandhi Gata Vata**, as the **Asthi Dhatu** and **Sandhi (joint)** are involved.

Classical Reference

"**Asthi Sandhi Gata Vata Lakshanani – Shula, Stambha, Vata Purna Driti Sparsha**"
 — *Charaka Samhita, Chikitsa Sthana 28/37*

"**Sankochan Vakra Bhavashcha Stambha Shotha Chamarutat**"

— *Ashtanga Hridaya, Nidana Sthana 15*

Treatment Protocol

Shodhana (Panchakarma Therapy)

1. Snehana (Oleation)

- **Local Abhyanga** with *Mahanarayana Taila* for 15 mins
- **Matra Basti** with *Dashamoola Taila* – 60 ml/day for 7 days
 - Helps pacify Vata, soften accumulated Ama

2. Swedana (Sudation)

- **Nadi Swedana** (steam therapy with *Dashamoola Kwatha*) for 15 mins after *Abhyanga*
- **Patra Pinda Sweda** (bolus fomentation using *Vatashamaka* leaves like *Nirgundi, Eranda*)

3. Kshara Basti

- Given after *Matra Basti* course
- Classical Reference: *Charaka Samhita Siddhi Sthana – 4/49*
- **Basti Composition:**
 - *Saindhava, Yava Kshara, Eranda Taila, Dashamoola Kwatha*
 - Total volume: 300 ml
- Duration: 5 alternate-day bastis

4. Agnikarma (Cauterization)

- Performed with *Shalaka* on the heel area using **Panchadhatu Shalaka**
- Reference: *Sushruta Samhita Chikitsa Sthana 12/11*
- Provides instant relief in resistant heel pain

Internal Medications

Medicine	Dose	Duration	Actions
<i>Yogaraja Guggulu</i>	2 tabs BID	2 months	Vata-Kapha hara, anti-inflammatory
<i>Rasnadi Guggulu</i>	2 tabs BID	1 month	Reduces pain and swelling
<i>Dashamoola Kwatha</i>	15 ml BID	3 months	Anti-inflammatory and Vata pacifier
<i>Shallaki Extract</i>	500 mg BID	2 months	Natural analgesic, supports bone health
<i>Eranda Paka</i>	1 tsp HS	1 month	Vata anulomana, relieves constipation and reduces Vata aggravation

Diet & Lifestyle

- Warm, Vata-pacifying diet (avoiding dry, cold, and fried food)
- Early morning gentle foot stretching
- Avoid prolonged standing or walking barefoot

Clinical Assessment

1. Visual Analog Scale (VAS)

Timepoint	VAS Score (0–10)	Interpretation
Before Treatment	8/10	Severe Pain
After 6 Weeks	3/10	Mild Pain
After 8 Weeks	1/10	Minimal/No Pain

VAS is a widely used unidimensional scale where the patient marks pain intensity on a 10 cm line. (0 = No Pain, 10 = Worst Possible Pain)

2. Wong-Baker FACES® Pain Rating Scale

Timepoint	Pain Face Rating	Description
Before Treatment	(8/10)	Hurts a whole lot
After 6 Weeks	(3/10)	Hurts just a little

After 8 Weeks	(1/10)	Feels fine
---------------	--------	------------

(Typically used with both adults and children for subjective assessment)
 This scale uses facial expressions to correlate with pain levels, making it easier to express intensity in subjective conditions like musculoskeletal pain.

3. Brief Pain Inventory (BPI) – Short Form

Activity Affected	Before Treatment	After 8 Weeks
Walking ability	Severe limitation	No limitation
Standing for >15 min	Severe pain	Mild discomfort
Sleep disturbance	Frequent (daily)	None
Mood/Affect	Irritable	Normal

(Functional Interference Assessment)
 The BPI evaluates both pain intensity and pain interference with daily functions, widely used in chronic pain trials.

Outcome

Timeline of Improvement:

- **Week 2:** Pain reduced from 8/10 to 5/10
- **Week 4:** Marked improvement in morning stiffness, able to walk longer distances
- **Week 6:** Pain reduced to 1/10, normal gait

- **Repeat X-Ray (after 8 weeks):** Calcaneal spur size reduced, soft tissue inflammation subsided

Final Outcome:

- **VAS Score:** Reduced to 1/10
- **Functionality:** Full, pain-free mobility restored
- **Patient Feedback:** High satisfaction, no recurrence till 6-month follow-up

Classical Text Reference Summary

Classical Text	Section	Relevance
Charaka Samhita	Chikitsa Sthana	Sandhigata Vata, Basti Therapy
Sushruta Samhita	Chikitsa Sthana	Agnikarma for Asthi-related pain
Ashtanga Hridaya	Nidana & Chikitsa	Pain, stiffness, Vata disorders
Bhela Samhita	Siddhi Sthana	Kshara Basti

II. Conclusion

This case illustrates that **Ayurveda provides a comprehensive and non-invasive solution** to chronic musculoskeletal conditions like calcaneal spur. By employing a systematic Panchakarma regimen—**Abhyanga, Swedana, Basti, and Agnikarma**—alongside internal medications, significant improvement can be achieved both symptomatically and radiologically. Ayurvedic therapies not only alleviate pain but also promote tissue healing and restore functional ability, offering sustainable long-term relief without side effects.