

**JALOUKAVACHARANA- A CASE REPORT ON THE AYURVEDIC TREATMENT OF
VATAKANTAK W.S.R. TO PLANTAR FASCIITIS****Dr. Bobby Parmar^{*1}, Dr. K. L. Mahajan², Dr. Chandrakant Pawar³**¹Post Graduate Scholar, Department of Shalya Tantra, Parul Institute of Ayurved and Research, Vadodara, Gujarat, India.²Professor, Department of Shalya Tantra, Parul Institute of Ayurved and Research, Parul University, Vadodara, Gujarat, India.³Professor and Head of the Department, Department of Shalya Tantra, Parul Institute of Ayurved and Research, Parul University, Vadodara, Gujarat, India.***Corresponding Author: Dr. Bobby Parmar**Post Graduate Scholar, Department of Shalya Tantra, Parul Institute of Ayurved and Research, Vadodara, Gujarat, India. DOI: <https://doi.org/10.5281/zenodo.23034912>**How to cite this Article:** Dr. Bobby Parmar^{*1}, Dr. K. L. Mahajan², Dr. Chandrakant Pawar³. (2026). Jaloukavacharana- a Case Report on the Ayurvedic Treatment of Vatakantak w.s.r. to plantar fasciitis. World Journal of Pharmaceutical and Medical Research, 12(10), 231-234.

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ABSTRACT

Background: *Vatakantaka* is an Ayurvedic disorder characterized by sharp pain in the heel region and is clinically correlated to plantar fasciitis. *Jaloukavacharana* is an Ayurvedic para surgical procedure includes under *Raktamokshana*. However, clinical evidence regarding on its application in *Vatakantaka* corresponding to plantar fasciitis remains limited. **Case Presentation:** A 43year old male patient reported pain in the plantar aspect of the right heel region for eight months, aggravated by the first few steps after rest and prolonged standing, with difficulty in performing daily activities. On examination, localized tenderness was present over the plantar heel, and the Windlass test was positive. A lateral radiograph showed no any significant bony abnormality. Considering the clinical history and examination findings, the condition was diagnosed as *vatakantaka* w.s.r. plantar fasciitis. **Intervention and Outcome:** *Jaloukavacharana* procedure was performed over the most tender area of the plantar heel in three sittings on Day 0, Day 7, and Day 15. Pain, tenderness, and the Windlass test were assessed at baseline, after each sitting, and during follow-up. The VAS pain score decreased from 5 at baseline to 4 after the first sitting, 2 after the second sitting, and 0 after the third sitting. Tenderness reduced from grade 4 to grade 0, and the Windlass test changed from positive to negative. The improvement was maintained during follow-up on Days 21 and 28. **Conclusion:** The present case showed progressive and sustained clinical improvement following *Jaloukavacharana*, with resolution of pain and tenderness and normalization of the Windlass test. These findings suggest a potential therapeutic role of *Jaloukavacharana* in *Vatakantaka* clinically correlated with plantar fasciitis and support the need for further controlled clinical studies.

KEYWORDS: *Vatakantaka*; Plantar fasciitis; *Jaloukavacharana*; *Raktamokshana*; *Leech therapy*; Heel pain.**INTRODUCTION**

Vatakantaka is described in Ayurveda as a *Vatavyadhi* characterized by sharp, thorn-like pain in the heel or plantar region. Ayurvedic description associate its development with improper placement of the foot during walking, *Vatadoha* may become aggravated and localized in the *Khuda* (ankle) region, resulting characteristic pain in the heel, which is described as *Vatakantaka*.^[1] The condition may significantly interfere with walking, standing and routine activities and has

been clinically correlated with plantar fasciitis. Plantar fasciitis results from inflammation of the plantar aponeurosis, particularly at its attachment to the calcaneal tuberosity. It is characterized by pain, swelling in the foot. The pain is generally severe with the first step of the day or following a period of rest.^[2]

Plantar fasciitis may occur in individuals exposed to repetitive mechanical loading, including athletes, dancers, peoples with increased body weight, and those

using footwear that provides inadequate support. Age related degenerative changes may also contribute to its occurrence. This condition occurred approximately 1 in 10 people in their lifetime. This incidence occurs in between 40 to 60 years.^[3] Modern management is mainly conservative and includes stretching, activity modification, physiotherapy, appropriate footwear and analgesic measures; persistent or refractory cases may require injection-based or surgical interventions.^[4]

In Ayurveda, *Vatakantaka* is managed through *Raktamokshana* (bloodletting), *Agnikarma* (thermal therapy), and application of *Eranda taila* (castor oil).^[5] *Jalaukavacharana* is an Ayurvedic Para surgical procedure and a form of *Raktamokshana* in which a medicinal leech is applied locally for controlled bloodletting. Its therapeutic rationale is based on the Ayurvedic role of *Raktamokshana* in appropriate conditions, classically describe this procedure is particularly useful for conditions involving *Avagadha avastha* and *Grathita avastha* of *doshas*.^[6] It can also be applied in any situation where *Raktavasechana* is indicated. while medicinal-leech therapy also has recognized biological activity related to salivary bioactive substances.^[7]

Despite the use of *Raktamokshana* and other parasurgical procedures in *Vatakantaka*, evidence specifically regarding the use of *Jalaukavacharana* in *vatakantaka* is limited. A recent 2024 research protocol specifically highlighted this evidence gap.^[8] Therefore, the present case report aims to document the clinical application and observed outcome of *Jalaukavacharana* in *Vatakantaka* w.s.r. plantar fasciitis.

Patient Information

A 43-year-old male, presented pain over the plantar region of the right heel for eight months. The pain was aggravated during the first steps in the morning and after prolonged standing. Additionally, he told experiencing difficulty in performing day to day activities. There was no any history of trauma, hyper tension, diabetes mellitus, inflammatory arthritis, and systemic illness. Occupational history revealed prolonged standing and walking, which is a recognized risk factor for plantar fasciitis.

Patient information Age - 43years; Gender – male; Address - Vadodara, Gujarat; Socio economic background - Middle class; Occupation – Bus conductor

Chief complaint - Pain over the plantar region of the right heel for eight months. pain was aggravated during the first steps in the morning and after prolonged standing for 6 months.

History of present illness - A 43-year-old male patient came Khemdas Ayurvedic Hospital with complaints pain over the plantar region of the right heel for eight months. The pain was aggravated during the first steps in the

morning and after prolonged standing. Additionally, he told experiencing difficulty in performing day to day activities. There was no any history of trauma, hyper tension, inflammatory arthritis, diabetes mellitus, and systemic illness. Occupational history revealed prolonged standing and walking, which is a recognized risk factor for plantar fasciitis.

Family History – No relavant or significant family history was reported.

Personal History – Diet: mixed, Sleep: Sound, Bowel: 1-2 times/day, Micturition: 3-4 times/day, Appetite: Normal.

Astasthana pariksha: Nadi - pitta vata; Mootra – prakrut; Mala – prakrut; Jihwa – lipta; Shabda – prakrut; Sparsha – ushna; Drik – prakrutta; Aakriti – madhyam.

Dashvidha Pariksha: Prakruti - pittaja Vataja; Vikriti - rasa, rakta, mamsa, meda; Sara - mamsa sara; Samhanan – madhyam; Praman - sama praman (proportionate body structure); Satmya – asatmya; Satva – madhyam satva; Aharshakti – madhyam abhyavaran and jaran shakti; Vyayamshakti - avar vyayam Shakti; Vaya – Madhyam.

General examination: Built – medium; Pallor – absent; Cyanosis – absent; Clubbing – absent; Icterus – absent; Edema – absent; Lymphadenopathy: no any lymphadenopathy. Vitals Pulse – 79/min; RR - 18/min; BP - 130/80 mm/hg; Temperature - 98 F.

CLINICAL FINDINGS

On examination, the patient was conscious, cooperative, and well oriented, with stable vitals. General examination did not reveal any sign of pallor, icterus, cyanosis, clubbing, or oedema.

Local examination revealed no swelling (Shotha), erythema (Rāga), or local rise in temperature. Marked tenderness (Sparśa-asahyatva, +4) was elicited over the plantar aspect of the right heel and sole. The pain was aggravated during the first few steps after a period of rest and on passive dorsiflexion of the toes. The Windlass test was positive. Routine investigations were within normal limits, and a lateral radiograph of the right foot revealed no significant abnormality.

Windlass Test: The patient stood with the, metatarsal heads near the stool edge, and the great toe was passively dorsiflexed until pain was reproduced.

Positive test: Reproduction of heel pain during toe dorsiflexion.

Differential Diagnosis: Vatakantaka, Sandhivata (osteoarthritis), Asthividhradhi (Osteomyelitis), Calcaneal fracture, Calcaneal spur, Calcaneal stress fracture, Posterior heel bursitis, Retro calcaneal bursitis.

Diagnosis

After considering the patient's history and clinical examination findings local examination, the case was diagnosed as Vatakantaka w.s.r. plantar fasciitis. The diagnosis was supported by characteristic heel pain, marked tenderness over the plantar aspect of the heel, aggravation of pain during the first few steps after rest, and a positive Windlass test.

The right foot X-ray, taken in the lateral view, showed no calcaneal spur or other notable body changes.

Procedure of Jalaukavacharana

Poorva Karma

Leeches were procured from a reliable source and kept in clean container with fresh water, which was replaced on alternate days. Before the procedure, the selected leech was placed in a kidney tray containing water and a small quantity of turmeric powder until it became active. The patient was explained the procedure, and written informed consent was obtained. The treatment area was

then cleaned with distilled water before applying the leech.

Pradhana Karma

The leech was carefully positioned over the selected area using a small piece of gauze. Failed to attach the site was lightly pricked with sterile needle to obtain a few drops of blood. After the leech adhered, moist gauze was placed over it and the area was kept cool with water. It was left undisturbed until it detached naturally.

Paschat Karma

After the leech detached, the treated area was gently cleaned with sterile cotton and covered with suitable dressing. A pressure bandage was applied to manage the bleeding. The leech was then cleansed by including regurgitation with turmeric powder placed near its mouth until the ingested blood was expelled. It was subsequently kept in fresh water, where active movement indicated satisfactory evacuation.

Table 1: Assessment Score.

Signs & Symptoms	0	1	Grade	2	3	4
Visual Analog Scale (VAS)	No pain (0)	Mild pain (1-3)	Moderate pain (4-6)	Severe pain (7-9)	Unbearable pain (10)	
Tenderness	No tenderness on palpation	Tenderness on palpation without grimace/flinch	Tenderness with grimace/flinch on palpation	On palpation tenderness with withdrawal	Severe tenderness (patient does not allow palpation)	
Windlass Test	Negative	Positive	-	-	-	

Assessment frequency and follow up

Day	Clinical Event
Day 0	Baseline assessment and 1st Jaloukavacharana
Day 7	2nd Jaloukavacharana
Day 15	3rd Jaloukavacharana
Day 21	First follow-up
Day 28	Second follow-up

THERAPUTIC ASSESMENT

Table 2: Scores Achieved Per Assessment.

Assessment Point	Pain (VASs)	Tenderness	Windlass Test	Total Score
Baseline (Day 0)	5	4	1	10
After 1st sitting (Day 0)	4	3	0	7
After 2nd sitting (Day 7)	2	1	0	3
After 3rd sitting (Day 15)	0	0	0	0
1 st Follow up (Day 21)	0	0	0	0
2 nd Follow up (Day 28)	0	0	0	0

DISCUSSION

The patient was a 43-year-old man who had been experiencing pain in one heel for approximately eight months. The discomfort was more noticeable when taking the first few steps after rest and during prolonged standing. On clinical examination, plantar tenderness and a positive Windlass test were present at baseline. These findings align with clinical presentation of vatakantaka

and its correlation with plantar fasciitis, in which heel pain is typically prominent after rest and during routine physical activities.^[7]

In Ayurveda, Vatakantaka is described under Vatavyadhi Nidan, with pain attributed to the localization of aggravated Vata in the Khuda (heel) region when uneven placement of the foot occurs during walking.^[8] The

patient's prolonged-standing occupation and pain localized to the heel therefore provide a clinically coherent basis for correlating his presentation with Vatakantaka.

Therapeutic rationale for Jalaukavacharana is the management of Vatakantaka includes Raktamokshana (bloodletting), Agnikarma (thermal therapy), and application of Eranda Taila (castor oil).^[9] Jalaukavacharana is one of the types of Raktamokshana. In particular, Jalaukavacharana is considered useful in conditions involving Avagadha Avastha and Grathita Avastha of Doshas.^[10]

In this present case, three sittings of Jalaukavacharana resulted in progressive improvement in all assessed parameters. The VAS pain score decreased from 5 at baseline to 0 after the third sitting, tenderness reduced from grade 4 to grade 0, and the Windlass test changed from positive to negative. These improvements were maintained at follow-up on Days 21 and 28, indicating persistence of the observed clinical response.

The observed response is comparable with previous Ayurvedic reports in Vatakantaka in which Raktamokshana-based procedures such as Siravedha and Agnikarma were associated with improvement in pain and local clinical findings.^[10,11] However, evidence specifically evaluating Jalaukavacharana in Vatakantaka remains limited, and a recent protocol has highlighted the need for further clinical investigation.^[12]

The improvement observed in this case suggests that Jalaukavacharana may have a therapeutic role in vatakantaka correlate with plantar fasciitis. Nevertheless, these findings of single case cannot establish efficacy or causality. Further research involving patient groups, consistent assessment criteria, and extended follow-up is needed to validate these initial findings.

CONCLUSION

The patient experienced significant clinical improvement following three session of jalukavacharana, with relief of heel pain and tenderness. The treatment was completed on an opd basis and was well tolerated. Further clinical studies are required to assess its therapeutic value in vatakantaka.

Patient Perspective

I had been suffering from heel pain for several months, and it was becoming difficult for me to stand and walk for a long time. Even my routine daily activities were affected because of the pain. After undergoing three sittings of Jaloukavacharana, I gradually noticed a reduction in pain and improvement in my ability to walk and perform routine activities comfortably. By the end of treatment and follow up, I had reduced pain and felt more comfortable with my daily activities.

Author Contributions

Dr. Bobby Mukeshkumar Parmar conducted the patient assessment, treatment, data collection, and manuscript preparation. Dr. K. L. Mahajan provided clinical supervision and reviewed the manuscript. Dr. Chandrakant Pawar contributed to patient care, supervision, and manuscript review. All authors approved the final manuscript.

Informed Consent

Written informed consent was obtained from the patient for publication of the case details and clinical images. The patient was assured that his personal identity would be kept confidential.

Conflict of Interest

The authors report no conflicts of interest related to this case report. No financial, personal, or professional interests affected the patient's care, interpretation of findings, or preparation of the manuscript.