



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(3): 01-04

Received: 02-05-2024

Accepted: 06-06-2024

Dr. K Maheswari

PG Scholar, Department of
Homoeopathic Materia
Medica, White memorial
Homoeo Medical College and
Hospital, The Tamil Nadu Dr.
M.G.R. Medical University,
Atttoor, Kanyakumari, Tamil
Nadu, India

Dr. K Manikanda Perumal

Professor, Deputy Medical
Superintendent & HOD
Department of Homoeopathic
Materia Medica, White
memorial Homoeo Medical
College and Hospital, The
Tamil Nadu Dr. M.G.R.
Medical University, Atttoor,
Kanyakumari, Tamil Nadu,
India

Dr. Prasobh MP

Associate Professor & PG
Guide, Department of
Homoeopathic Materia
Medica, White memorial
Homoeo Medical College and
Hospital, The Tamil Nadu Dr.
M.G.R. Medical University,
Atttoor, Kanyakumari, Tamil
Nadu, India

Corresponding Author:

Dr. K Maheswari

PG Scholar, Department of
Homoeopathic Materia
Medica, White memorial
Homoeo Medical College and
Hospital, The Tamil Nadu Dr.
M.G.R. Medical University,
Atttoor, Kanyakumari, Tamil
Nadu, India

Role of individualised homoeopathic medicine in the treatment of Heloma Durum: A case report

Dr. K Maheswari, Dr. K Manikanda Perumal and Dr. Prasobh MP

DOI: <https://doi.org/10.33545/26164485.2024.v8.i3a.1186>

Abstract

Background: Corns are common foot problems that occur when the skin thickens in response to friction or pressure. They typically develop on areas of the feet that bear weight, such as the tops and sides of toes, and the balls of the feet. Corns can be painful and uncomfortable, especially when wearing tight shoes or engaging in activities that increase pressure on the feet. Corns develop as a protective response to repeated friction or pressure, such as wearing ill-fitting shoes, or heels, or engaging in activities that put stress on the feet, like running or walking long distances. Corns tend to be more prevalent among older adults due to decreased skin elasticity, changes in foot structure, and longer exposure to risk factors such as ill-fitting footwear. Certain foot deformities, such as bunions or hammertoes, can also contribute to corn formation.

Case Description: A 36-year-old female patient was diagnosed with corn based on the signs and symptoms, the patient experienced worse pain while doing her regular activities, she went to conventional treatment and didn't get relief from the pain. After detailed case taking, by evaluating the totality of the symptoms, Homoeopathic Medicine Natrium Muriaticum 200C was given.

Conclusion: There was a profound improvement in symptoms and quality of life of the patient after homeopathic treatment. In this study, it is proved that Homoeopathic medicine has a potential action in treating corns with the selection of similimum and has been proved to provoke the deranged vitality in patients with corns and help them to restore the health.

Keywords: Homoeopathy, Heloma durum, Natrium Muriaticum

Introduction

Corn is also known as heloma, and is defined as a horny induration and thickening of the stratum corneum. Corns are hyperkeratotic lesions response to trauma, a circumscribed lesion that may be hard (i.e. heloma durum) or soft (i.e. heloma molle). Corns are dry, hard, rough bumps with a white center located on the bony prominence, painful on movement over walking and standing, and asymptomatic or tender to touch causing discomfort to the patient.

Etiology

Corns are mostly caused by repeated mechanical trauma due to friction i.e. the hard pressure against the bony surface causing the proliferation of the stratum corneum. The most common sites for corns are the feet, dorsum of the toes, last inter-digit web space, and soles ^[1, 2].

Epidemiology

The incidence of corn on the feet has been reported to range anywhere from 14-48%. They have been reported to affect the old age groups with slight female predominance due to wearing narrow shoes. Hyperkeratotic lesions of the skin of the foot have been reported to affect 30-65% of people aged 65 or older ^[4]. The elderly are also subjected to loss of the protective fat pad cushioning, called fat pad atrophy which increases the incidence of painful corns ^[5].

Pathophysiology

One of the primary roles of the stratum corneum is to provide a barrier to mechanical injury. Any insult compromising this barrier causes homeostatic changes and the release of cytokines into the epidermis, stimulating an increase in the synthesis of the stratum corneum, resulting in the formation of a hard keratin plug that pressures painfully into the papillary dermis. Any weight-bearing human is susceptible to the development of corn.

This condition is often seen in athletes and patients exposed to unequal friction from footwear gait problems, or any other bone deformity ^[1].

Treatment / Management

The treatment aims to reduce the pain and discomfort from the corns. Surgical management includes the surgical removal of the underlying causes of the corns.

Complication

Complications of corn include

- Ulceration and infection.
- Pain.
- Tinea pedis.
- Septic arthritis.
- Osteomyelitis.
- Bursitis.

Differential Diagnosis

- Plantar wart.
- Hypertrophic lichen planus.
- Lichen simplex chronicus.
- Calcinosis cutis.
- Palmoplantar keratoderma.
- Interdigital neuroma.
- Warts dyskeratosis.

Case Report

A 36-year-old female patient has come with a thorn-like stinging pain on the soles of her feet for 4 months. The complaint started with a mild stinging pain on the right sole with a small round lesion which is horny and experiences mild pain on the sole just below the big toe and this causes discomfort while walking and prolonged standing. Later on, she noticed the same round lesion on the plantar surface of the big toe and one other region on the soles just below the 4th toe, initially the patient didn't care about the lesion. Before 3 months the lesion expanded and produced much pain while walking, and prolonged standing, and when her feet touched the water, she couldn't able to walk without footwear a slight hit by pebbles causing much pain. So she went to allopathic treatment the doctor advised her to remove the corns by surgical method, which she was not willing to do. There is a history of prolonged standing while cooking.

Negative History

The patient is not obese. No history of diabetes.

Family History

Nothing relevant

Physical Generals

- **Appetite:** Good
- **Thirst:** Increased (3-4 l/day drinks small sip at a time)
- **Urine:** Normal
- **Sweat:** Generalized
- **Stool:** Constipated passes stool once in two days (dry

and painful).

- **Sleep:** Decreased after her father's death

Reaction To

- Desire salty foods.
- Aversion to bread, cakes.
- Desire cold season.
- Desire cold bathing.
- Desire fanning.
- **Thermal:** Hot.

Mental Generals

Desire company yet wants to cry alone.

Worrying about her father in laws death who died 8 months

Physical generals

Mild pallor BP: 100 / 60 mm Hg Pulse:70 bpm RR:16/min

Systemic Examination

Inspection: Small, round, raised lesions with a hard, thickened, grayish center are seen on the plantar surface of the big toe, one is seen on the plantar surface just below the big toe and another one is seen on the plantar surface just below the 4th toe.

Palpation: The lesion is firm and hard in consistency, with tenderness present over the affected areas.

Evaluation of Symptoms

Desire company yet wants to cry alone.

Grief about her father's death.

Thirst increased.

Stool passes once in 2 days (dry hard stool).

Desire salty foods +.

Aversion to breads.

Desire cold bathing.

Desire cold season.

Desire fanning.

Corns on the right sole.

Corns horny.

Corns are painful, especially on walking+.

Corns are painful on prolonged standing.

Thermal: Hot.

Totality of Symptoms

Desire company yet wants to cry alone.

Grief about her father in laws death Thirst increased.

Stool passes once in 2 days (dry hard stool).

Desire salty food.

Aversion to bread.

Corns horny and painful.

Corns on the right side.

Miasmatic Approach

The miasmatic Evaluation for the presenting case was Psora-Sycotic. The patient's fundamental miasm is Psora and the dominant miasm is Sycosis.

Totally - Rubrics covered		Nat-m	Calc	Ign	Nit-ac	Sulph	Caus	Con	Lyc	Nux-v	Phos	Agar	Ambr	Ars	Carb-v	Kali-c	Merc	Puls
Weighted		18	18	16	14	15	14	15	16	15	16	9	6	13	10	12	10	12
Rubrics covered		9	8	8	8	8	7	7	7	7	7	6	6	6	6	6	6	6
Rubric grades		18	18	16	14	15	14	15	16	15	16	9	6	13	10	12	10	12
COMPANY desire for	Complete, Mentals	1	2	2	1	1	1	2	3	2	3	1	1	3	1	3	1	2
WEeping, alone, when general	Complete, Mentals	2		1				2	1					1				
AILMENTS from death parents or friends, of	Complete, Mentals	1	1	3	1		3			1			1	1				
THIRST	Complete, Stomach	3	3	2	2	3	3	2	1	2	3	1	1	3	2	2	3	1
HARD	Complete, Stool	3	3	2	3	3	2	2	3	3	3	2		2	2	2	2	2
SIDE right	Complete, Generals	1	3	2	1	2	2	3	3	3	1	2	1	3	1	2	2	3
FOOD and drinks salt or salty food desires	Complete, Generals	3	2		3	1	2	2			3		1		3		1	
FOOD and drinks bread aversion	Complete, Generals	3	2	1	2	2		2	2	2	2	1				2	1	2
CORNS General horny	Complete, Extremities					1												
CORNS General sore	Complete, Extremities	1	2	3	1	2	1		3	2	1	2	1		1	1		2

Fig 1: Repertorial Analysis

Rubrics

1. Mental generals company desire.
2. Mental generals weeping alone when general.
3. Mental generals ailment from death parents or friends of.
4. Stomach, thirst.
5. Stool, hard.
6. Generals right side.
7. Generals food and drinks salt or salty food desires.
8. Generals food and drinks bread aversion.
9. Extremities, corns general horny.
10. Extremities, corn general sore.

Repertorial Result

- NAT MUR 18/9.
- CALC 18/8.
- IGN 16/8.
- NIT AC 14/8.
- SULPH 15/8.

Prescription**RX**

- Natrium Muriaticum 200/1dose.
- BDISC 1*QDS.
- B PILLS 3*BD.
- Therapeutic Intervention.

Based on the repertorial result, the Homeopathic medicine Natrium Muriaticum 200/1 Dose was prescribed after considering their grief about her father in laws death, her desire for the company yet wanting to cry alone, her desire for salty food, dry hard stool, and corn pain. Even though Calcarea carb and Ignatia also cover some of the symptoms, after considering the thermal Natrium Muriaticum were prescribed. Using the Complete Repertory allows for a systematic and thorough analysis of the patient's symptoms, both physical and emotional. This repertory helps quick identification of the most relevant remedies based on the patient's symptoms. Selecting the Complete Repertory ensures a meticulous and evidence-based approach.

Basis of Selection

Desire company yet wants to cry alone, sleeplessness after her father-in-law's death, constipated dry stool, thirst

increased, desire for salty food, aversion to bread, and considering the thermal.

Selection of potency and dose

According to the susceptibility of the patient 200 th potency is given. According to the homeopathic principle, a minimum dose is given.

Before Treatment

Fig 2: After 2 Weeks of Treatment



Fig 2: After 5 Weeks of Treatment

Table 1: Follow UP

SI. No.	Date		Inference	Medicine prescribed
1.	25.03.2023	Stitching Pain on the right soles was better, Thirst was better, Passes stool regularly, pain while passing the stool was mildly better, sleep improved	Mild Improvement	Rx 1. SAC LAC/7 days (1-0-0) 2. B DISC 1*QDS 3. B PILLS 4*QDS
2.	1.04.2023	Stitching Pain on right soles persisted the same, thirst was normal Stool regular, pain while passing stool was reduced Sleep better	Persist the same	Rx 1. Natrium Muriaticum 200 / 2. 1 Dose (1-0-0) 3. B DISC 1*QDS 4. B PILLS 3*BD
3.	8.04.2023	Stitching Pain on the right soles was much better The stool was regular, pain was relieved Generals: Normal	Improved	Rx 1. SAC LAC/7 Days (1-0-0) 2. B DISC 1*QDS 3. B PILLS 3*BD

Discussion

After considering the totality of symptoms and the symptoms similarity of the patient, *Natrium Muriaticum* 200/ 1 dose was prescribed. After 1 week the pain in the right sole was partially reduced, her sleep was better, she passed stool regularly and the pain while passing the stool was mildly better so Sac lac 7 doses were prescribed. The patient again came after a week, and no improvement was found, *Natrium Muriaticum* 200/1 dose was prescribed on an empty stomach. After a week the patient complaint feels better, the pain in their right sole was reduced the corns were dried up and she passed the stool regularly no pain was experienced while passing stool, she slept peacefully without any disturbance, so Sac Lac 7 doses were prescribed. After one week the patient was completely free from the symptoms. The patient was continuously followed for 1 month, for any recurrence of the symptoms but there was no recurrence found.

Assessment of effectiveness

According to the clinical assessment the disappearance of symptoms, improvement of the symptoms, and reduction of frequency are recorded. During the period of treatment, the post-treatment outcome is collated with the pre-treatment result.

Conclusion

Homeopathy is a holistic mode of medicine that considers man as a whole. The presented case underscores the potential of homeopathic medicine in treating corns effectively without resorting to surgical intervention. The patient experienced significant pain reduction and complete disappearance of the corns following treatment with *Natrium Muriaticum*. It reduces the intensity, severity, and frequency of the disease. This outcome suggests that homeopathy not only addresses symptoms but also improves quality of life by preventing recurrence.

Patient Consent

We confirm that the patient has given written informed consent to publish this case.

Conflict of Interest

Not available.

Financial Support

Not available.

References

1. Takehara K, Oe M, Ohashi Y, Tsunemi Y, Kadowaki T, Sanada H, *et al.* Differences between patient-reported versus clinician-observed nonulcerative signs and symptoms of the foot in patients with diabetes mellitus. *J Wound Ostomy Continence Nurs.* 2019 Mar-Apr;46(2):113-116.
2. Takehara K, Oe M, Ohashi Y, Tsunemi Y, Kadowaki T, Sanada H, *et al.* Differences between patient-reported versus clinician-observed nonulcerative signs and symptoms of the foot in patients with diabetes mellitus. *J Wound Ostomy Continence Nurs.* 2019;46(2):113-116.
3. Garcia CA, Soler FC. Effect of debridement of plantar hyperkeratoses on gait in older people: an exploratory trial.
4. Sanz RD, Carrión TN, López-López D, López PP, Romero-Morales C, Navarro-Flores E, *et al.* Foot disorders in the elderly: A mini-review. *Dis Mon.* 2018;64(3):64-91.
5. Elwell R. The management and treatment of hyperkeratosis. *Br J Nurs.* 2017 Apr 27;26(8):468-470.

How to Cite This Article

Maheswari K, Perumal KM, Prasobh MP. Role of individualised homeopathic medicine in the treatment of Heloma Durum: A case report. *International Journal of Homoeopathic Sciences.* 2024;8(1):01-04.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.