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Calcaneal spur and homoeopathy, need of the hour

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Abstract
A case of Calcaneal spur treated with Aranea Diadema, with the aid of the 'Homoeopathic Medical Repertory' by Dr. Robin Murphy. The case was analysed using Foot Function Index.

Keywords: Calcaneal spur, aranea diadema, repertory, foot function index

Introduction
Commonly known as a heel spur, this condition involves the formation of a bony outgrowth at the front (anterior) edge of the calcaneal tuberosity. These spurs can develop in different regions of the heel: dorsal spurs are often associated with Achilles tendinopathy, whereas those located on the underside of the heel are typically linked to plantar fasciitis.
The primary cause of painful plantar heel spurs and inferior calcaneal outgrowths is abnormal foot biomechanics particularly excessive or abnormal pronation. In addition to biomechanical stress, other contributing factors include genetic predisposition, metabolic disorders, systemic inflammatory diseases, tuberculosis, and various other medical conditions.

Case report
A 53 years old female, diagnosed with bilateral calcaneal spur before 8 months.

Presenting complaints with examination
- Pain and swelling of both the heels since 1 week
- Already taken allopathic medicine for the pain and swelling earlier.
- Boring type of pain in heels with tenderness
- Pain and swelling agg. cold weather.
- Amel. Warmth. And continued motion.
- Feels as if the face has swelled up.
- O/E- Tenderness of both heels, mild redness with swelling.

Investigations & reports

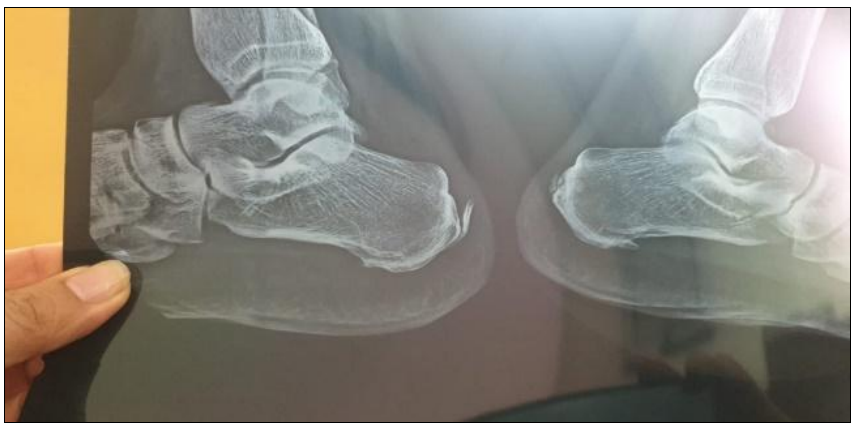
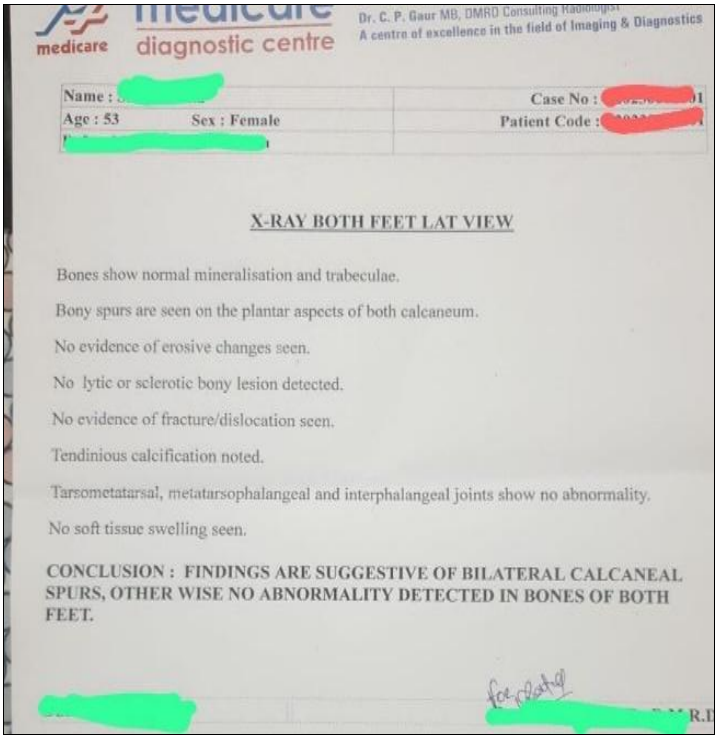


Fig 1: X-ray both feet lat. view



medicare diagnostic centre

Dr. C. P. Gaur MB, DMRD Consulting Radiologist
A centre of excellence in the field of Imaging & Diagnostics

Name : [redacted] Case No : [redacted]
Age : 53 Sex : Female Patient Code : [redacted]

X-RAY BOTH FEET LAT VIEW

Bones show normal mineralisation and trabeculae.

Bony spurs are seen on the plantar aspects of both calcaneum.

No evidence of erosive changes seen.

No lytic or sclerotic bony lesion detected.

No evidence of fracture/dislocation seen.

Tendinious calcification noted.

Tarsometatarsal, metatarsophalangeal and interphalangeal joints show no abnormality.

No soft tissue swelling seen.

CONCLUSION : FINDINGS ARE SUGGESTIVE OF BILATERAL CALCANEAL SPURS, OTHER WISE NO ABNORMALITY DETECTED IN BONES OF BOTH FEET.

[redacted] R.D

Fig 2: X-ray report

Physical generals

- **Thermal state:** Chilly $^{+3}$, prefers hot water bath and want covering in summers, cant tolerate slightest cold damp weather, generally complaints agg. cold damp weather.
- **Appetite:** Adequate, twice/daily
- **Thirst:** 2 litres/daily
- **Bowels:** Constipated occassioanlly.
- **Desire:** Sweets^{+2}

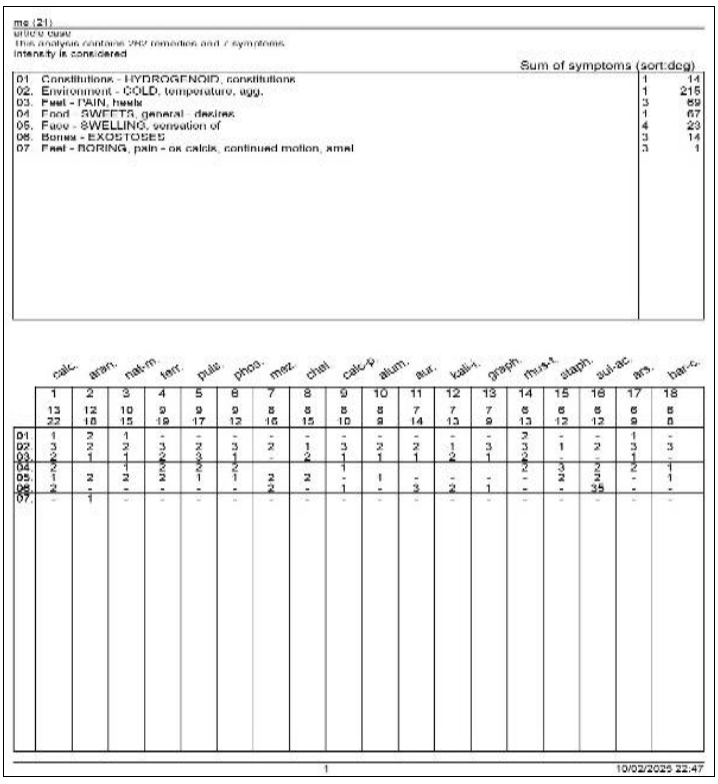
Past history

- Jaundice before 6 years, recovered, Pneumonia at 12 years of age.

Family history

Mother (alive) - hypertension, Father(alive)- tuberculosis-lung

Repertorisation: (Homoeopathic Medical Repertory, Dr. Robin Murphy, Radar Opus 10)



me (21)
Sum of symptoms (sort:deg)

01.	Constitutions - HYDROGENOID, constitutions	1	14
02.	Environment - COLD, temperature, agg.	1	215
03.	Feet - PAIN, heels	3	89
04.	Food - SWEETS, general desires	1	67
05.	Face - SWELLING, sensation of	4	23
06.	Bones - EXOSTOSES	3	14
07.	Feet - BORING, pain - ox calcis, continued motion, amel	3	1

	calc.	aran.	nat-m.	terr.	puls.	phos.	mez.	chel	calc-p	alum.	aur.	kali-i.	graph.	rhus-t	staph.	sul-ac.	ars.	bar-c.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	13	12	10	9	9	9	8	8	8	8	7	7	7	6	6	6	6	6
	22	18	15	19	17	12	16	15	10	9	14	13	9	13	12	12	9	8
01	1	2	1	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-
02	3	2	2	3	2	3	2	1	3	2	2	1	3	3	1	2	3	3
03	2	1	1	2	3	1	-	2	1	1	1	2	1	2	-	-	1	-
04	2		1	2	2	2			1					2	3	2	2	1
05	1	2	2	2	1	1	2	2	-	1	-	-	-	-	2	2	-	1
06	2		-	-	-	-	2	-	1	-	2	2	1	-	-	25	-	-
07	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Fig 3: Repertorial sheet

Planning of treatment

Dominant miasm - sycosis, syphilis. Fundamental miasm - syphilis, tubercular

Pace of disease - gradual

Constitution - according to von grauvogl's classification, hydrogenoid, Diathesis - tubercular

Intervention/prescription

12-11-24: Aranea diadema 200/ OD. for 5 days

Foot function index

Follow ups

18-11-24: Pain reduced significantly

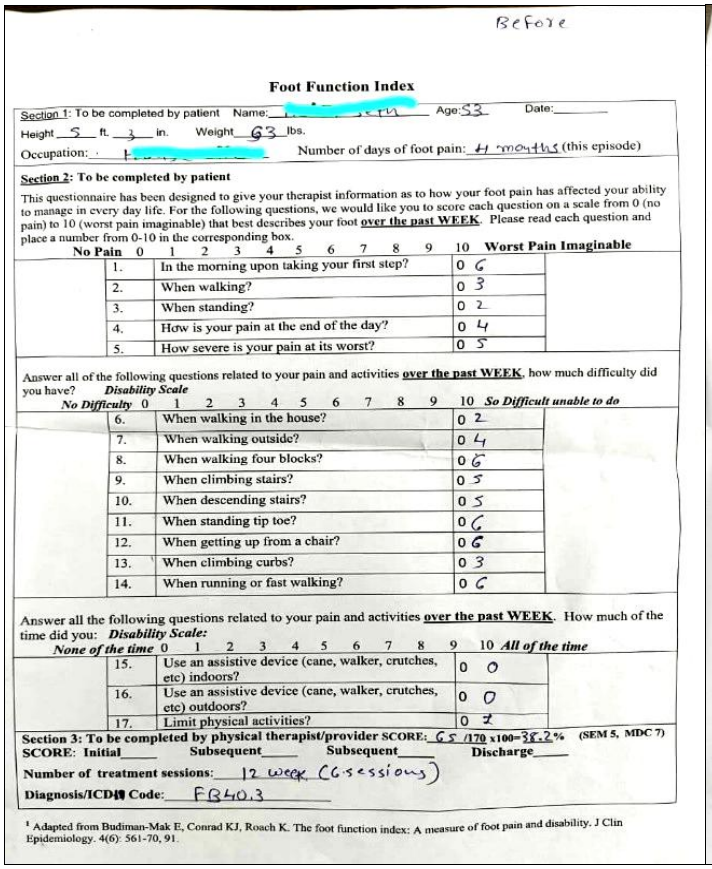
Rx. Repeated for 5 days

24-11-24: Absolute relief in pain and swelling

Rx. SL 30/ OD for 10 days

5-1-25 Rx. Thuja 200/ OD for 3 days

She was given Thuja 200 single dose for 3 months then.



Before

Foot Function Index

Section 1: To be completed by patient Name: [redacted] Age: 53 Date:

Height 5 ft. 3 in. Weight 63 lbs.

Occupation: [redacted] Number of days of foot pain: 4 months (this episode)

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your foot pain has affected your ability to manage in every day life. For the following questions, we would like you to score each question on a scale from 0 (no pain) to 10 (worst pain imaginable) that best describes your foot **over the past WEEK**. Please read each question and place a number from 0-10 in the corresponding box.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

1.	In the morning upon taking your first step?	0 6
2.	When walking?	0 3
3.	When standing?	0 2
4.	How is your pain at the end of the day?	0 4
5.	How severe is your pain at its worst?	0 5

Answer all of the following questions related to your pain and activities **over the past WEEK**, how much difficulty did you have? *Disability Scale*

No Difficulty 0 1 2 3 4 5 6 7 8 9 10 *So Difficult unable to do*

6.	When walking in the house?	0 2
7.	When walking outside?	0 4
8.	When walking four blocks?	0 6
9.	When climbing stairs?	0 5
10.	When descending stairs?	0 5
11.	When standing tip toe?	0 6
12.	When getting up from a chair?	0 6
13.	When climbing curbs?	0 3
14.	When running or fast walking?	0 6

Answer all the following questions related to your pain and activities **over the past WEEK**. How much of the time did you: *Disability Scale:*

None of the time 0 1 2 3 4 5 6 7 8 9 10 *All of the time*

15.	Use an assistive device (cane, walker, crutches, etc) indoors?	0 0
16.	Use an assistive device (cane, walker, crutches, etc) outdoors?	0 0
17.	Limit physical activities?	0 2

Section 3: To be completed by physical therapist/provider SCORE: 65 /170 x100= 38.2% (SEM 5, MDC 7)

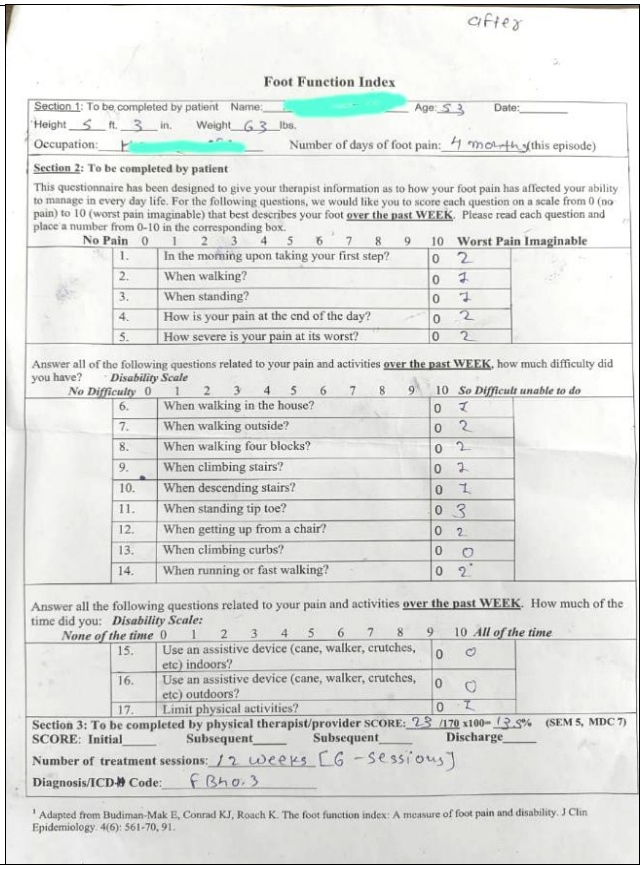
SCORE: Initial____ **Subsequent**____ **Subsequent**____ **Discharge**____

Number of treatment sessions: 12 week (66 sessions)

Diagnosis/ICD10 Code: FB40.3

[1] Adapted from Budiman-Mak E, Conrad KJ, Roach K. The foot function index: A measure of foot pain and disability. J Clin Epidemiology. 4(6): 561-70, 91.

Fig 4A: Foot function index (before intervention)



After

Foot Function Index

Section 1: To be completed by patient Name: [redacted] Age: 53 Date:

Height 5 ft. 3 in. Weight 63 lbs.

Occupation: [redacted] Number of days of foot pain: 4 months (this episode)

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your foot pain has affected your ability to manage in every day life. For the following questions, we would like you to score each question on a scale from 0 (no pain) to 10 (worst pain imaginable) that best describes your foot **over the past WEEK**. Please read each question and place a number from 0-10 in the corresponding box.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

1.	In the morning upon taking your first step?	0 2
2.	When walking?	0 2
3.	When standing?	0 2
4.	How is your pain at the end of the day?	0 2
5.	How severe is your pain at its worst?	0 2

Answer all of the following questions related to your pain and activities **over the past WEEK**, how much difficulty did you have? *Disability Scale*

No Difficulty 0 1 2 3 4 5 6 7 8 9 10 *So Difficult unable to do*

6.	When walking in the house?	0 2
7.	When walking outside?	0 2
8.	When walking four blocks?	0 2
9.	When climbing stairs?	0 2
10.	When descending stairs?	0 2
11.	When standing tip toe?	0 3
12.	When getting up from a chair?	0 2
13.	When climbing curbs?	0 0
14.	When running or fast walking?	0 2

Answer all the following questions related to your pain and activities **over the past WEEK**. How much of the time did you: *Disability Scale:*

None of the time 0 1 2 3 4 5 6 7 8 9 10 *All of the time*

15.	Use an assistive device (cane, walker, crutches, etc) indoors?	0 0
16.	Use an assistive device (cane, walker, crutches, etc) outdoors?	0 0
17.	Limit physical activities?	0 2

Section 3: To be completed by physical therapist/provider SCORE: 23 /170 x100= 13.5% (SEM 5, MDC 7)

SCORE: Initial____ **Subsequent**____ **Subsequent**____ **Discharge**____

Number of treatment sessions: 12 weeks [66 sessions]

Diagnosis/ICD10 Code: FB40.3

[1] Adapted from Budiman-Mak E, Conrad KJ, Roach K. The foot function index: A measure of foot pain and disability. J Clin Epidemiology. 4(6): 561-70, 91.

Fig 4B: Foot function index (after intervention)

Discussion

Aranea diadema addresses the primary complaints and constitutional aspects, such as a hydrogenoid state, with its characteristic modalities and thermal tendencies. This is then followed by the use of the anti-sycotic remedy, Thuja, to prevent further relapses. Homeopathy proves to be invaluable in cases where other medical sciences fall short in both curing and preventing conditions. It demonstrates its effectiveness by not only curing the symptoms but also reducing the patient's predisposition to form spurs.

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