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Management of plantar fasciitis with calcaneal spur presenting as one-sided disease with *Valeriana officinalis*: A case report utilizing the functional foot index - revised short form (FFI-RS)

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Abstract
Plantar fasciitis results from the degenerative inflammation of the plantar fascia origin on the medial calcaneal tuberosity of the heel and the perifascial tissues. This condition lacks inflammation as pathology despite its title. Treatment of plantar fasciitis is often challenging as there are many maintaining causes of the disease such as sedentary lifestyle, work requiring prolonged standing, obesity and in appropriate shoes. Homoeopathic medicine prescribed on basis of individualisation having specific therapeutic action can have significance in the reduction of chronic localised pain in plantar fasciitis.
Case Summary: A case of 42-year-old woman who had a 6-month history of severe pain in the heel, worse in the morning, long standing and at rest. X-ray established plantar fasciitis due to calcaneal spur. Valeriana officinalis was found beneficial when with characteristic guiding modalities are present with the limited range of symptoms are present at mental and physical domains. Patient pain, disability, and activity limitation was evaluated using Foot Function Index Revised Short form (FFI-RS).

Keywords: Plantar fasciitis, *Valeriana officinalis*, homoeopathy, case report

Introduction
Plantar fasciitis is a degenerative condition of the plantar fascia resulting in heel pain [1]. The pathophysiology involves chronic microtears at the fascia insertion point, resulting in inflammation and ossification. The prevalence of plantar fasciitis is 59% in India among the age group of 40 to 50years [17]. Clinical presentation of plantar fasciitis includes symptoms of sharp, stabbing, non-radiating pain first thing in the morning in the proximal medio-plantar surface of the foot; the pain becomes worse at the end of the day [2]. Calcaneal spur is calcification occurring at the insertion of the plantar fascia to the periosteum on the under surface of the calcaneus. Plantar fasciitis is one of the most common causes of heel pain, often associated with a calcaneal spur. [4] Plantar fasciitis is often affecting runners, older sedentary adults, obesity, heel pad atrophy, aging, occupations requiring prolonged standing, weight-bearing and in appropriate shoes [3]. The common presenting symptom is of aching localized pain at the heel which is worst with first step in the morning or after periods of rest, tenderness on plantar surface of foot, pain on walking, and difficulty with daily activities [5]. The prevalence of foot pathologies range between 61% and 79% and contribute to negative impact on quality of life.

Pathophysiology
This condition is mainly degenerative in nature, marked by granulation tissue formation, micro-tears, disorganized collagen structure, and minimal signs of typical inflammation. Ultrasound imaging commonly shows calcifications, intra-substance tears, and thickening of the plantar fascia [1].

Commonly used Homoeopathic remedies for Plantar fasciitis and Calcaneal spur.
Homoeopathic medicine is selected on basis of individualisation which includes totality of symptoms, modalities and constitutional picture. Commonly prescribed remedies for plantar

fasciitis with or without calcaneal spur are as follow:

Remedy	Indications	Modalities (Better/Worse)	References
Rhus toxicodendron	Heel pain worse on first motion (e.g., getting up in the morning), better with continued motion	Worse at rest, in morning; better by walking or warm applications	[6]
Calcarea fluorica	Hard bony outgrowths (e.g., calcaneal spur), pain on rising in morning	Worse on beginning motion, cold; better by warmth	[6, 7]
Arnica montana	Heel pain after overuse, trauma, soreness, bruised feeling	Worse from slightest touch, motion; better by rest	[8]
Ruta graveolens	Pain in heels due to ligament and tendon strain; stiffness in soles	Worse from cold, exertion; better by warmth, rest	[6, 9]
Ledum palustre	Heel pain that is better with cold applications	Worse from heat; better from cold	[6, 7]
Pulsatilla nigricans	Shifting heel pain; worse from warmth and at night	Worse in warm room; better in open air, cold applications	[6, 10]
Aranea Diadema	Boring and digging pain in calcareous bone Feet feel heavy. Hydrogenoid constitution	Worse when first moving foot after sitting; better from continued motion	[4]
Hypericum	Lancinating pain in lower limb, heel and tip of toes. Neuritis with tingling burning pain, and numbness.	Worse in cold, dampness, close room	[6]
Valeriana	Pain heel and tendon, pain splinter as if, as if from stone, drawing pain, tearing pain Drawing and weak feeling toward the heel. Constant pain in heels when sitting especially right.	Worse from *sitting*, while standing, better from walking, motion, disappearing when rising from a seat.	[7, 11, 14]

FFI-RS (Functional Foot Index - Revised Short Version)- is a validated, patient-reported outcome measure used to evaluate foot-related disability. It assesses pain, disability, and activity limitation in individuals with foot and ankle disorders such as plantar fasciitis, heel spur and arthritis. The FFI-RS questionnaire comprises 34 items categorized into five subscales: pain (7 items), stiffness (7 items), difficulty (11 items), activity limitation (3 items), and social issues (6 items). Each item is rated using a 4-point Likert scale, where the patient selects the option that best reflects their experience. For instance, in the pain subscale, a rating of **1** indicates *no pain*, while a rating of **4** indicates the *worst imaginable pain*. Each item contributes to a subscale score, which together form the overall FFI-RS score [16].

Patient Information

Chief Complaint: A 42-year-old female presented with a 6-month history of severe right heel pain, aggravated in the morning and after prolonged standing.

History of presenting complaint: The patient developed tearing type of pain in heel of right foot 6 month ago and gradually increase in intensity of pain for the past 1 week. There is no history of injury on the affected region. She has not taken any treatment for the same. The pain gets increased after cold weather 3+, rest 3+, sitting 3+, better after walking 3+ and hot application2+.

Past History: Cervical erosion diagnosed 8 years ago; received allopathic treatment and currently has no related complaints.

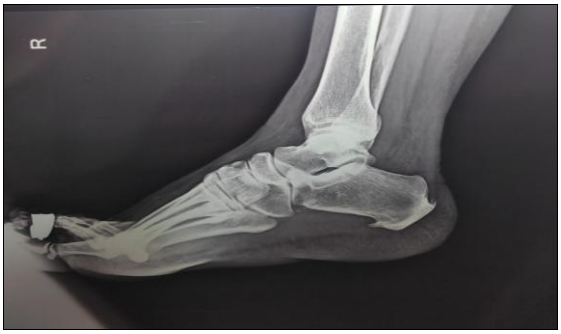
Family History: Non contributory

General Examination: The patient was well oriented with stable vitals.

Local Examination: Right Heel

- **Inspection:** No Redness, no swelling at right heel and ankle joint.
- **Palpation:** Tenderness on pressure in proximal plantar fascial insertion at the anteromedial calcaneus.
- **Movement:** Passive dorsiflexion painful, not restricted

Investigation: X-ray of the right heel



Personal History

- Appetite - Normal
- Thirst - Normal
- Bowel - Normal
- Urine - Normal
- Craving - Sweets +
- Aversion - Not Specific
- Thermals - Chilly Patient
- Sleep - Normal
- Dreams- Not Remembered
- Perspiration - Normal
- Mental State - Nothing Significant

Analysis and Evaluation of symptoms

Symptom Category	Symptom	Grade	Evaluation
Location	Pain in right heel	3+	Common- Frequently seen in plantar fasciitis
Sensation	Tearing type of pain	3+	Characteristic- Distinctive type of pain
Modality - Aggravation	< On waking in the morning	3+	Common- symptoms of plantar fasciitis
	< On sitting	3+	Characteristic, Indicates aggravation from inactivity
	< After rest	3+	Characteristic - Indicates aggravation from inactivity
	< Cold damp weather	3+	Characteristic- Strong modality
	< After prolonged standing	2+	Common- Seen in many foot conditions
Modality - Amelioration	> On walking	3+	Characteristic- Strong guiding modality
	> By hot application	2+	Uncommon

Totality of symptoms

- Tearing type of pain 3+
- < after rest 3+
- > on walking 3+
- < on sitting 3+
- < cold damp weather 3+
- > by hot application 2+

Therapeutic Intervention

The chief complaint is a *mechanical type of heel pain*, worse on rest, on sitting and better on walking— suggestive of *Valeriana officinalis*. *Valeriana officinalis* covered sphere of action that is Achilles tendon with major characteristics symptoms of the case, especially: Pain aggravation from rest and damp cold weather. *Valeriana officinalis* was prescribed in 30 C potency 4 pills daily twice in a day for 2 weeks.

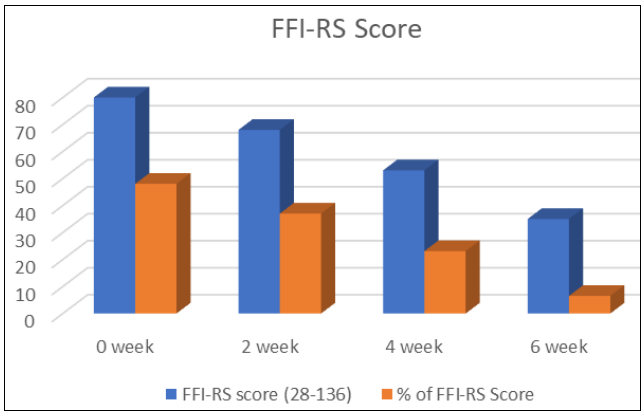
Follow Up assessment

Clinical assessment every 2 weeks; FFI assessed after 6 weeks.

Date	Follow up	FFI-RS Score							Treatment	Basis of prescription
		Pain (7-28)	Difficulty (7-28)	Stiffness (10-40)	Activity Limitation (4-12)	Social issue (6-24)	Total (28-136)	FFI-RS%		
3/12/23	First prescription	28	16	15	10	2	80	48%	Valeriana officinalis on 30 C/ BD/ 2 weeks.	Repertorial analysis and totality of symptoms
17/12/23	Pain in heel - 50% better No swelling in heel Tenderness mild present	28	13	11	7	9	68	37%	Valeriana officinalis on 30 C/ BD/ 2 weeks.	Symptoms better, moderate susceptibility, require repetition.
31/12/23	Pain in heel 80% better No Redness, No Swelling, No Itching, Mild Tenderness	20	13	10	4	6	53	23.1%	Sac Lac 30 C/ BD / 2 weeks	Symptoms better, no repetition to allow action of remedy to get completed.
14/1/224	Pain in heel decrease-90% No tenderness present	8	7	10	4	6	35	6.5%	Sac lac 30/BD/ 30 days	Relief to patient

Results

The patient reported significant improvement in pain and mobility within 4 weeks of therapy. By the end of 2 weeks, the pain on first step in the morning had reduced by 50%, with FFI-RS score 68 and by end of 4th week reduced by 80% with FFI-RS score 53, she could rest comfortably. By end of 6th week pain was reduced up to 90%.



Discussion

Plantar fasciitis causes prolonged discomfort and affects activity of daily living. *Valeriana officinalis* is known for pains worse on rest and better with movement, aligning with this patient's symptoms. The substantial reduction in FFI-RS score demonstrates the potential effectiveness of Valeriana officinalis in case with limited symptoms i.e. localized heel pain with specific modalities with sphere of action on Achilles tendon in plantar fasciitis. The FFI-RS score showed a reduction from score 80 (48%) with moderate disability to score 35 (6.5%) with No Disability, indicating improvement in foot function at end of 6 weeks. No recurrence or adverse effects were noted during follow-up.

Conclusion

This case report highlights the potential of *Valeriana officinalis* in the management of plantar fasciitis with calcaneal spur. In this case with limited symptoms i.e localized heel pain with specific modalities, considered as a one-sided disease in Hahnemannian classification of Disease. The observed symptomatic relief and improvement in functional index without adverse effects suggest that utility of *Valeriana offcinalis* in prescribing in plantar fasciitis.

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Conflict of Interest

The authors declare no conflict of interest

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Not available

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