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A case report of foot corns treated successfully with homoeopathy

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Abstract
Corns are localized hyperkeratotic lesions commonly caused by chronic friction or pressure on bony prominences of the feet. Conventional treatments such as surgical excision or topical keratolytics often yield temporary relief with frequent recurrence. This case report presents a 64-year-old male with painful corns on the right foot for two years, successfully treated with individualized homoeopathic medication, Antimonium Crudum 200. Following the prescription, pain subsided, and both corns resolved completely within weeks, with no recurrence. The case highlights the efficacy of Homoeopathy as a gentle, safe, and curative approach for chronic corn management without surgical intervention, which is highlighted with Modified Naranjo Criteria.

Keywords: Heloma durum, corns, hyperkeratosis, antimonium crudum, modified naranjo criteria

Introduction
A corn, medically termed as clavus or heloma durum, is a localized, well-circumscribed area of hyperkeratosis that typically forms on pressure-bearing areas of the feet due to chronic friction or mechanical stress [1, 3, 5]. Unlike calluses, which are broader and less defined, corns have a central keratin core that can cause significant pain by pressing into the dermis [1]. Corns are common, affecting between 10-48% of adults, particularly the elderly, athletes, diabetics, and individuals with gait abnormalities [1, 2, 5]. Hard corns (heloma durum) are typically found on bony prominences, while soft corns (heloma molle) occur in moist interdigital spaces. Conventional treatments like surgical excision or topical keratolytic provide only temporary relief and often result in recurrence [1, 3]. Homoeopathy offers a holistic approach by addressing the underlying systemic and constitutional causes of corn formation. This case report illustrates the successful resolution of a painful plantar corn using individualized homoeopathic treatment, without recurrence or surgical intervention.

Epidemiology
Corns affect 14% to 48% of the population, with a higher prevalence in individuals with darker skin pigmentation [1]. They are more common in older adults, particularly females, due to factors like wearing narrow footwear and age-related fat pad atrophy, which reduces foot cushioning and increases corn formation [2, 4].

Etiology
- Repeated mechanical stress
- Poorly fitting shoes
- Bony prominences from foot deformities [1, 3, 4].

Athletes, individuals involved in sports, as well as in those with gait abnormalities, foot bony prominences, age-related bone dysfunction, diabetes, or a history of foot amputation [2, 3].

Histopathology
Histopathological examination of a corn is generally not required, but in certain cases, it can aid in distinguishing corns and calluses from conditions such as plantar warts. A biopsy of a corn typically reveals thickening (acanthosis) across all layers of the epidermis, including the stratum corneum, where cells may retain their nuclei (parakeratosis), indicating early differentiation.

The granular layer is often reduced or missing. In the dermis, dense fibrous tissue and enlarged nerves are commonly seen, with scar tissue potentially extending into the subcutaneous fat layer [3].

Pathogenesis

Bones of the foot have many projections, especially over the condyles of the heads and bases of the metatarsals and phalanges. Pressure is applied to the skin over- lying those bony projections either by a tight shoe or during walking. The body attempts to protect the irritated skin by accumulation of the horny layer of the epithelium (callosity), but this accumulation itself causes a prominence that increases the pressure in a tight shoe. Thus, a vicious cycle is generated that may ultimately lead to the keratin plug pressing into the dermis and causing pain [3]. Abnormal mechanical stresses may be extrinsic (from without) or intrinsic (from within). Intrinsic and extrinsic factors are often combined, as in the claw toe-the intrinsic factor is the toe deformity, and the extrinsic factor is the toe box of the shoe [3, 5].

Signsandsymptoms

Corns are often painful, particularly when standing and walking. The middle of these round, wart-like lumps of hard skin is usually especially painful. You can normally see a clearly defined core there.

Corns have a raised surface and the hardened skin there is yellowish-beige. Those that occur between the toes are often whitish in color and softer than those on other parts of the feet. This is because the skin is moister there [1, 5].

Differential diagnosis

- Plantar wart
- Poroma
- Warty dyskeratoma
- Calcinosis cutis
- Gout and pseudogout
- Hypertrophic lichen planus
- Interdigital neuroma
- Lichen simplex chronicus
- Palmoplantar keratoderma
- Keratosis punctata of palmar creases
- Porokeratosis plantaris discreta
- Porokeratosis palmoplantar et disseminate [1, 3, 5].

Case report

A 64-year-old male patient named XYZ, a businessman residing in Puthukadai, Kanyakumari District, presented with complaints of painful corns on the right foot for the past two years. The complaint initially began with a single corn near the right great toe and, after six months, another developed near the right little toe. Both corns were painful, with aggravation from walking, standing for long durations, and pressure. There was no itching or bleeding. He has taken allopathy ointments for this complaint. The patient's appetite was good, thirst was about 3-4 litres per day, bowel and bladder functions were regular, and perspiration was normal. He was a hot patient with sound sleep and insignificant dreams. Mentally, he was sociable and maintained good relationships but was irritable, getting angry quickly and shouting back. On examination, he was conscious, oriented, moderately built and nourished, with a white-coated tongue. Local examination revealed small, raised, blackish, hard bumps over the right great toe and little toe, tender on pressure.

Based on the totality of symptoms, painful corns aggravated by pressure, white-coated tongue, irritability, and hot thermal state, Antimonium Crudum *200* was prescribed as a single bedtime dose. At the first follow-up, pain had significantly reduced. After 1 week, the corn near the little toe cleared completely, and with continued medication, the other corn also disappeared by the third follow-up. The patient was advised to wear soft footwear and maintain foot hygiene. The case showed remarkable improvement, and the patient was considered cured with Antimonium Crudum as the indicated remedy.

Remedy Name	Ant-c	Sulph	Calc	Lyc	Nat-m	Petr	Sil	Ph-ac	Sep	Phos	Ign	Nat-c
Totality	15	13	12	11	11	10	10	9	9	8	8	8
Symptoms Covered	4	4	3	4	3	3	3	3	3	4	3	3
Kingdom												
[Complete] [Extremities]Corns:Toes: (39)	4	4	4	4	3	3	3	3	1	3	1	1
[Complete] [Extremities]Corns:Painful: (107)	4	4	4	3	4	3	4	3	4	1	4	4
[Complete] [Extremities]Corns:Painful:Right: (4)				1								
[Complete] [Mouth]White:Tongue: (399)	4	4	4	3	4	4	3	3	4	3	3	3
[Complete] [Extremities]Corns:Painful:Walking, while: (5)	3	1								1		

Fig 1: Table displaying rubric-based or comparative scoring across multiple parameters and samples, highlighting performance variations using color coding (green for higher scores and red for lower scores) across different criteria.

Follow up chart

Table 1: Follow-up details and prescriptions during the treatment period

S. No	Date	Follow up	Prescription
1.	16/07/2025	Patient is better after the previous prescription Pain in corns reduced corns still persist Generals: good	1) Antimonium Crudum 200 1 DOSE HS 2) SL TDS x 1week
2.	23/07/25	Complaints are better after the previous prescription Pain in corns reduced Corn near little toe was cleared Generals: good	1) Antimonium Crudum 200 1 DOSE HS 2) SL TDS x 1 week
3.	30/07/25	Patient is better after the previous prescription Pain in corns reduced Corn near great toe was cleared Generals: good	1) SL 1 Dose HS 2) SL TDS x 1week
4.	06/08/25	No complaints of corns No pain Generals: good	1) SL 1 Dose HS 2) SL TDS x 2 weeks
5.	13/08/25	No complaints of corns No pain Generals: good	1) SL 1 Dose HS 2) SL TDS x 2 weeks

Table 2: Assessment of Causal Attribution according to Homeopathic Clinical Outcome Criteria

	Domains	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1		
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5.	Did overall well-being improve?	+1		
6A.	*Direction of cure:* did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B.	*Direction of cure:* did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1		
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (other than the medicine) that-with a high probability-could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+1		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
		Total Score = 9		

Result

The patient with painful corns on the right foot for two years showed excellent improvement with Antimonium Crudum 200, selected based on symptoms such as pain on pressure, irritability, white-coated tongue, and hot thermal state. After the first dose, pain reduced notably. By the second follow-up, the corn near the little toe cleared, and by the third, the remaining corn disappeared completely. Subsequent visits showed no recurrence, and general health remained good. Supportive advice on foot hygiene and soft footwear was provided. The case demonstrates the curative, safe, and lasting effect of Antimonium Crudum in treating corns

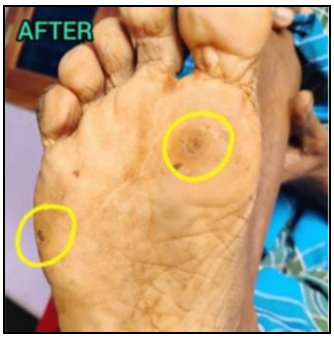

Fig 3: After

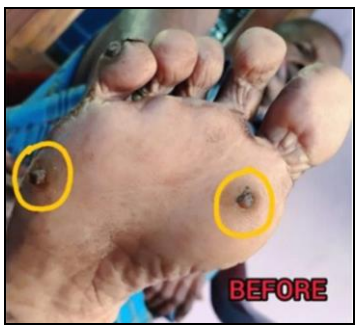

Fig 2: Before

Discussion and Conclusion

The present case demonstrates the successful management of Heloma durum (corn) through homoeopathic treatment, challenging the conventional belief that it is solely a surgical condition. Modern medicine primarily relies on salicylic acid application or surgical excision, which are not only painful but also necessitate immobilization for 4-6 weeks and often lead to recurrence. In contrast, homoeopathy offers a safe, gentle, and holistic approach that addresses the underlying sycotic miasmatic tendency. The patient in this case had previously undergone other treatments without

relief, yet responded rapidly and effectively to the selected homoeopathic remedy. Antimonium crudum played a pivotal role, demonstrating its therapeutic efficacy in conditions characterized by skin thickening and keratosis. The case was completely cured within a short span of time, without recurrence or adverse effects. This outcome reaffirms that homoeopathy can serve as a quick, cost-effective, and enduring alternative for managing corns successfully.

Conflict of Interest
Not available

Financial Support
Not available

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