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Beyond mechanical removal: Miasmatic analysis and homoeopathic management of corns

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Abstract

Introduction: In Homeopathy, corns are often classified as "one-sided diseases" (local maladies) as per Aphorism 173 of the Organon of Medicine, characterized by having one or few symptoms of an external kind. This case report demonstrates the management of a local malady using an acute simillimum followed by an anti-psoric remedy.

Case summary: A 25-year-old female presented with a painful corn on the right thumb, aggravated by touch and writing, and ameliorated by cold water. The case was analyzed as a local malady with a psoro-sycotic background.

Intervention: *Ranunculus bulbosus* 200C was prescribed based on local sensitivity and burning pains, resulting in rapid relief. Sulphur 30C was subsequently administered to prevent recurrence.

Conclusion: Local affections often depend on the general morbid state of the body. This case validates the efficacy of treating local maladies with internal homeopathic medication based on the totality of symptoms, as guided by Hahnemann's guidelines for one-sided diseases.

Keywords: Corns, one-sided disease, *Ranunculus bulbosus*, local maladies, miasmatic analysis, beyond mechanical removal

Introduction

Corns, medically termed as *Clavus*, are distinct, localized areas of hyperkeratosis (thickening of the skin) caused by intermittent mechanical pressure or friction. They typically present as a horny, indurated plug of keratin with a central core that penetrates the dermis, often causing significant pain and tenderness due to pressure on underlying nerve endings [1]. While conventional dermatology often views them primarily as mechanical lesions requiring removal or shielding, Homeopathy perceives them through a holistic lens. In Homeopathic philosophy, Corns are classified under "One-Sided Diseases" (Aphorism 173), characterized by having one or few symptoms which are chiefly of an external kind. Dr. Hahnemann further categorizes them as "Local Maladies" in the 6th edition of the *Organon of Medicine* (Aphorisms 185–203) [2]. These maladies signify a visible change localized to a particular body part, which may appear to be an external affection but is, in reality, a manifestation of an internal dynamic derangement.

While external lesions caused solely by injury may be removed mechanically (Aphorism 186), recurrent or persistent corns imply a deeper susceptibility. As stated by J.H. Allen, although mechanical pressure is the exciting cause, the *diathesis* (predisposing cause) lies behind their appearance, often rooted in a Psoro-Sycotic or Tubercular background [3]. H.A. Roberts further asserts that such hypertrophies are often tubercular manifestations [4]. Therefore, the radical cure requires internal medication based on the totality of symptoms rather than mere external removal.

This case report documents the management of a painful corn using *Ranunculus bulbosus* followed by Sulphur, demonstrating that local affections are inseparable parts of the whole person and yield to dynamic treatment.

Case presentation

Patient information

A 25-year-old female student presented with a painful hyperkeratotic lesion on the right thumb. The complaint began as a painless thickening six months prior but had developed into a sharp, prickling pain over the last 15 days. The pain was accompanied by intense burning and itching, significantly aggravated by touch, pressure, and writing, typing and ameliorated by cold water applications.

Physical generals: The patient was thermally chilly and reported a desire for sweets. She had a tendency to sleep for long hours (8–9 hours/day) and could sleep all day if permitted. There were no changes in her other generals.

Mental generals: The onset of the acute symptoms coincided with the patient moving to a hostel for higher studies. She reported significant homesickness as a triggering factor. Mentally, she presented with marked irritability and a specific fear of ghosts.

Clinical findings

Local examination on right thumb: Inspection revealed a rough, hard, circular thickening of the skin on the palmar aspect, slightly yellow in color as seen in Figure 1 taken on 11.11.23. Palpation elicited tenderness.

Provisional diagnosis

Corns (Clavus)

Case analysis and repertorization

Analysis of the case: The case was approached as a **local malady** rooted in a chronic miasmatic background. as per aphorism 153 of the organon of Medicine, emphasis was placed on the rare, uncommon, and characteristic symptoms to form the totality.

- **Mental generals:** The patient exhibited marked irritability and a specific fear of ghosts, alongside a recent emotional ailment of homesickness.
- **Physical generals:** Thermally, the patient is chilly. There is a strong desire for sweets and amelioration from cold applications.
- **Particulars:** The local lesion (corn) presented with intense burning and prickling pain, aggravated significantly by touch and the mechanical action of writing, which is peculiar.

Repertorization was done using Zomeo 3.0 software.

Repertorisation Sheet - Zomeo Trial 3.0															
Physician Name : Dr. S. Kaarthikeyan , Patient Name : , Reg. No. :															
Remedy	Sulph	Lyc	Ran-b	Sep	Calc	Nat-m	Acon	Sil	Phos	Puls	Ars	Bry	Caust	Carb-v	Hep
Totality	25	23	23	23	22	21	21	20	20	20	20	20	20	19	19
Symptoms Covered	7	7	7	7	7	7	6	8	7	7	6	6	6	6	6
[Complete] [Mind]Fear:Ghosts, spectres, of:	4	3	3	3	3	1	3	1	3	4	4	0	3	4	0
[Boenning] [Mind]Irritable, cross:	4	3	2	3	2	3	4	2	3	2	3	4	3	2	3
[Phatak] [Phatak A-Z]Homesick:	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0
[Complete] [Extremities]Tingling, prickling:Fingers:	2	3	3	1	3	4	4	4	1	3	3	0	0	0	3
[Complete] [Extremities]Corns: Burning, smarting:	3	3	3	4	3	3	0	2	2	1	0	3	2	2	3
[Complete] [Generalities]Cold:Amel.:	4	4	4	4	3	3	3	3	4	4	4	4	4	3	3
[Complete] [Generalities]Pain:Touch:Agg.:	4	4	4	4	4	3	4	3	4	3	3	4	4	4	4
[Complete] [Generalities]Writing:Agg.:	4	3	4	4	4	4	3	4	3	3	3	3	4	4	3

Miasmatic analysis

A deep miasmatic evaluation was conducted to understand the fundamental cause, as supported by J.H. Allen's classification of skin eruptions.

- **Psora:** Evident in the sensory nature of the symptoms- intense burning, itching, and prickling pain. Mentally, the irritability and specific fears (ghosts) are predominantly Psoric.
- **Sycosis:** Manifested in the structural pathology- the hyperkeratotic thickening (corn) and the aggravation from pressure.
- **Tubercular:** Indicated by the aggravation from repetitive motion (writing/typing) and the history of pica and desire for sweets.

Conclusion on miasms

- **Fundamental Miasm:** Psora
- **Dominant Miasm:** Psoro-Sycotic
- **Constitution:** Carbo-Nitrogenoid

Therapeutic intervention and remedy selection

Selection of the simillimum

Although Sulphur covered the highest number of symptoms and is the constitutional anti-psoric, it was not selected as the initial prescription. *Ranunculus bulbosus* was chosen as the first prescription based on the acute management of one-sided diseases (Aphorism 195). The remedy has a specific affinity for "hard, horny corns" that are extremely sensitive to touch and accompanied by burning and intense itching [5]. It specifically covers the acute modality < Touch and the sensation of *burning/smarting* in local affections better than the other constitutional remedies in the acute phase.

Therapeutic intervention

First prescription (11.11.2023): Based on the acute totality of symptoms- specifically the localized burning, stinging pain, and extreme sensitivity to touch- the case was managed initially as a One-Sided Disease (Local Malady).

- **Remedy:** *Ranunculus bulbosus*
- **Potency:** 200C
- **Dosage:** 1 Dose (Stat), followed by Placebo.

Follow-up and outcomes

Table 1: Timeline of follow-up and assessment

Date	Observation	Prescription
14.11.2023	Intensity of itching and pain significantly reduced. Burning sensation better.	Rx: Placebo for 4 days.
18.11.2023	Patient reported being comfortable. Acute sharp pain while writing had subsided. Sensitivity to touch reduced.	Rx: Placebo for 1 week.
26.11.2023	Visible reduction in the thickening of the skin (corn) as seen in figure 2. No pain on pressure.	Rx: Placebo for 2 weeks.
11.12.2023	Patient asymptomatic. No recurrence of pain or burning. Corn thickening almost resolved.	Rx: Sulphur 30C (1 Dose- stat) Reason: Anti-psoric constitutional remedy to prevent recurrence.

Discussion

The management of Local Maladies remains a distinctive area in Homeopathic therapeutics. As elucidated in §185–203 of the Organon of Medicine, such affections are not merely external but are partial manifestations of an internal disease. This case validates the Hahnemannian perspective that when the internal disease has little to manifest except for a local symptom (One-Sided Disease), the cure must be achieved through internal medication based on the exact nature of that local fragment.

The selection of *Ranunculus bulbosus* as the first prescription was critical. While *Sulphur* was the constitutional simillimum, the acute sensitivity and "burning" nature of the corn presented an "acute expression of latent psora" (§195). *Ranunculus bulbosus* specifically addresses the acute flare-up of hard, horny excrescences that are sensitive to touch. Once the acute sensitivity subsided and the pathology began to reverse, *Sulphur* was introduced to address the underlying Psoro-Sycotic miasm and complete the cure, preventing recurrence.

Causal attribution

Modified Naranjo Criteria for Homeopathy (MONARCH) score

Domains	Criteria	Score
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2 (Yes)
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1 (Yes)
3	Was there a homeopathic aggravation of symptoms?	0 (No)
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms improved)?	+1 (Yes)
5	Did overall well-being improve? (physical, emotional, and behavioral elements)	+1 (Yes)
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0 (Not observed)
6B	Direction of cure: did improvement occur from deeper to more superficial aspects?	+1 (Yes)
7	Did "old symptoms" reappear temporarily during the course of improvement?	0 (No)
8	Are there alternative causes (other than medicine) that could have produced the improvement? (Standard care was constant)	+1 (No)
9	Was the health improvement confirmed by any objective evidence? (X-ray, Photographs)	+2 (Yes)
10	Did repeat dosing, if conducted, create similar clinical improvement?	0 (Not tested)
	Total Score	9

The total score obtained was +9, which suggests a "Definite" causal relationship between the medicine and the improvement

Conclusion

This case report demonstrates that "surgical" or "mechanical" conditions like Corns (Clavus), often viewed merely as localized hyperkeratosis, can be effectively treated with internal Homeopathic medication. The complete resolution of the corn without mechanical paring or surgical intervention validates Hahnemann's classification of Local Maladies as "one-sided diseases" that originate from an internal dynamic derangement.

The therapeutic success in this case relied on a strategic two-step approach: first, addressing the acute expression of the disease using *Ranunculus bulbosus*, selected for its specific affinity for the local sensation (burning, stinging) and modality (< Touch); and second, administering *Sulphur* to eradicate the underlying Psoric susceptibility and prevent

recurrence. This aligns with the guidelines laid down in the Organon of Medicine for the management of one-sided diseases (§173, §185–203).

Furthermore, the application of the Modified Naranjo Criteria (MONARCH) yielded a score of 9, indicating a "definite" causal relationship between the homeopathic intervention and the clinical outcome. This case adds to the growing body of evidence that individualized homeopathy offers a non-invasive, cost-effective, and curative alternative for dermatological conditions typically managed by surgical means. Further large-scale studies are warranted to explore the efficacy of this strategy- using an acute simillimum followed by an anti-psoric to complete the cure- in similar pathologies.



Fig 1: Taken on 11.11.23



Fig 2: Taken on 26.11.23

Declarations

Patient consent: The author certifies that they have obtained appropriate patient consent for the publication of this case report and accompanying clinical images.

Conflict of interest: The author declares no conflict of interest.

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