

A Case Study of Corns Treated with Individualized Homoeopathy Medicine

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Abstract: *Corns are hyperkeratoses with an inward - pointing apex that press on sensory nerves to produce dull, boring, or intense, lancinating pain. Unless the patient is really uncomfortable or unattractive, they don't require treatment. The Homoeopathic medical system may provide a therapy that is both economical and successful. This study aims to investigate how well Antimonium Crudum 200C, a Homoeopathic remedy, works as an internal therapy for corns.*

Keywords: Homoeopathy, Corns, Anti Crud 200C

1. 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. 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]. 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]. 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:

- 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.

2. Case Report

A male patient aged 19 years is a studying BSc Anaesthesia in Asaripalam medical college, presented with multiple painful corns on the plantar aspect of left foot since 6 months.

History of presenting complaints:

Corns were present since about 6 months, for which he was taking analgesics, local application of Salicylic acid, and had already taken the opinion of a surgeon, who had advised him surgery followed by 4 weeks of medication, and rest for healing the wound as a result of surgery, with a word of caution, that, it may reoccur. This prompted him to seek homeopathic consultation. Multiple corns on the plantar aspect of the left foot. Aggravation of pain on standing and walking, more so walking bare foot on the floor. The continuous pain of the stitching character, frequently took analgesics to control pain.

Past history:

- Illness/disease: Nothing significant
- Surgical treatment: Single corn removal in the past
- Medical treatment: Analgesics, corn cap
- Causation: Walking with ill - fitting heavy shoes.

Family history:

- No specific history except father being hypertensive.

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Personal history:

- Sleep/dream: Nothing significant
- Urine/urinary tract: Nothing significant
- Bowel: Regular
- Thirst: Adequate.
- Constitution: Medium built.
- Height: 5 feet 7 inches, weight: 71 kg.
- Relation to heat and cold: Ambient.
- Mentals: Well behaved, yielding gentleman. Desire company

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.

Physical Examination:

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

Systemic Examination:

- Inspection: Multiple Small, round, raised lesions with a hard, thickened, grayish center are seen on the plantar surface of the left foot. Tender on direct pressure, no signs of discharge or inflammation, striae on the corn.
- Palpation: The lesion is firm and hard in consistency, with tenderness present over the affected areas.

Diagnostic Criteria Plantar: Warts are often similar to calluses or corns, but they are differentiated by skin striations. Skin striations go around plantar warts; if the lesion is not a plantar wart, the striations continue across the top layer of the skin. Plantar warts tend to be painful on the application of pressure from either side of the lesion rather than direct pressure, unlike calluses (which tend to be painful on direct pressure instead). In the present case, local examination, and clinical presentation indicates the case to be of heloma durum.

Totality of Symptoms:

- Desire company.
- Thirst increased.
- Stool passes once in 2 days (dry hard stool).
- Desire salty food.
- Aversion to bread.
- Corns horny and painful.
- Corns on the left 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

Prescription:

RX

- Antimonium Crudum 200/1dose.
- BDISC 1*QDS.
- B PILLS 3*BD.

Basis of Selection: Desire company, constipated dry stool, thirst increased, desire for salty food, aversion to bread, and considering the thermal.

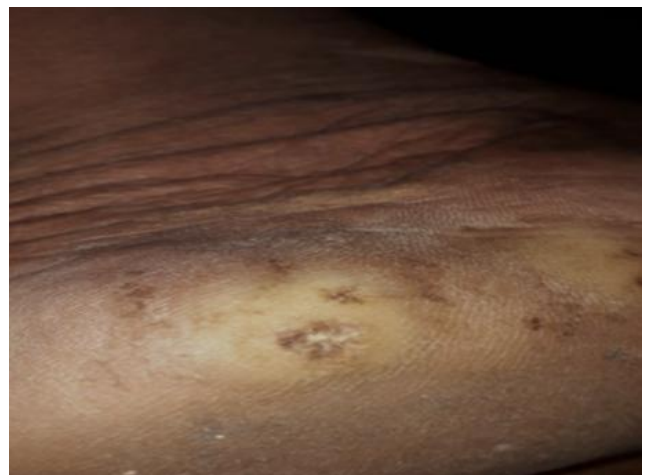
Selection of potency and dose: According to the susceptibility of the patient 200th potency is given. According to the homeopathic principle, a minimum dose is given

3. Result

After considering the totality of symptoms and the symptoms similarity of the patient, Antimonium Crudum 200/ 1 dose was prescribed. After 1 week the pain in the left sole was partially reduced, he 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, Anti crud 200/1 dose was prescribed on an empty stomach. After a week the patient complaint feels better, the pain in their left sole was reduced the corns were dried up and He passed the stool regularly no pain was experienced while passing stool, 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.



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27 - 09 - 2024

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

4. 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 Antimonium Crudum. 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 MarApr; 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): 6491.5. Elwell R. The management and treatment of hyperkeratosis. *Br J Nurs.*2017 Apr 27; 26 (8): 468 - 470.