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Review Article

Effect of Homoeopathy in Corns

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ABSTRACT

Corns are a common problem seen on the foot, hands and fingers affecting a large population although the frequency is unknown. Corns are estimated to affect approximately 8 to 15% of the population in elderly patients. As it is a common disorder it can be seen affecting both men and women, because of the frequency of usage of occlusive footwear and mostly in activities such as running and any human with weight-bearing is susceptible to the development of corns.

Keywords: Corns, sillicea, homoeopathy



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INTRODUCTION

The corn has a tough core inside which has base at skin surface and apex pointing inwards causes dull or sharp, lancinating pain by pressing on under sensory nerves within the pillar layer, unless patient is unduly uncomfortable or unsightly, they demand no treatment. When corn is painful, they have attention.

Corns are one in all the foremost common foot conditions in particularly amongst older patients. It's a standard disorder due to the frequency of usage of occlusive footwear and mostly in activities like running. Corns are common worldwide. Any human with weight-bearing is liable to the event of corns.

Definition

A corn represents a circumscribed, sharply demarcated area of traumatic hyperkeratosis. It has a visible translucent central core, which presses deeply into the dermis, causing pain and sometimes inflammation. The term heloma (Greek helus,a stone wedge) is often used by podiatrists to denote a corn.(Latin cornu,horn).

Causes

Factors that may lead to development of

corns are;

Extrinsic Factor: Poor footwear, Right Shoe, Irregularities in Shoe. Open shoe

Activity level: Athletes (irregular distribution of pressure and repetitive motion injury are believed to be one of exciting causes).

Intrinsic Factor: Bony prominence, prominent condylar projection, and mal union of a fracture, abnormal foot deformities, peripheral neuropathy.

Faulty foot mechanics:

Cavovarus foot. toe deformity (claw. hammer, mallet), short first metatarsal, hallux rigidus, transfer lesion from osteotomy of removal of adjustment metatarsal head.

Mortan toe, in which the second toe is larger than the first toe. Occurs in 25% of population, this may be one of the most important pathogenic factors in a callus of the common second metatarsal head i.e. an intractable plantar keratosis.

Rheumatoid Arthritis: About 17% of patients with rheumatoid arthritis present with intractable foot pain. Bleeding into

callosities in patients with rheumatoid arthritis may be a sign of rheumatoid angitis. Diabetes mellitus with peripheral neuropathy: In patients with diabetes, chronic callosities in the presence of neurovascular deterioration may lead to ulcerations and super infections.

Obsessive compulsive disorder (pseudo-knuckle pads).

Ectopic nail.

Symptoms

The symptoms of corns can be mild to severe and includes pain that is described as 'hot poker' to the toes.

Signs

Hyperkeratotic Nodule in pressure area of foot.

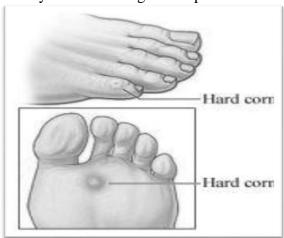
Tender to direct palpation.

Three pairing lesion reveals clear, hard, keratin center.

Types of corn

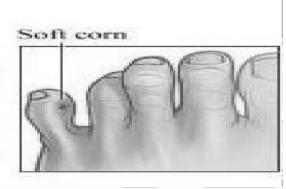
Hard corn

Represents the classic corn- A dry horny mass occur on the dorsa of the toe or on the soles, most commonly found on the dorsa lateral aspect of the fifth toe or the dorsum of the intraphalangeal joints of the lesser toe. It is well circumscribed with a dry, smooth and slightly convex surface. When the upper layers are shaved off, a central white core is noted, which is the hardest portion. It is the apex of this core that presses on papillary sensory nerves causing severe pain.



Soft corn

Also known as a clavus molle. Heloma molle is extremely painful that occurs only interdigitally and is probably best termed an interdigital corn. It is most common in the fourth interdigital space. It is soft, saggy and macerated so that they appear white. It is essentially a corn that has absorbed a considerable maceration and secondary fungal or bacterial infection. Sometimes two opposing lesions can be found and are termed "Kissing Lesions". Often mistakenly considered to be fungal in origin, they are primarily due to pressure.



Modified forms of hard corns Vascular corn

Also known as a clavus vascular, generally occurs on the sides of the foot along the junction of the plantar and dorsal surfaces, but may also occur on the distal ends of the fourth and fifth toes. It is a modified hard corn in which superficial capillaries have involved the epidermis subjacent to the hyperplasic mass. Vascularity is presumed to be the result of repeated trauma to the corn. They are constantly painful.

Neurofibrous corn

It is an advanced type of hard corn. There is underlying fibrosis and hypertrophy of nerve filaments, which is associated with severe spasmodic pain.

Seed corn or clavi millarae

It appear as multiple symptomatic discrete tiny (1 to 3 mm sized), yellowish, white papules on the plantar surface of the heel and the fifth toe joint.

General management

Footwear

Tight shoes are the main cause of callosities. Corns are symptoms of "shoe diseases" and do not occur in people who walk barefoot. Patients must be advised to wear low- heeled shoes with a soft upper and a roomy toe box is imperative.

Extra depth is needed to accommodate corns on deformed toes (such as hammer or claw toes), and extra width is needed for corns on the lateral aspect of the fifth toe and interdigital soft corns.

Shoes may also be stretched by a cobbler to relieve mechanical pressure on a lesion.

Reduction of heel height may helpful for patients with metatarsal head callosities.

Irregularities in a shoe such as poorly positioned seam or stitching may be responsible for mechanical irritation on a fifth toe. Sometimes a shoe modification by an orthotist may be necessary- such as a medical wedge for a cavovarus foot.

Orthoses: As a hyperkeratotic lesion will always recur unless the mechanical stress is removed, orthoses are useful in redistributing forces to allow the lesion to heal.

Doughnut shaped corn pads: Heloma shields and silicone toe splints are available to relieve pressure from the tender central core corns. An interdigital wedge made of plastazole of silicone orthodigital splint will promote healing of an interdigital soft corn.

Other options include shoe padding or a leather metatarsal bar that attaches to the outer sole of the shoe proximal to a painful plantar corn of under the arch of the foot (which relieve the pressure from metatarsal heads).

Homoeopathic therapeutics

Antim Crudum: This homeopathy medicine can help when the feet are covered with too many corns which make walking difficult. Also, it is the best medicine to treat corns that are too pointed and hard to touch. Further, it also helps those patients who are overweight which may cause pressure due to which these corns may erupt.

Sulphur: When there is a burning pain that the patient experiences in the soles and the corns, then this condition can be treated with the help of sulphur which also ensures that the hard coating of corn quickly yields from the very first dose or application. This also helps those patients who find their feet sweating excessively due to the development of these corns.

Ferrum Picric: This medicine can help patients when the corn becomes discoloured and affects the hue of the surrounding area as well.

Lycopodium: When walking around with the corn causes a dull pain and persistent ache, then the patient can use this medicine. This medicine also helps in treating symptoms like pain in the heels when the patient steps on something hard.

Silicea: When the corn is still soft, the best homeopathic medicine for this condition is Silicea which also helps in treating symptoms like icy cold feet and pus formation in the corns.

A case study-

Name – Mrs. ABC Age - 33 years Gender Female Marital Married status-

Address –vbn

Religion – Hindu Occupation -

Housewife

Chief complaint:

Recurrent corn of right foot since 5 years

Present complaint:

Corn at 4th inter digital space, pain on pressure with soreness and inflammation present. Modality: aggravation: < by cold Amelioration: > by application

warmth

Associated complaint: Headache since 2 days

Past History: Skin trouble Family History:

Father: Hypertension Mother: NAD

Personal History:

Diet: Veg

Physical General:

Appearance: Lean and thin patient

Appetite: Normal Desire: Cold food Aversion: Not specific

Thirst: thirsty Sleep: Normal

Stools: Unsatisfactory **Urine: Satisfactory**

Perspiration: offensive smell Thermal: Chilly patient

Foods/Drinks aggravation/amelioration: feels

better by warm

Mind: Patient has anticipatory anxiety, get

irritable when someone consoles

Menstrual history:

FMP: 12 years of age Duration: 5 days

Character of blood: Red

Complaints: During menses: Pain in lower

abdomen After menses: nothing specific

Leucorrhoea: sometimes Obstetric history: G1P1A0L1

Vital Data: Pulse: 80/ min R.R: 18/min

B.P: 120/90 mmHg Temperature: 98 0 F

General Examination: Tongue: clean

Clubbing: Not seen Icterus: NO

Lymph nodes: Normal Cyanosis: not present

Edema: not present Systemic Examination:

CNS: Well oriented CVS: Normal

heart sounds RS: No creps

P/A: Soft

Local Examination: Inflammation is seen on

right foot on site of lesion

Provisional diagnosis: Soft corn

Investigation: Not required Final diagnosis: Soft corn

Case processing:

Miasmatic diagnosis: Psora-Sycosis-Syphilis

Phase of disease: Chronic Susceptibility: Moderate Totality of Symptoms:

Corn soft at 4th inter-digital space of right foot Inflamed, sore and pain on pressure

Headache

Lean and thin patient Patient is chilly

Anticipatory anxiety

< Consolation

< by cold application

>By warmth

Evaluation of Symptoms:

Mental - < consolation, Anticipatory anxiety Physical - lean and thin Thermal - Chilly patient Headache

Extremity - lower - Right foot - 4th inter digital space –corn –sore – pain

pressure

Modality: < by cold application

by warmth

Repertorial approach: Kent Repertory

Repertorial Totality:

Mind - consolation aggravation

Mind – Anxiety

Mind -Anticipation, complaints from Generalities - Lean peopleHead- pain headache in general Extremities – Corns Extremities - corn - painful Extremities -

corn – Sore

Extremities – pain - pressure aggravation

Selected Medicine:

Silicea

Following medicine maximum covers rubrics and maximum after marks reperterization

Prescribed Remedy with dosage: Silicea 200 (2 doses)

SL 200 tds \times 15 days

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Follow u	р	
Date	Observations	Medicine
6/03/2019		
0,00,2019	Corn at 4 th interdigital space of right foot, pain	dose)
	f	SL 200 tds \times
20/02/2010	inflammation	15 days
20/03/2019	Soreness , inflammation reduced, pain slightly reduced on pressure	
3/04/2019	reduced on pressure	
	Pain relieved, size of corn reduced gradually	SL tds × 15 days
19/04/2019	<u> </u>	j
	1 0	Silicea 200 (1 dose) SL tds × 15 days
21/05/2019	Corn has reduced in size,	
	patient is improving	SL x15 days
28/05/2019	Completely Cured	SL x 7 days

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