



# SCOPE OF HOMOEOPATHY IN CASE OF CORN

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## **Abstract:**

Homoeopathic remedies are very well applicable in case of corns. Corns are a type of callosities which found at the site of pressure. They are of 2 types, hard corns and soft corns. It can occur due to internal cause such as deformities of bone as well as external causes such as pressure and friction due to inappropriate shoes. So these produce localized hyperkeratosis of skin and forms corns. The first and foremost thing to be noted is the preventive measures. Even if the above is not relieving the complaint we can think of Homoeopathic remedies. The remedies will vary upon the symptom produced by the patient and the recurrence of symptom suggestive of miasmatic remedy as an inter current. There are numerous number of medicines available in homoeopathy such as Antim-Crud, Silicea, Nitric acid, Ran bulb, Thuja, Sulphur, etc.

**Keywords:** Corn, Heloma, Callosities, Hyperkeratosis, Miasms, Potencies

## **Introduction:**

Corns are said to be a localized hyperkeratosis of skin. Horny induration of a cuticle with hard centre. They have tendency for recurrence after excision. <sup>(6)</sup>

## **Definition:**

A corn represents a circumscribed, sharply demarcated area of traumatic hyperkeratosis. The term heloma (Greek helus, a stone wedge) is often used by podiatrists to denote a corn (Latincornu, horn) <sup>(9)</sup>

## **Aetiology:**

Inappropriate shoes, abnormal foot mechanics, and high levels of activity produce pressure and friction that lead to corns. Mainly it occurs at the site of pressure such as soles and toes. <sup>(6)</sup> And also deformities like bony prominences, prominent condylar projection, malunion of a fracture, faulty foot mechanics, cavovarus foot, toe

deformity (claw, hammer, mallet), short first metatarsal, hallux rigidus, transfer lesion from osteotomy or removal of adjacent metatarsal head.<sup>(9)</sup>

### **Pathogenesis:**

Over the condyles of the heads and bases of the metatarsals and phalanges have many projections. So, a pressure applied to the skin over- lying those bony projections can cause an activation of a protective mechanism.<sup>(3)</sup> It includes accumulation of the horny layer of the epithelium. But later this can even cause pressure to the underlying structures. 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.<sup>(9)</sup>

### **Types & Clinical Features:**

It has a visible translucent central core which presses deeply into the dermis, causing pain and sometimes inflammation.<sup>(9)</sup>

There are two types of corns:-

**Hard Corn:** It is localized area of thickening over a bony projections like heads of metatarsals which presses over the adjacent nerves causing pain. It can get infected causing severe pain and tenderness with inability to walk. It is smaller lesion which is pushed deep into the skin forming a localized palpable painful/tender nodule with a central yellow – white core of dead cornified skin.<sup>(3)</sup> The hard corn (helomadurum) represents the classic corn a dry horny mass most commonly found on the dorsolateral aspect of the fifth toe or the dorsum of the interphalangeal joints of the lesser toes. It is often termed the digital corn<sup>(9)</sup>. Histologically, it is a severe keratosis with a central core of degenerated cells and cholesterol.<sup>(2)</sup>

**Soft Corn:** The soft corn (helommolle) is an extremely painful lesion that occurs only interdigitally and is probably best termed an interdigital corn.<sup>(9)</sup> Due to friction of bases of adjacent proximal phalanges it usually occurs between 4th and 5th toes.<sup>(2)</sup> Sometimes two opposing lesions can be found and are termed “kissing lesions”.<sup>(9)</sup>

### **Diagnosis:**

Patients gait should be observed, and the alignment of their feet should be examined for faulty mechanics (cavovarus foot, etc.). Patients should be asked about their foot wear and previous treatments (such as osteotomies, orthoses, etc.). The location and characteristics of the keratotic lesions should be noted, and they should be palpated to assess which bony prominence is involved. Pressure studies (pedobarographs) may help to define the exact location of increased plantar pressure and to differentiate between transfer lesions and lesions caused by direct pressure.<sup>(9)</sup>

A biopsy with microscopic evaluation can be done but is seldom necessary. Radiographs of weight bearing feet are useful for identifying bony prominences may be the cause of the corn.<sup>(11)</sup>

**Distinguishing features of warts and plantar corns:** (Table: 1)

Sometimes, a wart can have a similar appearance to a corns. Verrucas and plantar corns are best distinguished by careful paring of the thickened stratum corneum with a sharp scalpel blade. As the cornified layer of skin over a verruca is removed, the end arteries appear there may be punctate bleeding, or black dots may be visible if the end arteries are thrombosed.<sup>(9)</sup>

**Other features:** <sup>(12)</sup>

Wart	Plantar corns
Relatively rapid onset	Develops over months or years
May or may not be under bony prominences	Localised under bony prominences
Skin lines pass around lesion	Skin lines pass through lesion
Maximum pain with squeezing side to side	Maximum pain with direct pressure
End arteries visible on paring	No end arteries visible on paring

**Complications:**

If patient is diabetic, hard corns can get easily infected and form abscess and ulcers. Corn may be associated with bursa causing bursitis. Corn often recurs after excision.<sup>(2)</sup>

**Preventive Measures:**

- Wearing soft shoes/soft pads at the pressure points of the sole which eliminating the pressure is very important to prevent recurrence.
- Avoid excision of corn unnecessarily in diabetic (especially with neuropathy) and in ischemic foot.<sup>(2)</sup>
- Use toe silicone sleeves.<sup>(11)</sup>
- Pads for hard corns
  - Silicone toe sleeves
  - Foam padding

ii. Pads for soft corns (applied to web space)

1. Lamb's Wool padding

1. Foam toe spacer

2. Other pads

a. Polymer gel (e.g. Cushlin Gel)<sup>(12)</sup>

- Keep hands and feet moisturized. Soaking the corn or callus in warm water for 5 to 10 minutes, then filing or scraping the area with a pumice stone. Circular or sideways motions help remove dead skin.<sup>(10)</sup>

- 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.<sup>(9)</sup>

### **Miasmatic analysis :**<sup>(2)</sup>

Sycotic patients are subject to corns with thickening of skin (Hypertrophied skin). Reappearance of growth, patients feel relieved.<sup>(1)</sup>

### **Homoeopathic Management:** (1, 4, 5,7, 8 )

Usually it appears as an acute disease. So it will be treated by taking an acute totality of case. If there is any recurrence it may be followed by anti- sycotic remedy. Potencies and repetition will vary according to the individuality and susceptibility of the patient.

**ANTIMONIUM CRUDUM:** It is one of the most commonly used medicines for corns. Tendency to build up and indurate belongs to the remedy. The soles of the feet are covered with corns. Pressive pains; Intense pain in the soles of feet and it makes walking difficult. Horny in shape and texture. The patient is mostly obese or overweight in build. Hard horny excrescences grow under the nail and extremely painful. Very sore to walk upon have numerous centers of little corns

**THUJA:** Corns- itching & burning; >Touch, scratching, rubbing; < cold bathing

**SULPHUR:** Burning pain in the corns < warmth of bed. Painful corns yield very quickly to Sulphur. Profuse perspiration on the feet. Corns are inflamed causing pain, swelling and redness in the affected area. Pressing pain in the corns is quite common.

**SILICEA:** Corns are soft to touch; usually the feet are sore and aching. Profuse perspiration on the feet & offensive. It is also very strongly indicated in any sort of pus formation that may accompany corns. The patient is usually chilly and does not feel comfortable in the winters. Usually the feet remain icy cold.

**LYCOPODIUM:** Aching pain in the affected area. Burning or drawing pain; most characteristic pain is pressing pain. The heel pains as if setting foot on a pebble. Usually the right foot is involved. One foot is hot while the other is cold. The toes and fingers seem contracted. Skin becomes thick and indurated; Painful callosities on soles.

**FERRUM-PICRIC:** Yellow discoloration of the corn and the immediate surrounding area. It is also indicated when the corns have resulted from an exertion or too much walking.

**RANUNCULUS BULBOSUS:** Corns sensitive; Horny skin. Burning and intense itching; worse, contact, to touch.

### **CONCLUSION:**

One of the most common conditions affecting our feet is corns. Surgery can be avoided and corns can be cured with homeopathy. There is effective treatment for Corns in homeopathy. Recurrence is very common after surgical removal. Many people try to remove corns by cutting or trimming them with a sharp instrument like knife. This may worsen the condition resulting in unnecessary injury. Diabetics especially should never try this type of treatment. Sectorial homoeopathic medicine can help the patient from corns and using anti-miasmatic

remedy as an inter current will help the patient from recurrence along with preventive measures. Once treated successfully with homeopathic medicines, recurrence chances are very less.

### Case of 13 year male patient

**Diagnosis:** Corn.

**Duration:** Since 3 month

**Location:** Left palm

**Character:** Skin is thick and white at site of corn, Hardness of the skin

**Pain:** Burning

**Modality:**

**Agg:** Pressure causes pain at site of corn

**Desire:** Sour, sweet

**Thirst:** Large quantity at a time.

**Perspiration:** Hot perspiration on Palms

**Extremities:** Burning on palms and feet mostly at night.

**Treatment:** Sulphur 30 od morning.

**Result:** Cured within 10 days.

### Repertorization:

	Sulph.	Sep.	Calc.	Ign.	Bry.	Lyc.	Phos.	Carb-u.	Calc-s.	Nat-m.	Rhus-t.	Ars.	Petr.	Sil.	Hep.	Ph-ac.	Acon.	Uerat.	Kali-c.	Lach.	Lil-t.	Graph.	Ant-c.	Sang.	Cham.	Nux-u.	Fl-ac.	Ferr.	Nat-c.	Chin.	Ip.	Med.	Agar.	Tub.	Merc.	Sabad.	Am-c.
Total	30	24	21	17	18	17	17	16	15	14	11	13	11	11	13	11	11	10	10	11	7	10	10	8	10	9	8	8	10	9	9	8	8	8	8	8	
Rubrics	8	7	7	8	8	8	8	8	5	8	7	4	5	5	4	4	4	4	4	3	5	4	3	4	3	4	4	4	4	3	3	3	4	3	4	3	
Kingdoms	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
extremities; CORNS; painful; pressing (26)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
extremities; CORNS; painful; burning (53)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
extremities; PAIN; burning, smarting; hands; palms (74)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
extremities; PAIN; burning, smarting; feet; night (28)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
extremities; PERSPIRATION; hands; palms (97)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
generalities; FOOD and drinks; sour, acid; desires (115)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
generalities; FOOD and drinks; sweets; desires (71)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
stomach; THIRST; large quantities, for (60)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	



**Result:**

**Before**



**After**



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