Homoeopathic treatment of Heloma durum-Case Report

K. M. Nisanth Nambisan, Smita N. Nambisan

ABSTRACT

Heloma durums also known as corns are areas of hard, thickened skin which commonly occur on the feet, and can cause pain, discomfort, and they also tend to reoccur. Two cases of plantar heloma durums illustrated here were treated with same medicines with similar genetic make-up, that is, father and daughter. Father received the medicine after case taking whereas 15 years later, the daughter received homoeopathic treatment given to the father. Both tried other modes of treatment including invasive procedure before being successfully cured in a short span of time with homoeopathic treatment protocol. Here, the same treatment cured both father and daughter, which indicates that the same homoeopathic medicine is effective, in similar genetic make-up for a given disease (genetic similimum). Several studies show the potential of homoeopathic medicine to regulate gene-expression in animal and plant models. It seems that the present treatment is also acting in the same fashion by regulating the gene responsible for predisposing corn formation.

Keywords: Corn, Gene-expression, Genetic similimum, Heloma durums

INTRODUCTION

Heloma durum or corn (clavi) is acquired areas of thickened skin (keratosis) that appear over sites of repeated or prolonged trauma to the epithelium. These lesions arise because of pressure, friction, and shearing forces of bone (through the overlying skin) against adjacent digits, metatarsal heads, or footwear. They are associated with poorly fitting footwear, underlying anatomic deformities, and high levels of activity. The formation of the center (nucleus, radix) of corn is secondary to vascular changes, and fibrosis underlying the point of maximum stress. There is marked hyperkeratosis of the stratum corneum overlying an epidermis that has otherwise the same thickness as the adjacent skin.[1]

Corns are a common foot problem and surveys have indicated that between 14% to 48% of people suffer from them. Many of these will seek podiatry treatment; however, there is little evidence to indicate which current treatments in conventional medicine provides a long term resolution.[2] Disorders of cornification are a group of diseases that share abnormalities in the manufacture or desquamation of corneocytes.[3]

A hard lesion in the plantar area is kept under a larger term plantar keratosis which includes warts.
Surgical treatment is usually not indicated since the rate of recurrences is as high as with the conservative therapy, and the resulting scars may lead to the same complaints.[4] Conventional treatment methods are usually invasive, have low efficacy, and need long recovery periods.[5]

CASE STUDIES

Case No 1
A male patient aged 36 years, forest ranger by profession, presented with multiple painful corns on the plantar aspect of both feet at our OPD March 3, 1999.

Presenting complaints
Painful corns, four corns on the plantar aspect of the left foot and two on the right foot. Aggravation of pain on standing and walking, more so walking bare foot on the floor. The continuous pain of the stitching character.

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. Due to his occupation, he had to continuously walk in the forest in difficult terrain, therefore, 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.

Table 1: Repertorization chart

<table>
<thead>
<tr>
<th>Marks obtained</th>
<th>Sulph</th>
<th>Ant-c</th>
<th>Sep</th>
<th>Sil</th>
<th>Calc</th>
<th>Calc-s</th>
<th>Ran-s</th>
<th>Rhus-t</th>
<th>Agar</th>
<th>Alum</th>
<th>Bry</th>
<th>Calc-sil</th>
<th>Petr</th>
<th>Bov</th>
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<tbody>
<tr>
<td>Symptoms covered</td>
<td>3</td>
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<td>Extremities; corns; painful</td>
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<tr>
<td>Extremities; corns; painful; aching</td>
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<tr>
<td>Extremities; corns; painful; stitching, stinging</td>
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<td>Generalities; intoxication, after medicaments</td>
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</table>

Constitution: Medium built.
Height: 5 feet 3 inches, weight: 71 kg.
Relation to heat and cold: Ambient.
Mentals: Well behaved, yielding gentleman.
Physical general: Desire/aversion: Nothing significant.
Personal habit: Nothing significant.
Systematic examination: Nothing significant.
Local examination: Corn tender on direct pressure, no signs of discharge or inflammation, striae on the corn.

Diagnostic Criteria
Plantar warts are often similar to calluses or corns, but they are differentiated by skin striations. Skin striae 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).[6] In the present case, local examination, and clinical presentation indicates the case to be of heloma durum.

Repertorisation
With the help of Kent’s Repertory, the case was repertorised with the following rubrics:
• Extremities; corns; painful
• Extremities; corns; painful; aching
• Extremities; corns; painful; stitching, stinging
• Generalities; intoxication, after; medicaments

Review of Materia Medica
Sulphur
Pain in the corns (27th day). About 4 p.m., and all the afternoon, constant pain in the corns, as if the
A boot pressed on them, and frequent alternation of a drawing penetrating pain, combined with the feeling of stiffness, now in the joints of the left great toe, now in the right ankle-joint, now in the ligamentous connection of the right ankle, with the metatarsal bone (at rest and when moving), (1\textsuperscript{st} day).

Corns painful, as if pressed by a tight shoe. Pains in the corn of the right little toe (127\textsuperscript{th} day). Frequent violent sticking in the corns. Sticking in corn, at night, in bed. Violent stitches in the corn, in the evening, in bed, and several evenings. Sticking burning in corn, in a wide shoe.\textsuperscript{[7]}

**Antimonium crudum**

Large horny places on the skin of the soles of the feet, close to where the toes commence, which pained like corns, and always returned after having been cut out. Great sensitiveness of the soles of the feet, when walking, especially upon the stone pavement, for a long time (after 7 days).\textsuperscript{[7]}

**Treatment**

*Sulphur* 200 single dose was given in the morning, next day onward *Antimonium crudum* 30 TDS for 7 days.

**RESULTS**

The patient did not turn up after 7 days, and it was assumed that the patient had left treatment. But, several months later the patient came back for another minor ailment, on this consultation he was enquired about his corns, this is when he reported that the corns became painless the very next days after taking Sulphur and all of them disappeared in 10 days time. In a recent conversation, the patient confirmed that the corn did not reoccur in the past 16 years.

**Case No 2**

After 15 years, the same patient brought his daughter, aged 18 years on 12 September 2013 with single painful corn in plantar aspect of left foot with sign of desquamation due to application of corncap [Figure 1].

Before coming to us, she had tried several treatment options in another city including corncap tapes, and Homoeopathy. Application of corncap reduced the size for a short period of time, but, it grew back after sometime. She had received homoeopathic treatment for about 4 months, without any relief, the patient could not give the details about previous homoeopathic medication, but, was assertive that the detailed case interview was done before starting the treatment. Assuming that she might have already received the commonly indicated medicine from the previous homoeopath, we once again prescribed the same medication given to her father 15 years ago [Figure 1].

**Treatment**

*Sulphur* 200 single dose was given in the morning, next day onward *Antimonium crudum* 30 TDS for 7 days followed by placebo [Table 2].

**RESULTS**

On 23\textsuperscript{rd} September 2013, the patient reported no pain, and 90\% of the corn had resolved, on 10\textsuperscript{th} October 2013, the corn had completely disappeared while on placebo [Figure 2].

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Medicine</th>
<th>Potency</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>12\textsuperscript{th} September 2013</td>
<td>Painful Heloma Durum (corn) plantar aspect left foot</td>
<td><em>Sulphur</em></td>
<td>200C</td>
<td>Single dose was given in the morning</td>
</tr>
<tr>
<td>13\textsuperscript{th} September 2013</td>
<td>No pain in Heloma Durum (corn), size reduced to 10%</td>
<td><em>Antimonium crudum</em></td>
<td>30C</td>
<td>3 times a day for 7 days</td>
</tr>
<tr>
<td>23\textsuperscript{rd} September 2013</td>
<td>Corn completely resolved</td>
<td><em>Placebo</em></td>
<td></td>
<td>3 times a day for 15 days</td>
</tr>
<tr>
<td>10\textsuperscript{th} October 2013</td>
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Figure 1: Corn before the treatment

Table 2: Homoeopathic treatment and outcome

DISCUSSION AND CONCLUSION

Heloma durum (corn) a so called surgical disease with syctic miasm in the background, with high chances of recurrence, has no answer in the modern medicine other than surgical removal. Surgical removal is not only painful but, also requires immobility for 4–6 weeks till the wound heals up. Both the cases discussed above had tried other treatment modes before taking the above homoeopathic treatment protocol.

Pathogenetic trails (homoeopathic proving) of Sulphur and Antimonium crudum has shown a definitive role in thickening of the skin (keratosis), and also that it adapts well to persons constitutionally having thick skin. Determination of constitution in homoeopathic case taking tries to ascertain the genetic make-up of an individual or diseased part, and choosing a medicine picture of similar genetic make-up from the Materia Medica derives the right similimum, effecting a cure. Is this also true for hereditary diseases?

In above mentioned cases, Case no. 1 received medication after case taking, and Case no. 2 daughters of Case no. 1 received repetition of medication received by case no. 1 that is, her father without case taking, both cases cured in short span of time. Here the same treatment cured both father and daughter, which indicates that the same homoeopathic medicine is effective, in similar genetic make-up for a given disease (genetic similimum).

Several studies show the potential of homoeopathic medicine to regulate gene-expression in animal and plant models.[8,9] It seems the present treatment protocol is also acting in the same fashion by regulating the gene responsible for predisposing corn formation. More detailed study both clinical and laboratorical is needed to ascertain the role of genetic similimum in treating incurable diseases.

Financial Support and Sponsorship
Nil.

Conflicts of Interest
There are no conflicts of interest.

REFERENCES

Nambisan and Nambisan: Homoeopathic treatment of Heloma durum-Case Report

Prakrāta śākhā
dehelomā durum
sthāvatārām, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣāśānta homāyopātikh śikṣikṣā mahāvidyāalaya, bhāṣाशांता homायोपातिक śिक्षिता महाविद्यालय, भोपाल, मध्य प्रदेश, भारत सरकार

हेलोना दुरुम जिन्हें गोशुरू / गोखरू / ठें / ठेक के नाम से भी जाना जाता है, सतह बोधी हो चुकी लता के हिस्से हैं जो प्रायः पैर के पंजों में होते हैं और इन्हें दर्द व तकलीफ़ हो सकती हैं एवं ये प्रायः दोबारा भी हो जाते हैं। यहाँ सफ्ट किए गए पैर के पंजें के हेलोना दुरुम के दो प्रकार हैं का उपचार स्मारण आँधियों के साथ सहुसा आनुशासिक रचना वाले दो धारियों, जो कि पिता व पुत्री थे, में किया गया। पिता को प्रारंभिक लेने के बाद औषधि मिली जबकि 15 वर्षों के बाद, पुत्री को यह होमोपाथिक उपचार नवाचार मिला जो पिता को दिया गया था। दोनों ने होमोपाथिक उपचार नवाचार से अन्यायधि में ही सफलतापूर्वक पूरी तरह ठीक हो जाने से पहले, अन्य उपचार विनिमयों, जिनमें प्रत्येक कार्यविधि शामिल है, का प्रयोग करके देखा था। यहाँ, पिता और पुत्री दोनों को समान उपचार ने पूरी तरह ठीक कर दिया, जिससे यह संकेत मिलता है कि वही समान होमोपाथिक औषधि, रोग विशेष के लिए सहुसा आनुशासिक रचना वाले व्यक्तियों में प्रभावी है (जेनेटिक सिमिलिम)। कई अध्ययन जितने एवं विविध निदर्शनों में जीन-जनवियों को नियंत्रित करने में होमोपाथिक औषधियों का सामथ्र्य दर्शाते हैं। यह प्रतीत होता है कि प्रस्तुत उपचार नवाचार भी गोशुरू के निर्माण हेतु पूर्वानुकूलन के लिए, उलटतदरी जीन को नियंत्रित कर समान विधि से कार्य कर रही है।

Mukhya shabd: गोशुरू / गोखरू / ठें / ठेक, जीन-जनवियों, जेनेटिक सिमिलिम, हेलोना दुरुम

Tratamiento homeopático de heloma durum -Reporte de un caso

RESUMEN

Los helomas duros, también conocidos como callos, son zonas de piel dura, engrosada que suelen presentarse en los pies y causar dolor y molestias. Muestran una tendencia a recidivar. En este artículo, se presentan dos casos de helomas duros plantares tratados con el mismo medicamento en personas con una genética similar, es decir, padre e hija. El padre había recibido el medicamento después de la toma del caso, mientras que, 15 años después, la hija recibió el mismo protocolo terapéutico homeopático administrado al padre. Ambos pacientes se habían sometido a otros tipos de tratamiento, incluyendo procedimientos invasivos, antes de ser curados satisfactoriamente en poco tiempo con el protocolo terapéutico homeopático. En este caso, el mismo tratamiento curó al padre y a la hija, lo que indica que el mismo medicamento homeopático es eficaz en condiciones genéticas similares de una determinada enfermedad (similimum genético). Varios estudios muestran el potencial de los medicamentos homeopáticos de regular la expresión genética en modelos animales y vegetales. Al parecer el presente protocolo terapéutico también actúa de la misma forma regulando el gen responsable de la predisposición a la formación de callos.