

A case study of Calcaneal Spur with Plantar Fasciitis a Pathological Approach**Dr.Bhalerao S.U****Abstract**

A 62 yr male patient complaint of Left heel pain since 2yrs pain was experienced by movements of foot. On the grounds of pathophysiological changes prescription of Phosphorus & Calcarea Flourica was done. So after giving the dose beneficial results was observed.

Introduction:

Calcaneal spur is a bony out growth from calcaneal tuberosity when the foot is exposed to constant stress: calcium deposits pile up in bottom of Heel bone deposits pile up on each other causing spur shaped deformity Inferior calcaneal spur has calcification of calcaneous lies superior to plantar fascia insertion thus leading to plantar fasciitis in my case

Case report: Dt 12/05/17**Name: RBS****Address:** Tidke colony , Nashik.**Age:** 62yrs**Sex:** male**Status:** married**Religion:** Hinduism**Occupation :-** Shop owner & Cyclist**Chief complaint-****Location :-** left Heel , left Foot**Sensation :-** pain sharp & shooting in foot since 2 yrs .pain is progressive**Modalities :-** Worse by first stepping , cycling , jogging & standing (I took it as physical exertion)
Better by rest, & sleep .**Concomitant :-** Not identified in case**Past History:-**

Patient had similar complaint since 2 yrs taken steroid injection in left heel

No history of any other systemic medical illness

Family History :-

No systemic illness identified in family

Allergies:- Nil**Habits/ Addiction :-** Nil**Thirst :** Adequate intake not increased or decreased at time of case taking**Appetite :-** Not reduced**Desires :-** Not specific**Aversions:-** not specific**Bowel Habits :-** two times

Micturation Habits : 4/0

Sleep :- refreshing

Dreams : Not specified

Perspiration :- normal

Thermal State :- Ambithermal

GENERAL EXAMINATION:

Vital signs:

Temp: afebrile Pulse- 78/bpm B.P.- 140/90mmHg R.R 17

Pallor, Clubbing, Cyanosis, edema were absent

Local examination:-

Left foot :

Inspection : No swelling over ankle or foot

Palpation : Tenderness at Heel ,

Joint movement : Limited Dorsiflexion due to pain (plantar fasciitis)

No other deformity noted

Differential diagnosis:-

1. Plantar Fasciitis

2. Calcaneal Spur

1. Stress fracture of Calcaneal

2. Spinal stenosis L5 ,S1

Probable diagnosis:-

1. Plantar Fasciitis

2. Calcaneal Spur

Probable remedies

1. Phosphorus

2. Calcarea Flourica

Final Prescription:-

CALCAREA FLOURICA 6 x TDS 15 days (12/05/17)

Patient was advised avoiding of strenuous physical exertion

Reason for Selection:-

Exostoses

Follow up 1

Date: 31/5/17

Pain in left heel is significantly reduce (80%)

No new complaints

GC good , Vitals are stable .

Left foot Examination

Inspection : No Visible swelling over ankle or foot

Palpation : Tenderness at Heel is reduces remarkably ,

Joint movement : On Dorsiflexion no pain .

Rx- Calc.F.6x BD for 7 days

Follow up-2

Date-06/6/17

Pain is totally reduced

No new complaints

GC good , Vitals are stable .

Left foot Examination

Inspection : No Visible swelling over ankle or foot

Palpation : Tenderness at Heel is Absent ,

Joint movement : No pain restriction identified

Rx- S.L BD for 7 days

Observation:-

In 1st follow up after prescribing the remedy pain reduced significantly but persisted so that reason the same remedy was prescribed not changed .In 2nd follow up the pain was totally reduced patient was symptom free so only placebo was given .

Interpretation:- Patient was prescribed Calcarea Flourica 6 x according to reference of J.H.Clarke the pathophysiology of patient condition of Exostosis was similar to that as said by Clarke



Bibliography :-

1. William Boericke: New Manual of Homoeopathic Materia Medica and Repertory, Pg: 146-148.
- 2 .Schuessler: The twelve tissue remedies – Bericke and Deway, Pg: 41 - 42
3. J.H.Clarke, The prescriber, Pg: 187