

Role Of Homoeopathic Medicine in the case of corn, The Case Report**Charushila Gawali (PG Scholar)****Abstract**

A corn (also termed as clavus) is a thickening of the skin due to intermittent pressure and frictional forces. These forces result in hyperkeratosis, clinically and histologically. The extensive thickening of the skin in a corn may result in chronic pain, particularly in the forefoot. It is not a viral, bacterial or fungal disease. Corn consist of thickened layers of skin that the body has formed as a barrier to protect the skin and its inner layers from outside pressures. The first signs are generally sore, tender areas on the toes which if ignored quickly developed into corns. A majority of corns are caused as a result of the footwear a person is wearing. Here we are treating the case of Corn with the homoeopathic similimum on the basis of totality of symptoms. The case was treated with Antimonium Crudum. The Prescriber has given homoeopathic similimum. The remedy was antimonium crudum.

Keywords: Case report, Proliferation, Hyperkeratosis, Hyperplasia, Corn, Antimonium Crudum.

Introduction:

Corn is a localised hyperkeratosis of the skin. It usually occurs at the side of pressure e.g. on the sole and toes. There is usually a horny induration of the cuticle with a hard centre. Corn may be painful particularly where it is rubbed. Corn has a tendency to recur after excision. A corn has deep central core which reaches the deeper layer of the dermis. Pathophysiology.

Corns are the result of mechanical trauma to the skin culminating in hyperplasia of the epidermis.

Most commonly, friction and pressure between the bones of the foot and ill-fitting footwear cause a normal physiological response—proliferation of the stratum corneum. 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 synthesis of the stratum corneum. With corns, external mechanical forces are focused on a localized area of the skin, ultimately leading to impaction of the stratum corneum and the formation of a hard keratin plug that presses painfully into the papillary dermis, which is known as a radix or nucleus. Corns are common worldwide. Any weight-bearing human is susceptible to the development of corns. Hyperkeratotic lesions of the foot have been reported to affect 20-65% of people aged 65 or older.

Anyone can have a clavus, but most individuals acquire the risk factors for clavus formation after puberty because of the onset of traumatic footwear use, repetitive motion injuries, and progressive foot deformities.

Clinically, corn can be described in 3 types. The first is a hard corn or heloma durum. It is mostly found in interphalangeal joints, top of the toe or the outside of the little toe. The second is a soft corn. It is generally found in interdigital locations and between the 4th & 5th toes. The third type is a periungual, and this type occurs near or on the edge of a nail. We also found in another type of corn that is seed corn. Seed corns are clusters of tiny corns that can be very tender if they are on a weight bearing part of a foot. It is tend to occur on the bottom of the foot.

Case report:

A 36 years male, presented with complaints of thorn like stitching pain on sole of foot, feel uneasy and remains irritable due to the pain. The lesion is horny and painful to touch since 5 months, which was occurring at the left foot just beneath the 3rd toe. His pain gets aggravated when he hit his foot on pebble. The patient had complaint of gastric trouble due to over eating followed by constipation and tongue was thick white coated. **Past history:** No major illness.

Family history:

Father- Hypertension

Brother-NAD

Mother- NAD

Physical generals:

Appetite: Good

Hunger: Increased.

Desire: sour food.

Aversion: Bread

Perspiration: scanty in armpit.

Urine: Normal

Stool: constipation due to overeating.

Sleep: sound sleep.

Dreams: of daily routine.

Thirst: 2-3 lit/day

Thermal state: Can't tolerate extremes of heat and cold.

Mental generals:

Talkative. He like spiritual things for reading. He is calm and quite. He easily communicate with other people. Helpful in nature. He wants company.

Physical examination:

B.P.-124/80 mm of Hg Pulse -83/min RR- 19/min

Systemic examination:

CNS- conscious, oriented CVS-S1 S2 Normal RS- AEBE clear

P/A- soft and non- tender.

Repertorial totality:

1. MIND- Anger- touched- when.
2. EXTRIMITIES- Corn- painful- touched when.
3. EXTRIMITIES- Corn – foot – sole- horny.
4. EXTRIMITIES- Corns- inflamed.
5. GENERALS- Food and drinks- sour food.
6. RECTUM- constipation- eating from- overeating.



Figure 1.

Selection of remedy: Antimonium Crudum 200 – Single dose.

S. L. 4 globules B.D. for 15days.

1st Follow up:10/5/2017

Pain and inflammation reduced 60%

Complaints of constipation relieved and pain reduced 50% (as per patient)

Prescription- SL 4 x BD 15 days.



Figure 2.

2nd Follow up:30/5/2017

The pain and inflammation reduces 60%

Complaints of constipation relieved and pain reduced 80% (as per patient)

Prescription: Antimonium Crudum 200 single dose S L -4 B.D. for 15 days.



Figure 3.

3rd follow up:16/6/2017

Complaint of constipation is relieved.

Patient passes stool daily.

The pain and inflammation reduces 80%.

Prescription:S L – 4 B.D. For 15 days.

4th Follow up: 30/6/2017

Corn is completely get cured.



Figure 4.

Discussion

The patient was treated successfully with homoeopathic medicine. Homoeopathic remedy can offer gentle and safe relief and reduces the chances of recurrences significantly. In conventional medicine surgery is choice of such cases. In such a cases homoeopathy is a ‘Ray Of Hope.’

Conclusion

After giving medicine, the size of corn and hardness reduced substantially and patient is not experiencing any pain. After giving medicine the case was under observation for 3 months and in every follow up pain and size, hardening has reduced and patient is still under observation.

Reference

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