



## PLANTAR CORNS: A NARRATIVE REVIEW

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**ABSTRACT**

Plantar corns (*Heloma durum*) are a common, painful hyperkeratotic lesion of the foot affecting 14–48% of the general population, with a marked predilection for older age groups and women. Conventional therapies offer only temporary relief with significant recurrence rates due to their failure to address the patient's underlying tendency. A narrative review of homoeopathic literature, published case reports, observational studies, and review articles pertaining to plantar corns was conducted. Databases including Google Scholar and PubMed were searched using keywords: plantar corns, homoeopathy, individualisation, modalities, hyperkeratosis. Published literature confirms the utility of individualised homoeopathic medicines, particularly *Antimonium crudum*, *Natrum muriaticum*, *Thuja occidentalis*, *Silicea*, *Sulphur*, and *Ranunculus bulbosus*, with modalities emerging as critical differentiating indicators in remedy selection. Individualised homoeopathic treatment shows significant promise in the management of plantar corns, offering a safe, cost-effective, and non-invasive approach with potential for sustained relief. Larger, well-structured clinical trials using validated outcome measures are needed to strengthen the evidence base.

**KEYWORDS :** Plantar Corns; Homoeopathy; Hyperkeratosis; VAS

**1. INTRODUCTION**

The human foot is a complex biomechanical structure subjected to repetitive mechanical stress during the activities of daily living. The plantar skin, by virtue of its weight-bearing function, is particularly vulnerable to the effects of chronic friction and pressure. When mechanical trauma exceeds the adaptive capacity of the skin, pathological hyperkeratosis ensues, manifesting clinically as corns and calluses.

Plantar corns (*Heloma durum*) are localised, cone-shaped areas of hyperkeratosis over bony prominences of the foot, accounting for approximately 46% of all podiatric presentations.<sup>1,2</sup> Despite their benign nature, they cause chronic pain, restricted mobility, and significantly impaired quality of life, particularly in older adults.<sup>3</sup>

Homoeopathy, based on the Law of Similia and the principle of individualisation, aims to achieve not merely local resolution but a lasting improvement in the patient's general health through the totality of symptoms.<sup>4,5</sup> This review consolidates the available evidence, documents commonly indicated remedies and their differentiating features, and identifies gaps requiring further clinical investigation.

**2. Epidemiology of Plantar Corns**

Plantar corns represent a significant public health concern, with a reported incidence ranging from 14% to 48% in the general population, accounting for approximately 46% of all foot disorders.<sup>1,2</sup> Farndon et al. demonstrated that plantar corns exert a more negative impact on quality of life than corns at other sites, with pain strongly correlating with functional disability, establishing the clinical importance of validated outcome measures in treatment trials.<sup>3</sup>

A female-to-male ratio of approximately 4:1 is consistently reported, largely attributed to narrow or high-heeled footwear creating localised pressure over metatarsal heads and toes.<sup>2</sup> Individuals with darkly pigmented skin are also reported to be more susceptible.<sup>2</sup>

**3. Aetiology and Pathogenesis**

Chronic mechanical trauma initiates accelerated keratinocyte differentiation mediated by pro-inflammatory cytokines, resulting in localised epidermal hyperplasia and the characteristic inwardly directed keratinous core that exerts pressure on dermal nerve fibres, producing lancinating pain on weight-bearing.<sup>6</sup> Age-related fat pad atrophy in elderly patients amplifies this pressure, increasing propensity for corn formation.<sup>1,2</sup>

**4. Clinical Features and Diagnosis**

The diagnosis is primarily clinical. The corn presents as a localised round or oval plaque of hyperkeratotic skin overlying a bony

prominence, with a dense translucent inwardly directed central core distinguishing it from a callus.<sup>1,7</sup> Pain is cardinal — sharp and lancinating, provoked by weight-bearing. A clinically important distinction: a corn preserves dermatoglyphic lines (disrupted in plantar warts); direct pressure is more painful in a corn, while lateral pressure is more painful in a wart. The condition is classified under ICD-10 code L84.<sup>8</sup>

**5. Conventional Management and its Limitations**

Conventional management includes keratolytic agents (salicylic acid 10–40%), mechanical debridement, protective padding, and orthotics. Invasive options — cryotherapy and surgical excision — carry risks of recurrence, perilesional damage, scarring, and infection.<sup>1,2,8</sup> The fundamental limitation of all conventional approaches is their failure to address the systemic susceptibility of the patient, resulting in persistent recurrence — the gap that homoeopathic individualisation aims to address.<sup>9</sup>

**6. Homoeopathy in the Management of Plantar Corns****6.1 Principles of Individualised Homoeopathic Treatment**

Homoeopathy is founded on the principle of Similia Similibus Curantur, with individualisation as its therapeutic hallmark.<sup>10,4</sup> Hahnemann's Aphorism 153 emphasises the primacy of strange, rare, uncommon, and peculiar symptoms in guiding remedy selection. In plantar corns, the corn constitutes one element of the prescribing totality — two patients with identical-appearing corns may therefore require entirely different remedies based on their individual symptom picture.<sup>5</sup>

**6.2 The Role of Modalities in Remedy Selection**

Modalities — conditions that aggravate or ameliorate symptoms — occupy a position of central importance in homoeopathic case analysis, serving as reliable individualisers.<sup>11</sup> In plantar corns, modalities such as aggravation from cold bathing (*Antimonium crudum*), extreme touch sensitivity (*Ranunculus bulbosus*), burning worse from warmth of the bed (*Sulphur*), or aggravation from cold with suppuration tendency (*Silicea*) constitute the principal differentiating indicators guiding the curative similitum.<sup>11,12</sup>

**7. Miasmatic View**

According to JH Allen, all skin eruptions signify either secondary or tertiary manifestations of miasmatic influence. Allen suggests that while corns are certainly caused by mechanical pressure, not everyone develops them. Consequently, the underlying diathesis acts as a predisposing factor for their occurrence. They are more commonly observed in individuals with hidden syphilitic and tubercular characteristics.<sup>9</sup> Additionally, Allen points out that corns appear in those exhibiting pseudo-psoric traits. Herbert Roberts believes that

corns and other similar growths are manifestations related to tubercular conditions. In a study analysing the miasmatic origin of foot corns and their homoeopathic treatment, most cases displayed a predominantly mixed miasmatic picture.<sup>9</sup>

**Table 1: Homoeopathic Remedies for Plantar Corns — Constitutional Type, Characteristics, and Differentiating Modalities**

Remedy	Constitutional Type	Corn Characteristics	Key Modalities (Agg/Amel)	Differentiating Feature
Antimonium crudum	Chilly; sentimental; irritable on touch; gastric complaints from dietary excess	Horny thickened corn on bony prominences	Agg: cold bathing, cold washing Amel: rest, warmth	Thick milky-white tongue coating — pathognomonic; corns + calluses
Natrum muriaticum	Dry constitution; suppressed grief; aversion to consolation; hot patient	Corn on dry, rough, cracked skin	Agg: warmth, walking Amel: cold, rest	10 AM aggravation; craving for salt; paradoxical aggravation from heat
Thuja occidentalis	Secretive; fixed ideas; low self-worth; sycoitic miasm	Corns coexisting with pedunculated or cauliflower-like warts	Agg: cold damp; 3 AM and 3 PM Amel: warmth	Sweet-smelling perspiration on uncovered parts only; vaccination or gonorrhoea as trigger
Silicea	Deeply chilly; timid; yielding; fixed inner obstinacy; deficient nutrition	Corn with tendency to suppurate; offensive foot perspiration	Agg: cold in all forms Amel: warmth, wrapping	Suppuration of corn distinguishes from all other indicated remedies
Sulphur	Hot; philosophical; untidy; hunger at 11 AM; aversion to bathing	Intense burning in soles worse at night; worse from warmth of bed	Agg: warmth, warmth of bed, standing Amel: open air, motion	Drives patient to uncover feet; acts as opener when other remedies fail; complementary to Silicea
Ranunculus bulbosus	History of alcohol excess; affinity for pleural surfaces and skin	Corn with extreme sensitivity to touch; needle-like pain on slightest contact	Agg: touch, atmospheric changes (before storms) Amel: rest	Aggravation before barometric pressure changes — often spontaneously reported

Note. Agg = aggravation; Amel = amelioration. Remedy names in italics.

## 9. Outcome Measures in Homoeopathic Trials for Plantar Corns

The Visual Analogue Scale (VAS) — a 10-centimetre scale anchored at 'no pain' and 'worst possible pain' — offers a validated, sensitive measure for serial pain assessment in plantar corns.<sup>15,16</sup> The Foot and Ankle Disability Index (FADI), comprising 26 items across activities of daily living and pain subscales (maximum score 104), captures the multidimensional functional impact of corns on daily life.<sup>17</sup> Their combined use provides a methodologically rigorous approach to outcome measurement largely absent from existing homoeopathic literature on this condition.

## 10. DISCUSSION

The reviewed literature consistently supports the utility of individualised homoeopathic treatment in achieving symptomatic relief and, in documented cases, complete sustained resolution of plantar corns without recurrence.<sup>9,5,13,14</sup> The case report by Nisanth Nambisan and Nambisan documenting a 16-year recurrence-free outcome in a patient who had previously failed conventional therapies is of particular clinical significance, warranting investigation in larger, more rigorously designed studies.<sup>13</sup>

The role of modalities emerges as the principal differentiating factor across indicated remedies. These modalities, when systematically elicited in clinical practice, enable precise individualisation of the prescription and are the primary factor distinguishing one indicated remedy from another in this condition.

The gap identified by Gautam et al. and Shinde — the absence of larger clinical trials using validated outcome measures — remains substantially unfilled.<sup>9,14</sup> A prospective clinical study with defined sample size, standardised eligibility criteria, VAS and FADI outcome measures, and systematic follow-up is essential to address this gap.

## 11. CONCLUSION

Plantar corns are a prevalent, painful, and functionally disabling condition with significant impact on quality of life. Conventional therapies are characterised by high recurrence and failure to address systemic susceptibility. Individualised homoeopathic treatment, guided by the totality of symptoms and the characteristic modalities of the patient, offers a holistic, non-invasive, and potentially curative approach. Published evidence, while limited in methodological rigour, provides consistent clinical support for this approach. Well-designed prospective trials using VAS and FADI are needed to establish efficacy on a robust scientific footing.

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## 8. Homoeopathic Materia Medica For Plantar Corns

Homoeopathic literature documents several remedies with established indications for plantar corns.<sup>9</sup> Their differentiating features, constitutional types, and key modalities are summarised in Table 1.

## REFERENCES

- StatPearls Publishing. Corns [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 [cited 2024]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470374/>
- Springett KP, Whiting MF, Marriott C. Epidemiology of plantar forefoot corns and callus, and the influence of dominant side. *The Foot*. 2003;13(1):5-9.
- Farndon L, Concannon M, Stephenson J. A survey to investigate the association of pain, foot disability and quality of life with corns. *J Foot Ankle Res*. 2015;8(1):70.
- Hahnemann S. *Organon of Medicine*. New Delhi: B. Jain Publishers; 2005.
- Kumar N, Iyer N. An observational study on the effect of individualised homoeopathic medicines in plantar corns. *Indian J Res Homoeopathy*. 2021;15(2). Available from: <https://www.ijrh.org/journal/vol15/iss2/4/>
- Patel O, Singh D. Natural approaches and transdermal innovations for foot corns: A comprehensive review. *Int J Adv Multidiscip Res Stud*. 2024;4(6):938-944.
- American Academy of Family Physicians. Corns and calluses resulting from mechanical hyperkeratosis. *Am Fam Physician* [Internet]. 2002 [cited 2024]. Available from: <https://www.aafp.org/pubs/afp/issues/2002/0601/p2277.html>
- ICD10Data.com. ICD-10-CM codes L84: Corns and callousities [Internet]. 2026 [cited 2026]. Available from: <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L80-L99/L84->
- Gautam P, Aggrawal M, Sahoo AR. Corns on feet: Can homoeopathy be a better alternative? A narrative review. *J Integr Stand Homoeopathy*. 2023;6:9-12.
- Hughes R. *The Principles and Practice of Homoeopathy*. London: Leath & Ross; 1902.
- Das BK, Mondal AK. A complete review of modality. *Int J Homoeopath Sci*. 2020;4(1):118-123.
- Pande S. A case study demonstrating homoeopathy's efficacy for corns. *Sustain Agric Food Environ Res*. 2023;12. Available from: <https://safer.uct.cl/index.php/SAFER/article/view/666>
- Nisanth Nambisan K, Nambisan S. Homoeopathic treatment of Heloma durum: Case report. *Indian J Res Homoeopathy*. 2015;9(3):194.
- Shinde RE. Treatment of hyperkeratotic lesions, primarily focusing on corns with the aid of various techniques, mainly emphasising homoeopathy: An overview. *Sustain Agric Food Environ Res*. 2023;12. Available from: <https://safer.uct.cl/index.php/SAFER/article/view/616>
- University of Florida College of Medicine. Visual analogue scale (VAS) in depth [Internet]. [cited 2024]. Available from: <https://com-jax-emergency-pami.sites.medinfo.ufl.edu/files/2015/03/Visual-Analog-Scale-VAS-in-depth.pdf>
- Rheumatology International. The visual analogue scale: Its use in pain measurement [Internet]. [cited 2024]. Available from: <https://link.springer.com/article/10.1007/bf00541514>
- Martin RL, Irrgang JJ, Burdett RG, Conti SF, Van Swearingen JM. Evidence of validity for the Foot and Ankle Disability Index (FADI). *J Orthop Sports Phys Ther*. 1999;29(1):32-38.