



Homoeopathy for Heel Pain due to calcaneal spur in Older adults- A case series

Dr Ruchi Singh^{1*}, Dr Heena Rawal², Dr Pramod Kumar Singh³

^{1*}Dr Ruchi Singh, PhD Scholar Parul University, (Vadodra Gujarat) Professor Organon of Medicine & Homoeopathic Philosophy, Dr MPK Homoeopathic Medical College Hospital & Research Centre (Homoeopathy University, Jaipur)

²Dr Heena Rawal, Professor Organon of Medicine & Homoeopathic Philosophy, Director, Ahmedabad Homoeopathic Medical College, Parul University

³Dr Pramod Kumar Singh, PhD Scholar Parul University, (Vadodra Gujarat) Professor Homoeopathic Pharmacy Dr MPK Homoeopathic Medical College Hospital & Research Centre (Homoeopathy University, Jaipur)

***Corresponding author:** Dr Ruchi Singh

*Dr Ruchi Singh, PhD Scholar Parul University, (Vadodra Gujarat) Professor Organon of Medicine & Homoeopathic Philosophy, Dr MPK Homoeopathic Medical College Hospital & Research Centre (Homoeopathy University, Jaipur)

Abstract:

Heel pain is a common presenting complaint in older adults. It can arise due to variety of causes. Two cases of heel pain due to calcaneal spur treated with homeopathic medicines are presented. Both cases obtained significant sustained relief under homoeopathic treatment.

Keywords: Homoeopathy, Heel Pain, Elderly

Introduction

Heel pain is a prevalent condition encountered in OPD settings. It is often attributed to various factors such as plantar fasciitis, retrocalcaneal bursitis, atrophy of the heel pad, Achilles tendinitis, posttraumatic causes (e.g., calcaneal fracture), haglund's deformity, enlarged calcaneal spur, degeneration of Achilles tendon insertion, neurological conditions, degenerative disc disease, systemic diseases (e.g., reiter's syndrome, psoriatic arthritis), acute tear of plantar fascia, and calcaneal apophysitis. [1-3]

A comprehensive patient history, examination of the foot and ankle, and relevant imaging studies are crucial for accurately diagnosing and beginning effective management. The historical information should encompass details regarding the pain's onset and characteristics, factors that worsen or alleviate it, changes in activity, and any other associated conditions. [3] Homoeopathy is a widely accepted alternative system of medicine. Homoeopathic approach to case management includes thorough case taking and processing to arrive at the totality of symptoms. Homoeopathic medicine selection includes totality of symptoms, organopathic, key note approach etc. Medicine selection strategy depends on the data collected during case taking and relies heavily on characteristic uncommon symptoms of the case which help in individualisation of the patient.[4]

This case series presents details of 2 cases presenting with heel pain at the OPD of Dr Girendra Pal Homoeopathic Hospital & Research centre collegiate hospital of Dr MPK Homoeopathic Medical College, Hospital & Research centre, Homoeopathy University Jaipur Rajasthan.

In both cases medicine selection was on keynote approach with consultation from materia medica. Change of dosage and repetition was done according to patient response. The case details of first three months are reported to demonstrate patient response. Both patients were advised Dietary and regimen including moderate physical activity and physiotherapy as required.

Case 1:

A 50-year-old female patient presented in OPD on 24.2.2022 a chief complaint of persistent heel pain in her right foot since 5 years, diagnosed as a calcaneus spur based on radiological findings. Initially pain was off and on but since last three years it is consistent with increasing intensity. The patient reported aggravation of pain during weight-bearing activities and prolonged standing. Conventional treatment options had provided minimal relief, prompting the exploration of alternative therapies. After thorough case taking and case processing following totality of symptoms was obtained:

1. Mild gentle patient with easy weeping
2. Decreased Thirst with dry tongue
3. Desires fried food but it aggravates and causes flatulence
4. History of delayed menarche and menstrual cycles of 32-35 days/2-3 days; menopause at age of 46. Suffered from emotional symptoms during perimenopause with excessive weeping mood.

5. Drawing pain in legs with difficulty sleeping
6. Boring pain in heels toward evening aggravated by hanging limbs down
7. Legs feel heavy and weary.
8. Soles dry and cracked

Prescription

On basis of Key note symptoms and after consultation with materia medica *Pulsatilla nigricans* 30 was selected and prescribed. 4 globules of size 40 to be taken in one dose three times a day for 7 days. Patients pain VAS score was 8. Follow up showed marked consistent and sustained relief. (Table 1) Patient was asked response on a following scale for days on which she had pain

On how many days in last 2 weeks did you have heel pain?

1. All days
2. Most of the days (>7 days)
3. Some of the days (2-6 days)
4. Occasionally after prolonged exertion (walking/standing) on previous or same day
5. Rarely (1-2 days)
6. Never

Patient was advised to avoid walking barefoot and physiotherapy.

Table 1: Follow up of Case 1

Date	Follow Up	On how many days in last 2 weeks did u have heel pain?	Pain VAS	Prescription
3.3.2022	Slightly better pain in morning on standing	All days	6	<i>Pulsatilla nigricans</i> 30 tds/ 2 weeks
17.3.2022	Slightly better pain in morning	All days	4	<i>Pulsatilla nigricans</i> 30 tds/ 2 weeks
31.3.2022	Pain decreased	Most of the days	3	<i>Pulsatilla nigricans</i> 30 tds/ 4 weeks
21.4.2022	Pain decreased	Some of the days	3	<i>Pulsatilla nigricans</i> 200 two dose to be daily empty stomach in morning at 15 minutes interval. Phytum 30 tds/2 weeks
5.5.2022	Pain same	Some of the days	3	<i>Pulsatilla nigricans</i> 200 two dose to be daily empty stomach in morning at 15 minutes interval. <i>Aranea diadema</i> 30 /tds/ 7 days Phytum 30 tds/2 weeks
19.5.2022	Pain decreased	Occasionally after prolonged exertion on previous day	3	<i>Pulsatilla nigricans</i> 200 two dose to be taken empty stomach in morning at 15 minutes interval. Phytum 30 tds/1 month
2.6.2022	Pain decreased	Occasionally after prolonged exertion on previous day	1	<i>Pulsatilla nigricans</i> 200 SOS Phytum 30 tds/1 month
7.7.2022	Pain increased as patient had gone on Holiday- yatra and had walked more than usual	Some of the days	3	<i>Pulsatilla nigricans</i> 200 one dose daily for 3 days Phytum 30 tds for 2 weeks
28.7.2022	Pain decreased	Most of the days	2	<i>Pulsatilla Nigricans</i> 1 M one dose Phytum 30 tds 2 weeks
11.8.2022	Pain decreased	Occasionally after prolonged exertion	1	<i>Pulsatilla Nigricans</i> 1 M one dose Phytum 30 tds 1 month
8.9.2022	Pain decreased	Occasionally after prolonged exertion	1	<i>Pulsatilla Nigricans</i> 1 M one dose Phytum 30 tds 1 month
13.10.2022	Pain decreased	Occasionally after prolonged exertion	1	<i>Pulsatilla Nigricans</i> 1 M one dose Phytum 30 tds 1 month
10.11.2022	Pain decreased	Very rarely	1	Phytum 30 tds 1 month <i>Pulsatilla Nigricans</i> 1M to be taken as SOS only

Case 2

A 64-year-old woman presenting with debilitating pain in her heels on 24.2.2022. The patient had a history of persistent pain since last 6 months and had previously sought relief through over the counter analgesics without significant improvement. Patient had gone on a yatra and walked barefoot for 3 consecutive days. Since then the pain started. She had intense, shooting pain in both heels, which worsened during weight-bearing activities and standing for extended periods. She was a diagnosed case of bilateral plantar and Achilles spur. The pain was described as Burning with soreness in heels all the time and aggravated when sitting, standing or walking. She also had aches and pain joints off and on at night due to exertion and pain in knees on exertion. She felt sleepy and tired most of the time and had intolerance of open air.

After thorough case taking and case processing following totality of symptoms was obtained:

- Sadness with inclination to weep and desire for solitude
- Irritable
- Aversion to open air
- Heel pain – soreness and burning < standing and walking
- Loss of appetite with easy satiety

Prescription

On basis of keynotes and after consultation with materia medica *Cyclamen* 30 was selected and prescribed. 4 globules of size 40 to be taken in one dose three times a day for 7 days. Patient was asked response on a scale for days on which she had pain. At baseline patient had pain on all days and the VAS score was 7. In follow up patient reported with relief (Table 2).

On how many days in last 2 weeks did you have heel pain?

1. All days
2. Most of the days (>7 days)
3. Some of the days (2-6 days)
4. Occasionally after prolonged exertion (walking/standing) on previous or same day
5. Rarely (1-2 days)
6. Never

Patient was advised to avoid walking barefoot and physiotherapy.

Table 2: Follow up of Case 2

Date	Follow Up	On how many days in last 2 weeks did u have heel pain?	Pain VAS	Prescription
3.3.2022	Pain slightly decreased Burning markedly relived	All days	6	<i>Cyclamen</i> 30 tds/ 1 week
10.3.2022	Pain slightly decreased Burning markedly relived	Most of the days	5	<i>Cyclamen</i> 30 tds/ 1 week
17.3.2022	Slightly better pain in morning. On basis of history of walking barefoot as causation.	All days	5	<i>Arnica montana</i> 200 1 dose <i>Ruta graveolens</i> 30 tds/ 2 weeks
24.3.2022	Pain decreased	Most of the days	3	<i>Ruta graveolens</i> 30 tds/ 1 week
31.3.2022	No change Aching in soles and heels	Most of the days	3	<i>Ruta graveolens</i> 30 tds/2 weeks
14.4.2022	Pain decreased	Some of the days	1	<i>Ruta graveolens</i> 30 tds/4 weeks
19.5.2022	Pain decreased	Occasionally after prolonged exertion on previous day	3	<i>Ruta graveolens</i> 200 two dose to be daily empty stomach in morning at 15 minutes interval. <i>Phytum</i> 30 tds/1 month
2.6.2022	Pain decreased	Occasionally after prolonged exertion on previous day	1	<i>Ruta graveolens</i> 200 two dose to be daily empty stomach in morning at 15 minutes interval. <i>Phytum</i> 30 tds/1 month

Discussion

The cases presented highlight the importance of keynotes in selecting the similimum. Utilising at least Three keynotes helps points to the most similar medicine which was later confirmed by due consultation with materia medica. In both cases, the prescription started with 30 CH potency in repeated doses based on patients susceptibility. Both patients had

history of use of analgesics. In case no 1 patient had a recurrence due to exciting cause of overexertion and was prescribed *Aranea diadema* 30 as acute intercurrent based on presenting complaints. The patient improved and further responded to the constitutional medicine *Pulsatilla nigricans*.

In case 2 patients response to indicated medicine *Cyclamen* on basis of keynotes was not marked, so *Arnica montana* 200 was prescribed based on the exciting cause followed by *Ruta graveolens* 30 on basis of pathology. Thereafter patient responded well and obtained significant relief. Both cases while presenting with clinical symptoms varied in their cause and responded to different homoeopathic strategies. This shows that the patients totality and response are the key indicators while selecting the similar medicine.

Previous studies have shown potential benefit of homoeopathic medicines in cases of heel pain with or without calcaneal spur. Shahid et al (2021) in a placebo-controlled trial at Mahesh Bhattacharyya Homoeopathic Medical College, West Bengal, randomized patients with plantar fasciitis (PF) to receive individualized homeopathic medicines (IHMs) or visually indistinguishable placebos alongside non-medicinal management. Despite an intended sample size of 128, only 75 were enrolled (IHMs: 37; Placebo: 38) with a 9.3% attrition rate. IHMs demonstrated superiority over placebo in Foot Function Index (FFI) scores at all time points, supported by large effect sizes. *Natrum muriaticum*, *Rhus toxicodendron*, and *Ruta graveolens* were commonly prescribed. No adverse events were reported. While IHMs showed significant PF improvement, the underpowered nature of the trial suggests preliminary findings, emphasizing the need for independent replications. [5] Girdhar & Sharma (2018) in a retrospective study evaluated the effectiveness of homoeopathic treatment in patients with heel pain, with or without Calcaneal Spur (CS). Data from 50 subjects with heel pain were analyzed over a 6-month period following radiological diagnosis. Improvement levels were categorized as mild, moderate, marked, or no treatment based on established criteria. Results showed marked improvement in 14 CS group patients and 13 Non-CS group patients, with moderate improvement in 6 patients from each group. Mild improvement was observed in 3 CS group patients and 4 Non-CS group patients. Overall, homoeopathic treatment demonstrated effectiveness in treating heel pain, irrespective of the presence of Calcaneal Spur. [6] Parveen (2017) conducted at Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy in Kolkata, a retrospective study focused on patients referred for ankle X-rays due to nontraumatic heel pain from August 2014 to July 2015. Out of 92 patients (70 women, 22 men), 82.6% had Calcaneal Spur (CS), more prevalent in females, older individuals, those overweight, and in housemaids or manual laborers. Homoeopathic treatment yielded a positive response in approximately 75% of CS patients. Notably, *Calcarea fluor*, *Rhus toxicodendron*, *Ledum palustre*, and *Aranea diadema* were identified as effective medicines. The study concludes that CS is prevalent in 80% of heel pain cases, associated with specific demographic factors, and homoeopathic treatment demonstrates efficacy, particularly with identified medicines. [7]

Conclusion: Homoeopathy offers potential benefit by providing pain relief in cases of heel pain with calcaneal spur

Conflict of Interest: NIL

Ethics: Voluntary informed consent was obtained from both patients.

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