

**HOMEOPATHIC MANAGEMENT OF FOOT CORN (CLAVUS): AN OBSERVATIONAL  
CLINICAL STUDY****Dr. A. K. Dwivedi\***

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**ABSTRACT**

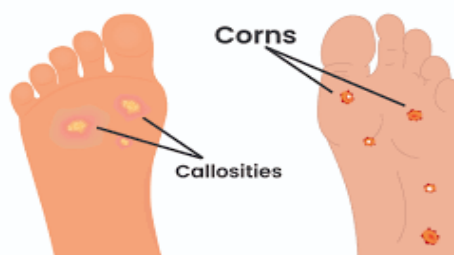
**Background:** Foot corn (Clavus) is a localized hyperkeratotic lesion caused by repeated pressure and friction, leading to pain and difficulty in walking. Conventional management often involves surgical removal, which may lead to recurrence. **Objective:** To evaluate the effectiveness of individualized homeopathic treatment in the management of foot corn. **Methods:** An observational study was conducted on 138 patients presenting with foot corn. Individualized homeopathic medicines were prescribed based on totality of symptoms. Out of 138 patients, 12 discontinued treatments, and 126 completed the study. **Results:** Approximately 90% of patients showed significant improvement in pain and reduction/disappearance of corn. Minimal recurrence was observed during follow-up. **Conclusion:** Homeopathy appears to be a safe, non-invasive, and effective therapeutic option for foot corn, offering long-term relief and reduced recurrence.

**KEYWORDS:** Foot Corn, Clavus, Homeopathy, Hyperkeratosis, Non-Surgical Treatment Etc.....**INTRODUCTION**

Corn, also known as heloma, is defined as a horny induration and thickening of the stratum corneum. Foot corn (Clavus) is a common dermatological condition characterized by localized thickening of the skin due to chronic pressure or friction. It is frequently seen on weight-bearing areas such as the sole, heel, and toes. Patients typically present with pain during walking, which affects their quality of life.

Conventional treatment includes keratolytic and surgical excision; however, recurrence is common if underlying causes persist. Homeopathy, based on individualized treatment, aims to address both local pathology and systemic predisposition, offering a holistic and non-invasive approach.

Corns are one of the furthestmost common foot conditions in specifically amongst older patients. It is a widespread syndrome because of the occurrence of usage of occlusive footwear and mostly in movements such as running. Corns are common worldwide. Any human with weight-bearing is vulnerable to the development of corns.

**Representative Images**

**MATERIALS AND METHODS****Observational clinical study****Study Setting at Advanced Homeo Health Centre & HMR Pvt. Ltd., Indore****Sample Size**

- \* Total cases: 138
- \* Dropouts: 12
- \* Completed cases: 126

**Inclusion Criteria**

- \* Patients of all age groups with clinically diagnosed foot corn
- \* Patients willing to undergo homeopathic treatment

**Exclusion Criteria**

- \* Patients with severe systemic illness
- \* Patients requiring immediate surgical intervention

**METHODOLOGY**

- \* Detailed case taking based on homeopathic principles
- \* Individualized remedy selection
- \* Follow-up at regular intervals

**Assessment based on**

- \* Pain reduction
- \* Size and thickness of corn
- \* Improvement in walking ability

**RESULTS**

- \* **Total analysed cases: 126**
- \* **Improvement observed: ~90%**
- \* **Clinical outcomes**
- \* Significant pain reduction
- \* Gradual softening and disappearance of corn
- \* Improved mobility and comfort
- \* Minimal recurrence

**DISCUSSION**

The study demonstrates that homeopathic treatment provides effective relief in cases of foot corn. Unlike conventional approaches that focus on local removal, homeopathy addresses the underlying susceptibility and pressure-related pathology.

The high improvement rate (90%) suggests that individualized remedy selection plays a key role in successful outcomes. Additionally, the non-invasive nature of homeopathy enhances patient compliance and reduces the risk of complications.

Footwear modification and lifestyle advice also contributed significantly to treatment success, indicating the importance of a holistic management approach.

**CONCLUSION**

Homeopathy is an effective, safe, and non-surgical modality for the treatment of foot corn. It not only relieves symptoms but also reduces recurrence by addressing the root cause. Further controlled studies are recommended to validate these findings.

**Limitations**

- \* Observational study (no control group)
- \* Sample size moderate
- \* Lack of long-term randomized comparison

**Recommendations**

- \* Larger randomized controlled trials
- \* Comparative studies with surgical and conventional methods
- \* Long-term follow-up studies

**CONFLICT OF INTEREST**

None declared.

**BIOGRAPHY**

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