



Psychosomatic Origin And Homoeopathic Treatment Of Corns: A Case Study Of Emotional Stress Manifesting In Dermatological Lesions

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Abstract: Corns, typically regarded as localized skin thickening caused by repetitive friction and pressure, have traditionally been viewed through a purely physical lens. However, recent studies have illuminated the psychosomatic dimensions of dermatological conditions, suggesting that emotional stress and psychological factors may play a significant role in the manifestation and persistence of corns. This article delves into the psychosomatic origins of corns, emphasizing how unresolved emotional tension, stress, and internal conflicts can manifest physically in the form of corns on the feet or hands. A case study is presented to illustrate this phenomenon, showing how psychological stressors can exacerbate or even contribute to the formation of corns. In particular, issues such as anxiety, unresolved anger, or a need for control may lead to excessive pressure on certain areas of the body, triggering the skin's protective mechanism in the form of corns. This connection between emotional well-being and skin health is explored through a bio psychosocial model, which acknowledges the interrelationship between mind and body. In addition to conventional treatments, the article investigates the potential benefits of homoeopathic remedies in addressing both the psychological and physical aspects of corns. Homoeopathy, with its emphasis on individualized treatment and holistic healing, offers a unique approach to restoring balance between body and mind. By considering both dermatological and emotional healing strategies, this article advocates for a comprehensive approach to corn management, which may lead to more effective, long-term outcomes. Through this lens, corns are not just a physical issue but a complex interaction between body and mind, requiring a nuanced, multi-dimensional treatment approach.

Index Terms – Corns, Homoeopathy, Psycho-somatic origin.

INTRODUCTION

Corns, a common dermatological condition, are localized thickened areas of the skin, typically occurring on the feet or hands. These painful, often unsightly formations develop due to excessive pressure or friction, resulting in the body's natural defence mechanism to protect underlying tissues. Corns are frequently found on weight-bearing areas, such as the toes, heels, and sides of the feet, and can become severely uncomfortable with prolonged pressure, leading to difficulty walking or performing daily tasks. Despite being considered a physical affliction, the development and persistence of corns can be influenced by psychological and emotional factors, making the treatment and management of corns a multifaceted approach (1, 2).

The bio psychosocial model, an approach that integrates biological, psychological, and social factors, offers a comprehensive framework for understanding the genesis of corns and their impact on individuals' health.

While the biological aspect emphasizes mechanical stress and repeated trauma to the skin, the psychological dimension addresses the role of emotional stress, anxiety, and behavioural patterns that may predispose an individual to develop corns (3). Furthermore, social factors, such as lifestyle, footwear choices, and societal perceptions of beauty, can exacerbate the condition (4).

In the context of treatment, homoeopathy stands out as an alternative approach to managing corns, especially when conventional methods fail to deliver lasting results. Homoeopathic remedies focus on individualization, treating the person rather than just the condition. By addressing the underlying psychosomatic origins of corns, homoeopathy seeks to restore balance within the body, promote healing, and alleviate both the physical symptoms and the emotional discomfort associated with corns (5). This approach considers not only the surface-level manifestations but also the deeper emotional and psychological imbalances that may contribute to the development of such conditions.

This article explores the intersection of physical and psychological factors in the formation of corns, examining how homoeopathic remedies offer a unique and holistic solution to this persistent health issue.

CASE REPORT

Presenting Complaints: Miss D, a 20-year-old female, presented with multiple corns on her index and middle fingers of both hands and a large corn on the sole of her foot. The corns were yellowish in colour, hard, indurated, and caused severe pain, especially upon touch. These corns had developed suddenly within the past month, which the patient noticed when the pain began.

History of Presenting Illness: The patient reported that the onset of corns occurred abruptly within a month, with no prior awareness of the lesions' development. She only noticed them when they began to cause pain. Upon further inquiry about her emotional and mental health, Miss D shared that she had been experiencing depression for the past 2-3 years. She felt discontent because her parents did not allow her to pursue her desired higher education in law (LLB) after completing her high school. Instead, her parents pushed her into a course related to the company sector, which she had no interest in. Additionally, her family relocated to Kulasekharam, which caused her to lose touch with her friends, and she became isolated. This lack of social interaction and the change in her life situation led her to feel anger and frustration towards her parents, making her more introverted and prone to emotional outbursts.

These emotional factors, particularly frustration and anger, were identified as potential triggers for her psychosomatic condition, leading to the development of corns.

Family History: No significant family history was noted.

General Features:

Appetite: Good

Thirst: Normal, no dryness of mouth

Stool: Regular

Urine: Normal

Sweat: Sweating noted on palms

Sleep: Sound

Gynaecological History:

Regular menstrual cycle, 30 days with occasional red clots and lower abdominal pain.

Mental State:

The patient displayed signs of being introverted, easily offended, and frustrated with life, particularly with her career path and family situation. She also expressed a strong desire for artistic expression and had a preference for spicy food.

Physical Examination:

CONSCIOUS : Conscious

GENERAL APPEARANCE: Fair

GENERAL BUILD UP AND NUTRITION: Moderate

Height : 165cm

Weight : 65 Kg

BMI : 20.9 Kg/m² (Normal)

PHYSICAL FINDINGS:

ANAEMIA : No pallor

JAUNDICE : Not icteric

CYANOSIS : No cyanosis

EDEMA: No edema

LYMPHADENOPATHY: No lymphadenopathy

GAIT : Steady

PULSE : 73 beats / minute

TEMPERATURE: 98.6° F

BLOOD PRESSURE: 120/80 mm Hg

RESPIRATORY RATE: 17/ minute

Examination of Skin:

Skin: Multiple corns present on the fingertips and sole, yellowish in colour, hard and painful to the touch.

General Appearance: Fair complexion, moderate build, no signs of anaemia or jaundice, normal pulse and blood pressure.

Other Systems: No abnormalities detected.

Analysis of symptoms

COMMON SYMPTOMS	UNCOMMON SYMPTOMS
Corns over finger tips and soles Yellowish Painful < touch	Frustration Short tempered Discontented Offended easily Craves for spicy food Sweating of palms

Evaluation of symptoms

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
Frustration Short tempered Discontented Offended easily	Craves for spicy food Sweating of palms	Corns over finger tips and soles Yellowish Painful < touch

Totality of symptoms

Offended easily
Short tempered
Discontented
Craves for spicy food
Sweating of palms
Corns over fingertips and soles

Hahnemannian classification of disease: one sided disease: mental to corporeal

Comment:

On 12th June 2023, the case was repertorized, considering the entire perceptible symptomatology. The initial medicine prescribed was SILICEA 30, with 7 doses (M x 7 days) to be taken for a week. However, the patient reported no relief from the pain. Therefore, starting the following week, the patient was given SAC LAC for daily doses over a period of 2 months. During this time, the patient fully expressed herself, and the physician assisted her in overcoming her fear of self-expression. She began communicating with her parents about her aspirations for higher studies, eventually convincing them to support her wish of becoming an advocate. This psychological approach played a key role in helping her overcome her feelings of discontentment. In the third month, on 15th August 2023, the case was revisited for anti-miasmatic treatment. The case was again repertorized on the next visit and the repertorial chart is given below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
1	8	8	8	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
2	22	17	17	16	10	17	15	14	13	12	12	11	11	10	8	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6

Prescription

After repertorization, on 15/08/2023 Thuja occidentalis was given as it covered the sycotic miasm of the patient. The medicine was prescribed in 0/1 potency in LM scale.

Administration of dose: One poppy sized medicated globule in 1 grains of sugar of milk dissolved in 10ml of aqua and advised to be taken orally every morning in a week.

Follow-up Report:

(05/09/2023):

Symptoms:

- Pain over the corns reduced.
- Yellowish colour of the corns changed to black.
- General health: Good.
- Mental state: Very happy.

Prescription:

- THUJA 0/2** - 7 doses (M)
 - B. PILLS** - 3 tablets, three times a day (TDS)
 - B DISC** - 1 tablet, twice a day (BD)
- Duration: 2 weeks

(25/09/2023):

Symptoms:

- The corns completely went off.
- No pain.
- General health: Good.
- Mental state: Happy.

Prescription:

- THUJA 0/3** - 7 doses (M)
 - B. PILLS** - 3 tablets, three times a day (TDS)
 - B DISC** - 1 tablet, twice a day (BD)
- Duration: 2 weeks

PHOTOGRAPHS

PHOTO TAKEN ON: 12/06/2023



PHOTO TAKEN ON: 25/09/2023



DISCUSSION

Corns, typically considered a purely physical manifestation of repeated friction or pressure on the skin, have been increasingly recognized as having a psychosomatic origin. This case study explores the intricate relationship between emotional stress and the formation of corns, highlighting how unresolved psychological issues and emotional disturbances can contribute to the development of dermatological conditions like corns. The case of Miss D, a 20-year-old female, offers an insightful example of how emotional stress and frustration can manifest physically through the formation of corns on her fingers and soles.

Psychosomatic Connection

The psychosomatic connection between the mind and body plays a central role in the emergence of corns in this patient. Emotional stress, particularly frustration and discontent, can be seen as key contributing factors to her condition. The patient expressed prolonged emotional distress, stemming from a sense of unfulfillment in her life. Her frustration regarding her career path, particularly the conflict with her parents over her choice of studies, resulted in prolonged emotional tension. The relocation of her family also led to a sense of isolation, as she lost social connections with her friends, compounding her emotional stress.

Such psychological stressors are known to have a direct impact on the body, often leading to the development of physical conditions. In Miss D's case, the corns on her fingers and feet could be interpreted as a manifestation of the emotional pressures she was experiencing. According to the bio-psychosocial model, the body acts as a vessel for emotional expression. This model underscores the idea that emotional tension can exert physical stress on specific parts of the body, triggering the skin's protective mechanism. The appearance of corns, therefore, can be seen as an outward expression of internal emotional turmoil.

Homoeopathy offers a unique perspective in treating conditions with a psychosomatic origin. By focusing on the individual as a whole—addressing both the psychological and physical aspects of the disease—homoeopathic treatment aims to restore balance to the patient's mind and body. In this case, the treatment strategy combined physical remedies with a focus on the mental health. Initial treatment with **Silicea 30** aimed at addressing the physical symptoms of the corns, but after it failed to show improvement, the treatment approach shifted to focus more on the mental and emotional well-being of the patient.

The administration of **SAC LAC** for daily doses, combined with emotional support, marked a turning point in the patient's psychological state. The physician's role in helping Miss D express her concerns and frustrations was crucial. It allowed her to open up about her career aspirations, which had previously been a source of internal conflict and distress. Once she communicated her desire to pursue law studies, she gained the emotional support of her parents, which helped her overcome feelings of discontentment. This emotional release and the resulting positive mental shift were crucial in the resolution of her physical symptoms, namely the corns.

The second phase of treatment included **Thuja occidentalis in LM potency**. The patient's mental state—marked by frustration, short-temper, and discontent—was addressed by this constitutional remedy, which also corresponded to the physical symptoms of the corns. Over the course of two weeks, the corns began to change in appearance, transitioning from yellowish to black and reducing in size. This indicated that the treatment was having an effect on both the physical and emotional aspects of the condition.

This case underscores the significance of mental health in managing dermatological conditions. While corns are often treated purely as a mechanical issue, this case demonstrates the need for a holistic approach. The patient's mental state played a significant role in both the formation and persistence of the corns, suggesting that psychological factors must be considered in the diagnosis and treatment of dermatological conditions. Moreover, the case shows that when mental health issues, such as unresolved anger, frustration, and anxiety, are addressed, the physical symptoms can also be alleviated.

CONCLUSION

This case study highlights the intricate relationship between emotional stress and the development of corns, providing valuable insight into the psychosomatic nature of dermatological conditions. The patient's improvement, both in physical symptoms and emotional well-being, underscores the efficacy of a holistic approach to treatment. Homoeopathy's emphasis on individualized treatment that considers the emotional, mental, and physical dimensions of health offers a promising avenue for managing corns and other psychosomatic conditions. The case of Miss D demonstrates that when emotional distress is addressed alongside physical symptoms, long-term, sustainable healing can be achieved. This reinforces the importance of integrating psychological support into the treatment of dermatological conditions, making it clear that corns are not simply a physical issue, but a complex interaction between body and mind.

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