

Harsukh Educational Charitable Society

International Journal of Community Health and Medical Research

Journal home page: www.ijchmr.com

doi: 10.21276/ijchmr

Official Publication of “Harsukh Educational Charitable Society” [Regd.]

ISSN E: 2457-0117 ISSN P:2581-5040

Index Copernicus value 2016 = 52.13

Original Article

Assessment of effect of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur: A retrospective study

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ABSTRACT

Background: The pathophysiology of calcaneal spurs (CS) is poorly understood. One of the most common disorders of the foot that causes patients to seek medical care is Heel pain. Hence; we planned the present study to assess and compare the effect of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur. **Materials & methods:** The present investigation included retrospective assessment of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur. Data records of a total of 50 subjects with heel pain were included in the present study. Clinical notes were reviewed for 6 months after the radiological diagnosis of spur in each case. Improvement in all the cases was recorded as mild, moderate, marked and No treatment, based on criteria previously described in the literature. Complete data was recorded in Microsoft excel sheet and were analyzed by SPSS software. **Results:** Marked improvement of the treatment response was seen in 14 patients of the CS group and 13 patients of the Non-CS group. Moderate improvement of the treatment response was seen in 6 patients of the CS group and 6 patients of the Non-CS group. Mild improvement of the treatment response was seen in 3 patients of the CS group and 4 patients of the Non-CS group. Non- significant results were obtained while comparing the homoeopathic treatment response among subjects of the CS group and Non-CS group. **Conclusion:** Homoeopathic treatment is effective in treating patients with heel pain.

Key words: Calcaneal spur, Heel pain, Homoeopathic treatment

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This article may be cited as : Girdhar RK, Sharma P. Assessment of effect of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur: A retrospective study. HECS Int J Comm Health Med Res 2018; 4(4):69-71

INTRODUCTION

First documentation of the osseous spurring of the plantar aspect of the calcaneus was in 1900 by the German physician Plettner. The same researcher coined the term *Kalkaneussporn* (calcaneal spur).¹ Even though, earlier it was considered to be unusual report in relation to heel pain, data from the recent reports have showed that approximately 11 to 16% of the general population have radiographic evidence of calcaneal spurs. Calcaneal spurs, as a cause of plantar fasciitis, are currently debatable.²⁻⁴ The pathophysiology of calcaneal spurs is poorly understood. The traditional explanation, which could be termed the longitudinal traction hypothesis, suggests that repetitive traction of the insertion of the plantar fascia into the calcaneus leads to inflammation and reactive ossification of the entheses. Evidence to support this hypothesis can be derived from studies which have shown that plantar fascial tension increases with lowering of the medial longitudinal arch, and that people with heel pain are more likely to be flatfooted.⁵⁻⁷ Heel pain is one of the most common disorders of the foot that causes patients to seek medical care. A variety of soft tissue, osseous, and systemic disorders can cause

heel pain, of which calcaneal spur (CS) is the most common cause.^{8,9}

Hence; we planned the present study to assess and compare the effect of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur.

MATERIALS & METHODS

The present investigation was conducted in the Homoeopathy institute and it included retrospective assessment of homoeopathic treatment in patients with heel pain with or without Calcaneal Spur. Ethical approval was obtained from institutional ethical committee. Detailed clinical and data records of all the patients was obtained from the archives of the department. Data records of a total of 50 subjects with heel pain were included in the present study. Radiographic data of all the patients was obtained. Inclusion criteria for the present study included:

- Patients reporting to the department with heel pain
- Patients with negative history of any acute traumatic heel pain

- Patients between the age group of 25 to 55 years Experienced and skilled radiologists were appointed for assessment of radiographs. From the reports of radiographs, CS and is exact morphologic site were assessed. Clinical notes were reviewed for 6 months after the radiological diagnosis of spur in each case. Improvement in all the cases was recorded as mild, moderate, marked and No treatment, based on criteria previously described in the literature.⁹ Complete data was recorded in Microsoft excel sheet and were analyzed by SPSS software. Chi-square test was used for assessment of level of significance. P-value of less than 0.05 was taken as significant.

RESULTS

A total of 50 subjects were included in the present study. Among these 50 subjects, 25 subjects were with CS and 25 subjects without CS. Mean age of the subjects of the CS group and non-CS group was 42.3 and 45.8 years respectively. There were 12 males and 13 females in the subject of CS group and 14 males and 11 females in subjects of non-CS group. Marked improvement of the treatment response was seen in 14 patients of the CS group and 13 patients of the Non-CS group. Moderate improvement of the treatment response was seen in 6 patients of the CS group and 6 patients of the Non-CS group. Mild improvement of the treatment response was seen in 3 patients of the CS group and 4 patients of the Non-CS group. Non- significant results were obtained while comparing the homoeopathic treatment response among subjects of the CS group and Non-CS group (P- value > 0.05).

Table 1: Demographic data

Parameter	Patients CS	Patients without CS
Mean age (years)	42.3	45.8
Gender		
Males	12	14
Females	13	11
BMI (Body Mass index)		
Overweight	5	8
Normal	18	14
Below normal	2	3

Table 2: Response to homoeopathic treatment

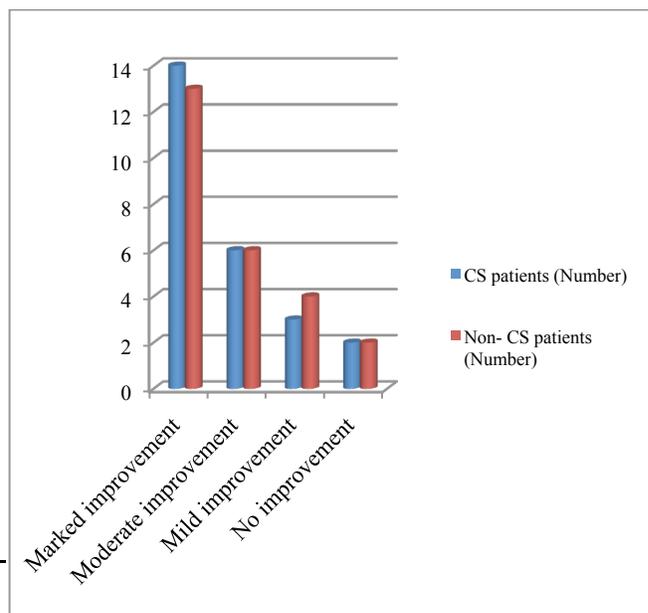
Response	CS patients (Number)	Non-patients (Number)	CS P- value
Marked improvement	14	13	0.58
Moderate improvement	6	6	
Mild improvement	3	4	
No improvement	2	2	
Total	25	25	

DISCUSSION

In the present study, a total of 50 subjects were included in the present study. Among these 50 subjects, 25 subjects were with CS and 25 subjects without CS. Mean age of the subjects of the CS

group and non-CS group was 42.3 and 45.8 years respectively. There were 12 males and 13 females in the subject of CS group and 14 males and 11 females in subjects of non-CS group. Schneider C et al assessed the noninferiority of therapy based on the homeopathic preparation Traumeel S ointment (Heel GmbH, Baden-Baden, Germany) compared with treatment based on diclofenac 1% gel in patients with tendinopathies of varying etiology. Three hundred fifty-seven patients aged 18 to 93 years

Graph 1: Response to homoeopathic treatment



with tendinopathy of varying etiology based on excessive tendon load rather than inflammation. Traumeel S ointment or diclofenac 1% gel for a maximum of 28 days was used. Efficacy was measured on a four-degree scale on pain-related variables, on variables related to motility, and on overall treatment outcome. Tolerability was monitored as adverse events. Compliance was assessed by practitioner and patient on a four-degree scale. The patients groups were comparable at baseline. The changes in summary score of all pain-related variables were -5.3 +/- 2.7 (all values means +/- SD) in the Traumeel group and -5.0 +/- 2.7 in the control group. Changes for all motility-related variables were -4.2 +/- 3.8 with Traumeel and -3.7 +/- 3.4 with control therapy. The summary scores for all clinical variables were reduced by -9.5 +/- 5.7 with Traumeel therapy and by -8.7 +/- 5.4 with diclofenac-based treatment. Homeopathic therapy was noninferior to diclofenac therapy on all variables. For motility-related variables, there was a trend toward superiority of Traumeel. Treatments were well tolerated with no treatment-related adverse events. The results suggested that Traumeel ointment is an effective alternative to nonsteroidal antiinflammatory drugs therapy for the acute symptomatic treatment of patients with tendinopathy. In the present study, marked improvement of the treatment response was seen in 14 patients of the CS group and 13 patients of the Non-CS group. Moderate improvement of the treatment response was seen in 6 patients of the CS group and 6 patients of the Non-CS group. Mild improvement of the treatment response was seen in 3 patients of the CS group and 4 patients of the Non-CS group. Non-

significant results were obtained while comparing the homoeopathic treatment response among subjects of the CS group and Non-CS group. Parveen S evaluated the extent of CS in heel pain; correlation of CS with some sociodemographic and health-related factors; and outcome of homoeopathic treatment over a period of 6 months. It was a retrospective study done at Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy, Kolkata. Samples were selected from the patients referred for ankle X-ray from August 2014 to July 2015 for nontraumatic heel pain. Their files were traced from outpatient department, and treatment records were reviewed over the next 6 months. Totally 92 patients, 70 women and 22 men, had undergone lateral X-ray of ankle for nontraumatic heel pain, of which 76 (82.6%) patients had CS. Extent of CS was found to be higher in case of females, older age, overweight, and profession of housemaid or manual labor. Homoeopathic treatment showed positive response in nearly 75% of the CS patients. The most useful medicines were *Calcarea flouricum*, *Rhus toxicodendron*, *Ledum palustre*, and *Aranea diadema*. CS was found in nearly 80% of patients presenting with heel pain, which showed association with female sex, overweight, increasing age, and profession requiring heel stress. Homoeopathic treatment was effective in 3/4th of CS patients, and *Rhus toxicodendron* and *Calcarea flouricum* are the two most commonly used medicines.⁹

CONCLUSION

Under the light of above mentioned data, the authors conclude that homoeopathic treatment is effective in treating patients with heel pain. However; further studies are recommended.

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Source of support: Nil

Conflict of interest: None declared

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