website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS

A Homoeopathic Case Report of Plantar Fasciitis with Calcaneal Spur

Aanchal M. Kori, [1*] Mita Gharte [2]

[1] PG Scholar, Department of Paediatrics, [2] HOD, Department of Paediatrics,
Motiwala National Homeopathic Medical College, Nashik, Maharashtra, India

ABSTRACT:

Plantar fasciitis is one of the most common causes of chronic heel pain and may be associated with calcaneal spur formation in long-standing cases. This case report describes a 27-year-old female who presented with bilateral heel pain since 2015, aggravated during the first few steps in the morning, walking and running, and relieved by continued walking and rest. The pain was described as a pricking sensation, as if a nail was being driven into the heels. This case revealed characteristic mental and physical generals along with marked local modalities. An Xray of both feet confirmed the presence of dorsal and plantar calcaneal spurs. Repertorial analysis was carried out using the Kent's Repertory. Initially, *Phosphoric Acid 200*, single dose for 15 days was prescribed based on the constitutional background; however, re-evaluation of the active symptom picture indicated *Rhus Toxicodendron 6X.* Gradual improvement was observed during follow-up, with reduction in pain, disappearance of swelling and restoration of normal walking ability. This case highlights the importance of individualised homoeopathic prescribing and continuous assessment of symptom evolution in chronic musculoskeletal disorders.

KEYWORDS: Calcaneal spur, Heel pain, Homoeopathy, Plantar fasciitis, *Rhus Toxicodendron*

Received: 09.05.2026	Accepted: 06.06.2026	Published: 09.06.2026

This work is licensed under a Creative Commons Attribution 4.0 International License © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code

***Corresponding Author:**

Dr. Aanchal M. Kori

PG Scholar, Department of Paediatrics, Motiwala National Homeopathic Medical College, Nashik, Maharashtra, India

Email: aanchalk728@gmail.com

INTRODUCTION:

Plantar fasciitis is a common musculoskeletal disorder characterized by pain and inflammation at the insertion of the plantar fascia on the calcaneus. The plantar fascia is a thick fibrous band that supports the longitudinal arch of the foot and absorbs mechanical stress during standing and walking. Repeated microtrauma, prolonged weight-bearing, biomechanical abnormalities and occupational strain may lead to degeneration and inflammation of the fascia. Approximately 10% of individuals experience plantar fasciitis during their lifetime, making it one of the most frequent causes of heel pain.

Clinically, patients commonly present with sharp heel pain that is most severe during the first few steps in the morning or after periods of rest. Pain may improve with continued movement but can worsen following prolonged activity. Chronic cases may show calcaneal spur formation on radiographic examination. Conventional management includes analgesics, physiotherapy, stretching exercises, orthotic support and lifestyle modification. Homoeopathy offers an individualized approach that considers the patient's mental, emotional and physical characteristics along with the local pathology. The present case demonstrates the successful management of plantar fasciitis with calcaneal spur through individualized homoeopathic treatment. This case is distinctive because bilateral plantar fasciitis with both dorsal and plantar calcaneal spurs in a young adult is rarely reported in homoeopathic literature. Its rarity also lies in the successful resolution of long-standing heel pain through individualized homoeopathic prescribing, despite initial non-response to the constitutional remedy.

CASE REPORT:

A 27-year-old unmarried female corporate employee presented with pain in both heels since 2015 at the outpatient department of Homoeopathic Hospital. The pain had progressively increased over the previous year and was associated with swelling during the week preceding consultation.

The pain was pricking in nature, described as if a nail was being driven into the heels.

Aggravation:

* Morning on waking
* First movement
* Walking
* Running

Amelioration:

* Rest
* Continued walking

Mental Generals:

The patient expressed grief following the death of her father, disappointment regarding failure to achieve career goals, self-reproach, dissatisfaction, indecisiveness and inferiority feelings.

Physical Generals:

Appetite: Increased
Thirst: 5–6 glasses/day, desires cold water
Desire: Fruits
Aversion: Non-veg, oily food
Stool: 2–3 times/day, satisfactory
Urine: 5–6 times/day, 1–2 times/night
Perspiration: Profuse, especially soles
Sleep: Disturbed

Dreams: Unsuccessful efforts
Thermal state: Hot patient

Diagnostic Assessment:
General Examination:
Blood Pressure: 130/80 mmHg
Pulse: 90/min
Respiratory Rate: 17/min
SpO_2: 98%

Local Examination:
Tenderness over bilateral heels (+++)
Mild non-pitting swelling
No local rise of temperature
Normal range of motion

Investigations:
X-ray of both feet revealed dorsal and plantar calcaneal spurs (Figure-1: X-Ray bilateral foot lateral view)

Final Diagnosis:
Plantar Fasciitis with Calcaneal Spur

Repertorial Analysis:
The case was repertorized using Kent's Repertory based on the following characteristic rubrics:
Mind; grief
Mind; remorse / self-reproach
Mind; concentration difficult
Mind; prostration of mind
Mind; envy / inferiority feeling
Extremities; pain; foot; heel; morning
Extremities; pain; foot; heel; walk; beginning to
Extremities; pain; foot; heel; walking amel.
Extremities; pain; foot; heel; nails, as if
Stomach; desires; fruit
Perspiration; profuse
Sleep; dreams; unsuccessful efforts
Prominent remedies obtained:
1. Phosphoric Acid
2. Pulsatilla
3. Lachesis

THERAPEUTIC INTERVENTION:
First Prescription (14/01/2025):
Phosphoric Acid 200, four pills once daily for 15 days.
Supportive Measures:
* Rolling foot over tennis ball
* Toe curl exercises
* Calf stretching
* Towel stretching
* Heel raises

Diagnostic Assessment (Addendum)
Windlass Test:

Baseline (14/01/2025): Positive bilaterally — pain reproduced on dorsiflexion of great toe.

31/01/2025: Still positive bilaterally, pain intensity unchanged.

15/02/2025: Positive on right side, mild discomfort; negative on left side.

01/03/2025: Mild discomfort only on right heel, left side negative.

Final Follow-up: Negative bilaterally — no pain reproduced on dorsiflexion.

RESULTS:
The patient showed gradual improvement during follow-up. Initial constitutional treatment did not produce significant relief. Subsequent reassessment of the characteristic modalities revealed a symptom picture corresponding to *Rhus Toxicodendron*. After prescription of *Rhus*

Toxicodendron 6X, marked improvement was observed. Swelling subsided, pain intensity reduced significantly and functional mobility improved. At the final follow-up, the patient reported absence of morning heel pain and was able to perform routine activities comfortably.

Table-1: Analysis and Evaluation of Symptoms:

Symptoms	**Evaluation**
Grief after father's death	Mental characteristic
Feels she has let father down	Mental characteristic
Dissatisfaction / inferiority feeling	Mental general
Difficulty in concentration / indecisiveness	Mental general
Heel pain as if nail driven	Characteristic particular
Pain worse beginning to walk	Characteristic particular
Pain better continued walking	Characteristic particular
Pain worse in morning	Characteristic particular
Desire for fruits	General
Profuse perspiration of soles	General
Dreams of unsuccessful efforts	Characteristic general

Table-2: Follow-Up:

Date	**Symptoms**	**Prescription**
14/01/2025	Pain in both heels since 2015. Pain as if nail in heels. Worse in morning and on first walking. Swelling present.	*Phosphoric Acid 200*, 4 pills OD × 15 days. Exercises advised.
31/01/2025	No relief in pain. Pain pattern same. Exercises gave only temporary relief.	Case reviewed.
31/01/2025	Local modalities strongly marked: pain worse on beginning to move, better by continued motion.	*Rhus Toxicodendron 6X*, 4 pills every 3 hourly × 15 days. Continue exercises.
15/02/2025	Pain reduced on waking. Pricking sensation reduced. Swelling absent.	Continue *Rhus Tox 6X* × 4 pills every 6 hourly ×15 days.
01/03/2025	Able to walk properly. Mild pain only at beginning of walking. No pain on continued motion.	Continue *Rhus Tox 6X* × 4 pills OD ×15 days
Next Follow-up	No pain in foot on waking in morning.	Stop medicine and continue observation and advice.

Repertorial Analysis:

Print Repertorisation

Select range of remedies to From 1 To 40 View

Total Recorded Symptoms : 14 Total Remedies : 235

Remedy	Ph-ac	Puls	Lach	Nat-m	Ars	Carb-v	Lyc	Nux-v	Sil	Cocc	Verat	Sep	Graph	Ign	Nat-c	Nit-ac	Staph	Aur	Caust	Ct
Totality	16	14	14	12	11	11	11	11	11	10	10	10	9	9	9	9	9	9	9	
Symptoms Covered	6	8	7	6	8	5	5	5	4	5	5	4	5	5	5	5	5	4	4	
[Kent] [Mind]Prostration of mind:	3	2	3	2	1	2	3	3	3	2	0	3	2	0	3	3	2	3	0	
[Kent] [Mind]Remorse:	0	2	1	1	2	1	0	1	2	2	2	0	1	2	1	1	0	2	1	
[Kent] [Mind]Grief:Ailments,from:	3	2	3	3	1	0	1	2	0	3	1	0	2	3	0	1	3	3	3	
[Kent] [Mind]Concentration:Difficult:	3	2	3	2	1	3	3	3	3	2	1	3	3	1	2	2	1	0	3	
[Kent] [Mind]Envy:	0	2	1	0	1	0	1	0	0	0	0	1	0	0	1	0	2	0	0	
[Kent] [Extremities pain] Pain:Foot:Heel:Morning:Waking,on:	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Extremities pain] Pain:Foot:Heel:Nails,like,under skin:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Extremities pain] Pain:Foot:Heel:Walk,on beginning to:	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Extremities pain] Pain:Foot:Weight on foot,on bearing:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Extremities pain] Pain:Foot:Heel:Walking:Amel:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Stomach]Desires:Fruit:	3	1	1	1	1	0	0	0	0	0	3	0	0	2	0	0	0	0	0	
[Kent] [Stomach]Aversion:Meat:Fat meat:	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Perspiration]Profuse:	3	2	2	3	3	3	3	2	3	1	3	3	1	0	2	2	1	1	2	
[Kent] [Sleep]Dreams:Unsuccessful efforts:To do various things:	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	

Print Screen Print Close

Figure-2: Repertorial Chart generated using Zomeo software (Kent's Repertory)

Print Repertorisation

Select range of remedies to From 20 To 40 View

Total Recorded Symptoms : 14 Total Remedies : 235

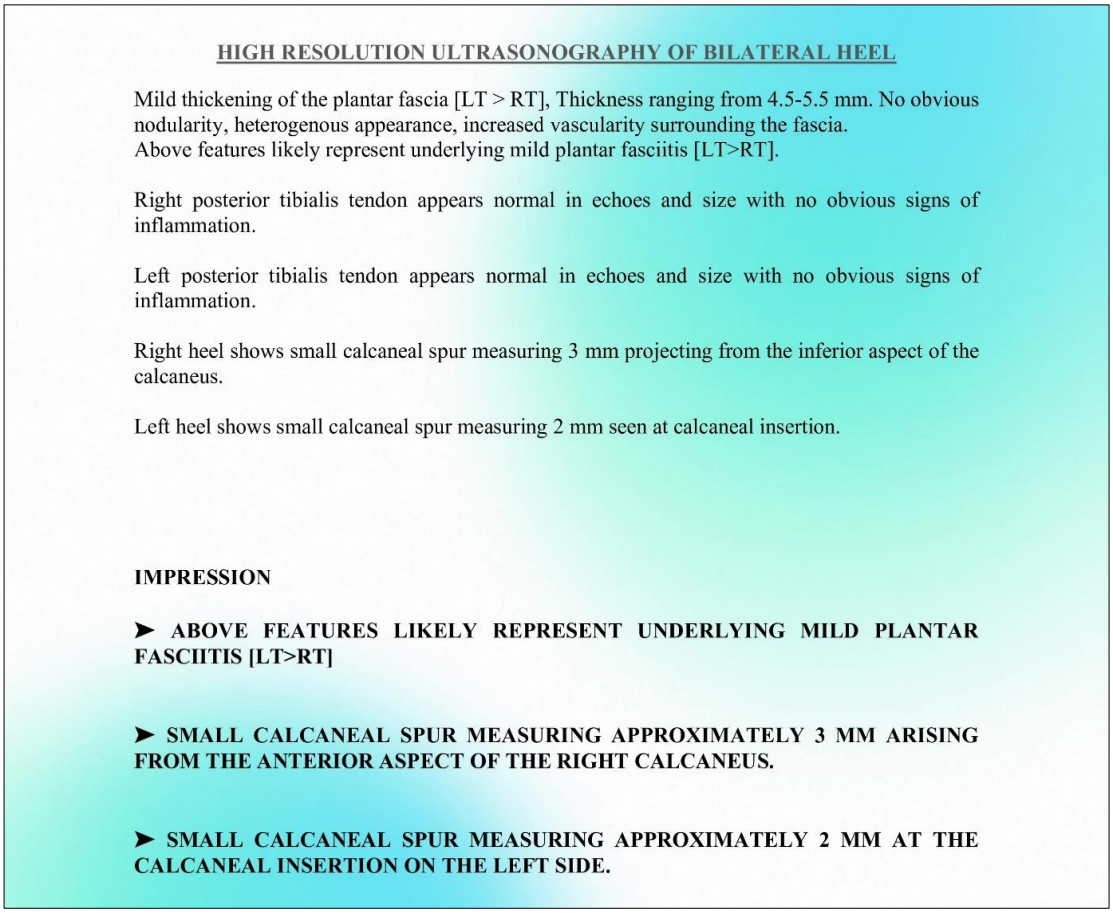
Remedy	Cupr	Phos	Alum	Con	Gels	Kali-p	Sulph	Carbn-s	Plat	Bry	Calc	Hyos	Merc	Sel	Bar-c	Apis	Colch	Coloc	Dig	Mag-c	Rhus-t
Totality	9	9	8	8	8	8	8	8	7	7	7	7	7	7	7	6	6	6	6	6	6
Symptoms Covered	4	4	5	5	4	4	4	3	5	4	4	4	4	4	3	4	4	4	4	4	4
[Kent] [Mind]Prostration of mind:	3	3	2	3	2	3	3	2	1	2	2	0	1	2	2	1	2	0	1	0	1
[Kent] [Mind]Remorse:	2	0	1	1	0	0	1	0	1	0	0	2	1	1	0	0	0	0	2	0	0
[Kent] [Mind]Grief:Ailments,from:	0	0	0	1	2	1	0	0	2	0	0	2	0	0	0	2	1	2	0	0	0
[Kent] [Mind] Concentration:Difficult:	2	3	2	2	2	1	2	3	2	1	0	2	2	2	3	2	1	1	0	1	1
[Kent] [Mind]Envy:	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
[Kent] [Extremities pain] Pain:Foot:Heel:Morning:Waking,on:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Extremities pain] Pain:Foot:Heel:Nails,like,under skin:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
[Kent] [Extremities pain] Pain:Foot:Heel:Walk,on beginning to:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Extremities pain] Pain:Foot:Weight on foot,on bearing:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
[Kent] [Extremities pain] Pain:Foot:Heel:Walking:Amel:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Stomach]Desires:Fruit:	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
[Kent] [Stomach] Aversion:Meat:Fat meat:	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Print Screen Print Close

Figure-3: Repertorial Chart generated using Zomeo software (Kent's Repertory)



Figure-1: X-Ray bilateral foot lateral view



HIGH RESOLUTION ULTRASONOGRAPHY OF BILATERAL HEEL

Mild thickening of the plantar fascia [LT > RT], Thickness ranging from 4.5-5.5 mm. No obvious nodularity, heterogenous appearance, increased vascularity surrounding the fascia.
Above features likely represent underlying mild plantar fasciitis [LT>RT].

Right posterior tibialis tendon appears normal in echoes and size with no obvious signs of inflammation.

Left posterior tibialis tendon appears normal in echoes and size with no obvious signs of inflammation.

Right heel shows small calcaneal spur measuring 3 mm projecting from the inferior aspect of the calcaneus.

Left heel shows small calcaneal spur measuring 2 mm seen at calcaneal insertion.

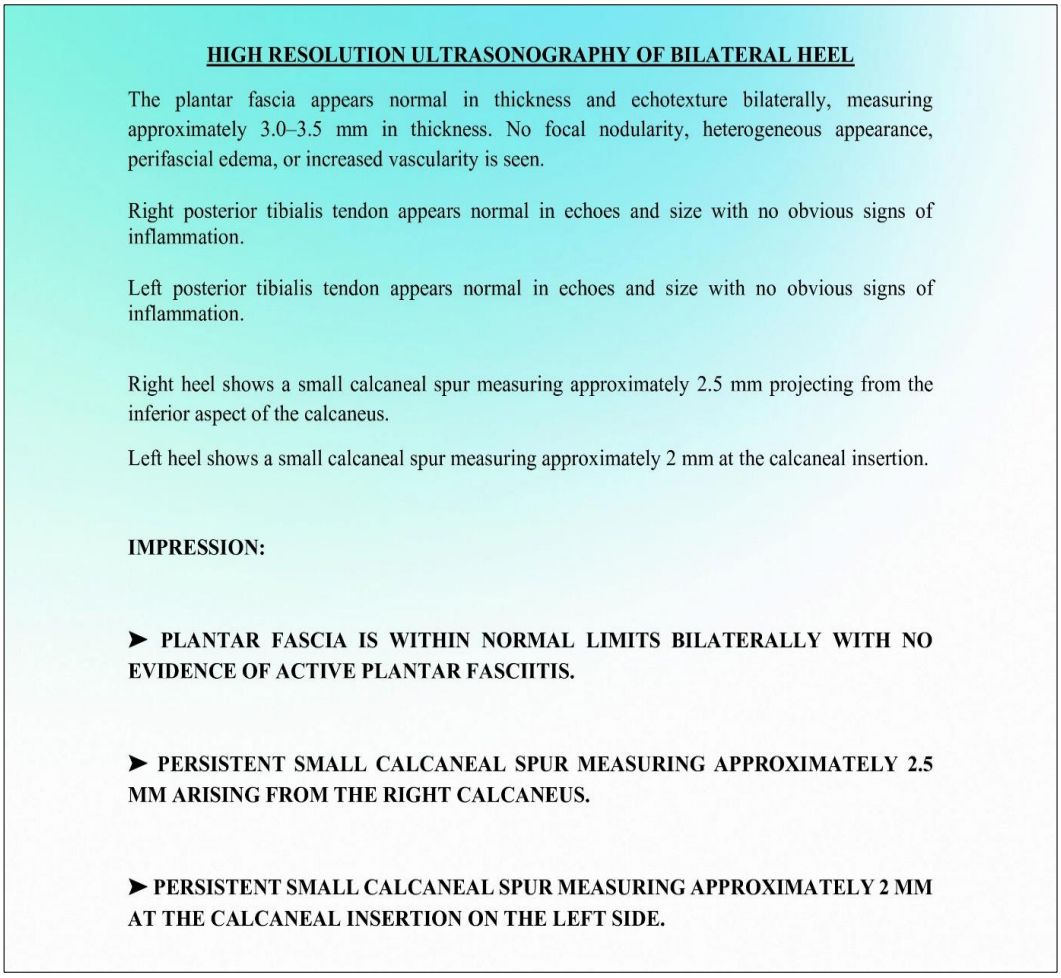
IMPRESSION

➤ ABOVE FEATURES LIKELY REPRESENT UNDERLYING MILD PLANTAR FASCIITIS [LT>RT]

➤ SMALL CALCANEAL SPUR MEASURING APPROXIMATELY 3 MM ARISING FROM THE ANTERIOR ASPECT OF THE RIGHT CALCANEUS.

➤ SMALL CALCANEAL SPUR MEASURING APPROXIMATELY 2 MM AT THE CALCANEAL INSERTION ON THE LEFT SIDE.

Figure-2: USG of Bilateral Heel Before Treatment showing Plantar Fascial thickening and calcaneal spur suggestive of Mild Plantar Fasciitis.



HIGH RESOLUTION ULTRASONOGRAPHY OF BILATERAL HEEL

The plantar fascia appears normal in thickness and echotexture bilaterally, measuring approximately 3.0–3.5 mm in thickness. No focal nodularity, heterogeneous appearance, perifascial edema, or increased vascularity is seen.

Right posterior tibialis tendon appears normal in echoes and size with no obvious signs of inflammation.

Left posterior tibialis tendon appears normal in echoes and size with no obvious signs of inflammation.

Right heel shows a small calcaneal spur measuring approximately 2.5 mm projecting from the inferior aspect of the calcaneus.

Left heel shows a small calcaneal spur measuring approximately 2 mm at the calcaneal insertion.

IMPRESSION:

➤ **PLANTAR FASCIA IS WITHIN NORMAL LIMITS BILATERALLY WITH NO EVIDENCE OF ACTIVE PLANTAR FASCIITIS.**

➤ **PERSISTENT SMALL CALCANEAL SPUR MEASURING APPROXIMATELY 2.5 MM ARISING FROM THE RIGHT CALCANEUS.**

➤ **PERSISTENT SMALL CALCANEAL SPUR MEASURING APPROXIMATELY 2 MM AT THE CALCANEAL INSERTION ON THE LEFT SIDE.**

Figure-3: Follow-up USG of Bilateral Heel showing resolution of Plantar fascial thickening with persistent calcaneal spur.

MONARCH Causality Attribution Criteria (put circle around appropriate answer)

Patient (initials/brief descriptor):

	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3. Was there a homeopathic aggravation* of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	0	0
6 (A) *Direction of cure*: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6 (B) *Direction of cure*: did *at least one* of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternative causes (other than the medicine) that –with a high probability- could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
TOTAL SCORE (range -3 to 13)	+10		

* homeopathic aggravation: A temporary worsening of pre-existing symptom(s) within a plausible timeframe after the administration a homeopathic medicine, followed by an improvement in the patient's condition.

* Objective evidence: Findings that reflect expert external observation of any measurement of the patient. Objective evidence includes lab tests, X-ray reports, health care provider examination or observation, or other similar data

Figure-4: MONARCH Causality Attribution Criteria

DISCUSSION:

Homoeopathy emphasizes treatment of the individual rather than the disease diagnosis alone. Chronic musculoskeletal disorders often involve a combination of physical pathology, occupational factors, emotional stress and constitutional susceptibility. The present case demonstrated several maintaining causes, including prolonged standing during travel, occupational strain and psychological stress associated with grief and unrealized expectations.

The patient's constitutional background initially indicated Phosphoric acid due to grief, disappointment, mental prostration, and difficulty in concentration. However, the absence of significant improvement necessitated reassessment of the active symptom picture. The characteristic modalities of pain aggravated on initial movement and relieved by continued motion strongly indicated *Rhus toxicodendron*. [6,7] According to *Homoeopathic Materia Medica, Rhus toxicodendron* has a marked affinity for fibrous tissues, tendons, ligaments, and rheumatic conditions characterized by stiffness and pain relieved by continued motion. [6,7] These characteristics closely corresponded with the patient's clinical presentation. Following prescription of Rhus toxicodendron, progressive improvement was observed in pain intensity, swelling, and walking ability.

Conventional treatment often provides symptomatic relief in plantar fasciitis; however, recurrence may occur when predisposing and maintaining factors persist. [2,3] In this case, individualized homoeopathic management, combined with supportive exercises such as toe-curl exercises, calf stretching, and heel raises, appeared to provide sustained clinical improvement. The case highlights the importance of evaluating both constitutional characteristics and characteristic local modalities during follow-up**.**

CONCLUSION:

This case demonstrates the successful management of plantar fasciitis with calcaneal spur through individualized homoeopathic treatment. Careful evaluation of constitutional features, characteristic modalities and follow-up assessment contributed to favourable clinical outcomes. Further studies involving larger sample sizes are required to evaluate the role of homoeopathy in chronic heel pain disorders.

Acknowledgements:

The authors express their sincere gratitude to the Department of Paediatrics, Motiwala (National) Homoeopathic Medical College and Hospital, Nashik, for academic guidance and support. The authors also thank the patient for providing informed consent for publication of this case report.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:
This report describes the outcome in a single patient; therefore, the findings cannot be generalized to a larger population. The improvement observed may not necessarily represent the response of all patients with calcaneal spur and plantar fasciitis.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:
Dr. Aanchal M. Kori, Dr. Mita Gharte. A Homoeopathic Case Report of Plantar Fasciitis with Calcaneal Spur. Int. J. AYUSH Case Reports. 2026; 10(2): 1-10.

REFERENCES:

1. Buchanan BK, Sina RE, Kushner D. Plantar Fasciitis. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.
2. Tu P, Bytomski JR. Diagnosis of Heel Pain. American Family Physician. 2011;84(8):909–916.
3. League AC. Current concepts review: plantar fasciitis. Foot & Ankle International. 2008;29(3):358–366.
4. Riddle DL, Pulisic M, Pidcoe P, Johnson RE. Risk factors for plantar fasciitis: a matched case-control study. J Bone Joint Surg Am. 2003;85(5):872–877.
5. Kent JT. Repertory of the Homoeopathic Materia Medica. 6th ed. New Delhi: B. Jain Publishers; 1987. p. 1234–1236.
6. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. New Delhi: B. Jain Publishers; 2002. p. 589–592.
7. Allen HC. Keynotes and Characteristics with Comparisons. 10th ed. New Delhi: B. Jain Publishers; 2003. p. 196–198.
8. Phatak SR. Materia Medica of Homoeopathic Medicines. 2nd ed. New Delhi: B. Jain Publishers; 1999. p. 452–454.