

Plantar Fasciitis: Homoeopathic Insights into Therapeutics and Repertorial Rubrics – A Review

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Abstract- Plantar fasciitis is one of the leading cause of chronic heel pain. It affects about 10% of the population. 83% of individuals with plantar fasciitis are active working adults aged 25 to 65. Among the general population, the age group between 40 and 60 years shows the highest incidence. Plantar fasciitis is not considered to be a primary inflammatory disorder, but it is considered to be a degenerative pathology. Due to its degenerative pathology rather than inflammatory, it is also recognised as fasciosis instead of fasciitis. The key risk factors include prolonged standing, walking, obesity, and other biomechanical issues like reduced ankle dorsiflexion, etc. The hallmark symptom is sharp, non-radiating pain during the first steps in the morning. Diagnosis of plantar fasciitis is primarily clinical, often supported by the windlass test or ultrasound measurements of fascial thickness. The management is based on conservative therapies such as rest, heat, ice packs, stretching, and NSAIDs, as the condition frequently has a self-limiting natural history. Early detection and management lead to shorter duration and higher likelihood of success. It may sometimes take longer to resolve. Previous studies have shown that homeopathic medicines help in the treatment of the disease, and so this article is an attempt to show the indication of homeopathic remedies and also rubrics from various repertories based on symptoms of plantar fasciitis and thus helps in finding out the similimum easily.

Key words- Plantar Fasciitis, Chronic Plantar Heel Pain, Fasciosis, Homoeopathy

I. INTRODUCTION:

Out of all the presenting complaints in foot and ankle practice, pain in the heel is one of the most frequent ones. One of the most common causes behind chronic heel pain among adults is plantar fasciitis (PF); it accounts for 11-15% of adult foot complaints requiring medical attention [1].

In outpatient settings plantar fasciitis is seen as one of the most common causes of heel pain. The precise incidence and prevalence of plantar fasciitis by age are

unknown; estimations indicate that this condition accounts for about a million visits a year [2].

About 10% of the general population suffers from plantar fasciitis, and 83% of those having it are active working adults in the age group of 25-65. Amongst the general population, the age group between 40 and 60 years shows its highest incidence [2].

The foot plays an important role in controlling posture and movement; along with this, it is also seen that foot diseases have a negative consequence on a person's quality of life [3].

The most common cause that contributes to the occurrence of plantar fasciitis is frequent micro trauma or excessive stress to the fascia. This situation leads to a considerable amount of discomfort and foot stiffness. The plantar fascia is the band that joins the calcaneus to the toes on the bottom of the foot [3].

It acts as a dynamic shock absorber during foot strikes and also helps in providing support to the foot's longitudinal arch [4].

Some of the risk factors that are considered to damage plantar fascia are prolonged standing, obesity, excessive pronation of the foot, jogging, and inadequate ankle dorsiflexion [3].

Contrary to its name, plantar fasciitis is not considered to be a primary inflammatory disorder but rather a degenerative pathology [5].

Chronic weight bearing and frequent overload of the foot in routine activities or sports are considered to be its attributes. Due to the chronic nature of the disorder and the existence of degeneration rather than inflammation, few workers have proposed the word "fasciosis" instead of "fasciitis" [6].

Stabbing heel pain, especially on taking first steps in the morning or after extended periods of inactivity, is considered to be the characteristic symptom of plantar fasciitis. The simplest tasks, such as walking or standing, feel painful, as this condition causes remarkable impairment in mobility [7].

Literature has described PF as chronic plantar heel pain, painful heel syndrome, heel spur syndrome, runner's heel, and calcaneal periostitis [1].

Plantar fasciitis is described as one of the leading causes of CHCP (chronic plantar heel pain), and these terms are often interchangeably used in the literature [8].

II. METHODS

This review article was prepared through a narrative review of available literature on plantar fasciitis. Multiple textbooks, peer-reviewed journal articles, and online scientific databases were among the sources from which the data was reviewed.

Keywords such as "plantar fasciitis," "chronic plantar heel pain," "diagnosis and management of plantar fasciitis," "homeopathy," "homeopathic treatment for plantar fasciitis," and "repertorial rubrics for heel pain" were used to search electronic databases such as PubMed, Cureus, StatPearls, and Google Scholar

Articles related to epidemiology, etiology, pathophysiology, diagnosis, and management of plantar fasciitis and those published in the English language were reviewed to find commonly indicated remedies and repertorial rubrics related to plantar fasciitis, classical homeopathic literature, including materia medica and homeopathic texts, was also referred

The literature was later analyzed and summarized for preparing the overview of plantar fasciitis along with the homeopathic therapeutic approach and repertorial rubrics.

III. ETIOLOGY

Plantar fasciitis is typically associated with excessive repetitive strain, which causes micro tears to the plantar fascia. However, trauma or other multifactorial factors may contribute to the development of this condition [2].

The occupations that require prolonged standing and walking, excessive running, sedentary lifestyles, pes

planus (excessive pronation of foot), pes cavus (high arch), leg length discrepancy, obesity, and tightness of Achilles tendon and intrinsic foot muscles are considered to be the main risk factors for plantar fasciitis [4].

The other recognized risk factors for the condition are obesity and reduced ankle dorsiflexion [9].

IV. PATHOPHYSIOLOGY

Plantar fasciitis was initially considered to be an acute inflammatory disease, but histologic results of samples from patients undergoing surgery revealed myxoid degeneration with fragmentation and degeneration of plantar fascia, showing a chronic degenerative process without inflammation [10].

The present theories suggest that plantar fasciitis arises through deterioration of fascia, and that is the reason it is sometimes referred to as fasciosis rather than fasciitis, where maximum stress is considered to be the main factor in etiology [3].

The condition is initiated by micro tears, which occur due to the repetitive stress of standing straight and bearing weight. The chronic degeneration of fascia occurs as a result of constant stretching of plantar fascia, which eventually leads to pain during sleep or at rest [2].

V. CLINICAL FEATURES:

The patient experiences pain in the inner side of the heel, and pain mostly occurs during the initial steps after a period of rest. There is ease in pain during the day as the amount of activity increases during the time of day, but it tends to worsen towards the end of the day. The symptoms tend to become worse after a prolonged period of weight-bearing activity, and the pain is often triggered by an increase in weight-bearing activities [1].

At the time of presentation, the symptoms may have persisted for weeks or months. The discomfort is severe on standing up for the first time after rest, mostly in the early morning. The pain usually starts to decrease once the patient starts walking. The discomfort usually decreases but never completely goes away. It is triggered by activities such as exercise and prolonged walking, especially on hard surfaces [9].

The presenting complaint of plantar fasciitis is mostly unilateral, but 30% of cases have a bilateral presentation. 80% of cases present with tightness of the Achilles tendon [1].

VI. DIAGNOSIS

The history and clinical assessment provide the primary criteria for diagnosing plantar fasciitis [3]. Onset, duration of pain, nature of pain, and location of pain—all such details are important for diagnosing plantar fasciitis [11].

It is mainly a clinical diagnosis, which is based on clinical evaluation. The chief symptom is sharp, non-radiating pain in the proximal medial-plantar aspect of the foot. On examination, tenderness is present over the anteromedial calcaneus. The windlass test is helpful diagnostically; the test is positive when heel pain replicated by forceful dorsiflexion of toes at metatarsophalangeal joints while the ankle is stable is considered a positive outcome [4].

Depending on the clinical picture, further investigations should be considered [9].

When diagnosing plantar fasciitis, imaging such as MRIs, X-rays, and ultrasounds are considered essential. For ruling out heel spurs, calcaneus fracture, or fracture of any bone of the foot, X-rays are required. Patients with plantar fasciitis commonly present with having heel (calcaneal) spurs [11].

When the diagnosis is unclear, ultrasound examination proves to be important, and it is operator dependent. The thickness of plantar fascia when measured in ultrasonography shows the range of 2-3 mm, as shown in the literature. Chronic heel pain is most commonly associated with having fluid accumulation and the thickness of plantar fascia more than 4.0 mm. This is considered to be a diagnostic factor for plantar fascia [11].

Magnetic resonance imaging is not considered to be a routine investigation. But this investigation can be useful for identification of any other soft tissue lesions, for example, soft tissue tumours or marrow edema presenting with infection or any occult fracture if present [9].

VII. TREATMENT

Plantar fasciitis frequently has a self-limiting natural history. However, as the natural time for resolution is

somewhere between 6 and 18 months or sometimes longer, it leads to discontentment for doctors and patients. The majority of specialists agree that early detection and management of plantar fasciitis leads to shorter treatment duration and a higher likelihood of success with conservative therapies [1].

Despite the slow progression of this illness, which is frequently annoying, the great majority of patients heal without surgery. It is important to educate the patient about expectations and the length of the treatment from the beginning. As plantar fasciitis tends to be a result of overuse issues, it seems sensible to avoid high-impact activities in the first instance [9].

The initial line of treatment should be relative rest from the activities that aggravate pain, guided by the degree of pain. Both oral or topical nonsteroidal anti-inflammatory medications and icing after physical activity help in reducing pain [2].

Rest, heat, ice packs, non-steroidal anti-inflammatory drugs (NSAIDs), heel pads, magnetic insoles, night splints, walking casts, taping, plantar and Achilles stretching, ultrasound, steroid injection, extracorporeal shock wave therapy, platelet-rich plasma injection, pulsed radiofrequency electromagnetic field therapy, and surgery are some of the many interventions that are considered for the treatment of plantar fasciitis [1].

Steroid injection is considered as the next option when more conservative therapies fail [1].

If less invasive therapies have failed and this process has progressed to a chronic stage, then surgery should be considered as the last resort [2]. Patients may need surgery if they are still not improving with conservative therapy after a year or longer [9].

VIII. HOMEOPATHIC APPROACH

The foundation of homeopathy is based upon nature's law. The homeopathic law of cure is Similia similibus curentur.

The fundamental principle of homeopathy is that man is not just an individual but also a totality, with all of his components making up a harmonious whole.

Therefore, homeopathy views the expression of illness in one portion in relation to the entire man rather than viewing any one part as being ill.

The main aim of the homeopathic physician is to find out the remedy that fully and completely covers each

individual case. And in other words this is known as totality of symptoms [12].

Here are the indications of a few homeopathic remedies:

Ammonium Muriaticum-

There is an ulcerative kind of pain felt in the heels. Contraction of hamstring tendons. Painful feet during menses [13].

Antimony Crudum-

Tenderness of feet. Tenderness of soles while walking [14].

Berberis Vulgaris-

Pain in heel as if ulcerated. Pain in balls of feet on stepping [13].

There is intense weariness and lameness of legs after walking for a short distance [14].

Bryonia-

Foot pain on walking as of dislocation Foot swelling with redness and heat; bruising-like pain when the feet are stretched; strain when they are moved; and ulceration-like pain when touched. Shootings in the toes, soles, and feet, especially while the foot is resting [15].

Ledum Pal-

Soreness of heel. Painful soles and can hardly step on them. Itching in the dorsum of the feet by night and stiffness in the morning. The feet are held to earth as by a magnet when trying to move [14].

Lycopodium-

There is hotness in one foot, and the other foot is cold. Painful heel as from a pebble on walking [13].

Numbness of heels. Hands and feet feel heavy, relaxed, and trembling and are better with motion [14].

Medorrhinum-

Tenderness of heels and balls of feet. There is soreness of soles [13].

Tenderness of heels, balls, and soles of feet and itching. Walking on them is difficult, and one has to walk on knees [14].

Pulsatilla-

There is a presence of boring pain in heels towards evening. The pain is worse from letting the affected limb hang down. There is redness, swelling, and inflammation of feet. Heaviness and weariness is felt in the legs [13].

There is an inclination to stretch the feet [14].

Ranunculus Bulbosus-

Painful heels as if pinched by boots [14].

Rhus toxicodendron-

Ankle swelling after sitting for too long. Swelling in feet in the evening [14]. Tingling in the feet [13].

IX. REPERTORY

The word REPERTORY has originated from the Latin word REPERTORIUM which means – An inventory, or storehouse, repository, store or collection – especially of facts or information [16].

Repertory is a systematically and logically arranged index to the homoeopathic Materia medica, which is full of information collected from toxicology, drug proving and clinical experience [16].

NEED OF REPERTORY-

A repertory is an index where there is storage or classification or systematical arrangement of information which can be useful in process of finding the similimum.

The primary goal of repertory is to help in the process of finding correct similimum for the case. It also helps in comparing and differentiating between several remedies. There are vast number of symptoms present in Materia medica which is difficult to remember. The process of repertorisation is artistic as well as scientific method of individualization [17].

There are various rubrics present in various repertories which are mentioned below-

RUBRICS OF PLANTAR FASCIITIS-

Repertory of Homoeopathic Materia medica by J.T. Kent [18]

- EXTREMITIES-INFLAMMATION, FOOT, HEEL
- EXTREMITIES-PAIN, FOOT, HEEL
- EXTREMITIES-PAIN, FOOT, HEEL, MORNING
- EXTREMITIES-PAIN, FOOT, HEEL, MORNING, WAKING, ON
- EXTREMITIES-PAIN, FOOT, HEEL, MORNING, WALK, ON BEGINNING TO
- EXTREMITIES-PAIN, FOOT, HEEL, WALKING

Concise repertory of Homoeopathic Materia medica- Dr. Phatak [19]

- HEELS - PAINFUL
- HEELS - PAINFUL, INTERMITTENT
- HEELS - PAINFUL, LYING BACK, ON AGG
- HEELS - PAINFUL, STANDING LONG AFTER
- HEELS - PAINFUL, WALKING AMEL
- HEELS - PAINFUL, STAND, CANNOT, ON
- HEELS - PAINFUL, WALKING, AGG

Synthesis Repertorium Homoeopathicum Syntheticum – Dr. Frederik Schroyens [20]

- EXTREMITIES, INFLAMMATION-FOOTS-SOLE, FASCIITIS; PLANTAR
- EXTREMITIES, PAIN- FEET, HEELS
- EXTREMITIES, PAIN- FEET, HEELS, RIGHT
- EXTREMITIES, PAIN- FEET, HEELS, MORNING
- EXTREMITIES, PAIN- FEET, HEELS, MOTION, AGG, STITCHING PAIN
- EXTREMITIES, PAIN- FEET, HEELS, PINCHING PAIN
- EXTREMITIES, PAIN- FEET, HEELS, STEPPING AGG

Homoeopathic Medical Repertory- Robin Murphy [21]

- FEET, PAIN, HEELS
- FEET, PAIN, HEELS, MORNING
- FEET, PAIN, HEELS, MORNING, FIRST STEP
- FEET, PAIN, HEELS, MORNING,

WAKING, ON

- FEET, PAIN, HEELS, RISING FROM A SEAT
- FEET, PAIN, HEELS, WALK, ON BEGINNING TO

A Clinical Repertory to the dictionary of Materia Medica- J.H. Clarke [22]

- HEEL, PAIN IN

X. DISCUSSION

Managing plantar fasciitis is still found to be difficult despite the availability of conventional treatment approaches. Since plantar fasciitis is the most common cause of chronic heel pain and frequently has a self-limiting natural history. But the time required for resolutions of complain may sometimes be longer [1]

Homeopathic medicines have efficacy in reducing complains of plantar fasciitis, there are studies done previously which emphasis that individualised homeopathic medicines when given based on individual symptoms helps in management of plantar fasciitis. The studies have explained the role of homeopathy in cases of plantar fasciitis.

A study published in the International Journal of Research and Review has reported that homeopathic medicines, when selected on the basis of the presenting symptom helps effectively in treatment of plantar fasciitis. [23].

Another study published in IJCRT has mentioned various homeopathic medicines and their indications and has also mentioned that homeopathic medicines have their action on tendons, muscles, and bones and thus help in correcting the injury or any other changes. As homeopathy is based on minimum doses and a holistic approach, it not only cures but also helps in restoring the normal anatomy and physiology. Plantar fasciitis can therefore be easily treated with individual homeopathic medicines along with appropriate modifications in lifestyle, awareness, and counselling of patients [24].

Similarly, a case-based study published in International Journal of Homoeopathic Sciences has also documented improvement in plantar fasciitis with homeopathic medicines when given on an individual basis based on presenting complaints after repertorization and symptom totality [25].

Homeopathy can be successfully practised only by the process of individualisation. In homeopathy, Individualization is considered to be mandatory and fundamental principle. Individualization of a patient can be done by considering physical as well as intellectual and emotional characteristics [26].

Individual homoeopathic remedy can be found based on individual characteristic symptoms. In homeopathy disease is treated based on the totality of symptoms presented by the patient. There are various homeopathic medicines in classical material medica books with indications related to pain heel, difficulty in walking, soreness in soles etc. And also

rubrics present in multiple repertories which helps in easy selection for the process of repertorisation. The selection of the individualised remedy based on symptoms gets easier with the help of rubrics and repertorisation.

XI. CONCLUSION

Pain in the heel is one of the most frequent complain and one of the most common causes behind chronic heel pain among adults is plantar fasciitis. The existing studies suggest that homeopathic medicines when given based on individual symptoms helps in decreasing complains of plantar fasciitis. The reportorial analysis can be done based on the individual symptoms and referring to various rubrics from various repertories and thus helps on selecting the most suitable remedy. Thus it can be stated that individualised homoeopathic treatment may play a supportive role in managing plantar fasciitis.

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