

Utility Of Repertory of J.T. Kent in Homoeopathic Treatment and Management of Corns: A Prospective Clinical Case Report from A Clinical Cohort

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Abstract—Introduction: Heloma durum (corn) is a circumscribed, hyperkeratotic lesion caused by chronic mechanical friction and intermittent pressure, frequently resulting in marked localized pain and functional impairment. Conventional treatments commonly carry high recurrence rates. This report presents the constitutional homoeopathic management of a digital corn utilizing J. T. Kent's repertorial framework within a clinical cohort study.

- **Patient Presentation:** A 37-year-old male shopkeeper presented with a hard, intensely painful, and burning hyperkeratotic corn on his right-hand ring finger lasting 2 months. The lesion significantly hindered daily manual work. Baseline severity assessment showed a Total Objective Score of 13 out of 16 (severe clinical impairment).
- **Interventions & Repertorization:** Individualized assessment identified prominent mental anxiety regarding business, general thirstlessness, thermal heat aggravation, and right-sided painful, burning, sore local pathology. Repertorization using Kent's Repertory of the Homoeopathic Materia Medica identified *Lycopodium clavatum* as the leading simillimum (score 9/4). A single oral dose of *Lycopodium clavatum* 200C stat was administered, followed by unmedicated placebo (Saccharum lactis).
- **Follow-up & Outcomes:** Over sequential bi-weekly follow-ups, progressive softening of hyperkeratosis, cessation of burning and tenderness, and complete epidermal ridge remodeling occurred without adverse events. By day 60, the objective severity score dropped from 13 to 0 (100% cure), showing complete dermatological resolution.

- **Conclusion:** Kentian hierarchical repertorization prioritizing mental and physical generals alongside characteristic local symptoms enables precise simillimum selection, leading to complete structural regression of recalcitrant corns without surgical ablation or keratolytics.

Index Terms—Corns Callosities; Heloma Durum; Homoeopathy; J. T. Kent; *Lycopodium clavatum*; Repertorization.

I. INTRODUCTION

Heloma (corns) represents a widespread, distressing dermatological condition characterized by localized hyperkeratotic conical thickening of the stratum corneum [1]. Histopathologically, sustained mechanical shearing forces, friction, or compression over bony prominences stimulate excessive keratinocyte proliferation, resulting in a dense, penetrating central keratinous core that impinges upon underlying papillary dermal nerve endings [1,2]. Although predominantly encountered on the plantar and interdigital surfaces of the feet, manual laborers and shopkeepers frequently develop painful callosities and corns on the palmar and digital surfaces of the hands due to repetitive mechanical strain and occupational friction [1,3].

Conventional medical approaches primarily salicylic acid keratolytics, surgical enucleation, cryotherapy, and mechanical paring tend to focus strictly on local

tissue removal [1,4]. Consequently, recurrence rates remain high because the underlying individual predisposition, constitutional susceptibility, and biomechanical diathesis are left unaddressed [1,4].

In homoeopathic medicine, skin lesions are not viewed as isolated external pathologies, but rather as peripheral expressions of internal dynamic dyscrasia [5,6]. Dr. James Tyler Kent's Repertory of the Homoeopathic Materia Medica provides a deductive, hierarchical repertorial methodology that emphasizes the whole person [7,8]. Kentian philosophy posits that the prescription must proceed from the center to the periphery: evaluating the innermost mental generals (will and intellect), systemic bodily reactions to physical environments and diet (physical generals), and finally the modalities, sensations, and specific characteristics of the localized lesion [7,8].

This case report documents Case 01 from a specialized clinical research cohort at Shri B. G. Garaiya Homoeopathic Medical College, Saurashtra University, Rajkot, Gujarat [1]. It illustrates how applying Kent's repertorial hierarchy facilitated the selection of a constitutional simillimum (*Lycopodium clavatum*), resolving a severe, painful digital corn without topical adjuvants [1].

II. PATIENT INFORMATION & BASELINE FINDINGS

Demographic & Clinical Presentation

- Patient Identifier: Case No. 01 (Reg. No. 1880 / Master Chart No. 1) [1]
- Age & Gender: 37-year-old male [1]
- Occupation: Shopkeeper [1]

Presenting Complaint:

Hard, painful, and burning hyperkeratotic lesion located on the palmar-lateral surface of the right-hand ring finger, persisting for 2 months [1].

History of Present Illness:

The patient noticed a small, hard thickening over the right fourth digit 2 months earlier, which gradually enlarged and hardened.

The lesion became intensely painful and developed a burning sensation that was aggravated by pressure, manual grasping, writing, and touching objects in his shop [1].

Medical, Surgical & Family History

- Past Illness / Surgery: No history of chronic systemic disease, hospitalizations, or previous surgical interventions [1].
- Family History: Non-contributory for major familial diatheses or chronic skin ailments [1].

Holistic Profiling & Physical Generals

- Mental Generals: Marked anxiety regarding business and occupational duties; easily irritable disposition when under work stress [1].
- Physical Generals:
 - Thermal State: Hot patient (general aggravation from environmental heat and warm rooms) [1].
 - Thirst: Distinct thirstlessness (absence of thirst despite daytime physical activity) [1].
 - Bowel & Excretory: Bowels regular once daily in the morning; urine normal in color and frequency [1].
 - Sleep & Appetite: Sound sleep; normal appetite [1].
- Particular Local Symptoms:
 - Location: Right hand, ring finger [1].
 - Sensation: Hard induration, burning pain, exquisite soreness to touch [1].
 - Modalities: Aggravated (<) by direct touch, pressure, and handling goods [1].

- Miasmatic Diagnosis: Sycotic dominance (evidenced by localized epidermal hypertrophy, induration, and overgrowth of the stratum corneum) [1,6].

- Baseline Severity Score: Pre-treatment total score was 13 (measured on a standardized 0–16 scale incorporating pain VAS, lesion diameter, induration, and tenderness) [1].

III. CASE ANALYSIS & REPERTORIZATION

Symptom Classification & Evaluation

Following the Kentian schema of analysis, symptoms were classified and graded by hierarchy:

1. Mental Generals: Anxiety regarding business (+1); Irritable disposition (+2) [1,7].
2. Physical Generals: Thirstlessness (+3); Thermal state: Hot patient, aggravated by heat (+3) [1,7].
3. Particulars & Modalities: Hard, highly painful corn with burning (+3); Aggravated by touch and

pressure (+3); Location: Right hand ring finger (+2) [1,7].

Repertorial Rubrics (Kent's Repertory)

The repertorial totality was structured using Kent's Repertory of the Homoeopathic Materia Medica:

1. [Stomach] Thirstless (87 remedies) [7]
2. [Extremities] Corns: Painful (32 remedies) [7]
3. [Extremities] Corns: Burning (29 remedies) [7]
4. [Extremities] Corns: Sore (33 remedies) [7]

Repertorization Chart Analysis

Repertorial Rubric (Kent's Repertory)	Lycopodium clavatum	Ignatia amara	Sepia officinalis	Sulphur	Agaricus muscarius	Antimonium crudum	Hepar sulphuris
Totality Marks / Symptoms Covered	9 / 4	8 / 4	8 / 4	8 / 4	7 / 4	7 / 4	7 / 4
[Extremities] Corns: Painful (32) [7]	2	1	1	3	2	2	2
[Extremities] Corns: Burning (29) [7]	2	3	3	2	2	2	2
[Extremities] Corns: Sore (33) [7]	3	3	2	2	2	1	2
[Stomach] Thirstless (87) [7]	2	1	2	1	1	2	1

Differential Analysis & Simillimum Rationale

- *Lycopodium clavatum* (9/4): Covered all 4 repertorial rubrics with the highest qualitative affinity [1]. It comprehensively accounted for the patient's prominent anxiety regarding business and competence, general thirstlessness, right-sided laterality, and specific corn modalities (soreness, burning, and exquisite tenderness to touch) [1,8].
- *Ignatia amara* (8/4): Although covering all 4 rubrics numerically, Ignatia is characterized by acute emotional grief, paradoxical symptoms, and spasms, lacking the sustained sycotic induration and business-anxiety diathesis observed in this case [7,8].
- *Sepia officinalis* (8/4): Lacks the right-sided digital focus and occupational anxiety; clinically, Sepia is predominantly a chilly patient with characteristic pelvic/venous stasis [7,8].
- *Sulphur* (8/4): Although hot, Sulphur is typically intensely thirsty with an affinity for standing

aggravations and generalized cutaneous eruptions rather than an isolated, indolent digital corn [7,8].

- *Antimonium crudum* (7/4):

A classic remedy for thick, horny callosities, but ranked lower repertorially and lacked the characteristic mental and systemic symptom picture [7,8].

Prescription & Posology

- Primary Prescription (12-06-2025): *Lycopodium clavatum* 200C, single dose stat orally [1].
- Secondary Posology: Sac Lac / Rubrum TDS for 15 days [1].
- Auxiliary Care: Warm water soaks and avoidance of excessive localized friction [1].

IV. CHRONOLOGICAL FOLLOW-UPS & CLINICAL OUTCOMES

The patient was monitored systematically at bi-weekly follow-up consultations over 60 days:

Follow-up Date	Clinical Status & Subjective Complaints	Objective Findings & Lesion Measurements	Repertorial Assessment & Rule Applied	Prescription & Posology
Visit 1 (12-06-2025) Baseline [1]	Severe pain on grasping, burning sensation; irritable disposition, business anxiety [1].	Hard, elevated hyperkeratotic corn on right ring finger; marked tenderness on light touch. Pre-Tx Score: 13 [1].	Primary Kentian constitutional repertorization: Simillimum indicated [1].	<i>Lycopodium clavatum</i> 200C (single dose stat) + Sac Lac TDS [1].

Visit 2 (Day 15) [1]	Noticeable decrease in burning pain; tenderness upon pressure reduced; improved manual comfort at work [1].	Softening of the central keratinous core; peripheral hyperkeratosis beginning to detach [1].	Amelioration ongoing; action of single high-potency dose sustained. Do not interfere with remedy action [1,5].	Placebo (Rubrum / Sac Lac TDS x 15 days) [1].
Visit 3 (Day 30) [1]	Marked reduction in localized tenderness; no burning sensation experienced during daily manual chores [1].	Corn diameter shrinking rapidly; base shedding hyperkeratotic flakes; palpable induration minimal [1].	Steady progression toward cure; vital force active [1,5].	Placebo (Sac Lac TDS x 15 days) [1].
Visit 4 (Day 45) [1]	Pain-free during direct pressure and writing; mental composure noticeably improved [1].	Remnant epidermal roughness; no tenderness or induration [1].	Advanced resolution of sycotic overgrowth [1,6].	Placebo (Sac Lac TDS x 15 days) [1].
Visit 5 (Day 60) Study Endpoint [1]	Complete freedom from pain, burning, and functional limitation; normal finger mobility restored [1].	Complete clinical resolution. Total clearing of the corn, normal skin lines restored. Post-Tx Score: 0 [1].	Complete cure accomplished under Hering's law and Kent's observations [1,5].	No further medication required [1].

Final Clinical Status

The baseline objective severity score dropped from 13 to 0, demonstrating a 100% cure rate within a 60-day observation period [1]. No adverse events, medicinal aggravations, or clinical recurrences were observed during subsequent checks [1].

V. DISCUSSION

This case validates the primary hypothesis of the dissertation: utilizing J. T. Kent's repertorial framework allows practitioners to select an individualized constitutional simillimum that permanently resolves localized hyperkeratotic pathology without surgical excision or corrosive agents [1,7].

From a dermatological standpoint, digital corns on manual workers are maintained by mechanical friction [1,2].

Conventional practice assumes that without removing occupational friction or using topical keratolytics, the corn will persist or worsen [1,4].

In this patient, despite continuing his regular shopkeeping duties, internal administration of *Lycopodium clavatum* produced total regression of the

hyperkeratotic plug and healed the stratum corneum [1].

The selection of *Lycopodium* highlights the value of Kent's hierarchical repertorial strategy [7,8]. If the clinician had repertorized purely locally using extremity rubrics (e.g., Extremities: Corns: Painful), common organopathic remedies like *Antimonium crudum*, *Silicea*, or *Nitric acid* might have been selected empirically [1,7].

However, integrating general physical rubrics ([Stomach] Thirstless) and mental traits (anxiety regarding business, irritability) narrowed the differential decisively to *Lycopodium* [1,7,8].

In homoeopathic posology, this case exemplifies Kentian second-prescription principles [5,7].

After the initial administration of *Lycopodium* 200C single dose stat, progressive clinical improvement occurred across subsequent visits [1].

Applying Kent's dictum never change or repeat a medicine while improvement continues the clinician prescribed unmedicated placebo (Sac Lac / Rubrum), allowing the vital force to complete curative tissue remodeling uninterrupted [1,5].

Clinical Takeaways

1. Local hyperkeratosis of the extremities readily yields to individualized, internal homoeopathic remedies without requiring topical keratolytics [1].
2. Combining Kent's general rubrics (such as thirstlessness) with specific local corn modalities (burning, soreness) narrows the remedy selection to an accurate simillimum [1,7].
3. Adhering to single-dose posology followed by placebo avoids unnecessary medicinal aggravations and ensures uninterrupted cellular healing [1,5].

VI. CONCLUSION

This case report demonstrates the clinical utility of J. T. Kent's Repertory of the Homoeopathic Materia Medica in treating digital heloma durum [1,7]. Prescribing Lycopodium clavatum based on a synthesis of mental generals, physical generals, and local extremity rubrics resulted in complete objective clearance (score reduction from 13 to 0) of a painful, recalcitrant digital corn [1]. This reinforces the principle that constitutional homoeopathic interventions effectively resolve localized hyperkeratotic disorders [1].

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