

The Role of Calcarea Fluorica in The Management of Calcaneal Spur of The Left Heel: A Case Report

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Abstract—Background: Plantar heel pain is a common musculoskeletal complaint that may be associated with plantar fasciopathy and other mechanical factors. A calcaneal spur identified on radiography does not necessarily establish the cause of pain.

Case Presentation: A 42-year-old female patient presented with a three-month history of left heel pain, particularly during the first steps after rest. Clinical examination documented tenderness over the plantar aspect of the heel, and a lateral radiograph reportedly demonstrated a plantar calcaneal spur. Homoeopathic management including Calcarea fluorica was documented. **Outcome:** The available follow-up record reports a reduction in the pain score from 8/10 at baseline to 3/10 at the final assessment. The reported change represents a 62.5% reduction in the recorded pain score. **Conclusion:** This case documents the clinical course of heel pain during a period of homoeopathic management. Because it is an uncontrolled single-patient report, the observed improvement cannot establish a causal treatment effect or demonstrate radiographic reduction of the spur. Further systematic research is required.

Index Terms—Calcarea fluorica, calcaneal spur, left heel pain, case report, visual analogue scale, homeopathy.

I. INTRODUCTION

1.1 Background and rationale

A calcaneal spur is an osteophytic projection from the heel bone, often identified on radiographs. A spur may be incidental and does not by itself prove the cause of pain. Plantar heel pain commonly relates to plantar fasciopathy, mechanical loading, footwear, prolonged standing, body weight, or other musculoskeletal

conditions. Assessment should therefore combine history, examination, and imaging where indicated.

1.2 Calcarea fluorica in homeopathic literature

Calcarea fluorica (also written Calcarea fluorata in some historical sources) is described in homeopathic Materia medica as a remedy associated with fibrous tissues, ligamentous structures, and hard or indurated tissues. These are descriptions within homeopathic literature, not established biomedical mechanisms. There is insufficient high-quality clinical evidence to conclude that Calcarea fluorica reduces a calcaneal spur or treats the underlying cause of heel pain.

1.3 Rationale for case documentation

A carefully documented case can record symptom course, functional limitation, co-interventions, and adverse events. It cannot determine whether improvement was caused by a remedy, because symptoms may fluctuate and may respond to footwear changes, activity modification, exercises, placebo/contextual effects, or natural recovery.

II. AIM AND OBJECTIVES

Aim: To document the clinical course of a patient with a calcaneal spur of the left heel who receives individualized care including Calcarea fluorica, without presuming treatment efficacy.

- To record baseline history, examination findings, and imaging details relevant to left heel pain.
- To monitor pain intensity using a Visual Analogue Scale (VAS).

- To document functional status and any changes in walking, standing, and first-step pain.
- To record all co-interventions, adherence, adverse events, and follow-up findings.
- To discuss the observed course cautiously in light of the limitations of a single case.

III. METHODOLOGY

3.1 Study design

Single-patient descriptive case report / analytical case study. Complete this section only after confirming the actual design and obtaining the required institutional approval or exemption.

3.2 Patient selection and consent

Patient: [insert age and sex, using a non-identifying code]. Diagnosis: calcaneal spur of the left heel, supported by [radiology report/date] and clinical assessment. Obtain written informed consent for treatment and publication, including consent for any images. Remove names, phone numbers, addresses, and other identifying details.

3.3 Inclusion criteria

- Patient with left heel pain and a documented clinical assessment.
- Radiology report indicating a calcaneal spur, if imaging was clinically performed.
- Patient willing to participate in follow-up and provide informed consent.

3.4 Exclusion criteria

Do not delay urgent assessment for inability to bear weight, acute trauma, marked redness or warmth, fever, rapidly increasing swelling, an open wound, neurological deficit, or suspected infection/fracture. Consider differential diagnoses such as plantar fasciopathy, stress injury, inflammatory arthropathy, neuropathy, and referred pain.

3.5 Assessment and outcome measures

- Pain: VAS/NRS from 0 (no pain) to 10 (worst imaginable pain), recorded at baseline and each follow-up.
- Function: document walking tolerance, duration of standing, first-step pain, and a validated foot-function measure if available.

- Clinical findings: site of tenderness, swelling, skin changes, gait, range of motion, and relevant examination findings.
- Imaging: report the actual radiology findings and dates; repeat imaging only when clinically indicated.
- Co-interventions: footwear, heel pads/orthoses, stretching, physiotherapy, analgesics, activity modification, and any other treatment.

IV. CASE PRESENTATION

4.1 Patient profile

Item	DETAILS
Patient code	Case 01
Age / sex	42/F
Occupation and loading pattern	prolonged standing
Chief complaint	Pain in the left heel for 3 months
Pain pattern	Aching pain, first step more pain
Aggravating and relieving factors	Agg.by first motion and relieved by continue motion
Relevant history	Patient sometimes taking allopathic medication for pain or no any systemic disease or illness
Examination	Inspection: no visible swelling or redness over the left heel Palpation: tenderness over the plantar aspects of left heel, near the calcaneal region Pain: pain elicited on pressure over the affected heel Gait: walking painful particularly the first few steps after the rest Range of motion: no any restriction in ankle movements
Radiology	26/06/2026:X rays of left heel lateral view – A planter calcaneal spur is noted arising from the inferior aspects of the calcaneal tuberosity. 16/08/2026:x-rays of left heel lateral view- Follow-up radiographic examination of the left heel demonstrated a reduction in

	the apparent size of the plantar calcaneal spur compared with the baseline radiograph. This finding should be interpreted in consideration of imaging technique and positioning.
Differential diagnoses considered	1.Plantar fasciitis 2.achilles tendinopathy 3.retrocalcaneal bursitis 4.calcaneal stress fracture 5.calcaneal spur
Treatment	Calcarea flourica 200c 1 dose orally Sac Lac 30 orally for 15 days

4.2 Baseline clinical assessment

The patient presented with a three-month history of aching pain in the left heel, aggravated by the first steps after rest and during initial movement, with relief

upon continued movement. The patient occasionally took allopathic medication for symptomatic relief. No known systemic disease or significant associated illness was reported in the available history. Baseline assessment included evaluation of pain intensity using the Visual Analogue Scale (VAS), functional limitations during walking and prolonged standing, and physical examination of the affected heel. Local tenderness, swelling, skin changes, gait, and ankle range of motion were assessed and documented according to the clinical findings. Radiological findings were reviewed to confirm the presence of a calcaneal spur in the left heel. The baseline findings served as a reference for comparison with subsequent follow-up assessments to monitor changes in pain intensity, functional ability, and clinical status following the prescribed intervention.

4.3 Treatment and follow-up

Visit	Date	VAS (0–10)	Function / walking tolerance	Co-interventions	Adverse events
Baseline	01/07/2026	8/10	Pain during the first few steps after rest, with difficulty walking comfortably for prolonged periods.	Occasional allopathic medication, as reported by patient	No adverse event reported
Follow-up 1	16/07/2026	6/10	Reduced pain during initial walking, with mild difficulty during prolonged standing.	No additional treatment reported	No adverse event reported
Follow-up 2	30/07/2026	4/10	Improved walking comfort and increased tolerance for daily activities, with occasional heel discomfort.	No additional treatment reported	No adverse event reported
Final follow-up	16/08/2026	3/10	Comfortable walking during routine daily activities, with minimal pain during the first few steps after rest.	No additional treatment reported	No adverse event reported

V. RESULTS AND ANALYSIS

Pain intensity was recorded using the Visual Analogue Scale (VAS) at baseline and subsequent follow-up visits. The recorded score decreased from 8/10 on 01 July 2026 to 3/10 on 16 August 2026.

The absolute reduction in the recorded score was 5 points. The percentage reduction was calculated as:

Percentage reduction = $\frac{[(\text{Baseline score} - \text{Final score}) / \text{Baseline score}] \times 100}{1}$

$= [(8 - 3) / 8] \times 100 = 62.5\%$.

This represents a reduction in the patient's reported pain score. Any associated improvement in walking

tolerance should be described using the documented follow-up findings. No conclusion regarding reduction in the size of the calcaneal spur should be drawn unless supported by appropriate imaging.

VI. DISCUSSION

This case describes the clinical course of left heel pain in a patient with a radiographically reported plantar calcaneal spur. The recorded pain score decreased during the follow-up period. However, the significance of this change must be interpreted cautiously. Calcaneal spurs may be present without

symptoms, and plantar heel pain can have multiple contributing factors. Changes in physical activity, footwear, analgesic use, natural symptom fluctuation and other interventions may influence the clinical course. Consequently, the temporal association between Calcareo fluorica administration and the reported improvement does not establish a causal relationship. The limitations of this report include its single-patient design, absence of a comparator, reliance on subjective pain assessment and the possibility of confounding factors. The available report also does not establish whether the radiographic appearance of the spur changed during follow-up. Further research using predefined outcome measures, transparent documentation and appropriate study designs is necessary before drawing conclusions about the clinical effectiveness of this intervention.

VII. CONCLUSION

In this case report, the patient's recorded pain score decreased from 8/10 at baseline to 3/10 at the final follow-up. This change was accompanied by reported improvement in walking comfort. However, the uncontrolled single-case design does not establish a causal relationship between Calcareo fluorica and the observed improvement. The absence of a comparator and the potential influence of other factors limit interpretation. Further systematically documented clinical research is required to evaluate outcomes in patients presenting with calcaneal spur.

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