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A Case Report on Traditional Chinese Medicine in the Treatment of Morton's Neuroma

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Abstract

Morton's neuroma is a common cause of neurological foot pain and reduced range of motion, significantly impairing function. Few effective, non-invasive biomedical treatments are available. In this case, the patient's traditional Chinese medicine (TCM) presentation aligned with heat Bi (painful obstruction) syndrome. A layered treatment approach was implemented, incorporating far-infrared (FIR) laser, acupuncture with electrical stimulation, and gua sha. This sequential strategy effectively addressed both severe pain and broader functional limitations, extending benefits beyond pain reduction. These outcomes suggest that further evaluation of rigorous, standardized TCM protocols for Morton's neuroma is warranted.

Keywords: Morton's neuroma, traditional Chinese medicine, acupuncture, far-infrared laser, gua sha, case report

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Introduction

Presentation and population

Morton's neuroma is a neuropathic foot condition that results from compression of the common plantar digital nerve, most often at the base of the third toe. Symptoms commonly include burning sensations and shooting pain, characteristic of nerve involvement. Patients often describe the sensation as similar to walking with a pebble in the shoe or a balled-up sock. These symptoms adversely affect weight-bearing activities and overall quality of life (Matthews et al., 2024).

Morton's neuroma affects approximately one-third of individuals who present with foot pain and is most frequently observed in females aged 25 to 55 years (Manare et al., 2024). Contributing and exacerbating factors include walking, wearing tight or high-heeled footwear, and running. Pain typically improves with rest and shoe removal, especially in early stages. In chronic cases, pain

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may become persistent, and approximately 25% of patients report pain at night and during rest (Bhatia & Thomson, 2020).

Biomedical standard of care

Biomedical treatments for Morton's neuroma have demonstrated limited effectiveness. Standard interventions include cortisone and local anesthetic injections, which show marginally improved outcomes when performed under ultrasound guidance, as well as surgical procedures (Matthews et al., 2024). Additional recommended options include nonsteroidal anti-inflammatory drugs, physical therapy, orthotic devices, sclerosing agents, shockwave therapy, and radiofrequency ablation (Manare et al., 2024).

Treatment theory and traditional Chinese medicine

Theoretically, to address Morton's neuroma, the fibrotic tissue must be broken down, and the structures forming the Morton's complex (ligament, bursa, and nerve) must be mechanically released in order to reduce pain and facilitate tissue remodeling (Atilano et al., 2016). This rationale has supported the use of needling in the affected foot area.

Acupuncture has demonstrated benefits for individuals with various neuropathies (Dimitrova et al., 2017). Additional modalities, including gua sha, facilitate the breakdown of adhered tissues (Cheatham et al., 2016), whereas far-infrared (FIR) laser therapy supports nerve healing (Chen et al., 2015). Collectively, these TCM modalities appear suitable for treating Morton's neuroma. In this case, the combination of electrostimulation, acupuncture, gua sha, FIR laser, and lifestyle modifications resulted in significant improvement with minimal risk relative to invasive biomedical interventions.

Case Description

Patient history

Patient DM, a 56-year-old White cisgender female, reported a "balled up sock" sensation on the plantar aspect of both feet, which was more pronounced on the left and interfered with her chosen exercise, pickleball. The sensation had begun approximately 2 years prior, prompting her to experiment with different footwear, which she suspected might have been a potential cause. Her occupational environment allowed for alternating between sitting and standing, enabling moderation of weight-bearing activities during work hours.

A podiatrist diagnosed Morton's neuroma, offered a steroid injection, and indicated that surgery could be considered if symptoms progressed. The patient was advised to avoid high-heeled shoes. She subsequently engaged in stretching exercises and selected footwear with more cushioned insoles, while reducing—but not eliminating—high-heeled shoe use.

Relevant medical history included prescription medications for blood pressure control and management of chronically elevated inflammatory markers (C-reactive protein), likely of genetic origin. The patient had been diagnosed with rheumatoid arthritis in childhood and took anti-inflammatory supplements, such as curcumin. She had a diagnosis of monoclonal gammopathy and underwent regular monitoring. Following hysterectomy and oophorectomy, hormone replacement therapy was prescribed for symptom management. In recent years, she had used medications to support weight loss, which had been effective.

TCM diagnosis

A diagnosis of heat Bi syndrome was made based on the presence of a bright red tongue, significant limitation of movement in the metatarsals and phalanges, fixed pain, and a self-reported tendency to "run hot" (Maciocia, 2008).

Bi syndrome encompasses conditions characterized primarily by pain, with subtypes distinguished by pain characteristics and additional diagnostic indicators. Heat Bi develops progressively as inadequate tissue nutrition and restricted mobility result in stagnation and heat accumulation (Maciocia, 2008). The patient reported a history of joint swelling and redness, though she believed her anti-inflammatory medications managed most joint pain symptoms.

Treatment

Treatment timeline and frequency

The patient attended 15 appointments between December 2024 and May 2025. Most sessions were scheduled weekly, with occasional delays due to holidays and acute illness (influenza). Foot treatment was provided at most appointments, although some visits addressed other concerns. As a result, dedicated foot treatment occurred approximately twice per month.

Modality	Timeline	Parameters	Frequency
FIR Laser	All appointments	Avant Wellness Systems LZ30, dorsal foot surface, "inflammation" setting	Initial application at each foot treatment
Electroacupuncture	All appointments	Bilateral: consistent points (M-LE-8 Bafeng, LR3 Taichong, KI1 Yongquan, GV20 Baihui); variable points (GB34 Yanglinguan, LI4 Hegu, UB57 Chengshan); 0.16 × 30 AcuFast needles; mixed 2/100 mHz stimulation; 15–20 minutes	Each appointment (60 minutes total)
Gua sha	Visit 7 onward	Copper gua sha tool (AcuArtistry); ru xiang oil; plantar surface emphasis with manual manipulation in dorsiflexion and plantar flexion	As tolerated after inflammation reduction

Table 1: Treatment modalities and protocols

FIR laser

Each foot treatment began with application of an Avant Wellness Systems, Inc., LZ30 FIR laser to the dorsal surface of the foot on the "Inflammation" setting. The laser-induced reduction in inflammation enabled the patient to tolerate foot needle insertion. Initial palpation of the feet was extremely uncomfortable, and progress would likely have been limited without the initial FIR laser intervention.

Electrostimulation acupuncture

Acupuncture points used consistently bilaterally were M-LE-8 (Bafeng), LR3 (Taichong), KI1 (Yongquan), and GV20 (Baihui); GB34 (Yanglinguan), LI4 (Hegu), and UB57 (Chengshan) were used often but not at every appointment. Needling was performed by a practitioner trained primarily in TCM with more than five years of experience. De qi was sought without necessarily using full-depth insertion, using AcuFast 0.16 × 30 needles. Electrostimulation leads were placed, connecting LR3 to a Bafeng point and KI1 to another Bafeng point. The specific combination of Bafeng and channel points varied from appointment to appointment. Electrostimulation was maintained for approximately 15–20 minutes bilaterally using mixed 2/100 mHz settings on a Pantheon Research 8c Pro Electro-Acupuncture Stimulator. Appointments totaled 60 minutes, including preparation and other treatment modalities.

As other clinical issues arose during treatment (such as an elbow injury or hip pain), additional points appropriate to those conditions were incorporated alongside the foot treatments.

Gua sha

Gua sha was introduced at the seventh visit using a copper tool from AcuArtistry (Portland, Oregon) with ru xiang (frankincense) oil. Initially, the plantar surface was too sensitive for gua sha, but by visit seven, pain reduction had progressed sufficiently to make this modality tolerable. At that point, treatment improvements had plateaued, warranting the introduction of additional modalities. Treatment focused on the plantar surface, with some attention to the dorsal aspect. Manual manipulation in dorsiflexion and plantar flexion was also performed. The patient reported substantial relief and regained a significant range of motion following gua sha.

Lifestyle recommendations

The patient was advised to roll a tennis ball on the sole of her foot to prevent adhesion reformation. However, this recommendation was impractical due to the presence of household pets. Instead, she was pleased to discover the benefit from using her home hot tub jets on the soles of her feet. She also performed self-gua sha intermittently to maintain the progress achieved from formal treatment.

Exacerbations and adverse events

Two notable exacerbations of foot pain occurred during the treatment period: (a) wearing designer heels for an evening event and (b) walking nearly 12,000 steps while power washing in rubber boots in 1 day. These activities increased pain beyond the initial baseline of 5–6/10. The extended walking in rubber boots was especially aggravating, resulting in pain worse than at initial presentation. No treatment-related adverse events were reported.

Outcomes

Aside from the exacerbating incidents described above, DM reported that foot sensations remained steady at 3–4/10 pain, improved from a baseline of 5–6/10. The "balled up sock" sensation in the left foot persisted but diminished in both intensity and area. The perception of puffy, enlarged feet abated. The right foot, initially less symptomatic, demonstrated greater overall improvement. Both range of motion and functionality improved significantly, with more pronounced gains in the right foot, consistent with the initial presentation. These functional improvements may have promoted participation in physical activities and may contribute to long-term fall prevention.

Practitioner observations included increased mobility of the foot joints and decreased sensitivity to needling as treatment progressed.

Discussion

Summary of key findings

This case demonstrated that a multimodal TCM approach applying FIR laser, electrostimulation acupuncture, and gua sha resulted in meaningful clinical improvement for a patient with Morton's neuroma. The patient experienced a reduction in pain from 5–6/10 to 3–4/10 (excluding exacerbations), improved functional range of motion, and lessened foot sensitivity during examination and treatment.

Potential protocol design

FIR laser, electrostimulation acupuncture, and gua sha are non-invasive, low-risk, and cost-effective procedures that may offer relief for neuropathic conditions, particularly Morton's neuroma. Employing these multiple modalities allowed for adaptable treatment. Following exacerbations, FIR laser provided rapid but temporary pain relief, facilitating the application of electrostimulation and acupuncture for more sustained effects. Significant adhesions and restricted mobility were addressed by gua sha.

This multimodal approach may also be applicable to other neuropathic conditions, including diabetic peripheral neuropathy (Rajeswari et al., 2024), as well as common sources of foot pain such as plantar fasciitis (Jadhav & Gurudut, 2023). Light therapy has established analgesic and nerve-healing properties and may benefit inflammatory conditions beyond neuropathies (Cheng et al., 2021). In addition to mechanical tissue disruption, gua sha enhances local blood circulation and temperature, offering further advantages for neuropathies associated with reduced blood supply (Xu et al., 2012).

This treatment approach may not be suitable for all patients. The KI1 (Yongquan) point was consistently challenging and often painful, particularly on the left foot.

Limitations

Study design. This case was not initially intended as a formal case report, leading to several methodological limitations. Treatment was not delivered according to a standardized, consistent protocol. The primary purpose of visits was to address patient-identified concerns ranked by priority; thus, foot treatment was not always a primary focus or consistently delivered at each visit. Irregular scheduling and varying treatment composition limited conclusions that could be drawn regarding protocol efficacy.

Measurement and outcome assessment. The absence of a validated assessment tool, such as the Foot Function Index, limited the comprehensiveness of

efficacy evaluation. Future case reports would benefit from the use of validated outcome measures.

Treatment parameters. It would be beneficial to examine whether certain combinations of electrostimulation lead placement (Bafeng points with specific channel points) provide superior results compared with others. Theoretically, treating the space between the second and third toes would have optimized effects, given the nerve's anatomical location. However, this area was the most sensitive for this patient and was not tolerable at each treatment session. Electrostimulation between the fourth and fifth digits represented a clinical compromise.

Access to modalities. In practice, not all practitioners have access to FIR laser equipment, and a similar method, moxa, may not be feasible due to ventilation constraints. Additional means of preparing painful feet for needling, such as FIR heat lamps, may need to be explored to make this layered approach accessible to other practitioners.

Patient adherence and lifestyle variables. Lifestyle choices, particularly the patient's continued (though reduced) high-heeled shoe-wearing, provided an unknowable contribution to ongoing nerve irritation. For rigorous protocol evaluation, patients would ideally maintain standardized footwear and activity levels during the study period.

Implications

For practice. This case indicates that multimodal TCM treatment may be a viable option for patients with Morton's neuroma, especially for people seeking non-invasive, non-pharmaceutical interventions. The ability to tailor treatment modalities to patient tolerance and symptomatology is clinically valuable. Functional improvements, including restored range of motion and decreased sensitivity, suggest quality-of-life benefits that extend beyond pain reduction.

For education and training. Practitioners would benefit from training in the sequential application of modalities to manage pain and inflammation prior to introducing more intensive techniques; the use of assessment tools to evaluate both pain and functional outcomes; patient education regarding activity modification and home self-care strategies; and recognition that adhesions and restricted mobility may necessitate different treatment priorities compared with pain-dominant presentations.

For policy and research. Further replication and refinement of this treatment approach are warranted due to the limited effectiveness of current non-invasive biomedical options, the accessibility and cost-effectiveness of TCM modalities, and the positive clinical outcomes observed in this case. A prospective, protocol-driven study with standardized treatment parameters,

regular intervals, validated outcome measures, and a larger sample size could yield stronger evidence for this approach.

Patient perspective

The patient initially described her Morton's neuroma as feeling "like a balled up sock" at the bottom of her feet, worse on the left which felt "larger and more puffy." Early treatments made them "less puffy" with the "rolled up sock" sensation reduced for several days, though "stupid shoes" for formal events or rubber boots during power washing triggered flare-ups of sharp pain. She maintained gains from treatment through self-gua sha, hot tub jets on her soles, and new pickleball shoes with more cushion, keeping them "not overly annoyed" for comfortable activity.

Conclusion

This case report demonstrated the potential of a multimodal TCM approach, combining FIR laser, electroacupuncture, and gua sha, for the treatment of Morton's neuroma. Despite inherent limitations of the case study design, including a non-standardized protocol, irregular scheduling, and absence of formal outcome measures, the observed improvements in pain, function, and mobility support further investigation.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report.

Statement of Safety

No adverse events or unanticipated reactions were reported during the treatments described.

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