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A clinical study to determine the efficacy of homoeopathic remedy "Ferrum picricum" 3x potency in the treatment of corns, among middle age adults through visual analogue scale

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Abstract
Corn is a horny induration and thickening of the skin's outermost layer, the stratum corneum, brought on by intermittent pressure and frictional forces. Corns are among the most prevalent foot conditions, more common in women and the elderly. When it comes to treating corns, Homoeopathic medications are just as effective as conventional ones. Ferrum Picricum is mentioned as one important remedy for corns in Homoeopathic literature. A one-year study was conducted to ascertain the effectiveness of Ferrum Picricum 3X potency in lowering corn thickness and pain, using Visual Analogue Scale. After using statistics to calculate the difference between the scores before and after the treatment, it was found that the two-tailed P value was less than 0.0012, indicating that the change was statistically significant.

Keywords: Corns, homoeopathy, decimal scale, potency, ferrum picricum

Introduction

A Corn is a small, clearly defined region of traumatic hyperkeratosis. Corn is known by its scientific name, Heloma. These are common worldwide, and among elderly people, corns rank among the most prevalent foot problems. Wearing narrow shoes has been observed to cause them to impact older age groups, with a little female predominance. It was estimated that 20% of people of all ages and genders are affected by the incidence.

Clinically, there are different kinds of corns. The most prevalent kind is hard corn, [Heloma durum], which is typically found on the dorsal and lateral aspects of the lesser toes' interphalangeal joints. Soft corn, a painful hyperkeratotic lesion, typically between the fourth and fifth spaces of the interdigital web, is known as a "Heloma mole." This place frequently causes the corn to macerate, and bacterial or fungal infections can occasionally arise. In parts of the soles that are not pressure-bearing, seed corn appears as multiple non-painful keratotic plugs with plantar calluses.

Treatment in the standard medical system involves surgery, such as corn excision, a course of keratolytic drugs, and placing a corn cap to the affected area. However, the current remedies are insufficient because there have been no encouraging results with the techniques that are available, treatment failure, and recurring corns are common. The reason Homoeopathy is better than conventional treatment is that it treats patient in holistic way. Additionally, failure rate and recurrence rate is significantly lower with homoeopathic treatment.

According to Dr. Copper, who introduced Ferrum Picricum, it is best suited to persons with dark eyes and hair and, bilious looking patient. It is indicated in corns where excessive walking or exercise is the cause of the corns. Corn and the nearby region are discolored yellow. Dr. Cooper has witnessed its miraculous cures in corn cases and has been repeatedly verified.

Objective of the study: To show the effectiveness of Ferrum Picricum in 3X potency in treatment of corns through Visual Analogue Scale.

Null hypothesis (H0): There is no difference in the improvement scores before and after treatment with Ferrum Picricum 3x in treatment of corns.

Alternate Hypothesis (H1): There is difference in the improvement scores before and after treatment of with Ferrum Picricum 3x in treatment of corns.

Materials and Methods

Source of Data: patients from OPD and CAMPS of MNR Homoeopathic Medical College & Hospital.

Type of study: Experimental study

Sample size: 20

Inclusion Criteria

- Age group b/w 25 -40 years.
- Both sexes irrespective of socioeconomic status and religion.
- Visual analogue scale is used to assess the pain of patient and the patient who is having score above 5 is included in study.
- Persons who does excessive physical activities.
- People who are willing to give consent.

Exclusion Criteria

- Samples below 25 and above 40 years of age are not included.
- Cases which are associated with lesions like viral warts, keratotic lesions like callosities are not taken in to study.
- Cases of corns with complications of ulceration, infections, and diabetes are not taken in to study.
- Patients suffering with other organic diseases.
- Pregnant and lactating women are excluded.

Data Collection:

A pre-designed case pro-forma of MNR Homoeopathic Medical College and Hospital used to collect data. The case history was taken with holistic concept (etiological factors, mental generals, physical generals, concomitants, characteristics particulars). The intensity of corn pain is estimated through visual analogue scale.

Medicine Intervention: The selected cases for study are given three tablets of Ferrum Picricum in a 3X potency, to be taken three times a day.

Follow Ups

Cases were evaluated for the subjective and objective changes every 15 days.

Each patient was monitored for at least nine months during the period of study, following the start of treatment in order to evaluate the rate of improvement and recurrence.

Each case was carefully examined during the follow-up, including the severity of symptoms before, during, and after treatment.

Assessment of Effectiveness

Three criteria were used to evaluate the drug's effectiveness: better overall health, elimination or reduction of symptoms, and clinical improvement. Once the treatment course was completed, the Visual Analogue Scale was used to measure the severity of the condition before and after treatment.

Plan and Data Analysis: Descriptive statistics were used to analyse the data, and the results were then presented using tables, percentages, and graphs as necessary. Paired "t-test" was used to determine the significance of the treatment before and after using homoeopathic medicine Ferrum Picricum 3x.

Observation and Results

Table 1: Distribution of cases according to age:

S. No	Age	No: of patients	Percentage
1.	25-30	5	25%
2.	3o-35	7	35%
3.	35-40	8	40%

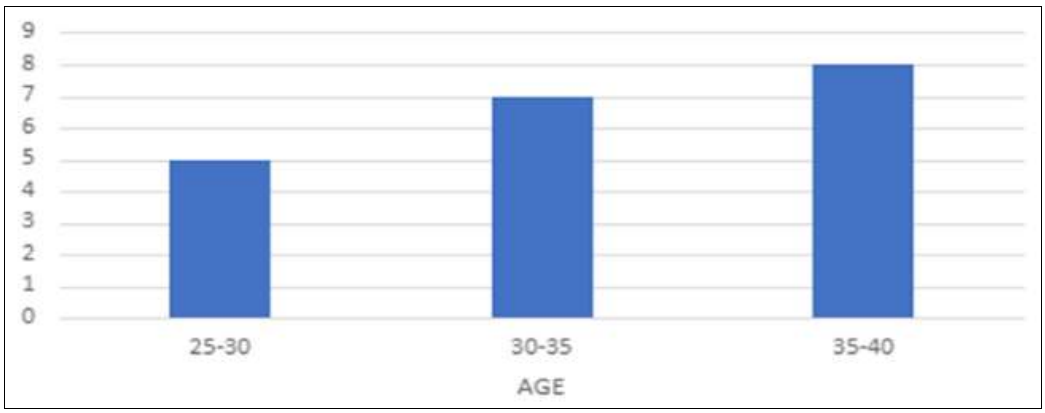

Chart 1: Distribution of cases according to age incidence

Table 2: Distribution of cases according to sex incidence:

Serial no	Sex	No of patients	Percentage
1.	Male	8	40%
2.	Female	12	60%

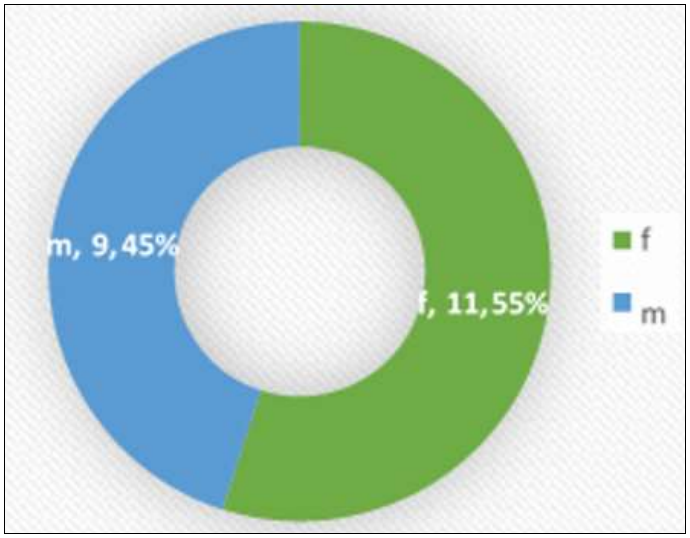

Chart 2: Distribution of cases according to sex incidence:

Table 3: Distribution of cases according to incidence in occupation

Type of occupation	No. of cases	Percentage
Educational sector	3	15%
Daily work sector	12	60%
Housewives	5	25%

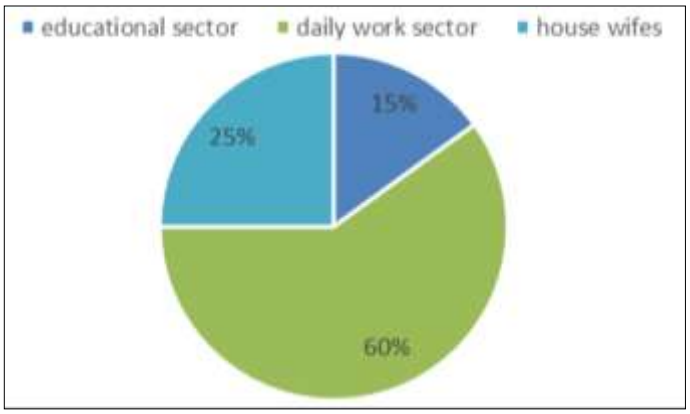

Chart 3: Distribution of cases according to incidence in occupation

Table 4: distribution of cases according to location of corns.

Location of corns	No. of cases	Percentage
Hands	7	35%
Foot	13	65%

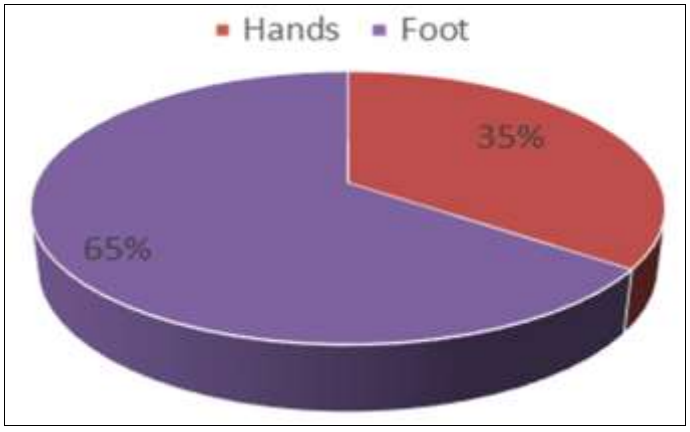

Chart 4: Distribution of cases according to location of corns.

Table 5: Distribution of cases according to type of corns

Type of corns	No. of cases	Percentage
Hard	11	55%
Soft	9	45%

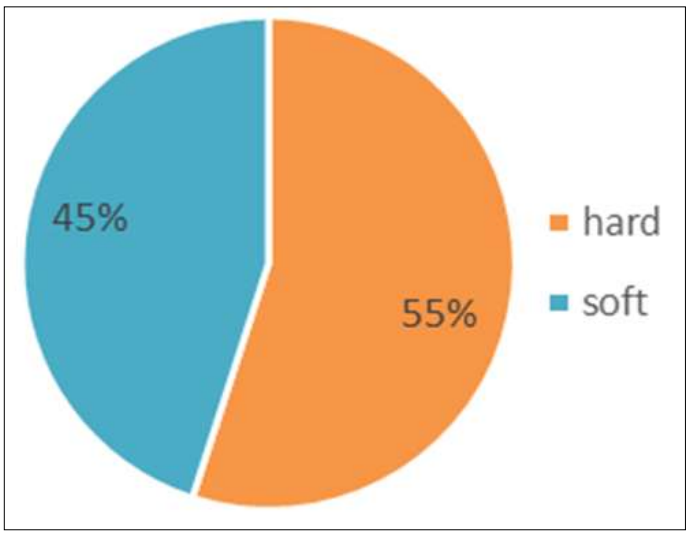

Chart 5: distribution of cases according to type of corns

Table 6: Comparison of vas scale before and after treatment:

S. No	Age/sex	Before	After	Difference before & after	S. No	Age/sex	Before	After	Difference before & after
1	32/F	6	4	2	11	36/F	6	4	2
2	36/F	6	3	3	12	38/M	6	6	0
3	28/F	7	5	2	13	34/M	6	4	2
4	25/F	6	6	0	14	35/F	7	5	2
5	35/F	7	5	2	15	39/F	6	4	2
6	29/M	6	6	0	16	38/M	6	6	0
7	34/F	7	8	-1	17	34/F	7	4	3
8	33/F	6	6	0	18	29/F	6	6	0
9	35/M	5	3	2	19	29/M	6	7	-1
10	32/M	7	4	3	20	34/F	6	6	0

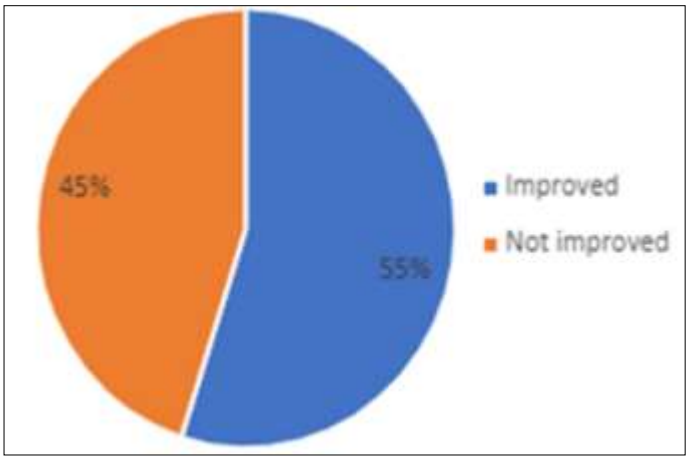

Chart 6: Distribution according to improvement:

Table 7: Distribution of cases according to vas score before the treatment.

Vas score	No. of cases	Percentage
5	1	5
6	13	65
7	6	30

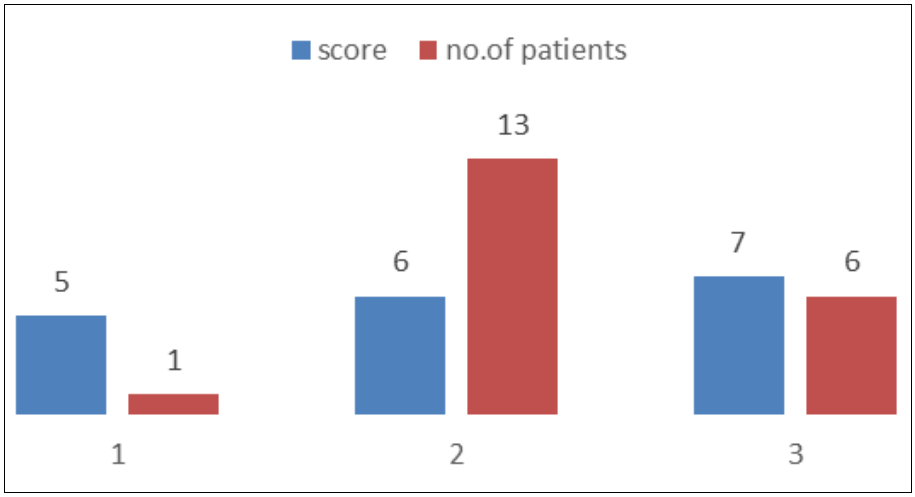

Chart 7: Distribution of cases according to vas score before the treatment.

Table 8: distribution of cases according to vas score after treatment.

Vas Score	No. of cases	Percentage
3	2	10
4	6	30
5	3	15
6	7	35
7	1	5
8	1	5

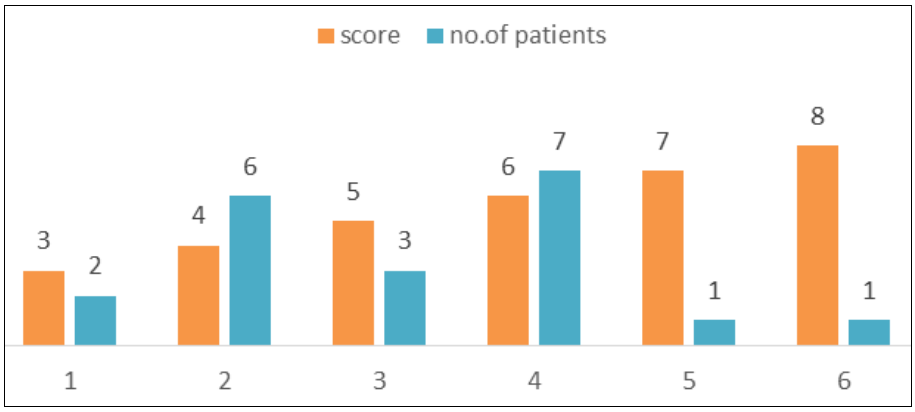

Chart 8: Distribution of cases according to vas score after treatment

Statistical Analysis: Paired t test result
P value and statistical significance:
The two tailed P value is less than 0.0012
By conventional criteria, this difference is considered to be very statically significant.
Confidence interval:
The mean of before and after treatment equals 1.15 95%confidence interval of this difference
Intermediate values used in calculations:
t=3.8139
df=19
Standard error of difference=0.302

Discussion

Of the twenty cases, five (25%) belongs to the age group of 25–30, seven (35%) to the 30-35 age group, and eight (40%) to the 35–40 age group, which demonstrates that the prevalence of corns in the late adult age group. Of the 20 cases, 12 (or 60%) were related to female sex, and 8 (or 40%) to male sex, from this, we may deduce that corns are more frequently seen in females. Twelve of the twenty cases (or 60%) are related to the daily job sector; five are related to women (housewives); three cases (15%) are related to the educational sector. This indicates that workers who perform everyday labor frequently suffer with corns. Thirteen cases (65%) and seven cases (35%) out of the twenty cases are related to corns on the foot and hand, respectively. This indicates that corns typically grow in the foot. Of the twenty cases, eleven (or 55%) are of the hard variety, while nine (or 45%) are of the soft variety, so hard corns are more common than soft corns, according to this study. Out of 20 cases, 11 cases (55%) had improvement in the VAS score, (45 %) 9 cases had no improvement in the VAS Score. It is therefore possible to deduce from this research study that Ferrum Picricum 3x potency have the ability to treat corns. Additionally, the statistical test revealed that the change was statistically significant because the two-tailed P value was less than 0.0012.

Conclusion

The results of this study support the conclusion that Ferrum Picricum in 3x potency has a significant role in reducing

corn discomfort and thickness. Furthermore, we may infer from the aforementioned study results, that corns are prevalent in late adulthood and in females; they are also frequently hard and often affect the foot.

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Conflicts of Interest: None declared.

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