

Original Research Article

Study of potency determination of 3X antimonium crudum in patients with corn

Rekha Kumar^{1*}, Aarti Prajapati², Pooja Prajapati³

¹Department of Repertory, Ram Krishna College of Homeopathy and Medical Sciences, RKDF University, Bhopal, Madhya Pradesh, India

²Department of Pharmacy, Quantum School of Health Sciences, Quantum University, Roorkee, Uttarakhand, India

³Department of Obstetrics and Gynecology, Laxmi Narayan Medical College and Research Center, JK Hospitals, Bhopal, Madhya Pradesh, India

Received: 24 January 2024

Revised: 15 February 2024

Accepted: 01 March 2024

*Correspondence:

Dr. Rekha Kumar,

E-mail: poojaprajapati106@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Corn is a hyperkeratotic lesion and present under the area of pressure such as the metatarsal head. The thickening of the stratum corneum suggested that the normal physiological phenomena to protect under lying soft tissue from the mechanical pressure or stress.

Methods: 32 patients taken data from OPD, IPD and frequently organized camps by department according to inclusion criteria and as per principles of homeopathy, follow up done every 15 days. Size of corn measured with measuring scale/tape and vernier caliper by Measuring the height, width and diameter of corn pre and post treatment.

Results: Statistical analysis done using paired Student's t test, considering degree of freedom=16. We find a table value 2.120 (p=0.05) and 2.921 (p=0.011) and the null hypothesis got rejected.

Conclusions: There is significant reduction of disease intensity score, after the homoeopathic treatment. Which shows the efficacy and potency of 3X Antimonium crudum in the treatment of corn.

Keywords: Corn, Potency, Efficacy, 3X antimonium crudum

INTRODUCTION

A corn is sharply distinguished lesion with a perceptible, lucent central core of keratin that presses deeply into the dermis, leading to pain and inflammation. The size varies from 2 mm to 2 cm in diameter. The extrapolated statistics of corns and calluses in India is 26,626,765 per 1,065,070,607 populations have been estimated. Epidemiology individuals with dark pigment skin are more prone and mostly affect older age group with slight female predominance that might be due to wearing of narrow shoes. It becomes more troublesome particularly in weight

bearing area. Foot pain has been shown to have a whole congregation of consequence of its own, a negative impact in balance, walking and climbing stair.¹ Apart from pain and allied disability, the presence of hyperkeratotic lesion in individual with diabetes may also increase the risk of ulcer.^{2,3}

As per Hahnemann statement in chronic disease, Antimonium crudum is basically the native ore (tersulphuret of antimony) found in blocks of parallel block needle with a metallic lustre and are composed of twenty-eight part of Sulphur combined with 100 parts of

metallic antimony. Basically, the Antimuonium crudum belong to mineral and chemical group belonging to class (vii) drugs. This class of drugs are neither soluble in purified water or alcohol in their crude state. It is prepared in the manner directed at the close to first part for dry medicinal substance and raised to the 30th potency for homoeopathy use. Large horny places on the skin in sole of the feet, increase the sensitiveness of the sole of the feet while walking, particularly a stone pavement for a long time.⁴

METHODS

An observational comparative prospective open label study was conducted at Government hospital and homoeopathic medical college and hospital Bhopal, its peripheral OPD and different camps organized by GHMC College and hospital. The study was conducted from September 2019 to September 2020.

Inclusion criteria

All patients of age group 14-to-65 years, suffering from corn were included.

Exclusion criteria

Corn complicated with other systematic illness and other skin manifestation, pregnancy, alcoholism and drug addiction.

Statistical analysis

Statistical analysis was performed using the statistical package for the social sciences trial version 18.0 software (SPSS) and MS excel 2007 spread sheet. For all statistical analysis p value, 0.05 had been considered statistically significant.

Procedure

Total 32 patients taken data from OPD, IPD and frequently organized camps by department according to inclusion criteria and as per principles of Homeopathy, follow up done every 15 days. Size of Corn measured with measuring scale/tape and vernier caliper by measuring the height, width and diameter of corn pre and post treatment. Main component- Main scale and Vernier scale, 10 Vernier scale is equal to 9 Main scales, Least count =1 main scale division -1 vernier scale division, 1 main scale division -1, 1 vernier scale division 9/10 mm =0.9 mm, Least count =1 mm -0.9 mm = 0.1 mm, Dimension to be measured- main scale reading +(vernier scale reading × least count), Statistical method was applied as per requirement.

RESULTS

Among the 32 cases maximum cases is seen at the age of 15-25 (37.5%), followed by age group of 26-35 yr (37.5%

and 9.38%) 21.88% among group of 36-45 years, 21.88% in the age of 46-55yr and 9.38% cases seen in 56 -65 yr of age group respectively (Table 1).

Table 1: Distribution of cases according to age.

Age (year)	N	%
15-25	12	37.5
26-35	3	9.38
36-45	7	21.88
46-55	7	21.88
56-65	3	9.38
Mean	6.4000	-
Median	7.0000	-
Standard deviation	3.7148	-
Standard error	1.6613	-
95% confidence	4.6125	-
99% confidence	7.6469	-

Table 2: Distribution of cases according to location.

Location	N	%
Right	19	59.3
Left	12	37.5
Both	1	3.13
Mean	10.6667	-
Median	12.000	-
Standard deviation	9.0738	-
Standard error	5.2387	-
95% confidence	22.4933	-
99% confidence	51.2396	-

Table 3: Distribution of cases according to onset.

Onset	N	%
Gradual	26	81.25
Sudden	6	18.75
Mean	16.0000	-
Median	16.0000	-
Standard deviation	14.1421	-
Standard error	10.0000	-
95% confidence	120.3396	-
99% confidence	490.0185	-

Table 4: Distribution of cases according to progress.

Progress	N	%
Rapid	7	21.87
Slow	25	78.12
Mean	16.0000	-
Median	16.0000	-
Standard deviation	12.7279	-
Standard error	9.0000	-
95% confidence	108.3057	-
99% confidence	441.0167	-

Majority of patients are female with percentage of 65.63% and percentage of male is 34.38%. Maximum no. cases belong to Hindu religion followed by Muslims and others.

Table 5: Distribution of cases according to recurrence.

Recurrence	N	%
Present	9	28.12
Absent	23	71.87
Mean	16.0000	-
Median	16.0000	-
Standard deviation	9.8995	-
Standard error	7.0000	-
95% confidence	84.02377	-
99% confidence	343.0130	-

Table 6: Distribution of cases according to consistency (outcome).

Consistency	N	%
Hard	9	28.12
Soft	23	71.87
Mean	16.0000	-
Median	16.0000	-
Standard deviation	9.8995	-
Standard error	7.0000	-
95% confidence	89.2377	-
99% confidence	343.0130	-

Table 7: Distribution of cases according to margin (outcome).

Margin	N	%
Irregular	8	25
Regular	24	75
Mean	16.000	-
Median	16.000	-
Standard deviation	11.3137	-
Standard error	8.0000	-
95% confidence	96.2717	-
99% confidence	392.0148	-

Table 8: Distribution of cases according to color (outcome).

Color	N	%
Normal	22	68.7
Discoloration	10	31.25
Mean	16.000	-
Median	16.000	-
Standard deviation	8.4853	-
Standard error	6.000	-
95% confidence	72.2038	-
99% confidence	294.0111	-

Maximum no. cases fall in student category followed by house wife and others About 75% cases are non-vegetarian and 25% are vegetarian. Although, there is no specific relation between the corn and demographic profile. Distribution of cases according to location of corn showed, 59.3% cases are found on RHS, 37.3% on LHS of body and rests are on both sides. Although, there is no specific

relation between the corn and its location in the body (Table 2).

Table 9: Comparative by size of corn before and after treatment.

Size of corn (mm) before medicine	Size of corn (mm) after medicine
11.9	2.9
13.9	7.9
10.4	4.9
8.5	3.8
10.7	3.9
12.7	3.8
10.7	5.3
10.3	3.9
6.3	4.9
8.8	3.7
8.7	3.4
12.2	5.1
9.9	4.2
10.9	5.8
10.9	3.9
10.2	4.9
6.8	3.9

Table 10: Comparison between pain in corn before and after the treatment.

Pain in corn before medicine	Pain in corn after medicine
3	0
4	1
2	0
2	0
3	0
3	0
4	1
3	1
4	1
3	1
2	0
3	1
4	1
4	1
3	1
4	1
3	1

Case distribution according to onset of corn showed about 81.25% cases fall in Gradual category and rest is sudden onset. Although, there is no specific relation between the corn and its onset (Table 3). According to progression of corn 21.87% cases have shown rapid progress and rest progressed slowly. The nature of progress depends on various factors such as age, corn history, other ailments etc. (Table 4). 71.87% cases found to be fresh and only 28.12% of the cases have shown recurrency. The cause of recurrency depends on various factors such as age, corn

history, other ailments etc. (Table 5). The (Table 6-8), showed distribution of cases done according to consistency, margin and skin color respectively

Total 71.87% cases are in soft consistency, about 75% cases regular margin, about 68.7% cases have normal skin color and rests were hard, irregular and discolored skin. Distribution of cases according to different stages of corn size after treatment showed study significant reduction in corn size (Table 9).

Distribution of cases according to different intensity of pain for considered for study significant reduction has been noticed in corn pain after treatment (Table 10).

DISCUSSION

Hughes et al reported the treatment by using Antim crud to large horny places on the skin of the soles of the feet, close to where the toes commence which pained like corns, and always returned after having been cut off. Hahnemann lays stress on a tendency to these callosities as indicative of Antium Crudum. Hartlaub et al have also mentioned several instances of their cure by it.⁵

Bernoville et al mentioned that the Antium crudum is a promising homoeopathic remedy for the treatment of corns of feet and all corneous warts. It works, when repeated for a long duration to ameliorate corn. It should be used in lower potency in the 6th dilution.⁶ Farrington et al in clinical Materia Medica stated that the Antium crudum acts on the skin to produce thick, horny callosities in tissue.⁷ Ramjee et al demonstrated the role of Antium crudum for the treatment of corns, and described in dermatology for Homoeopaths.⁸ Kent et al repertory corns have been explained under the section Extremities.⁹ Burt et al physiological material medica, Antim crudum produce corn in crude form and the nature of corn is large and Horney places of the soles close to toes. It became inflamed and very much sensitive. Some effective's cures of corn and callosities have been reported as effected by using this drug.¹⁰

Hahnemann says Antimuonium crudum is a basically native ore of tersulphuret of antimony formed found in block of parallel black needle with metallic luster, composed of 28 parts of Sulphur combined with 100 parts of metallic antimony and is use in the treatment of chronic disease. Having been first chemically tested so as to ensure its freedom from the admixture of other metal, it was prepared in the manner directed to the close to first part for dry medicinal substance and rose to the 30th potency for homoeopathy use.⁴

According to Manish et al Antimuonium crudum corn inflamed large, horny placed on sole of feet close to the toes thickened skin of sole & toes corn. The great sensitiveness of sole on walking aching stitching pain in corn and most of the symptom of the skin is associated with constipation, diarrhea.¹¹ According to Homoeopathy

team 360, Antimuonium crudum indicated medicine for inflamed large horny corn with thickened skin of sole of feet, when, there is intense aching pain which makes walking difficult.¹²

Limitations

Limitations of current study were; in many cases, patient comes for treatment when corn pain is unbearable. After initial medication; when patient starts feeling better then after some time; they stop coming for follow up until complete cure of disease. Lack of patience in patients during treatment is another problem; as many of them want instant or quick relief.

CONCLUSION

It would be incorrect to say that corn is purely due to mechanical pressure now a days. It may be also due to hereditary disorder. Antimuonium crudum 3X is a good alternative option to surgical excision

ACKNOWLEDGEMENTS

Authors are thankful to Dr. Hemant Kumar Soni and Dr. S.K. Mishra for their support.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Menz HB, Lord SR. Foot pain impairs balance and functional ability in community-dwelling older people. *J Am Podiatr Med Assoc.* 2001;91(5):222-9.
2. Reiber GE, Vileikyte L, Boyko EJD, Del Aguila M, Smith DG, Lavery LA, et al. Causal pathways for incident lower-extremity ulcers in patients with diabetes from two settings. *Diab Care.* 1999;22(1):157-62.
3. Sage RA, Webster JK, Fisher SG. Outpatient care and morbidity reduction in diabetic foot ulcers associated with chronic pressure callus. *J Am Podiatr Med Assoc.* 2001;91(6):275-9.
4. Hahnemann S. The chronic diseases. *Diab Care.* 1904; 23:12-9.
5. Richard H. Principles and practice of homoeopathy. New Delhi: GBS Publishers; 2001:722-3.
6. Fortier B. Syphilis and Sycotic. New Delhi: Jain Publishers; 1998:130-2.
7. Farrington E.A. Clinical Material Medica. New Delhi: Jain Publishers; 2002:697.
8. Gupta RJ, Manchanda RK. Dermatology for Homoeopath. New Delhi: Galagotia Publishing Company; 1997:37.
9. Kent JT. Repertory of Homoeopathic Material Medica. New Delhi: Jain Publishers; 2000:969-70.

10. Burt WH. Physiological Materia Medica. New Delhi: Jain Publishers; 2003.
11. Bhatia M. Corn healing. Available at: <https://www.doctorbhatia.com/treatment/get-rid-of-painful-corns-with-homeopathy/>. Accessed on 20 November 2023.
12. Homoeopathy. Available at: <https://www.homoeopathy-heal-the-heel-corn>. Accessed on 20 November 2023.

Cite this article as: Kumar R, Prajapati A, Prajapati P. Study of potency determination of 3X antimonium crudum in patients with corn. Int J Adv Med 2024;11:189-93.