

# Successful Homoeopathic Management of Multiple Warts in a Young Female: A Case Report

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**Abstract—Background & Objectives:** Warts are benign cutaneous lesions caused by human papillomavirus (HPV). Their persistence, tendency to recur, and association with altered immune responses make conventional management challenging. Homoeopathy, through individualized and miasmatic approaches, may provide a therapeutic alternative. This case aims to demonstrate the efficacy of individualized homoeopathic treatment in recurrent warts with allergic predisposition. **Methods:** A 22-year-old unmarried female with multiple warts on the right thumb and a history of allergic rhinitis was assessed via teleconsultation. Constitutional analysis led to the prescription of *Silicea 200. Medorrhinum 30* was later administered as an intercurrent remedy based on miasmatic evaluation. *Saccharum lactis* was used intermittently between remedies. Clinical progress was monitored through follow-ups and photographic documentation.

**Results:** Initial treatment with *Silicea 200* and supportive *Saccharum lactis* improved allergic manifestations but warts persisted and gradually increased. Administration of *Medorrhinum 30* as an intercurrent remedy was followed by progressive loosening and spontaneous shedding of warts during routine activities, with only mild discomfort. Long-term follow-up over three years, including periods of treatment interruption, revealed no recurrence. Photographic evidence corroborated complete resolution.

**Interpretation & Conclusions:** This case highlights the potential of individualized homeopathic treatment, guided by constitutional and miasmatic assessment, in managing chronic, recurrent warts. The sequential use of constitutional and intercurrent remedies resulted in complete lesion regression without external intervention, demonstrating the utility of intercurrent remedies in managing warts. Long-term follow-up and photographic documentation support the durable therapeutic outcome, emphasizing the relevance of totality-based prescribing in similar dermatological conditions.

**Index Terms—**Homoeopathy, Miasmatic Approach, Medorrhinum, MONARCH, Silicea, Warts.

## I. INTRODUCTION

Warts are benign, contagious cutaneous lesions caused by human papillomavirus (HPV) infection, affecting individuals of all ages, with higher prevalence in children and adolescents. Although often self-limiting, warts may cause cosmetic concerns and psychosocial distress. Therapeutic response is variable, and warts must be distinguished from non-infectious lesions such as seborrheic keratoses, which are persistent and non-contagious.<sup>[1]</sup>

HPV infection produces various clinical forms depending on the epithelial site and viral subtype. Common types include verruca vulgaris, verruca plantaris, verruca plana, and condyloma acuminata. Transmission occurs via direct person-to-person contact or indirectly through contaminated surfaces (fomites). Environmental factors such as skin maceration and contact with rough surfaces, common in communal areas like swimming pools, facilitate viral spread.<sup>[2]</sup>

### Clinical Features

Warts may be asymptomatic or present with pruritus, pressure, tightness, or pain—particularly plantar warts due to weight-bearing stress. Lesions can be solitary or clustered, often exhibiting punctate black or brown dots representing thrombosed capillaries.

- Common warts (verruca vulgaris): Hyperkeratotic, dome-shaped lesions, frequently affecting hands and periungual areas.

Autoinoculation may occur via scratching, shaving, or trauma.

- Filiform (digitate) warts: Elongated, finger-like projections, usually on the face, especially perioral, eyelids, alae nasi, and beard area.<sup>[3,4]</sup>
- Periungual warts: Occur at nail margins, potentially distorting nail growth and mimicking onychomycosis.
- Palmar and plantar warts: Thick, endophytic, hyperkeratotic plaques on palms and soles; plantar warts are painful on lateral compression, interrupting normal skin striae.
- Flat warts (verrucae planae): Smooth, flat-topped papules on face and dorsal hands, typically caused by HPV types 3 and 10.<sup>[5-8]</sup>
- Epidermodysplasia verruciformis (EDV): Rare, chronic disorder with widespread, polymorphic lesions and high risk of progression to squamous cell carcinoma.<sup>[9,10]</sup>

#### Risk Factors

Increased susceptibility is seen in individuals with frequent HPV exposure (e.g., school-aged children, workers handling raw meat), close contact with affected individuals, immunocompromised states (e.g., organ transplant recipients, HIV/AIDS), and atopic conditions facilitating viral entry.<sup>[1]</sup>

#### Diagnosis and Evaluation

Diagnosis is primarily clinical. Ancillary tests include PCR-based HPV detection, Pap smear for cervical lesions, and acetic acid testing. Dermoscopy can aid differentiation, revealing dotted or looped vessels and punctate hemorrhages (“frogspawn” pattern) in common warts. Histopathology is reserved for atypical or recalcitrant lesions, demonstrating acanthosis, papillomatosis, hyperkeratosis, parakeratosis, elongated rete ridges, thrombosed capillaries, and koilocytosis.<sup>[11-15]</sup>

#### Management

Although spontaneous resolution occurs in 65–78% of cases, cosmetic concerns, risk of spread, and impact on quality of life often necessitate treatment. Therapeutic goals include lesion eradication with minimal pain, prevention of scarring, and reduced recurrence.

Current management strategies include:

- Destructive therapies: Salicylic acid, cryotherapy, chemical cautery, electrosurgery, surgical excision, photodynamic therapy, and laser ablation.
- Immunotherapy: Enhances host immune response against HPV.

No single modality is universally effective; success rates range from 65% to 85%. Salicylic acid remains a first-line, inexpensive, and well-tolerated keratolytic. Cryotherapy achieves 50–70% clearance after multiple sessions, while other modalities are generally reserved for recalcitrant lesions and have variable efficacy and adverse effects.<sup>[16]</sup>

**Role of Homeopathic Management:** Conventional surgical and destructive therapies for warts, while often effective, have inherent limitations, including pain, scarring, risk of secondary infection, recurrence, and challenges with patient compliance—particularly in children. Homeopathic treatment offers a non-invasive alternative that supports the body’s innate healing mechanisms, promoting gradual resolution of lesions with minimal discomfort or adverse effects. Individualized constitutional homeopathy may also enhance overall patient well-being and reduce the likelihood of recurrence, making it a valuable complementary or alternative approach in the management of cutaneous warts.

## II. CASE SUMMARY

A 22-year-old unmarried Muslim female consulted through telecommunication with complaints of multiple warts on the right thumb for the past two years. The lesions were associated with occasional mild pain but no itching or bleeding. Although not physically debilitating, the condition caused significant cosmetic concern and psychological distress. She had a history of allergic rhinitis with marked sensitivity to strong odours, especially perfumes. She opted for homeopathic treatment due to recurrence of warts in family members despite previous allopathic therapy. Her past medical history included recurrent gastric discomfort during childhood. Family history was notable for tuberculosis in the paternal grandfather and uncle, diabetes mellitus in the grandmother, figwarts in the father, and recurrent warts in the brother following conventional treatment.

Her menstrual history revealed regular cycles every 28 days, with no associated symptoms before or after menses.

Her general features revealed increased perspiration on the palms and soles. She reported increased thirst during the evening. Her desires were notable for milk, milk products, and sweets. During childhood, she preferred the knee–chest sleeping position, but currently she sleeps predominantly on the right side. Mentally, the patient was highly sensitive and emotionally impressionable. She was deeply affected by others' opinions, avoided hurting anyone, and reacted strongly to reprimand. She wept easily, especially while watching sentimental scenes in movies. She showed a strong inclination toward neatness and preferred keeping her belongings well organized. As the elder child, she felt responsible for setting an example for younger family members and was cautious about her behaviour and appearance. She also reported mentally rehearsing conversations before discussing important matters, reflecting anticipatory anxiety and heightened self-awareness.

### III. CASE ANALYSIS AND EVALUATION

A detailed assessment of the patient's mental, emotional, and physical characteristics was undertaken to construct the totality of symptoms. Mentally, the case was characterised by emotional hypersensitivity, conscientiousness, fear of offending others, sensitivity to criticism, anticipatory anxiety, and tearfulness. Physically, significant features included allergic rhinitis aggravated by strong smells, profuse sweating of palms and soles, increased evening thirst, and cravings for milk, dairy products, and sweets. Her past habit of sleeping in the knee–chest position was also a notable constitutional clue. The chronicity of the complaint, strong family history of warts, allergic tendency, and disposition to recurrence suggested a predominant Sycotic miasmatic influence.

Based on the totality—covering mental predisposition, physical generals, modalities, and characteristic cravings—*Silicea 200* was selected as the constitutional remedy. The prescription aligned with

the patient's sensitive nature, tendency to recurrent skin conditions, perspiration of palms and soles, desire for milk, and past knee–chest sleeping posture. The remedy was aimed at addressing both the local pathology and the underlying constitutional weakness. Steady improvement was noted during follow-up, with progressive regression and eventual disappearance of the warts, supported by photographic documentation.

### HOMOEOPATHIC MANAGEMENT

SILICEA 200 / 1 DOSE

#### BASIS OF SELECTION

- Timid, sensitive, impressionable; anxious; anticipates misfortune; conscientious, perfectionist; tearful; easily influenced by others' opinions; avoids conflict; strong sense of responsibility.
- Profuse sweating of palms and soles; evening thirst; cravings for milk and sweets; weak constitution; childhood digestive disturbances; knee–chest sleep posture in early years.
- Chronic, slow-developing warts; recurrent infections; allergic diathesis (allergic rhinitis); slow-healing lesions; cosmetic concerns.<sup>[17–19]</sup>

### IV. FOLLOW UP

The patient was initially treated with *Saccharum lactis* (4 doses once weekly), with general health reported as good; however, the warts persisted without change. Over the next few weeks, there was a slight reduction in allergic tendency, but the warts remained unchanged, and the same prescription was continued. Subsequently, allergic symptoms improved, yet there was a slight increase in the number and size of the warts. At this stage, *Medorrhinum 30* (single stat dose in *Saccharum lactis*) was administered to address the sycotic miasmatic influence suggested by the chronicity, family history, and recurrent nature of the lesions. Following this, the patient showed general improvement with no new symptoms, and weekly *Saccharum lactis* was continued. Over the following months, the warts progressively loosened and eventually disappeared completely, while the patient's general condition remained good throughout the course of treatment.

FOLLOW UP TABLE

Table I Follow Up Table

Date	Clinical Findings	Prescription
19.02.2022	Warts persist as the same . Generals – Good	<i>Saccharum lactis</i> / 4 doses once weekly.
21.03.2022	Warts persist as the same . Slight reduction in allergic tendency . Generals – Good	<i>Saccharum lactis</i> / 4 doses continued weekly once.
08.04.2022	Allergic tendency improved. Slight increase in number and size of warts. Generals - Good	MEDORRHINUM 30 / 1DOSE[stat] IN SAC LAC
01.05.2022	General improvement . No new symptoms. Generals - Good	<i>Saccharum lactis</i> continued weekly.
27.09.2022	Followup after 3 months Warts completely disappeared. Generals - good	

MONARCH

Table II Modified Naranjo Criteria For Homoeopathy [Monarch]

S.No	DOMAINS	YES	NO	NOT SURE
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-	-
3.	Was there a homeopathic aggravation of symptoms?	-	0	-
4.	Did the effect encompass more than the main symptom or condition (i.e., where other symptoms, not related to the main presenting complaint, improved or changed?	+1	-	-
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+2	-	-
6A.	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
6B.	Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms:	+1	-	0

7.	-from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards? Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8.	Are there alternative causes (i.e., other than the medicine) that- with a high probability- could have produced the improvement? (Consider know course of disease, other forms of treatment and other clinically relevant interventions)	-	0	-
9.	Was the health improvement confirmed by objective evidence? (e.g., investigations, clinical examination, etc.)	+2	-	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total: +10				

PHOTOGRAPHIC EVIDENCE



FIG 1 : BEFORE TREATMENT



FIG 2: DURING TREATMENT



FIG 3 : AFTER TREATMENT

#### V. DISCUSSION

The present case demonstrates the effectiveness of individualized homeopathic management in treating recurrent warts associated with an underlying allergic predisposition. The patient was initially prescribed *Silicea 200*, selected on the basis of totality, including marked sensitivity to strong odours, increased evening thirst, profuse perspiration of palms and soles, desire for milk and sweets, and a childhood history of sleeping in the knee-chest position. *Silicea* was followed by *Saccharum lactis* once weekly for two months as a supporting measure.

During this period, the patient reported a notable reduction in her allergic tendency; however, the warts persisted and appeared to gradually increase in both number and size. This suggested a deeper miasmatic influence hindering complete resolution. Considering the strong family history of recurrent warts and her past allergic disposition, a sycotic miasmatic background was suspected. Therefore, *Medorrhinum 30*, one dose (stat), was administered as an intercurrent remedy to address the underlying miasm. This was again followed by weekly *Saccharum lactis* for a month.

Subsequently, the patient moved abroad after marriage, resulting in a treatment gap of nearly three months. On re-establishing communication for another family member's consultation, she reported a spontaneous and progressive loosening of the warts from their base, which eventually shed off during routine bathing and household activities without any external intervention. She experienced only slight pain at the time of detachment, and no new warts developed thereafter.

The patient has remained under intermittent homeopathic care for minor complaints over the past three years, with no recurrence of warts to date, indicating a stable long-term outcome. The latest photographic evidence further confirms complete resolution. This case underscores the significance of individualized remedy selection, appropriate miasmatic prescribing, and the complementary role of intercurrent remedies in managing chronic, recurrent conditions such as warts.

#### VI. CONCLUSION

This case illustrates that individualized homeopathic treatment, guided by constitutional and miasmatic evaluation, can be effective in managing chronic, recurrent warts in patients with allergic tendencies and familial predisposition. Administration of *Silicea 200*, supported by *Saccharum lactis*, followed by *Medorrhinum 30* as an intercurrent remedy, resulted in gradual resolution of lesions without external intervention. Long-term follow-up and photographic evidence confirm sustained recovery, emphasizing the value of totality-based prescribing in achieving durable outcomes.

#### VII. DECLARATION OF PATIENT CONSENT

We have obtained written consent from the patient. She has also agreed to the publication of her clinical information in the journal, with the assurance that her name and initials will not be disclosed.

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CONFLICTS OF INTEREST: None declared.

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