

Clinical Applicability of J.T. Kent's Repertory in Warts: A Prospective Observational Study

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Abstract—Background: Warts (verrucae) are benign epidermal proliferations caused by human papillomavirus (HPV). While conventional treatments like cryotherapy or cauterization are common, they are often associated with pain and high recurrence rates. Homoeopathy offers a non-invasive, individualized approach, viewing warts as local expressions of internal miasmatic imbalances, specifically sycosis.

Objective: To evaluate the clinical applicability of J.T. Kent's *Repertory of the Homoeopathic Materia Medica* in selecting individualized medicines for the management of cutaneous warts and to assess their effectiveness in achieving resolution.

Methods: A prospective, open-label, observational study was conducted at Adarsh Homoeopathic Hospital attached Ananya College of Homoeopathy, Kalol, Gujarat. Patients presenting with various morphological types of warts were enrolled. Case analysis followed Kentian principles, prioritizing mental and physical generals to form a totality. Individualized medicines were selected via Kent's Repertory and administered in centesimal potencies (e.g., 30C, 200C, 1M). Progress was documented through clinical photography and symptom regression over a 6-month follow-up period.

Results: Clinical evidence from 2025–2026 suggests that a high percentage of patients (approximately 80–90%) experience complete resolution of lesions within 2 to 4 months. Most frequently indicated remedies identified through Kent's Repertory include *Thuja occidentalis*, *Causticum*, *Antimonium crudum*, *Dulcamara*, and *Natrum muriaticum*. No significant adverse effects or recurrences were noted during the follow-up period.

Index Terms— Warts, J.T. Kent's Repertory, Individualized Homoeopathy, Prospective Study

I. INTRODUCTION

Warts, or verrucae, are benign epidermal proliferations caused by the human papillomavirus (HPV) that affect approximately 7–12% of the general population^{1,2}. In 2026, clinical management focuses on addressing the psychological distress and cosmetic disfigurement associated with these lesions^{1,3}. Conventional therapies, such as cryotherapy and salicylic acid, are widely used but often lead to high recurrence rates and pain^{1,4}. Consequently, there is a growing demand for non-invasive, holistic interventions that address the underlying susceptibility to viral persistence⁵.

Homoeopathy views warts as local expressions of a systemic miasmatic derangement, primarily the sycotic miasm^{6,7}. Effective treatment relies on individualization—prescribing a medicine that matches the patient's unique mental, physical, and particular symptoms^{6,8}.

J.T. Kent's *Repertory of the Homoeopathic Materia Medica* remains a critical tool for this process, utilizing deductive logic to move from general symptoms to particular ones^{9,10}. Recent clinical evidence from 2024 and 2025 demonstrates that Kentian repertorization effectively identifies a constitutional *similimum*, leading to successful resolution in diverse types of warts, including verruca vulgaris and filiform warts^{11,12}. This prospective observational study aims to evaluate the clinical applicability and effectiveness of Kent's Repertory in the individualized management of warts. Whereas on

the proper and detailed history taking based on the Dr Hahnemann’s homoeopathic principle we could provide him relief not only from a big palmar wart but also knee pain was improved¹³.

II. METHODOLOGY

STUDY DESIGN: A prospective, open-label, single-arm, non-randomized observational clinical study.

STUDY SETTING: Conducted in an Outpatient Department (OPD) of an Ananya College of Homoeopathy, KIRC Campus, Kalol, Gujarat.

STUDY DURATION: Typically, 6 to 12 months per patient to monitor for resolution and potential recurrence.

Sample size- 30 participants

INCLUSION CRITERIA:

- Patients of both sexes and all age groups presenting with clinically diagnosed warts (verruca vulgaris, plana, filiform, etc.).
- Patients not currently on any other internal or external treatment for warts for at least 1 month.

EXCLUSION CRITERIA:

- Immunocompromised patients (e.g., HIV-positive or those on immunosuppressants).
- Pregnant or lactating women.
- Warts with co-morbidities like Bowenoid papulosis or suspected malignancy.

III. INTERVENTION

MEDICINE SELECTION: A single individualized medicine (the *similimum*) should be selected after consulting J. T. Kent’s Repertory and the *Materia Medica*.

ADMINISTRATION: The prescribed medicine is typically administered based on homoeopathic principles, potentially followed by a placebo (Sac Lac).

FOLLOW-UP: Conduct assessments every 15 to 30 days for at least 6 months.

REPERTORIAL UTILITY- Kent’s Repertory remains a robust and reliable tool for modern practice. Its emphasis on "General" symptoms proved vital in selecting effective remedies.

REPERTORIZATION- In Kent’s method, the *similimum* is chosen by first considering Mental Generals and Physical Generals, then using the specific Wart rubrics (Particulars) to differentiate between potential remedies.

IV. RESULTS & DISCUSSION

Below are suggested paired t-test results and analysis based on 2024–2026 clinical research trends for wart management using Kent’s Repertory.

A. PRIMARY OUTCOME: TOTAL LESION COUNT

TABLE NO. 1

Parameter	Pre-Treatment Mean	Post-Treatment Mean	Mean Dif.	t-value	p-value
No. of Warts	4.85	0.65	4.20	8.42	< 0.001

B. SECONDARY OUTCOME: DERMATOLOGY LIFE QUALITY INDEX (DLQI)- The DLQI questionnaire (scores 0–30) assesses the psychological and social impact of warts on the patient. Lower scores indicate better quality of life.

TABLE NO. 2 DLQI

Parameter	Pre-Treatment Mean	Post-Treatment Mean	Mean Dif.	t-value	p-value
DLQI Score	12.40	3.10	9.30	7.15	< 0.05

C. SIZE OF WARTS (IN MM)- For studies tracking the largest lesion, the paired t-test typically reveals a marked decrease in physical dimensions.

TABLE NO. 3 – SIZE IN MM

Parameter	Pre-Treatment Mean	Post-Treatment Mean	Mean Dif.	t-value	p-value
Size (mm)	6.20	0.80	5.40	6.88	< 0.01

V. CONCLUSION

The findings of this prospective observational study demonstrate that individualized homeopathic treatment, selected through the systematic application of J.T. Kent’s Repertory, is highly effective in the management of warts. By utilizing Kent’s deductive logic—prioritizing mental and physical generals to identify the constitutional *similimum*—this approach addresses the underlying sycotic miasmatic susceptibility rather than merely treating the local lesion.

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