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Usefulness of homeopathy in perianal *Condylomata acuminata*

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Abstract

Introduction: *Perianal Condyloma acuminata* are cauliflower-like growths in the anal region, caused by Human papilloma virus (HPV). As they are present near the anal region they can interfere in day to day life by causing discomfort. Conventional medicines focus mainly in removal or antiviral medications homeopathy manages it with noninvasive techniques.

Case summary: The paper highlights 22 years old male who came to Dr. Batra's with progressively increasing, painful, and fetid anal warts. After starting homeopathic treatment significant improvement was noted in initial 2 months. This case shows homeopathy can treat anal warts and prevent recurrence.

Keywords: Perianal *Condylomata acuminata*, Human papillomavirus (HPV), Homeopathy

Introduction

Condyloma Acuminatum is a sexually transmitted condition resulting in warty growths in the vulvar, pubic, and anorectal areas. It is caused by Human papillomavirus (HPV) and is extremely infectious in nature. There is an increased risk of *Condyloma Acuminatum* in people having unprotected sex, and immune-compromised patients like human immunodeficiency virus (HIV), cancers, etc. [1]. The lesions are characterized by skin-colored overgrowths appearing like vegetative (cauliflower-like) tumors that branch out from an implanted base. The appearance of clinical symptoms occurs 2-3 months following exposure to HPV-infected individuals. From a mild 1-2 mm diameter measuring flesh-like papule, it can progress to form a few centimeters big to a giant wart. The symptoms associated with *Condyloma Acuminatum* are intense discomfort, itching, burning, bleeding by friction of clothes or coition, urination problems, and defecation difficulties. Some lesions may occur on the penis and or on the intra-urethral area manifesting as dysuria, hematuria, or active bleeding. It is the most common STD, which is been reported to exceed 50% where mainly young adults and old teenagers are affected [2].

According to the ICD-10, the disease is classified under code A63.0 (Anogenital (venereal) warts), while the ICD-11 assigns the code 1C82 for HPV-related lesions. These growths can range in severity and can affect the patient's physical, emotional, and social well-being.

Conventional treatment options for Perianal *Condyloma acuminata* generally involve topical therapies, surgical procedures, or immunotherapy. Common treatments include Topical agents: Podophyllin and Podofilox are used to chemically remove warts, Imiquimod, an immune response modifier, is applied topically to stimulate the immune system to fight the virus. Cryotherapy: Involves freezing the warts with liquid nitrogen. Electrocautery: A procedure where the warts are burned off using electric current. Surgical excision: Removal of the warts through surgery, which is often reserved for larger or more persistent growths. Laser therapy: Uses laser to vaporize warts.

While conventional treatments can effectively remove the visible warts, they do not target the underlying HPV infection or prevent recurrence.

Several studies like Rathore et al. [3] and Saxena et al. [4] have shown the efficacy of homeopathic treatment in warts in the cases discussed in each of the studies.

Homeopathy offers a holistic and non-invasive alternative that focuses not just on treating the physical symptoms but also on addressing the emotional and psychological distress that often accompanies such conditions. Homeopathic remedies aim to stimulate the body's own healing mechanisms, providing long-term relief by treating the root cause of the disease

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rather than just alleviating the symptoms. The advantages of homeopathy include prevention of recurrence, minimal side effects, non-invasive treatment.

Patient information

A 22-year-old male, professionally engaged as a makeup artist in the Bollywood and Hollywood industries, presented to the outpatient department with a chief complaint of intensely painful and offensive anal warts that bled upon touch. The patient, of average height and moderately built, reported a presence of fetid and sticky discharge. The pain associated with these anal warts was notably exacerbated by friction and the consumption of spicy food. The onset of these complaints dates back to May 2014, with a history of fissure ani preceding the development of a pilonidal sinus. Surgical intervention for the pilonidal sinus was conducted in May 2014, and post-surgery, the patient experienced the onset and gradual progression of anal warts. Patient had done the following investigations-HIV, HBV, HCV, HSV and they all were negative, however patient conveyed this verbally he had no reports with him.

Local Examination

The patient presented with two giant warts located in the anal area, which were bilaterally distributed in an equal pattern. These warts were hard in texture, bleeding upon touch (Table 1), and accompanied by a moist, fetid, and sticky discharge with a notably offensive odor. (Table 1) The shape of the warts resembled cauliflower, a characteristic often seen in Perianal *Condyloma acuminata*. The size of the warts was measured at 3.5 cm in length and 2.5 cm in breadth, and their surface was rough in texture. The patient experienced excruciating pain in the affected area. Additionally, there was intermittent itching, although no specific triggers or modalities for this itching were identified. The discharge was consistently sticky and fetid, further contributing to the discomfort.

Systemic Examination

The patient weighed 78 kg, and his blood pressure was measured at 110/70 mm Hg, which is within the normal range. These systemic findings suggested that, apart from the localized condition, the patient's overall health was stable, with no indications of systemic complications arising from the Perianal *Condyloma acuminata*.

Physical Generals

The appetite of the patient was good with a mixed diet type. He has a desire for non-vegetarian food like chicken, even sour and Italian foods. He has an aversion to vegetables. His

thermal reaction is Ambithermal toward the hot patient. He is always thirsty for large quantities at frequent intervals. He perspires profusely all over his body with no staining and is completely odorless. He sleeps around 8 hours soundly. Dreams of get-togethers of family members, dead relatives, and slipping and falling down. Spicy food aggravates to acid reflux. He occasionally smokes.

Life space Investigation

The patient, a 22-year-old professional makeup artist from Mumbai, exhibits a fun-loving and creative personality with a deep passion for makeup, clothing, interior design, Mehendi, and dancing, both Bollywood and classical. Born and raised in Mumbai in a close-knit family with one elder brother and a younger married sister, he maintains great relationships with his parents and good ties with his siblings. Despite childhood struggles with studies and poor memory, he excelled in dancing and other artistic activities. His professional journey began as a beauty consultant, progressing to brand roles and eventually becoming a freelance makeup artist, having undergone professional training. His ambition revolves around being a good person, making his parents happy, and finding joy in his work. Socially, he tends to withdraw and seeks solitude, especially by the seaside, when feeling depressed. Fearful of heights, water, and fire, he avoids driving due to a fear of accidents. While generally calm, he handles anger by walking away, avoiding confrontation. He occasionally experiences depression, particularly when faced with failures or unjust accusations, as exemplified by a stressful incident with his boss. His sensitivity is evident in his reluctance to share emotions, especially around being gay, which he discovered after tenth grade. He has a partner but discloses emotions to only a few trusted friends. The patient grapples with regrets stemming from impulsive decision-making, struggles during his parents' illnesses, and lingering memories of stressful encounters. His emotional responses to warts involve nervousness, pain, and occasional depression, reflecting the multifaceted challenges he faces in his personal and professional life.

The patient's past medical history revealed that he had undergone surgery for epistaxis at the age of 7 years, fissure ani (Table 1) with no other significant previous medical conditions. Regarding family history, his father had a history of diabetes mellitus and ischemic heart disease. His maternal grandparents both had a history of diabetes mellitus and ischemic heart disease, and his maternal aunt was currently undergoing dialysis. There were no specific medical conditions noted in his siblings. He was advised Sitz bath as an ancillary measure.

Table 1: Undergone surgery for epistaxis at the age of 7 years

Miasmatic Analysis	Psora	Sycosis	Syphilis	Tubercular
Characteristics	Fundamental susceptibility, skin ailments, itching, discharge	Excessive growth, glandular disorders, abnormal growths, warts, discharges	Destructive processes, chronic diseases, psychological symptoms	Weakness, chronicity, susceptibility to infections
Relevance to the Case	History of fissure ani, pilonidal sinus, anal warts with itching, offensive discharge, bleeding	Development of anal warts post-surgery, fetid and sticky discharge, progressively increasing size	Occasional depression and sensitivity may indicate latent influences	History of poor memory, weak performance, tendency to get depressed

Analysis of the case

The method used for treatment evaluation in this case was based on repertorization using the *Complete Repertory*, which is a comprehensive tool for identifying the most

appropriate homeopathic remedies. The repertorization process was followed by miasmatic evaluation, which was performed using the framework outlined in Dr. Subrata Kumar Banerjea's work, *Miasms in Labour*. This method

helped in understanding the underlying miasmatic influences contributing to the patient's condition and guided the selection of the most appropriate homeopathic remedy.

Totality of symptoms

1. Homosexual
2. Girlish/feminine behavior

3. Warts-anus
4. Warts large
5. Warts cauliflower like
6. Warts moist
7. Warts offensive smell
8. Food and drinks- desires chicken.

Table 2: Repertorial totality

Repertory used	Rubrics selected
Complete Repertory	[Skin] Warts, cauliflower, like. [Skin] Excrescences, Condylomata. [Skin] Excrescences, Condylomata: Itching. [Skin] Warts, Bleeding. [Skin] Warts, Moist. [Skin] Warts, Moist: Fetid. [Mind] Effeminate. [Mind] Love, Own sex, with one of her, homosexuality, tribadism. [Generalities] Food and drinks, Chicken: Desires. [KT] [Rectum] Condylomata

Remedy Name	Thuja	Thuja	Lyc	Canth	Staph	Cinab	Calc	Phos	Sabin	Euphr
Totality	14	13	9	8	7	7	6	6	6	5
Symptom Covered	6	6	7	4	6	4	5	4	4	3
[C] [Skin]Warts:Cauliflower, like:	1	1								
[C] [Skin]Excrescences:Condylomata:	3	3	2	1	2	2	2	2	2	2
[C] [Skin]Excrescences:Condylomata:Itching:	1		1		1	1			2	1
[C] [Skin]Warts:Bleeding:	3	2	1	3	1	1	1			
[C] [Skin]Warts:Moist:	3	3	1	2	1		1		1	
[C] [Skin]Warts:Moist:Fetid:		1								
[C] [Mind]Effeminate:			1				1			
[C] [Mind]Love:Own sex, with one of her, homosexuality, tribadism:			1		1		1	1		
[C] [Generalities]Food and drinks:Chicken:Desires:								2		
[KT] [Rectum]Condylomata:	3	3	2	2	1	3		1	1	2

Fig 1: Repertory chart

Selection of remedy

1. *Thuja occidentalis* 200 °C-2 doses Globule size 10, 5-6 pills in a dose were administered exclusively on the first day, with a single dose in the morning and another in the evening. No further repetitions of *Thuja Occidentalis* 200 °C were conducted. The choice of *Thuja Occidentalis* was guided by its antimiasmatic

- properties, with specific indications such as being a three-mark remedy for bleeding warts, moist warts, and those resembling cauliflower-like growths.
2. *Nitric acid* 30 °C-Globule size 10, 5-6 pills in a dose - 2doses, 1 dose in the morning 1 dose in the evening from Day 2 to Day 35.

Table 3: Results

Date	Number of Lesions	Pain	Foetid Discharge	Bleeding	Itching	Old Lesions	Prescription
1/1/2015	Multiple (Figure 2)	Present (Severe)	Present (Heavy)	Nil	Present (Severe)	Major warts present	Nitric Acid 30C bd
5/2/2015	2 large warts	Reduced (Moderate)	Reduced (Moderate)	Nil	Reduced (Mild)	Further reduced	Sac Lac bd
5/3/2015	1 small wart (Figure 3)	Mild	Slight	Nil	Nil	Only slight wart left	Sac Lac bd
2/4/2015	Nil	Nil	Nil	Nil	Nil	Nil	Sac Lac bd
1/5/2015	Nil	Nil	Nil	Nil	Nil	Nil	Sac Lac bd

Discussion

The management of perianal *condyloma acuminata* in this case highlights both the strengths and limitations of homeopathic treatment. The primary strength lies in the individualized selection of *Thuja Occidentalis* 200C, a remedy chosen for its effectiveness in treating warts and its antimiasmatic properties. Thuja's use aligns with Hahnemann's Aphorism 185, which emphasizes individualized treatment based on the patient's unique

symptoms and response. However, the case also presents limitations, such as the variability in individual patient responses. While the patient showed significant improvement, homeopathic remedies may not always yield consistent results for every individual. Additionally, *Thuja Occidentalis* 200C was administered only once, which is consistent with homeopathy's principle of stimulating the body's natural healing rather than relying on repeated doses. In comparison with conventional treatments, such as surgery

or cryotherapy, homeopathy provides a holistic alternative that addresses both the symptoms and the underlying miasmatic causes, with a lower risk of recurrence. Studies support the use of remedies like *Thuja Occidentalis 200C* in treating warts effectively, with fewer relapses compared to conventional interventions. The positive outcome in this case suggests that homeopathy can be a viable option for managing conditions like perianal *condyloma acuminata*, offering a non-invasive, patient-centered approach that treats both physical and emotional symptoms.

The transformation



Fig 2: Before Treatment 01/01/2015



Fig 3: After Treatment 05/03/2015

Conclusion

In conclusion, this case report provides strong evidence for the effectiveness of homeopathic treatment in managing perianal *condyloma acuminata*, demonstrating the potential of individualized care and miasmatic treatment principles. The tailored approach, based on the principles of homeopathy, underscores the importance of selecting

remedies that align with the patient's unique symptoms and constitutional needs. Homeopathic treatment, especially when guided by foundational principles like those in Aphorism 185 of *Organon of Medicine*, can offer a non-invasive and holistic alternative to conventional treatments. This case highlights the value of individualized homeopathic care in managing chronic and recurrent conditions like *condyloma acuminata*, while also emphasizing the need for ongoing evaluation and follow-up to ensure the long-term success of the treatment.

Main Takeaways

- The individualized selection of homeopathic remedies can provide effective treatment for conditions like perianal *condyloma acuminata*.
- Homeopathy's holistic approach not only addresses the physical symptoms but also supports the patient's overall health and well-being.
- Aphorism 185 of Hahnemann's *Organon* emphasizes the need for individualized treatment, which was central to the success of this case.
- Homeopathy offers a viable, non-invasive alternative to conventional treatments for managing warts and preventing recurrence.

Declaration of patient consent

After the first follow-up, the patient was very happy because the warts had completely disappeared.

Conflict of Interest: Not available

Financial Support: Not available

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