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Effective homeopathic management of verruca plana with single remedy: A case series

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Abstract

Warts are benign skin growths that can develop on different areas of the body in various forms. They result from viral infections and are highly contagious. These growths are quite common, and most individuals encounter them at least once in their lifetime. Warts can develop in individuals of any age but are most frequently observed in children and teenagers. This study presents a series of three male patients who successfully underwent treatment for warts using a single individualized homeopathic remedy. The cases were documented in accordance with the Homeopathic Clinical Case Reports (HOM-CASE) guidelines, with photographic evidence tracking their progress. The Modified Naranjo Criteria for Homeopathy (MONARCH) inventory was utilized to assess the connection between homeopathic treatment and clinical outcomes. All three patients achieved complete wart resolution within two months, with no signs of recurrence. This study highlights the potential effectiveness of homeopathy in managing warts.

Keywords: Warts, homoeopathy, *Staphysagria*, *Arsenicum album*, *Aconite*

Introduction

Warts are non-cancerous growths that develop on the skin or mucous membranes due to an infection with the human papillomavirus (HPV). This DNA virus penetrates the outer layer of the skin and targets epithelial cells^[1]. Warts can develop on any part of the body and include various types such as common warts, genital warts, flat warts, and plantar warts.

HPV spreads through direct or indirect contact, and factors that damage the skin barrier increase the risk.² Most warts are painless, but some can cause itching, tightness, or pressure. Warts on the feet can be painful. Some may have small black or brown dots from clotted blood. Warts can appear individually or in clusters, covering larger skin areas.³ HPV has an incubation period of 1 month to 2 years, typically 3 to 4 months. It infects all squamous epithelium, with lesion appearance varying by site and virus type. The replication process begins in the basal cells, with a distinctive histological characteristic being the presence of large vacuolated cells with basophilic nuclei in the upper stratum malpighii and granular layer, occasionally containing eosinophilic inclusions^[4,5].

Verruca lesions are categorized according to their location: flat warts (verruca plana) typically appear on the face, shins, and hands; plantar warts (verruca plantaris) develop on the soles of the feet; common warts (verruca vulgaris) can occur in various areas; and periungual warts form around the nails^[6]. Over 150 types of HPV have been identified, with common warts (verruca vulgaris) primarily linked to HPV types 1, 2, 4, 27, and 57, while flat warts (verruca plana) are mainly associated with HPV types 3 and 10.⁷ Managing Verruca plana poses therapeutic complexities, as achieving complete remission remains challenging. Various treatments are available, including topical salicylic acid for gradual lesion reduction and cryotherapy for freezing wart elimination, both substantiated by research^[6].

Materials and Methods

Patients presented with persistent growths on the face, hands, and fingers. Based on their clinical features, all three cases were diagnosed as verruca plana. A detailed case-taking process was conducted, followed by symptom analysis and evaluation. For repertorization, general and specific characteristics were considered. The selection of medicines was guided by the Materia Medica, and each patient was prescribed a single homeopathic remedy.

Monthly follow-ups were scheduled, and visual documentation of pre- and post-treatment effects was captured through photographs. Throughout the treatment period, no additional therapies or interventions were administered. The Modified Naranjo Criteria for Homeopathy (MONARCH) inventory [8] was applied in all three cases to assess the causal relationship between homeopathic treatment and clinical outcomes.

Case presentation

Case 1: A male patient aged 29 years old came to Maharshi

Mehni homoeopathic medical college and hospitals in surgery OPD on 13/7/24 with complaints of multiple eruptions on both sides of fingers and face for 6 months (figure 1 & 2). The complaint initially presents a single eruption which has increased with time. He took homoeopathic medicines 3 months back with no relief. He had chicken pox in childhood relieved by traditional treatment. No such significant family history. His appetite was good. He had desire for sweet and meat. His tongue was clean and moist. Mentally he has Suppressed anger. History of insult 6 months back and after that complains has started



Fig 1 & 2: (Before treatment)

The patient was diagnosed with verruca plana based on their medical history and clinical presentation. This diagnosis corresponds to the ICD-10 code B07.8 [9]. Repertorization was performed using Kent’s repertory [10]. The repertorization chart is presented in Table 1. On repertorization, Staphysagria had the highest score. The final selection of medicine was done after consultation with

Materia Medica Staphysagria 200, 1 dose was prescribed based upon ailments after anger, and desire for meat, he was thirst less. The patient came to OPD on 18/8/24 with no further eruption over fingers and face; the patient’s complaint was completely resolved (figure 3), he was feeling better mentally so a placebo was given.

Table 1: Shows the repertorization sheet for case 1

Remedy Name	Staph	Sep	Caust	Lyc	Nat-m	Ferr
Totality / Symptom Covered	8/3	7/4	6/3	5/4	5/4	5/3
[Kent] [Face]Warts: (9)		2	3	1		
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome):Ailments after an...	3			1	1	
[Kent] [Stomach]Desires:Meat: (20)					1	1
[Kent] [Stomach]Thirstless: (87)	2	2	1	2	1	2
[Kent] [Extremities]Warts:Fingers: (23)		2	2	1	2	2
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome):Suppressed,from:...	3	1				



Fig 3: After treatment

Case 2: A 26-year-old male came to our Maharshi Mehni Homoeopathic Medical College and hospitals in surgery OPD on 3/9/24 with complaints of multiple eruptions on both palms (figure 4) since 6 years with itching; more in

afternoon and relief by warm. The onset was insidious and has applied ointment with no relief. He had measles in childhood relieved without any treatment. His mother is having hypertension.



Fig 4 Before treatment

He had a desire for sweet and warm food. He was thirsty and used to take water small at a time. His tongue was clean. The stool was regular. Mentally he was very anxious and wanted everything neat and clean.

The patient was diagnosed with verruca plana based on their medical history and clinical presentation. This diagnosis corresponds to the ICD-10 code B07.8 [9].

Repertorization was performed using Kent’s repertory [10]. The repertorization chart is presented in Table 2.

Upon repertorization, Arsenic received the highest score. The final choice of medicine was made after reviewing the Materia Medica, and Arsenicum album 200, with one dose, was prescribed based on symptoms of anxiety, a preference for cleanliness, a tendency to drink small amounts of water at a time, and a craving for sweet and warm food.

The patient came to OPD on 10/10/24 with no further eruption over on both palms (figure 4) Anxiety was better, he was feeling better mentally so a placebo was given.

Table 2: shows the repertorization sheet for case 2

Remedy Name	Ars	Sulph	Chin	Nat-c	Rhus-t	Lyc
Totality / Symptom Covered	9/4	7/3	6/3	6/3	6/3	6/2
[Kent] [Mind]Fastidious: (2)	2					
[Kent] [Mind]Restlessness ,nervousness:Anxious,etc.: (74)	3	2	1	3	2	
[Kent] [Stomach]Thirst:Small quantities,for: (20)	3	2	2		2	3
[Kent] [Stomach]Desires:Sweets: (36)	1	3	3	2	2	3
[Kent] [Extremities]Warts:Hand:Palm: (6)				1		



Fig 4: After treatment

Case 3: The patient aged 26 years old complaining of small growths on left thumb below nail and dorsal aspect of palm (figure 5) since 6 months has visited Maharshi Mehni Homoeopathic Medical College and Hospital on 24th September 2024 in surgery OPD. On case taking it was found he has taken homoeopathic remedy once for this but no relief 3 months back. In his past history there is no such significant diseases and in family history his father is having hypertension. In physical generals, he was having profuse thirst with good appetite. He likes sweet and warm food.Stool once in a day Tongue was moist. Sleep was disturbed since he got frightened after seeing cat at night 8 months back. Mentally he was scared since that cat incident.



Fig 5: Before treatment

The patient was diagnosed with verruca plana based on their medical history and clinical presentation. This diagnosis corresponds to the ICD-10 code B07.8 [9].

Repertorization was performed using Kent’s repertory [10].

The repertorization chart is presented in Table 3.

During repertorization, Opium, Sulphur, and Thuja received the highest scores, while Aconite had the second-highest score. After consulting the Materia Medica, Aconite 200,

with one dose, was prescribed due to the patient's history of fright after the onset of symptoms and a strong desire for profuse thirst.

The patient came to OPD on 30/10/24 with no further

eruption over on hand and around nails palms (figure 6). His sleep got better, he was feeling better mentally so a placebo was given

Table 3: Shows the repertorization sheet for case 3

Remedy Name	Op	Sulph	Thuj	Acon	Dulc	Fl-ac
Totality / Symptom Covered	7/3	7/3	7/3	6/3	6/3	6/3
[Kent] [Extremities]Warts:Fingers: (23)		1	2		2	2
[Kent] [Mind]Anxiety:Fright,after: (8)	1			1		
[Kent] [Stomach]Thirst: (211)	3	3	2	3	2	2
[Kent] [Sleep]Sleeplessness: (226)	3	3	3	2	2	2



Fig 6: After treatment

Table 4: Modified Naranjo Criteria for homoeopathy (MONARCH) table

No	Domain	Case 1			Case 2			Case 3		
		Yes	No	Not sure	Yes	No	Not sure	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homeopathy medicine was prescribed?	+2			+2			+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+2			+2			+2		
3	Was there a homeopathic aggravation of symptoms?			0			0			0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1			+1			+1		
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1			+1			+1		
6A	Direction of cure: did some symptoms improve in the opposite order of the development of the symptoms of the disease?			0			0			0
6B	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance? from deeper to more superficial aspects of the individual? from the top downwards?			0			0			0
7	Did "old symptoms" (defined as non-essential and non-clinical symptoms that were previously thought to have resolved) reappear temporarily during the			0			0			0

course of improvement?									
8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions).		+1			+1			+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2			+2			+2	
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1			+1			+1	
Total score		10			10			10	

Discussion

Three case studies of verruca plana with successful outcomes are presented here, adhering to the HOM-CASE CARE guidelines.¹¹ Diagnoses were made based on case histories and clinical presentations. In selecting medicines, the totality of symptoms and repertorial totality were considered, alongside consultation with the homeopathic *Materia Medica*. Significant improvement was observed within two months following the initial prescription, tailored to the specific case totality. The MONARCH inventory was used to evaluate treatment outcomes in all three cases, confirming a likely causal relationship between homeopathic treatment and clinical improvement. The patients showed visible progress in their verruca plana lesions after receiving individualized homeopathic remedies. The 29-year-old male experienced regression of facial and hand warts following *Staphysagria* 200 administration. The 26-year-old patient achieved remarkable results in palm wart reduction with *Arsenicum album*. The 26-year-old patient achieved remarkable results in wart reduction with *Aconite*. Photographic evidence and MONARCH scoring (Table 4) have provided support for the efficacy of homeopathic interventions.

Conclusion

This case series emphasizes the potential effectiveness of individualized homeopathic remedies in treating verruca plana. *Staphysagria*, *Arsenicum album*, and *Aconite* have shown positive results, highlighting the importance of a holistic approach based on the totality of symptoms. However, as this series includes only three patients, it is not enough to conclusively demonstrate the efficacy of homeopathy in managing verruca plana. Further controlled trials are necessary to validate the findings of this study.

Consent of the patients: were taken

There was no such Funding

No Conflict of Interest

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