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A case report on external genital warts treated with homoeopathic medicine *Thuja occidentalis* 1m

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Abstract

Genital warts are a common complaint. They are often a manifestation of genital Human Papillomavirus (HPV) infections, commonly associated with Human papillomavirus 6 and 11. In this case report a 32-year-old male patient presenting with external genital warts, treated with single dose of homoeopathic medicine *Thuja occidentalis* 1M showing complete resolution is described.

Keywords: External Genital Warts (EGW), homoeopathy, *Thuja occidentalis* 1M

Introduction

External genital warts (EGW), also known as condylomata acuminata (CA), are one of the most common forms of sexually transmitted diseases affecting the general population [1]. Human papillomavirus types 6 and 11 are responsible for 90 percent of the cases of genital warts [2].

Historically, genital warts were believed to be cutaneous manifestations of syphilis or gonorrhea [3]. Homoeopathy attributes warts to a manifestation of chronic miasm of sycosis with its root in gonorrhoea.

Genital warts have been reported to be benign cellular proliferations of the anogenital skin and mucosa in response to a viral invasion.⁴ An earlier age of initial sexual contact as well as an increase in the total number of sexual partners are often contributing factors [5]. HPV is a highly contagious virus and is transmitted predominantly through oral, anal, and genital sexual contact, although rare instances of vertical transmission and autoinoculation have been reported [6].

Risk factors include unprotected intercourse, use of oral contraceptives, history of sexually transmitted infections, smoking or immunosuppression [7, 8].

Once infected with HPV, the virus typically requires an incubation period ranging from 3 weeks to 8 months prior to clinical manifestation. Approximately 2 to 3 months after initial contact the physical symptoms begin [9]. The virus is also capable of lying dormant within epithelial cells for prolonged periods of time [10].

After initial clinical manifestation, it may increase in number and size or, alternatively, undergo a spontaneous regression. In approximately 30 percent cases, these warts regress within the first four months of infection. However, long-term remission rates remain largely unknown. Even after undergoing the appropriate treatments, the majority of genital warts recur within three months of infection [11].

EGW typically present on the site of sexual contact with an infected partner, particularly the moist tissues of the anogenital area, although they may occasionally develop in the mouth or the throat after oral sexual contact [12]. It shows a highly variable appearance and may be flat, dome-shaped, cauliflower-shaped, or pedunculated. Lesions are rarely considered to be painful but often associated with severe discomfort, burning, and pruritus. Furthermore, larger lesions may be subject to bleeding and irritation upon contact with clothing or during sexual intercourse. The vast majority of EGW can be accurately diagnosed with a careful clinical history and physical examination [7].

Homoeopathic treatment relies on totality of symptoms of the case derived by appropriate case taking and case processing.

Case report

A 32-year-old male patient presented at the OPD on 12/3/2025 at Madhav Homoeopathic Hospital, collegiate hospital of Madhav Homoeopathic Medical College and hospital, Abu Road, Sirohi with multiple flat warts like lesions on pubic region for 1 year.

History of presenting complaints

Patient was apparently well 1 year back, when he gradually started developing wart like eruptions on pubic region.

Particulars

- **Location:** Pubic region(genitals)
- **Sensation:** Not specific
- **Appearance:** flat warts
- **Modalities:** N/S

General symptoms: Patient's thermal reaction was chilly. Patient had craving for salty food. He also suffered from constipation with ineffectual urging, straining. Emotionally he easily excitable, was irritable and had tearful mood from music.

Family history

- **Father:** Alive and healthy
- **Mother:** Alive and healthy

Clinical findings

Body image: Mesomorphic

Consciousness: Conscious, well oriented about person, place, time

Height: 5'9"

Weight: 68 kg

Other general & systemic examination: Nothing specific
local examination

- Site - genital - pubic region
- Character - Wart like eruptions, flat, skin coloured
- Number - multiple
- Itching - Absent
- Burning/any other sensation- Absent
- Discharges - Absent

Provisional diagnosis: Flat external genital warts on the basis of clinical history and physical examination

Case processing

Evaluation & totality of symptoms

- Easily excitable Irritability
- Emotional, teary mood aggravated by music
- Stool: constipation, ineffectual urging, straining
- Warts on genital (pubic region)
- Flat warts

Repertorisation: From Kent's Repertory using RADAR software.

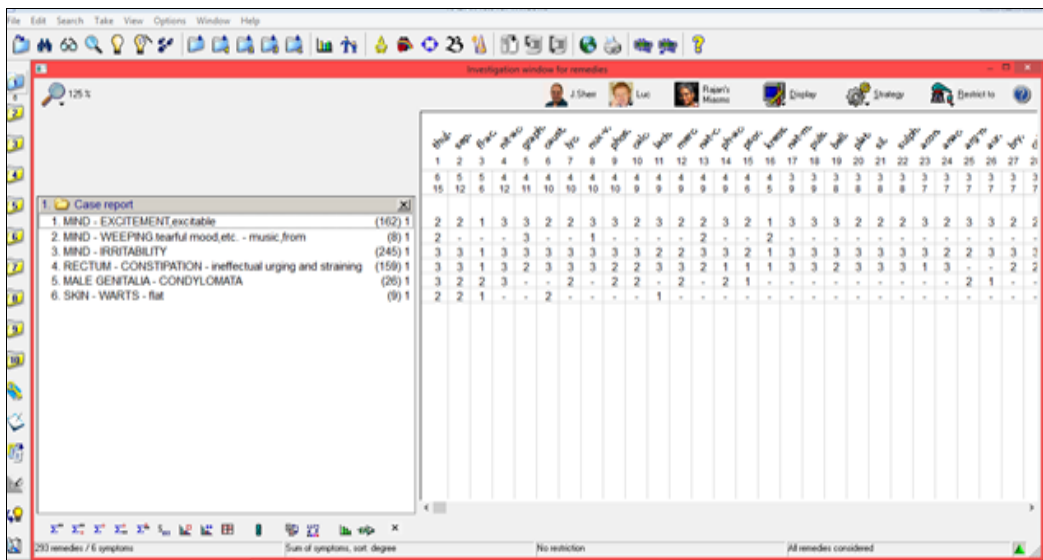


Fig 1: Figure showing repertorization (repertory sheet) of case from kent's repertory using RADAR software

First prescription with justification: *Thuja occidentalis* 1M was prescribed after repertorization. Higher potency with single dose was given on basis of susceptibility. Single

dose in 4 cane sugar globules of size 30 was given to patient, followed by placebo 30/TDS for 14 days.

Table 1: Follow ups of the case

Follow up date	Patient status	Prescription
26-3-2025	Warts on pubic region - Reduced in size Constipation - better General condition better	Rubrum30/TDS for 28 days. Relief in symptoms
23-4-2025	Warts on pubic region - No warts seen Constipation- better, regular motion without straining Relief in all symptoms General condition better	Rubrum30 for 28 days. Relief in symptoms



Before



After

Fig 2: Baseline and post treatment photographs

Discussion and Conclusion

This case study suggests that homoeopathic treatment leads to complete resolution. Case was treated with *Thuja occidentalis* 1M, prescribed on basis of repertorial totality. Baseline and post treatment photographs were assessed, which showed significant improvement in post treatment photographs with complete resolution along with relief of symptoms without recurrence.

Conflict of interest: Nil

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