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Effectiveness of individualized homoeopathic medicine “*Thuja occidentalis*” in *Verruca vulgaris*: A review with case documentation

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Abstract

Background: Warts (verrucae) are benign epidermal proliferations caused by human papillomavirus (HPV) infection. Although often self-limiting, they may persist, recur, or cause cosmetic and psychological distress. Conventional treatment primarily involves destructive or immunomodulatory measures, which may be painful and associated with recurrence. Homoeopathy interprets warts as manifestations of internal miasmatic imbalance, predominantly sycosis, and emphasizes constitutional management.

Objective: To present a comprehensive overview of warts from both contemporary medical and homoeopathic perspectives and to document a successfully treated case of scalp wart using individualized homoeopathic therapy.

Methods: A narrative review of warts covering definition, types, etiology, pathophysiology, diagnosis, prevention, and conventional treatment was undertaken, followed by a detailed homoeopathic case report of an 11-year-old male with a cauliflower-like scalp wart. Case analysis was performed using Kentian totality and repertorization (RADAR-style), leading to the prescription of *Thuja occidentalis*.

Results: The patient showed progressive regression of the wart following administration of *Thuja occidentalis* 1000C, with complete resolution within three months and no recurrence during follow-up. General health and well-being were maintained throughout the treatment.

Conclusion: This case supports the homoeopathic concept that warts represent systemic miasmatic expressions rather than isolated local pathology. Individualized constitutional treatment, without local suppression, may result in gentle, sustained, and complete recovery. Further systematic studies are warranted to substantiate these observations.

Keywords: Warts, *Verruca vulgaris*, Sycosis, *Thuja occidentalis*, Homoeopathy, Case report, Scalp wart, Human papillomavirus

Introduction

Warts, medically termed verrucae, are benign hyperkeratotic lesions of the skin and mucous membranes resulting from infection with the human papillomavirus (HPV). They are among the most frequent dermatological complaints encountered in clinical practice, particularly in children and young adults. Despite their benign nature, warts may be cosmetically distressing, painful, or recurrent. Conventional dermatology emphasizes destructive or immunomodulatory approaches, whereas homoeopathy considers warts as outward expressions of internal disharmony. This article reviews warts comprehensively, highlighting both contemporary medical understanding and classical homoeopathic philosophy.

Definition

Warts are localized, benign proliferations of the epidermis caused by HPV, characterized by excessive keratinocyte growth leading to papular or verrucous lesions on the skin or mucosa.

Types of Warts

Based on morphology and site, warts are classified as:

- ***Verruca vulgaris* (common warts):** Hyperkeratotic lesions commonly on hands and fingers
- ***Verruca plana* (flat warts):** Smooth, flat-topped lesions seen on face and extremities
- ***Verruca plantaris* (plantar warts):** Painful lesions on soles
- ***Filiform warts:*** Thread-like projections commonly on face and neck

- **Periungual warts:** Around nail folds
- **Condylomata acuminata (genital warts):** Affecting genital and perianal regions

Causes

Warts are caused by infection with HPV, a DNA virus with more than 100 identified subtypes. Transmission occurs through direct contact or indirectly via contaminated surfaces. Minor trauma, maceration, and reduced immunity increase susceptibility to infection.

Pathophysiology

HPV infects basal keratinocytes through micro-abrasions in the skin. Viral replication induces epidermal hyperplasia, hyperkeratosis, and acanthosis, resulting in visible wart formation. Host cell-mediated immunity plays a crucial role in spontaneous regression or persistence of lesions.

Diagnosis

Diagnosis is primarily clinical, based on characteristic appearance and location. Dermoscopy may assist in atypical cases. Histopathological examination is reserved for diagnostic uncertainty or suspicion of malignant transformation.

Prevention

Preventive measures include:

- Avoidance of direct contact with warts
- Maintenance of skin integrity
- Use of footwear in communal wet areas
- HPV vaccination for prevention of genital warts
- Avoiding autoinoculation by scratching or shaving lesions

Treatment (Conventional Perspective)

Conventional treatment focuses on physical destruction or immune modulation:

- Cryotherapy
- Electrocautery
- Laser therapy
- Topical keratolytics (salicylic acid)
- Immunomodulators (imiquimod)

These approaches may provide symptomatic relief but are associated with pain, scarring, recurrence, and suppression.

Medication

Pharmacological agents used include salicylic acid, podophyllotoxin, and imiquimod. Selection depends on wart type, location, patient age, and immune status.

Alternative and Complementary Approaches

Alternative approaches such as duct tape occlusion therapy, herbal applications, and folk remedies have been used with variable and inconsistent evidence. Homoeopathy offers a systemic and individualized approach without destructive measures.

Homoeopathic Philosophy and Perspective

Homoeopathy views warts as manifestations of internal imbalance rather than isolated local pathology. According to Hahnemann, warts are predominantly expressions of the sycotic miasm, characterized by overgrowth, infiltration,

and proliferation. Suppressive local treatment may lead to deeper pathology or recurrence. Homoeopathic management aims at correcting susceptibility, strengthening the vital force, and addressing the underlying miasmatic state, thereby promoting permanent cure rather than temporary removal.

Statements by Homoeopathic Stalwarts

- Samuel Hahnemann described warts as sycotic manifestations requiring internal treatment rather than local suppression.
- J.H. Allen emphasized the miasmatic background of warts and warned against surgical removal without constitutional correction.
- H.C. Allen and J.T. Kent advocated individualized remedy selection based on the totality of symptoms to prevent recurrence.

Leading Homoeopathic Medicines for Warts

- **Thuja occidentalis:** Cauliflower-like, pedunculated or multiple warts; strong sycotic background
- **Causticum:** Old, hard, bleeding warts; periungual warts
- **Calcarea carbonica:** Flat or fleshy warts in children with delayed development
- **Natrum muriaticum:** Warts on hands and face with emotional sensitivity
- **Dulcamara:** Warts aggravated by damp and cold exposure
- **Nitric acid:** Painful, fissured warts that bleed easily
- **Carcinosin:** Recurrent or stubborn warts with strong family history

Case Report

1. **Date:** 25-Sept-2025
2. **OPD No.:** 2025/09/145
3. **Name of Patient:** Master X.Y.
4. **Age & Sex:** 11 years, Male
5. **Religion:** Hindu
6. **Education:** Studying in 5th standard
7. **Occupation:** Student
8. **Diet:** Vegetarian
9. **Socioeconomic Status:** Middle class
10. **Full Address:** Balaji Nagar, Kadodara, Dist. Surat, Gujarat

Confirmed Diagnosis

Verruca vulgaris (Cauliflower-like wart) over scalp

Miasmatic Diagnosis

Predominantly Sycosis

Present Complaints

Wart over left side of the scalp—for more than 1 month

- **Location:** Left parietal region of scalp
- **Size:** Approximately 2 cm × 1 cm
- **Appearance:** Cauliflower-like, rough, irregular surface
- **Sensation:** No pain, occasional mild itching
- **Modalities:**
 - a) < on touching or combing hair
 - b) No specific relief noted
- **Concomitant:** Cosmetic concern and mild anxiety of parents

History of Present Complaints

The patient was apparently well one month prior to the consultation. Gradually, a small elevated growth appeared over the left side of the scalp, which slowly increased in size over weeks and attained a cauliflower-like appearance. There was no associated pain, discharge, bleeding, or inflammation. The patient had not taken any allopathic or local treatment for the condition. As the wart persisted and increased in size, the parents sought homoeopathic treatment.

Associated Complaints:

No other physical complaints at present.

Past History

No history of major illness such as measles, mumps, tuberculosis, or skin diseases in the past.

Family History

- **Father:** History of ringworm infection
- **Mother:** Apparently healthy
- **Siblings:** Apparently healthy

Physical Generals

- **Appetite:** Good
- **Thirst:** Normal
- **Desire:** Sweets++
- **Aversion:** Bitter foods+
- **Stool:** Regular, once daily
- **Urine:** Normal
- **Sleep:** Sound and refreshing
- **Dreams:** Unremarkable
- **Perspiration:** Moderate, non-offensive
- **Thermal State:** Thermally normal
- **Addictions:** Nil

Mental Generals

- Overactive++
- Talkative+
- Attentive+
- Cheerful disposition
- No fears, anxieties, or emotional disturbances

General Examination of Patient

- **Build & Nutrition:** Well built, well nourished
- **Height:** 138 cm
- **Weight:** 40 kg
- **Body Mass Index (BMI):** 21 kg/m²

Examination for

Anemia, Jaundice, Cyanosis, Edema, Clubbing: Absent

Vital Data

- **Temperature:** 98.6°F
- **Pulse:** 82/min, regular

- **Respiratory Rate:** 18/min
- **Blood Pressure:** 100/60 mmHg

Systemic Examination

No abnormality detected

Local Examination (Scalp - Wart)

- A single wart present over left side of the scalp.
- **Size:** ~2 cm × 1 cm
- **Shape:** Irregular
- **Surface:** Rough, cauliflower-like
- **Color:** Same as surrounding skin
- **Tenderness:** Absent
- **Discharge/Bleeding:** Absent

Laboratory Investigations & Findings

Not required

Other Investigations

Not required

Provisional Diagnosis

Verruca vulgaris (Scalp wart)

Analysis of Symptoms

- Cauliflower-like wart over scalp
- Painless, slow-growing wart
- Desire for sweets
- Overactive, talkative, attentive child
- Family history of skin disease

Evaluation of Symptoms

- **Characteristic Particulars:** Cauliflower-like wart on scalp
- **General Physical Symptoms:** Desire for sweets
- **Mental Generals:** Overactive, talkative

Totality of Symptoms

1. Warts—cauliflower-like
2. Warts on scalp
3. Desire for sweets
4. Overactive, talkative, attentive child

Reportorial Totality

- **Mind:** Overactive, talkative
- **Skin:** Warts—cauliflower-like
- **Skin:** Warts—scalp
- **Generals:** Desire for sweets

Repertorial Chart

- **Method:** Kentian approach using characteristic generals and particulars
- **Software representation:** RADAR-style tabular format (rubrics × medicines)

Table 1: Reportorial Totality (Kent/RADAR Style)

No.	Rubric (Kent Repertory)	Thuja	Sulph	Calc	Nit-ac	Caust
1	Mind - Activity - excessive	2	3	1	1	1
2	Mind—Talking—desires to talk	2	3	1	1	1
3	Skin - Warts - cauliflower-like	3	1	1	2	1
4	Skin - Warts - scalp	3	1	1	1	1
5	Generals - Food and drinks - sweets - desire	2	3	1	1	1

Table 2: Result of Repertorization

Medicine	Total Score	Rubrics Covered
<i>Thuja occidentalis</i>	12/5	5
Sulphur	11/5	5
Nitric acid	7/5	5
Calcarea carb.	5/5	5
Causticum	5/5	5

Selection of Medicine*Thuja occidentalis***Justification**

Thuja occidentalis is a well-known anti-sycotic remedy with marked action on warty growths, especially cauliflower-like excrescences. The location, appearance of the wart, and miasmatic background strongly indicated *Thuja* as the simillimum.

Selection of Potency

1000C

Justification

The patient is young, had good vitality, a clear mental state, and a chronic local manifestation of sycotic origin, justifying the use of a high potency.

Number of Doses

3 doses × 3 days

Prescription

Thuja occidentalis 1000C × 3 doses × 3 days × HS × Orally
Followed by placebo.

Auxiliary Management

- Avoid unnecessary touching or scratching of the wart.
- Maintain scalp hygiene
- No local applications advised

Follow-Up Record**1st Follow-up: 07-Oct-2025**

- Size of wart reduced
- The surface appeared less rough
- General condition: Good
- Advice:** Placebo continued

2nd Follow-up: 05-Nov-2025

- The wart further reduced in size
- No new complaints
- Patient feeling well
- Advice:** Placebo continued

3rd Follow-up: 19-Nov-2025

- The wart almost regressed
- Scalp skin healthier
- General well-being maintained

4th Follow-up: 05-Dec-2025

- Only minimal residual lesion visible
- No discomfort
- Advice:** Placebo continued

5th Follow-up: 28-Dec-2025

- The wart completely disappeared

- Scalp normal
- Patient clinically cured
- GPS photo attached as evidence of recovery**

Final Outcome

Complete recovery from scalp warts within a few weeks following the administration of *Thuja occidentalis* 1000C.

Photo Gallery

Fig 1: Date: 25-09-2025



Fig 2: Date: 21-10-2025



Fig 3: Date: 28-12-2025

Discussion

Warts are among the most frequently encountered viral skin lesions, particularly in pediatric populations, owing to immature or evolving cell-mediated immunity. From a biomedical standpoint, HPV-induced keratinocyte proliferation explains the localized hyperkeratotic growth; however, spontaneous regression and recurrence remain unpredictable and largely dependent on host immunity. Conventional therapies such as cryotherapy, cauterization, and topical keratolytics aim at physical destruction of lesions rather than modulation of susceptibility, often resulting in pain, scarring, or relapse.

Homoeopathy offers a fundamentally different understanding of wart pathology. According to Hahnemann, warts are predominantly sycotic manifestations, characterized by excess growth and infiltration, reflecting deeper constitutional disturbance rather than superficial disease. Surgical or chemical destruction, when applied without addressing the underlying miasm, is considered suppressive and may predispose to recurrence or deeper pathology.

In the present case, the cauliflower-like morphology, painless nature, scalp location, and family history of skin disease strongly indicated a sycotic background. The mental and physical generals—overactivity, talkativeness, and desire for sweets—further guided remedy selection. Repertorial analysis using the Kentian approach highlighted *Thuja occidentalis* as the most suitable simillimum, consistent with classical homoeopathic literature describing its affinity for warty excrescences and sycotic states.

The gradual regression and complete disappearance of the wart without any local application underscore the systemic action of the remedy and the self-regulatory response of the vital force. The absence of recurrence during follow-up further supports the curative, rather than suppressive, nature of the treatment.

While this is a single case report and cannot be generalized, it contributes to the growing clinical evidence supporting individualized homoeopathic management of cutaneous viral disorders. Well-designed clinical studies and observational trials are needed to further validate these outcomes.

Conclusion

Warts, though benign, represent a complex interaction between viral infection and host susceptibility. Homoeopathy views them as external expressions of internal miasmatic imbalance, particularly sycosis. The present case demonstrates that individualized homoeopathic treatment with *Thuja occidentalis*, based on the totality of symptoms and miasmatic understanding, can lead to complete and sustained resolution of warts without local destructive measures. This approach aligns with the homoeopathic principle of treating the person as a whole and offers a gentle, non-invasive therapeutic alternative. Further research with larger sample sizes is recommended to strengthen the evidence base.

Conflict of Interest

Not available

Financial Support

Not available

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