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## Role of individualized homoeopathic intervention using lm potency in the management of solitary Pedunculated FILIFORM wart: An evidence-based case report

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### Abstract

**Background:** Common Warts (ICD-11 CODE- 1E80), also known as *Verruca vulgaris*, are common benign cutaneous growths caused by Human papillomavirus (HPV) infection. Although often self-limiting, warts can persist, recur and cause significant cosmetic concern and psychosocial distress, especially when involving exposed areas such as face. Conventional treatments may be associated with discomfort, recurrence or variable outcomes, highlighting the need for individualized therapeutic approaches. Homoeopathy, through individualized prescription and the use of LM potency offers a safe, gentle and sustained therapeutic alternative particularly suitable for paediatric and sensitive patients.

**Methods:** A 13-year-old male presented with a solitary, large, pedunculated, cauliflower-like wart on the right temple of the forehead, persisting for 1 year. The lesion was stalk-like, painless, but cosmetically distressing. *Causticum* in LM potency was prescribed on 1<sup>st</sup> visit and subsequent follow-ups. Children's Dermatology Life Quality Index (CDLQI) was employed as non-invasive method to assess prognosis. The Modified Naranjo Criteria for Homoeopathy (MONARCH) was applied to assess possible causal attribution of outcome to the intervention. Documentation adhered to HOM-CASE guidelines with photographs captured at baseline and follow-ups.

**Outcome:** A marked reduction in the size followed by complete resolution of the filiform wart was achieved by observed within 4 and 10 weeks respectively, documented via Pre and Post photographs, accompanied by improvement in associated complaints and overall wellbeing with no recurrence noted during further follow-ups. The CDLQI score demonstrated a steep and sustained decline indicating significant improvement in dermatology related quality of life. The MONARCH score at the end of the study was +9, indicating a definite causal relationship between homoeopathic intervention and observed clinical outcome.

**Conclusion:** This case study establishes the effectiveness of individualized homoeopathic prescription and demands further studies to confirm efficacy of Individualized Homoeopathic treatment in the management of Warts.

**Keywords:** Filiform wart, individualized homoeopathy, HOM-CASE, lm potency, *Causticum*, CDLQI, monarch

### Introduction

Common Warts (ICD 11 CODE- 1E80) <sup>[1]</sup>, also known as *Verruca vulgaris*, are benign lesions of the skin and mucosa due to the infection of keratinocytes (the predominant cell type in the epidermis) caused by the non-malignant Human Papilloma virus (HPV), a deoxyribonucleic acid (DNA) virus that has not been cultured *in vitro* <sup>[2]</sup>. Though 100 to 150 types of HPV have been identified, most common types are HPV 2 and 4, followed by types 1, 3, 27, 29 and 57, being the pre-cursors of causing these verrucas. HPV transmission occurs through direct skin-to-skin contact or auto-inoculation, often facilitated by minor trauma, shaving, or scratching <sup>[2, 3]</sup>. Warts are common worldwide affecting about 10% of the population, with a prevalence as high as 10% to 20% in school-aged children. Though warts can occur at any age, prevalence mostly observed among school-aged children with peak incidence at 12 to 16 years. Furthermore, warts mostly prevalent twice in Whites than in Blacks or Asians, are equally distributed between sexes, and are more frequent in immunosuppressed individuals and meat handlers <sup>[2]</sup>. clinically, warts are classified into subtypes including *Verruca Filiformis*, *Verruca plana*, *Palmoplantar Warts*,

Epidermodysplasia Verruciformis and Anogenital Warts. Among the clinical variants, verruca plana (flat warts) and filiform warts are most frequently observed on facial skin [2, 3, 4]. Facial warts, generally asymptomatic, but may be of significant cosmetic concern, especially when located on exposed areas. Moreover, Koebner phenomenon, characterized by the development of lesions at sites of trauma, may contribute to their spread [4]. Verruca Filiformis or Filiform warts (ICD 11 CODE-1E80.Y) [1], similar to common warts in appearance but they may have prominent papillomatosis, characterized by long, narrow, thread-like or finger like projections and most commonly appears on the face, eyelids, neck or lips. These small skin lesions caused by HPV are not life-threatening but can be unpleasant, embarrassing, distressing and possibly contagious [4, 5]. Though HPV detected in younger lesions, but not always present in older lesions, still diagnosis, usually made on clinical examination and physical findings, includes laboratory studies like Immunohistochemical detection of HPV structural proteins (less specific), Viral DNA identification using Southern blot hybridization (more sensitive and specific for HPV type), Polymerase chain reaction (amplifies viral DNA for testing) and ultimately biopsy if doubt exists regarding the diagnosis [2, 3, 5]. There is no such cure for the underlying HPV infection but various Surgical means like Excision (surgical removal), Electrosurgery (burning), Cryotherapy (liquid nitrogen freezing), Cantharidin application, Laser treatments, Chemical peels, Injections or Immunotherapy (for resistant cases), various Home Remedies like salicylic acid, topical creams, freeze kits (less effective and not recommended on sensitive areas like face) sometimes proves beneficial. However, the paring of a wart often reveals tiny black blotches that represent thrombosed capillaries. As prevention, maintaining good hand hygiene, avoid picking at warts, keep affected areas clean and dry as well as covering the warts with bandage are the key points [2, 3, 5, 6].

Homoeopathy, the holistic approach to treat the Individual as a whole, not only just focuses on the local disease but also on the totality of symptoms, encompassing the individual's mental and physical constitution to determine the *Similimum*. LM potency or 50 millesimal potencies or Q Potency or Renewed Dynamization, introduced in the Sixth edition of Organon of Medicine by *Master C.F.S Hahnemann*, offers a safe, gentle, and sustained therapeutic approach particularly suitable for paediatric and sensitive patients.<sup>15</sup> As per the various published studies, Warts particularly Verruca Filiformis can be judiciously treated from their very root by individualized homoeopathic intervention thereby establishing their therapeutic potential [6-13].

## Case Report

### Present Complaint

- A 13 years old boy presented to the Paediatrics OPD of The Calcutta Homoeopathic Medical College and Hospital, Kolkata with a solitary, large, pedunculated, cauliflower-like lesion 9.5 mm (approx.) in diameter on the right temple of the forehead, persisting for more than 1 year. The lesion was stalk-like, painless, but

cosmetically distressing.

- Also, he had complaints of Hard stool without any urge for almost last 2 years.

### History of Development of the Present Complaint

Initially, he noticed a single, tiny growth on his forehead which he attempted to remove by paring with a sharp blade. But within one month it reappeared once again at the same spot and gradually progressed into a large cauliflower-like, pedunculated irregular, pointed growths characteristic of filiform warts without any associated itching, pain or burning. Despite multiple consultations with allopathic dermatologists and treatments with antibiotics, zinc supplements and topical salicylic acid, the condition persisted without sustained improvement. Owing to the recurrent nature and gradually increasing size of the lesion, the patient subsequently sought homoeopathic intervention.

### Past History

History of Dengue in 2020. Took Acetaminophen (Paracetamol), adequate rest at home and recovered.

### Family History

Father has multiple warty eruptions on the back of the neck.

### Generalities

#### Physical Generals

- **Constitution:** Lean thin patient, dirty appearance.
- **Appetite:** Satisfactory.
- **Thirst:** Thirsty. Desire for cold water<sup>++</sup>, cold drinks.
- **Desire:** Salty food <sup>++</sup>.
- **Aversion:** Sweets <sup>+</sup>.
- **Stool:** Hard, Constipated without any urge for last 2 years.
- **Perspiration:** Moderate without any peculiar odour.
- **Thermal:** Chilly patient.

### Mental Generals

- Desire for company.
- Mentally sad or depressed due to facial appearance.
- Irritable in nature.
- Fear of Darkness.
- Weak memory.

### Clinical Examination

- BP- 116/78 mm Hg; Pulse- 76 beats/min; Height-152 cm; Weight-53 kg.
- No sign of anaemia, jaundice, cyanosis or oedema; Lymph nodes not palpable.
- On local examination, brownish coloured, large, pedunculated, cauliflower-like lesion 9.5 mm (approx.) in diameter on the right temple of the forehead is noted.

### Diagnosis- Filiform warts (ICD 11 CODE- 1E80.Y) [1].

### Analysis & Evaluation of the Case-

The case was analysed and evaluated based on Kentian method with due importance to the characteristic mental generals followed by physical generals and particulars (Table 1).

**Table 1:** Analysis & Evaluation of Symptoms

Kentian Method	Symptoms
Mental	<ul style="list-style-type: none"> <li>Desire for company.</li> <li>Mentally sad or depressed.</li> <li>Irritable in nature.</li> <li>Fear of Darkness.</li> <li>Weak memory.</li> </ul>
Physical	<ul style="list-style-type: none"> <li>Chilly patient</li> <li>Desire for cold water, cold drinks.</li> <li>Desire for Salty food.</li> <li>Aversion for Sweets.</li> </ul>
Particulars	<ul style="list-style-type: none"> <li>Solitary, large, pedunculated, cauliflower-like wart on the forehead of face.</li> <li>Stool is hard, constipated without any urge.</li> </ul>

**Miasmatic Analysis**

Miasmatic analysis of all the symptoms (Table 2) considered for totality was carried out with reference to Dr.

R. P. Patel's 'Chronic Miasms in Homoeopathy and Their Cure' [15], the condition was found to be mixed miasmatic in nature with Psora as the predominant miasm.

**Table 2: Miasmatic Analysis of Symptoms**

S. No.	Symptoms/ rubrics	Psora	Sycosis	Syphilis
1.	Desire for company	1		
2.	Mentally sad or depressed	1		1
3.	Irritable in nature	1	1	
4.	Fear of darkness	1		
5.	Weak memory	1	1	
6.	Chilly patient	1		
7.	Desire for cold water, cold drinks	1		1
8.	Desire for Salty food	1		1
9.	Aversion for Sweets	1		
10.	Warts on face		1	
11.	Constipation	1		
Total Marks		10	3	3

**Repertorial Analysis**

Repertorisation has been carried out based on Kent's

repertory using the Hompath Firefly Mobile [computer program] [16] (Figure 1).

**Fig 1:** Repertorisation chart

### Therapeutic Interventions

After careful repertorisation, *Causticum* emerged as the remedy covering all the symptoms taken for repertorisation (8 rubrics) with a total score of 18 (Figure 1). Considering the totality, miasmatic analysis and following consultation with various reliable *Materia Medicas*, *Causticum* in LM potency deemed to be the best *similimum* for the concerned case.

**Direction:** Medicine is to be taken early morning in empty

stomach on alternate days by mixing 1 tablespoonful in half a cup of water after giving 10 uniform downward succussions (from ear lobule to umbilicus ending in a jerk), then taking 1 teaspoonful orally and discarding the rest.

### Timeline of Therapeutic Interventions

1<sup>st</sup> visit on 13th June,2025 with subsequent follow-ups i.e. 2<sup>nd</sup> Visit on 14th July,2025 and 3<sup>rd</sup> visit on 5<sup>th</sup> September,2025 are given systematically in Table 3.

**Table 3:** Timeline of Therapeutic Interventions - 1<sup>st</sup> visit with subsequent Follow-ups

Date & Visit	Response & Assessment	Prescription (rx)
13 <sup>th</sup> June 2025 Baseline Visit	<ul style="list-style-type: none"> <li>Solitary, cauliflower-like Filiform Wart 9.5 mm (approx.) in diameter on the right temple of the forehead, persisting for more than 1 year.</li> <li>Hard stool without any urge for almost last 2 years.</li> </ul>	<p><b>Causticum 0/1</b></p> <ul style="list-style-type: none"> <li>7 Doses</li> <li>A.D* A.C * 7 DAYS</li> </ul> <p><b>Causticum 0/2</b></p> <ul style="list-style-type: none"> <li>7 Doses</li> <li>A.D* A.C * 7 DAYS</li> </ul>
14 <sup>th</sup> July 2025 Second Visit	<ul style="list-style-type: none"> <li>Size of Filiform wart reduced to 6 mm (approx.) in diameter within 4 weeks.</li> <li>Previously hard stool becomes soft in consistency.</li> <li>Other generalities are satisfactory. No other new complaints are recorded.</li> </ul> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>Marked improvement, no new complaints.</li> <li>Remedy action continuing.</li> </ul>	<p><b>Causticum 0/3</b></p> <ul style="list-style-type: none"> <li>7 Doses</li> <li>A.D* A.C * 7 DAYS</li> </ul> <p><b>Causticum 0/4</b></p> <ul style="list-style-type: none"> <li>7 Doses</li> <li>A.D* A.C * 7 DAYS</li> </ul>
5 <sup>th</sup> September 2025 Third Visit	<ul style="list-style-type: none"> <li>Complete resolution of that large Filiform Wart achieved by 10 weeks.</li> <li>Stool is now regular, soft with overall well-being of the patient.</li> <li>No new complaints appeared.</li> </ul> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>Sustained improvement in skin condition.</li> <li>General health and associated complaints showing favourable response.</li> </ul>	<ul style="list-style-type: none"> <li>Placebo prescribed for 1 month.</li> <li>The patient is advised to attend further follow ups to monitor for any recurrence.</li> </ul>

### Clinician-Assessed Outcome

- The impact of the dermatological disease on the child's daily life and associated psychosocial burden was assessed using the Children's Dermatology Life Quality Index (CDLQI), a validated questionnaire for children aged 4 to 16 years i.e. up to 15 years and 11 months (Figure 3). This validated questionnaire has a total score range of 0-30 interpreted as follows: 0-1 (No effect), 2-6 (Small effect), 7-12 (Moderate effect), 13-18 (Very large effect) and 19-30 (Extremely large

effect) on the child's Quality of Life (QoL), evaluating Key Domains i.e. Symptoms and Feelings, Personal Relationships, Leisure activities, School or Holidays, Sleep and the Impact of Treatment <sup>[17]</sup>.

- The Modified Naranjo's Criteria for Homoeopathy (MONARCH)-Causal Attribution Inventory <sup>[18]</sup> scale ranging from -6 to +13, was employed at the end of this case study (Table 4) to evaluate the causal attribution of the clinical outcome to the homoeopathic intervention.

**Table 4:** MONARCH on 3<sup>rd</sup> Visit -5<sup>th</sup> September, 2025

Domains	Yes	No	Not Sure or N/A	Score for this case	Justifications
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2	The patient came with Solitary, cauliflower-like Filiform Wart of 9.5 mm in diameter that completely resolved and has not recurred till date.
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0	+1	The patient had the complaints for more than one year before opting homoeopathic treatment and significant improvement seen in the first follow up followed by complete resolution in second follow-up.
3. Was there a homeopathic aggravation* of symptoms?	+1	0	0	0	Not observed.
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	0	0	+1	The character of the stool of the patient was hard. No urging for stool before the first prescription which during first follow up the consistency of the stool became soft and urge for stool was present. During second follow-up the patient told his bowel movements became regular and soft in consistency.
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0	+1	As the wart was on the right side of forehead on face, it had affected his confidence and his psychological well-being which showed marked improvements after recovery.
6 (A) Direction of cure: did some symptoms improve in the opposite order of the	+1	0	0	0	Not observed.

development of symptoms of the disease?					
6(B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:					
<ul style="list-style-type: none"> <li>From organs of more importance to those of less importance</li> <li>From deeper to more superficial aspects of the individual</li> <li>From the top downwards</li> </ul>	+1	0	0	0	Not applicable.
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0	Not observed.
8. Are there alternative causes (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)	-3	+1	0	+1	No other form of treatment, no external application, no other intervention had been adopted by the patient during the treatment.
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	0	0	+2	The size of the wart before and after the treatment can be evaluated by photographs, taken before and after the treatment.
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1	<i>Causticum</i> is continued in LM potency from 0/1 to 0/4 for two months.

### Patient Assessed Outcome

Assessment of the patient's changes before and after

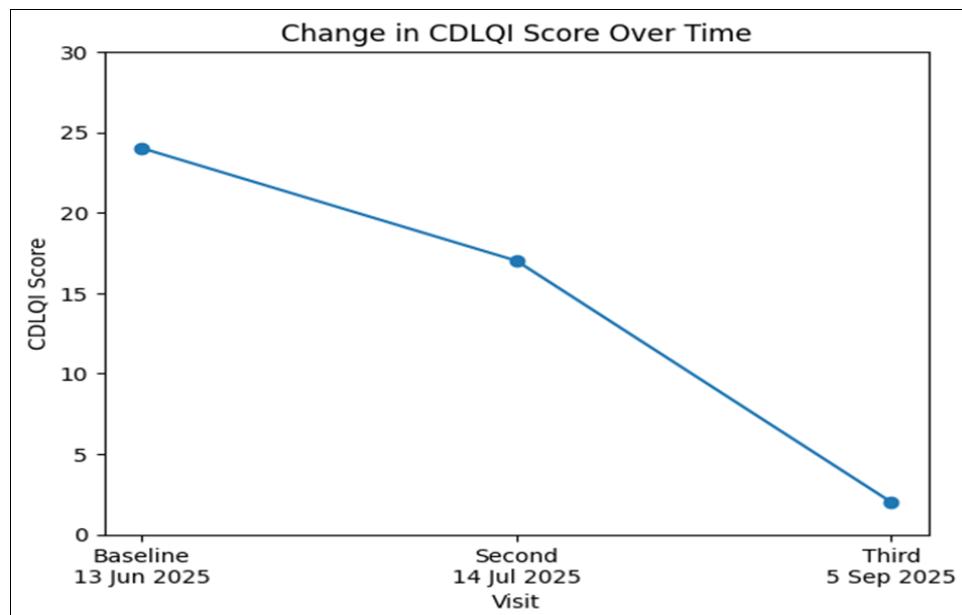
treatment (Figures 2) are documented as photographic clinical evidence.



Fig 2: Patient Images - Before & Subsequent Follow-up Images

<p><b>CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX</b></p> <p>Hospital No. [REDACTED] Date 13/06/23 Age: 10 yrs Sex: [REDACTED] Address: [REDACTED]</p> <p>The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please tick ✓ one box for each question.</p> <p>1. Over the last week, how much did your skin problem affect your school work? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>2. Over the last week, how embarrassed or self-conscious, upset or sad have you been because of your skin? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>3. Over the last week, how much has your skin affected your friendships? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>4. Over the last week, how much have you changed or worn different or special clothes because of your skin? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>5. Over the last week, how much has your skin been affected going out, playing, or doing hobbies? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>6. Over the last week, how much have you passed time or missed school because of your skin trouble? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>7. Last week, if school time? Over the last week, how much did your skin problem affect your school work? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>OR</p> <p>was it holiday time? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>8. Over the last week, how much trouble have you had because of your skin with other people calling you names, teasing, bullying, asking questions or avoiding you? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>9. Over the last week, how much has your sleep been affected by your skin problem? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>10. Over the last week, how much of a problem has the treatment for your skin been? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>Please check that you have answered EVERY question. Thank you.</p> <p>©M.S. Lewis-Jones, A.Y. Finlay, May 1993, this must not be copied without the permission of the authors.</p> <p><i>Visit No. 0/1</i></p>	<p><b>CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX</b></p> <p>Hospital No. [REDACTED] Date 14/07/23 Age: 10 yrs Sex: [REDACTED] Address: [REDACTED]</p> <p>The aim of this questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please tick ✓ one box for each question.</p> <p>1. Over the last week, how embarrassed or self-conscious, upset or sad have you been because of your skin? <span style="float: right;">Visit No. 0/1</span></p> <p>Very much Quite a lot Quite a little Only a little Not at all</p> <p>2. 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13th June 2025 - Baseline Visit	14th July 2025 - Second Visit	5th September 2025 - Third Visit

Fig 3: CDLQI Scale Assessment (Pictorial)



**Fig 4:** CDLQI Scale Assessment (Line Diagram)

## Discussion

- The 13 years patient presenting with a solitary, cauliflower-like filiform wart (9.5 mm) on the right temple of the forehead for over 1 year associated with chronic hard stool for nearly 2 years. Though the condition is not severe but its psychological impact is immense. In this case, the mental generals, physical generals and particular symptoms were considered in totality with due contemplation of the miasmatic background.
- Considering the totality of symptoms and identifying a mixed miasmatic state with predominance of Psora, the remedy *Hahnemann's Tinctura Acris Sine kali* i.e. *Causticum* was prescribed in ascending LM potencies (0/1 to 0/4). The LM potency was selected due to it's gentle, flexible dosing particularly suitable for children<sup>14</sup>.
- Marked reduction in wart size (from 9.5 mm to 6 mm) and improvement in bowel habits were observed within 4 weeks. Complete resolution of the filiform wart and normalization of stool were achieved by approximately 10 weeks with sustained overall well-being and no new complaints. Placebo was subsequently prescribed and regular follow-ups were advised to monitor for recurrence.
- Assessment of dermatology related quality of life using the 'Children's Dermatology Life Quality Index (CDLQI)' demonstrated a marked and progressive improvement over the course of treatment (Figure 3). At baseline (13<sup>th</sup> June 2025), the CDLQI score was 24, indicating an '*Extremely large effect*' on QoL. At the second visit after four weeks (14<sup>th</sup> July 2025), the score reduced to 17 reflecting a '*Very large effect*' By the third visit at ten weeks (5<sup>th</sup> September 2025), the CDLQI score further declined to 2 signifying only a '*Small effect*' on QoL. Overall, a total reduction of 22 points scores (steep and sustained decline in line graph- Figure 4) highlights rapid normalization of quality of life following complete clinical resolution of the dermatological condition.
- The score obtained as per MONARCH-Causal

Attribution Inventory<sup>18</sup> at the end of the study was '09' in this case (Table 4), substantiating a 'Definite' causal attribution of the observed clinical outcome to the homoeopathic intervention.

- This conclusion is further supported by the sustained absence of recurrence of the filiform wart and the lack of requirement for any additional medication. Documented Pre & Post treatment clinical photographs of the patient's right facial region (Figures 2) provide objective visual evidence of complete clinical recovery thereby reinforcing the therapeutic potential of the prescribed homoeopathic remedy.

## Conclusion

This case highlights the therapeutic potential of Individualized Homoeopathy in the management of warts within a relatively short time frame. Although findings from a single case are not generalizable, still robust, well-designed studies especially randomized controlled trials (RCTS) are essential to further evaluate, validate and quantify the Efficacy of Individualized Homoeopathic Interventions in the treatment of Warts.

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## Informed consent

The authors certify that the patient and her guardian gave their consent for the medical images and other clinical details to be reported anonymously in an academic journal. The patient and her guardian understand that the child's name will not be published and that all due efforts are made to conceal his identity.

**Conflict of Interest**

The author declares that there is no conflict of interest. The corresponding author is the guarantor of this case report and its contents.

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**References**

1. World Health Organization. International Classification of Diseases, 11th Revision (ICD-11 MMS, 2025 release). Geneva: World Health Organization; 2025. Available from: <https://icd.who.int/browse/2025-01/mms/en>
2. Al Aboud AM, Nigam PK. Wart. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025 Jan [updated 2023 Aug 14]. <https://www.ncbi.nlm.nih.gov/books/NBK431047/>
3. Criton S. Textbook of dermatology. 5th ed. Mumbai: Bhalani Publishing House; 2022.
4. Sterling JC, Gibbs S, Haque Hussain SS, Mohd Mustapa MF, Handfield-Jones SE, Hughes JR, *et al.* British Association of Dermatologists' guidelines for the management of cutaneous warts 2014. British Journal of Dermatology. 2014;171(4):696-712. doi:10.1111/bjd.13310.
5. Duggal N. Filiform warts: causes, removal, and home remedies. Healthline. 2023 Apr 20. Available from: <https://www.healthline.com/health/skin-disorders/filiform-warts>
6. Paul S, Khadim AI, Chakma A. Verruca plana treated with individualised homoeopathic medicine - a case report. Journal of Integrated Standards of Homoeopathy. 2025;8:88-93. doi:10.25259/JISH\_60\_2024.
7. Biswas B, Roy PS, Mandal S, Roy P. Four cases of warts treated by individualized homoeopathic medicine: a clinical case study. Journal of Integrated Standards of Homoeopathy. 2022;5:9-18.
8. Dastagiri P, Chakravarthy SG, Mittal R. Effectiveness of individualised homoeopathic intervention in warts - a case series. Indian Journal of Research in Homoeopathy. 2023;17:187-198.
9. Khurana A. Clinical case reports: a time-tested, traditional way to enhance evidence. Indian Journal of Research in Homoeopathy. 2022;16:1-2.
10. Shaikh MI. Case studies for treatment of warts with homoeopathy. Indian Journal of Research in Homoeopathy. 2016;10:272-278.
11. Gupta R, Bhardwaj OP, Manchanda RK. Homoeopathy in the treatment of warts. British Homeopathic Journal. 1991;80:108-111.
12. Swami S, Pradhan AK. Rapid recovery from skin warts by explicit homeopathic medicines. International Journal of Clinical Dermatology Research. 2015;3:71-75.
13. Shraddhamayananda S. Healing of skin warts with ultradiluted homeopathic medicines - a study in 200 cases. Clinical Research in Dermatology Open Access. 2017;4:1-4.
14. Hahnemann S. Organon of medicine. 6th ed. New Delhi: B. Jain Publishers; 2002.
15. Patel RP. Chronic miasms in homoeopathy and their cure with classification of their rubrics/symptoms in Dr Kent's repertory. Indian ed. New Delhi: Indian Books and Periodicals Publishers; 1996.
16. Hompath Firefly Mobile. Version 2023. Mumbai (India): Mind Technologies Pvt. Ltd.; 2023.
17. Finlay AY, Lewis-Jones MS. Children's Dermatology Life Quality Index (CDLQI). Cardiff: Cardiff University; c1993-2025 <https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/childrens-dermatology-life-quality-index>
18. Lamba CD, Mahajan N, Gupta VK, Rutten L, Teut M, Tapakis L, *et al.* MONARCH Inventory for Causal Attribution in Homeopathy case reports: explanation and elaboration. Homeopathy. 2024 Dec 19. Epub ahead of print. doi:10.1055/s-0044-1792166. PMID:39701163.

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