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Dr. Dhanaraj Kumar Rana
MD (Hom), MPA, MAPC, CYAGC.
Research Officer/S-1, Assistant
Professor, Dept. of Psychiatry,
National Homoeopathy
Research Institute in Mental
Health, Kottayam, Kerala,
India

Dr. Jaseela Villan
Post Graduate Trainee,
Dept of Psychiatry,
NHRIMH, Kottayam, Kerala
India

Corresponding Author:
Dr. Dhanaraj Kumar Rana
MD (Hom), MPA, MAPC, CYAGC.
Research Officer/S-1, Assistant
Professor, Dept. of Psychiatry,
National Homoeopathy
Research Institute in Mental
Health, Kottayam, Kerala,
India

Homoeopathic approach in the management of warts: A case report

Dr. Dhanaraj Kumar Rana and Dr. Jaseela Villan

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Abstract

Warts are common benign epithelial hyperplasia due to infection with human papilloma viruses (HPV). Papilloma viruses are double stranded DNA viruses of the PAPOVA class with host and tissue specificity. They infect squamous epithelia of skin and mucous membrane causing cell proliferation. Currently, more than 150 types of HPV have been identified. Certain HPV types tend to infect skin at particular anatomical sites; however, warts of any HPV type may occur at any site. Here we present a case of 23 year old male with complaints of multiple warts on dorsum of right foot. After detailed case taking and repertorization, Medorrhinum was given as similimum. Patient reported complete disappearance of warts within a period of 3 months. The aim of article is to show the scope of homoeopathy in the management of warts.

Keywords: Warts, homoeopathy, human papilloma virus, medorrhinum

Introduction

Cutaneous warts are benign, spontaneously regressing, epithelial tumors differing in clinical morphology and histological pattern depending on the inducing human papilloma virus (HPV)-types. Distinct HPVs, responsible for cutaneous warts are preferentially associated with specific types of warts. At present, over 90 genotypes have been characterized, of these, at least 15 types were found associated with cutaneous warts, and 19 with cutaneous warts in epidermodysplasia verruciformis (EV); however, the morphological and histologic criteria for recognition of distinct wart types are not universally accepted. HPVs are widespread in nature. The prevalence of warts is as high as up to 20% of the population, and most persons have warts at one time or other; however, they occur more frequently in children and adolescents 12-16 years of age^[1].

The primary clinical manifestations of HPV infection include common warts, genital warts, flat warts, and deep palmoplantar warts (myrmecia). Less common manifestations of HPV infection include focal epithelial hyperplasia (Heck disease), epidermodysplasia verruciformis, and plantar cysts. Warts are transmitted by direct or indirect contact, and predisposing factors include disruption to the normal epithelial barrier. Each kind of wart can grow on any part of the body but is more commonly associated with specific areas of the body such as the hands, face, extremities, genitalia or feet^[2].

HPV infect squamous epithelia of the skin and mucous membrane causing cell proliferation. The virus infects the basal layer of the epithelium, but viral replication takes place in fully differentiated cells of upper stratum spinosum and stratum granulosum. After initial infection, HPV may persist in a latent form and may be reactivated later leading to recurrence of lesion^[3].

Pathophysiology

HPV, incubation period usually 3 to 4 months, with a range of 1 month to 2 years. HPV affect all type of squamous epithelium and the gross and histologic appearance of individual lesions vary with the site of infection and type of virus. The replication of HPV begins with the infection of basal cells. A pathognomonic feature is the presence of large vacuolated cells with round, deeply basophilic nuclei in the upper stratum malpighi and granular layer. Some of these contain intranuclear and cytoplasmic eosinophilic inclusions^[4,5].

Histopathology**Common wart (Verruca vulgaris)**

Histopathologic features include acanthosis, digitated epidermal hyperplasia, papillomatosis, compact orthokeratosis, hypergranulosis, tortuous capillaries within the dermal papillae, and vertical tiers of parakeratotic cells with red blood cells entrapped above the tips of the digitations. Elongated rete ridges may point radially towards the center of the lesion. In the granular layer, cells infected with HPV have coarse keratohyalin granules and vacuoles surrounding wrinkled-appearing nuclei. Koilocytic cells are pathognomonic.

Butcher's

Butcher's warts have acanthosis, hyperkeratosis, and papillomatosis. Small vacuolized cells are seen, and centrally located shrunken nuclei may be identified in clusters within the granular layer rete ridges.

Filiform

Filiform warts appear similar to common warts, but they may have prominent papillomatosis.

Focal Epithelial Hyperplasia (Heck disease)

Focal epithelial hyperplasia is characterized by acanthosis, blunting, hyperplastic mucosa with thin parakeratotic stratum corneum, anastomosis of rete ridges, and whiteness of epidermal cells due to intracellular edema. Some may have prominent keratohyalin granules, and vacuolated cells may be present.

Deep Palmoplantar

Deep palmoplantar warts are similar to common warts except the lesion lies deep to the plane of the skin surface. The endophytic epidermal growth has the distinctive feature of polygonal, refractile-appearing, eosinophilic, cytoplasmic inclusions made up of keratin filaments, forming ringlike structures. Basophilic parakeratotic cells loaded with virions and basophilic nuclear inclusions and may be in the upper layers of the epidermis.

Flat

Flat warts are similar to common warts in light microscopy. Cells with prominent perinuclear vacuolization around pyknotic, basophilic, centrally located nuclei can be in the granular layer. These are referred to as "owl's eye cells."

Cystic

A cyst wart is filled with horny material. The wall is

composed of basal, granular, and squamous cells. Many epithelial cells have large nuclei and clear cytoplasm with eosinophilic inclusion bodies. The cyst may rupture causing a foreign body granuloma^[6].

Case proper

Mr. AA23-yearold male patient presented with multiple warts on dorsum of right foot. Complaint started since 1 and half years. Nature of the warts were hard, painless with black discoloration at the base. Size of the warts was small during the initial stage, but it gradually increased. Took allopathic and ayurvedic treatment including external application for the complaint. But there was no improvement.

The patient has past history of exostosis on lower medial aspect right leg and painful corns on both sole. In his family history, father has been suffering from hypertension and diabetes, Mother has history of migraine and one of his cousins has warts on hand. Grandfather had asthmatic complaint and grandmother had thyroid complaint.

Mental generals

Reserved, Doing everything in a great hurry, Fear of darkness.

Physical generals

Thirst –Increased, prefer cold water
Desire- Sweets, Sour things
Thermal- Chilly

Regionals

Warts on right foot.
White scaly dandruff with hair fall.

Totality of symptoms

Reserved, doing everything in a great hurry, fear of darkness, thirsty, prefer cold water, desire for sweets and sour things, white scaly dandruff and warts on dorsum of foot.

Repertorial Totality

Mind- Reserved
Mind- Hurry, always in a
Mind- Fear- dark of
Generals –Food and drinks-sweets-desire
Generals –Food and drinks-sour things-desire
Stomach –Thirst-extreme
Head –Dandruff-white
Extremities - warts - lowerlimb -foot

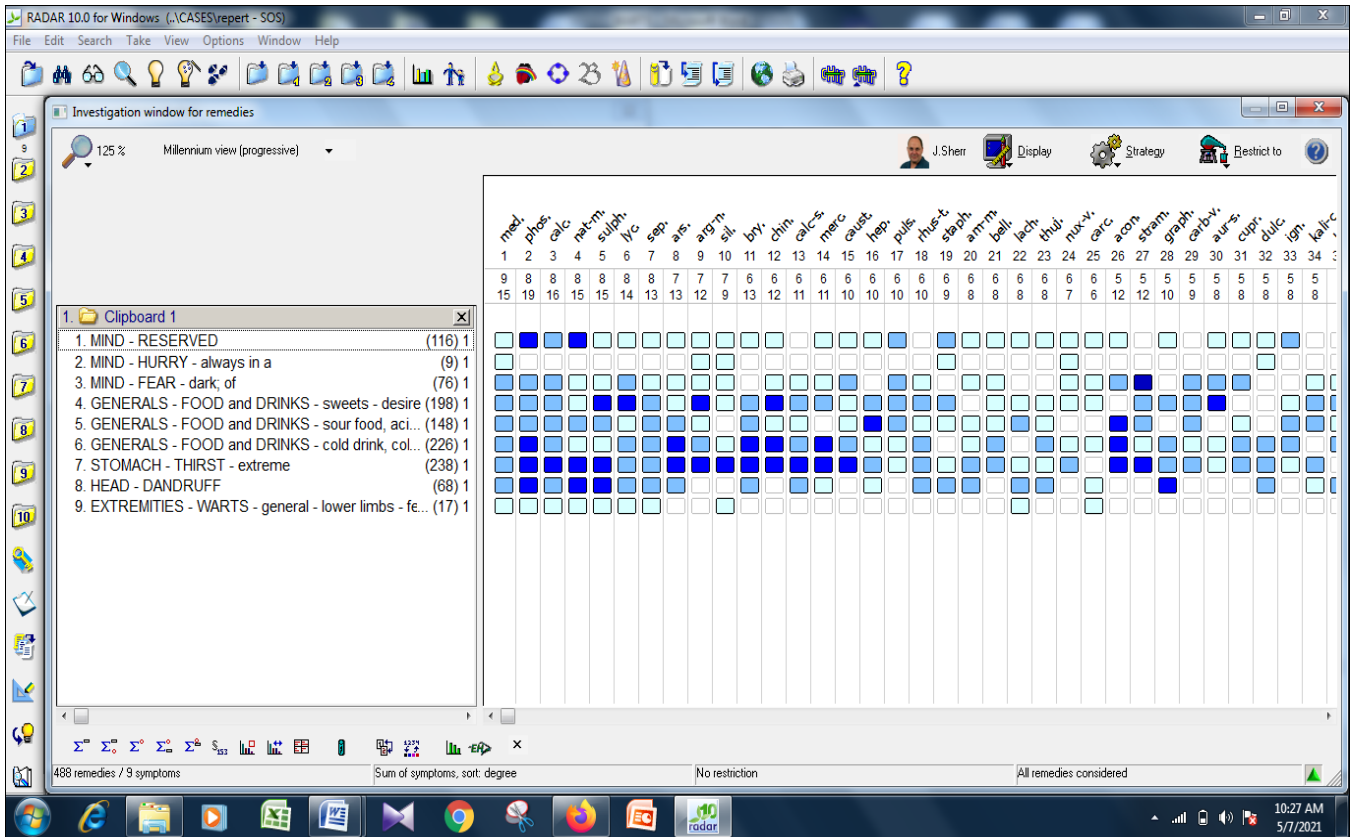


Chart 1: Repertorization Chart

Repertorial Analysis.

- Medorrhinum-15/9
- Phosph -19/8
- Calc carb -16/8
- Natrum mur-15/8
- Sulph-15/8
- Lyc- 14/8
- Sepia- 13/8
- Ars-13/7

Analysis of the case

After analysis of the case and repertorisation with RADAR software, MEDORRHINUM10 M single dose was prescribed as similimum followed by placebo with

improvement. There was a progressive reduction in the size of warts and completely disappear within three months (Fig.1 -3). Follow up of the case given in table -1.

Selection of medicine

After repertorisation, MEDORRHINUM was selected as similimum based on the symptoms such as reserved, hurriedness for everything, fear of darkness, increased thirst, desires sweets, cold drinks and sourthings, dandruff on head and multiple warts on dorsum of right foot, also by considering predominant sycotic features in the past illness and family history.

Prescription: Medorrhinum 10M/1D on 14/01/21

Table 1: Prescription with follow-up

Follow-up date	Indications for prescription	Medicine with dose
First prescription on 14/01/2021	Multiple warts on dorsum of the right foot (Figure-1) Black discoloration around the warts Generals- Good. White scaly dandruff.	Medorrhinum 10m/1D
04/02/21	Multiple warts on dorsum of the right foot same as before. Black discoloration around the warts slightly reduced. Generals- Good. Dandruff persists.	Placebo
18/03/21	Multiple warts on the dorsum of the right foot reduced in size. (Figure-2) Black discoloration around the warts reduced. Generals- Good. Dandruff slightly reduced	Placebo
22/04/21	Multiple warts on the dorsum of the right foot disappeared.(Fig.3) Black discoloration around warts completely disappeared. Generals –Good. Dandruff reduced.	Placebo



Fig 1: (Before treatment)



Fig 2: (During treatment)



Fig 3: (After treatment)

by considering prominent mental symptoms such as reserved, hurriedness in activities, fear of darkness and physical generals like thirsty, desire cold drinks, desire sweets and sour food, multiple warts on dorsum of foot, thermally patient was chilly had predominant features of sycotic miasm^[10] in past illness and family history. After the first prescription, there was a gradual reduction in size of warts and all the warts are completely disappeared within 3 months. This case shows the scope of homoeopathy in the management of warts.

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Discussion and Conclusion

Homoeopathy is a wholistic system of medicine and treats the patient based on totality of symptoms. In this case, MEDORRHINUM 10M^[7, 8] was prescribed as similimum^[9]