

HOMOEOPATHIC MANAGEMENT OF CUTANEOUS WARTS BASED ON INDIVIDUALIZATION: A CASE SERIES

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ABSTRACT

Warts are common benign cutaneous proliferations caused by infection with the human papillomavirus (HPV) and reflect an interaction between viral exposure, host immunity, and individual susceptibility. They can occur at any age, presenting in various morphological forms such as filiform, mucosal, and common warts, often causing cosmetic concern, discomfort, and psychological distress. Conventional management primarily involves topical agents or surgical removal; however, recurrence and adverse effects remain challenges. Homoeopathy emphasizes an individualized approach that addresses both the local manifestation and the underlying constitutional imbalance, particularly within the sycotic miasmatic background. This article presents three clinically documented cases of warts managed successfully with individualized homoeopathic remedies. The cases included common warts. Remedy selection was based on detailed case analysis, totality of symptoms, and miasmatic consideration. The prescribed remedies were Nitric acid, Lachesis, and Thuja occidentalis, administered according to homoeopathic principles. All cases demonstrated significant clinical improvement with complete resolution of lesions and no recurrence during follow-up, highlighting the effectiveness and safety of individualized homoeopathic management. These case outcomes support the role of homoeopathy as a cost-effective, non-invasive therapeutic option for warts, promoting holistic healing and immune balance. Further controlled studies are recommended to validate these findings.

INTRODUCTION

Viral warts are the third most common skin disease encountered in clinical practice, and belong to one of the nine categories of skin diseases that together account for over 70% of

dermatological diagnoses in both primary and secondary care. Clinically, warts are generally small, rough growths resembling a cauliflower or a solid blister. They are benign tumours caused by infection of keratinocytes with human papillomavirus (HPV) and are typically seen as well-defined, hyperkeratotic protrusions on the skin surface.^{1,2} These may adopt a variety of patterns depending on the anatomical location or morphology, associated other skin diseases, on the causative agent, duration, immunologic status, family history, and treatment history.³

About 10% of people globally suffer from warts. Cutaneous warts occur at any age, but are unusual in infancy and early childhood. In various studies, it has been estimated that 2–30% of school-age children and young adults have warts. Although uncommon in infancy and early childhood, overall frequency among school-age children can reach 10–20%, peaking between the ages of 12 and 16. The Indian population exhibits a similar situation, with 46% of cases occurring in the 14–20 age range. India's primarily tropical environment favours viral diseases, including warts.^{3,4}

CAUSATIVE AGENT:

Human Papillomaviruses (HPVs) are small, non-enveloped DNA viruses measuring approximately 50–55 nm in diameter. They primarily infect squamous epithelial cells, leading to cellular proliferation and the development of benign or, occasionally, malignant lesions. These virus-induced tumours are pleomorphic and can occur at various anatomical sites, predominantly affecting the skin of the extremities, genital skin and mucosa, as well as the oropharyngeal mucosa. HPVs belong to the Papillomaviridae family, with over 100 distinct subtypes identified. Each subtype exhibits specific epithelial tropism—either cutaneous or mucosal—and produces varied clinical manifestations depending on the site and viral genotype.^{4,5}

MODE OF TRANSMISSION AND PREDISPOSING FACTORS

Warts are spread by direct or indirect contact. For infection to occur, the wart virus particle may need to come into contact with a stem cell in the basal epidermal layer. Thus, impairment of the epithelial barrier function, by trauma (including mild abrasions), maceration or both, greatly predisposes to inoculation of the virus, and is generally assumed to be required for infection at least in fully keratinized skin.

INCUBATION PERIOD

It has been estimated that an incubation period can vary from a few weeks to more than a year.⁴

PATHOPHYSIOLOGY:

The virus infects the basal layer of the epithelium, probably the stem cells, but viral replication takes place only in fully differentiated keratinocytes—cells of the upper stratum spinosum and stratum granulosum. HPV infects through inoculation of virus into viable epidermis through defect in epithelium most probable predisposing factor is maceration of skin. Specific receptor for HPV is not yet identified but heparin sulphate proteoglycans (HSPGs) have high affinity and it is necessary for entering into epithelial basal cell layer. Infected cell carries 1 or few viral genome as an extrachromosomal plasmid. When cell undergoes division viral genome also gets replicated and each progeny cells progeny cell carries part of viral genome which migrates upward. And transcription of viral RNA is extremely low until cells reaches upper Malpighian layer just before granular layer, where

viral DNA synthesizes 100 of copies of viral genome within the infected cell. The viral capsid proteins L1 and L2 are synthesized and assembled into virions in the nuclei of the cells at this upper level. The newly synthesized viral DNA is packed into the virions in the nuclei of these differentiating Malpighian cells. Viral proteins E1-E4 causes the collapse of cytoplasmic keratin filament network, there by virions are released into other sites or desquamated environment.as there virions neither bud from plasma membrane nor nucleus, they do not contain lipoprotein layer. So, they are not inactivated by environmental conditions or dehydration by alcohol. After incubation period /sub clinical infection of 2-9 months wart starts to appear, rough surface of warts +makes adjacent cells prone for new infection or spread of infection. Warts may spreads through autoinoculation but there is no evidence about blood borne dissemination.⁶

Papillomas caused by HPVs are initially benign. In these lesions, viral genomes replicate as extrachromosomal episomes. A small percentage can progress to dysplasia or neoplasia. This occurs only with certain so-called 'high-risk' or 'cancer-associated' types of HPV, and under certain circumstances, genetic and environmental, some of which are incompletely understood.²

CLINICAL FEATURES

Warts on the skin may present in a number of different morphological forms, dependent on virus type, body site, immunological status of the patient and environmental influences.

VERRUCA VULGARIS (COMMON WARTS)

Hyperkeratotic papillomatous tumours, often ranging from 2 to 6 mm across. Loss of epidermal markings and intralesional haemorrhagic spots or streaks are characteristic features. The most frequent locations are acral—feet and hands. Often periungual on fingers.

VERRUCA PLANTARIS (PLANTAR WARTS)

Irregular papule that typically occurs at places of mechanical pressure and has a central loss of skin markings. Overlying reactive hyperkeratosis. Usually painful or tender. May grow to a considerable size and develop into verrucous squamous cell cancer (epithelioma cuniculatum) if treatment is unsuccessful. Different HPV types can induce mosaic warts, which are diffuse sheets of tiny, comparatively flat warts with a lacy or mosaic pattern.

VERRUCA PLANA (FLAT WARTS)

Patients frequently do not recognize these 1–2 mm, skin-coloured, inconspicuous papules as warts. It predominantly affects face and hands. It is often transmitted by autoinoculation, particularly by shaving on men's faces (and less frequently on women's legs). Young people or children make up the majority of the patients. When older people get plane warts, immunosuppression may be a factor.

VERRUCA FILIFORMIS (DIGITATE WARTS)

Filiform and digitate warts occur commonly in the male, on the face and neck, irregularly distributed, and often clustered. Digitate warts, often in small groups, also occur on the scalp in both sexes, where they are occasionally confused with epidermal naevi. Isolated warts on the limbs often assume a filiform shape.

CONDYLOMATA ACUMINATA (GENITAL WARTS)

Incubation period is 4 weeks to 6 months. Tiny white papules that grow and spread quickly. Lesions that are larger are often macerated. May be perianal or genital. Infection in children: caused by vertical transmission in pregnancy or during delivery may manifest significantly later. HPV causes laryngeal papillomatosis in the larynx of infants.

EPIDERMODYSPLASIA VERRUCIFORMIS (EDV)

In childhood patients develop multiple warts and large flat lesions resembling tinea versicolor, with no tendency to spontaneous regression. Later Bowen disease and squamous cell carcinoma develop, primarily in sun-exposed skin.⁵

INVESTIGATIONS:

Diagnosis will be done based on the diagnostic criteria as per ICD 11 code 1E80. Usually, warts are diagnosed based on clinical presentation, history and examination but in case of genital warts, atypical and dysplastic warts investigations are required. Methods of confirmation of HPV infection:

1. Histology.
2. Immunohistochemistry or immunocytochemistry using type-common or type specific antibodies.
3. DNA in situ hybridization.
4. PCR for HPV DNA².

MATERIALS AND METHODS

This case series includes three patients diagnosed with cutaneous warts and who fulfil the inclusion and exclusion criteria were selected from the OPD of Government Homoeopathic Medical College and Hospital, Bangalore. Diagnosis was made clinically based on characteristic skin lesions and supportive history. Patients were enrolled consecutively as they presented during the study period. Each patient underwent a detailed case-taking following Homoeopathic principles, including elicitation of presenting complaints, past history, family history, general symptoms, and constitutional characteristics. Individualized Homoeopathic medicines were prescribed according to the totality of symptoms. No concomitant conventional treatment for cutaneous warts was used during the observation period. Follow-up was conducted at regular intervals to assess changes in skin lesions, pain, itching, bleeding, and associated symptoms. Patient-reported outcomes regarding general well-being were also documented. Photographic records were maintained with consent. Improvement was evaluated qualitatively based on reduction in lesion size, number, pain, itching, bleeding and overall patient satisfaction. Safety assessment was carried out by monitoring for any adverse effects throughout the study period.

CASE SERIES

CASE NO: 1

A 42-year-old male patient named Mr. PQRS, farmer residing in the outskirts Bengaluru, reported to the Outpatient Department of Government Homoeopathic Medical College and Hospital, Bengaluru, presented with complaints of multiple, clustered, filiform and pedunculated warts over the perioral and chin region, predominantly involving the submental area for 2 years, with pain, itching and bleeding.

HISTORY OF PRESENTING COMPLAINT:

Patient presented with complaints of multiple, clustered, filiform and pedunculated warts over the perioral and chin region, predominantly involving the submental area. Two years ago, one small wart appeared. Gradually, the warts increased in number and had spread all over the submental area. The lesions are skin-coloured to hyperpigmented and have a rough, cauliflower-like surface. He also has pain, itching and bleeding when he does shave over the affected area. The affected area sensitive to touch. The patient had already taken various mode of treatment such as burn by applying acid but it reappeared.

PAST HISTORY

The patient had no significant past history of any major illness, surgery, or prolonged medical treatment. No history suggestive of tuberculosis, diabetes, or hypertension was reported.

FAMILY HISTORY: The patient's father had a history of warts and diabetes mellitus. No other significant hereditary or familial illnesses were reported.

PERSONAL HISTORY

Diet - vegetarian

Appetite and hunger – good

Thirst – Thirstless

Bowel habits – regular, once/day

Micturition – 4 to 5 times/ day; offensive

Perspiration – offensive

Desires – salty things

Aversion – nothing specific

Sleep – sound

Thermals – Chilly

Addictions: Nil

LIFE SPACE INVESTIGATION

Patient belong to low-socio economic status and is a farmer. His father was an agriculturist and mother homemaker. He has 2 siblings. He is the first one. He was more attached to mother. Childhood was uneventful. Because of the poor family economic status, he had to discontinue his studies and had to work. He got married at the age of 25 years. Married life was good. He has 1 kid; boy and is doing degree course.

Mental symptoms: He is very anxious about his health, always ask - mai theek to ho jaunga na. Always feels exhausted mentally, does not have any desire to do any type of mental work. The patient was noted to be highly irritable, easily angered, and often resorted to cursing language during emotional outbursts.

GENERAL PHYSICAL EXAMINATION & VITALS:

Conscious & oriented with time, place and person.

No pallor, clubbing, cyanosis, icterus & pedal edema

BP- 140/90mm Hg

PR – 78beats/ min

RR-18cpm

Temp – afebrile at the time of examination

Scalp – senile greying of hair

Eyes

- Conjunctiva - pink
- Sclera – clear

Ears- no discharge

Nose- no DNS/ Polyps

Mouth

- Buccal mucosa- pink.
- Teeth – hygiene not maintained
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy

Nails- healthy

Systemic Examination:

Respiratory system: Bilateral air entry is normal, normal vesicular breathing.

Cardiac system: S1 & S2 heard, no murmur heard.

Gastrointestinal system: No organomegaly, no tenderness.

Locomotor examination: normal.

CLINICAL EXAMINATION:

On local examination, multiple filiform and pedunculated warts were noted over the chin region of the face. The lesions were rough, and raised. The surrounding skin appeared normal, and no signs of secondary infection were present.

Palpation: sensitive to touch

Systemic examination revealed no abnormality.

DIAGNOSIS: Filiform warts.

TOTALITY OF SYMPTOMS

- Anxious about his health

- Irritability with anger, cursing.
- Always feels exhausted mentally, does not have any desire to do any type of mental work
- Desire for salt.
- Offensive perspiration
- Offensive urine.
- Warts on face.
- Pedunculated warts
- Blackish filiform warts on chin with itching, pain and bleeding
- Sensitive to touch

REPERTORIAL TOTALITY

1. Mind – anger – easily
2. Mind – anxiety -health; about
3. Mind – cursing
4. Mind – prostration of mind
5. Face – warts
6. Urine – odour -offensive
7. Perspiration – odour – offensive
8. Skin – warts – bleeding
9. Skin – warts – itching
10. Skin – warts – painful
11. Skin – warts – pedunculated
12. Skin – warts – sensitive to touch
13. Generals – food and drinks – salt – desire

REPERTORIZATION PROPER

1. Nitric Acid – 30/13
2. Thuja -22/12
3. Lycopodium – 21/10
4. Causticum – 20/10
5. Staphy – 15/10
6. Phos – 18/9
7. Sepia – 17/9

REMEDY SELECTION

The selection of remedy was based on the totality of symptoms, encompassing the patient's mental state, physical generals, and characteristic features, along with the underlying miasmatic background. Repertorization was carried out using Synthesis Repertory in RADAR 10.0 software. Nitric acid emerged as the most suitable similimum owing to its well-documented affinity for warty excrescences, particularly those marked by chronicity, offensiveness, and irritability, which corresponded closely with the patient's totality and miasmatic disposition.

PRESCRIPTION:

Rx: Nitric Acid 1M OD X 3 DAYS. (On 06.05.2025)

Followed by Sac Lac for 15 days.

1st follow up: 23.05.2025

Itching was better

Number of warts -reduced

Size – reduced

Rx: Sac Lac TID for 15 days

2nd follow up: 02.06.2025

Warts completely resolved; patient reported relief in cosmetic concern and irritability

Rx: Sac Lac TID for 1 month

3rd follow up: 02.07.2025

No recurrence of warts; skin remained clear and healthy.

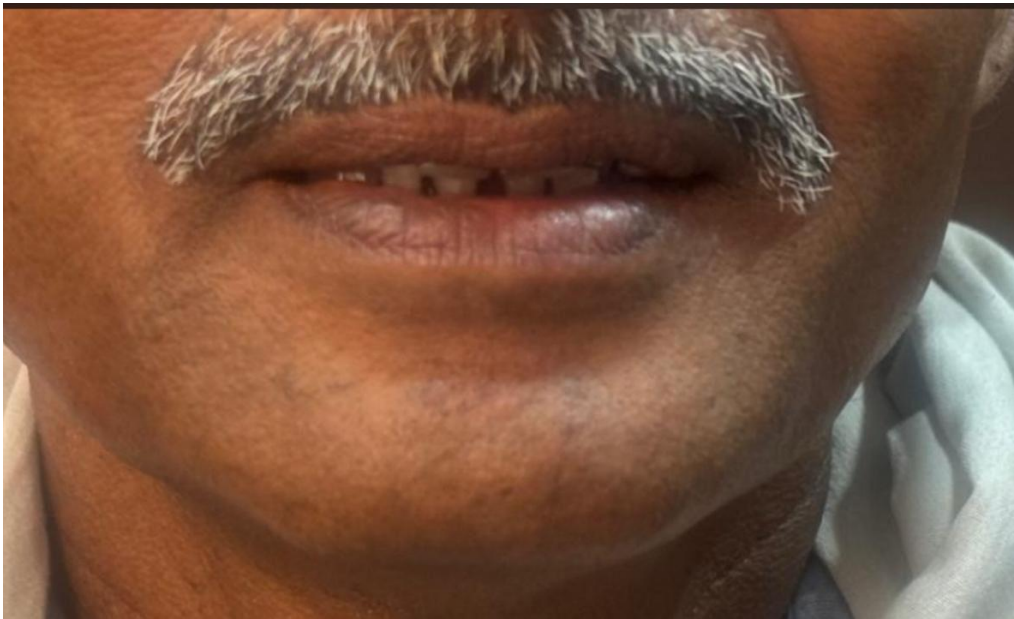
Rx: No prescription needed

CLINICAL PICTURES:

A) Before Treatment



B) After Treatment



CASE NO: 2

A 22-year-old male patient named Mr. AB, student residing in Bangalore reported to the Outpatient Department of Government Homoeopathic Medical College and Hospital, Bangalore, presented with complaints of multiple small growths over the right thumb, present for the last one year.

HISTORY OF PRESENTING COMPLAINT:

Patient presented with complaint of multiple small growths over the right thumb, present for the last one year. According to the patient, the lesions started as a single small, painless raised spot on the tip of the right thumb. Over a period of time, the lesions gradually increased in size and number, becoming rough, hyperkeratotic, and slightly pigmented. The progression has been slow and insidious.

The patient does not complain of pain, itching, bleeding, or discharge from the lesions, though he feels pain on pressure, especially while writing or handling objects. There is no history of sudden increase in size, ulceration, or spontaneous regression.

There is no history of similar lesions on any other part of the body and no history of such complaints in family members. There is no history of trauma, nail biting, or manipulation of the affected thumb. There are no similar lesions elsewhere on the body, and no family history of similar complaints.

The patient has not taken any specific medical treatment for the condition so far.

PAST HISTORY:

Past Medical History: Dengue and typhoid fever in childhood

Past Treatment History: Allopathic treatment for dengue and typhoid fever

Past Surgical History: Nothing Significant

Family History: The patient's father has a history of Hypertension and mother has history of Diabetes Mellitus. No other significant hereditary or familial illnesses were reported.

PERSONAL HISTORY:

- Diet: Mixed
- Appetite: diminished
- Hunger: Tolerable
- Thirst: Increased; taken in small, frequent sips
- Desires: Spicy and salty food
- Aversions: Dislikes bland food
- Bowel habits: Regular; stool once daily
- Urination: Normal, 4 to 5 times per day
- Perspiration: Profuse, offensive
- Sleep: Disturbed; difficulty falling asleep due to many thoughts
- Dreams: Occasional dreams of arguments or stressful situations
- Addictions: Nil
- Thermal reaction: Hot patient; cannot tolerate heat, prefers a cool environment

LIFE SPACE INVESTIGATION:

He was born and brought up in Bengaluru, in a middle-income family. His father worked in a private firm and his mother was a homemaker. From early childhood, he was described as a bright and curious child who enjoyed being around people. Even as a schoolboy, he had a habit of talking continuously, narrating incidents in great detail and often speaking faster than others could follow. Teachers would frequently remark that he was intelligent but needed to control his speech, as he tended to dominate classroom discussions.

During school years, he was known for being competitive. He constantly compared his performance with classmates and felt disturbed when someone else performed better than him. Though he rarely expressed it openly, there was a sense of uneasiness and irritation when attention was given to others. He preferred to be noticed and appreciated, and any feeling of being sidelined affected him emotionally.

At home, he was sensitive to correction and criticism. Even small remarks from parents or elders would trigger a strong reaction. He would become suddenly angry, raise his voice, and argue intensely, though the anger would subside later. His family observed that his anger was quick and intense, appearing suddenly and disappearing just as fast, often followed by justification of his behavior.

As he grew older, he developed a tendency to analyze and comment on others' actions. He was quick to point out mistakes, whether in friends, family members, or teachers, and found it difficult to remain silent when he felt someone was wrong. This habit sometimes created friction in relationships, as others felt he was overly critical.

Mentally, he has always found it difficult to remain idle. His mind is constantly active, moving from one thought to another. Even during leisure time, he feels compelled to think, plan, or discuss something. This restlessness became more evident during his preparation for CA examinations, where he spends long hours studying but finds it difficult to mentally "switch off." He often feels the need to talk out his thoughts, explaining concepts aloud or discussing them repeatedly with others to feel relieved.

At present, while preparing for his CA exams, the pressure of performance has increased these traits. He becomes easily irritated, mentally overactive, and more vocal under stress. He feels better when he can express himself freely, either by talking or debating, rather than keeping things to himself.

GENERAL PHYSICAL EXAMINATION & VITALS:

Conscious & oriented with time, place and person.

No pallor, clubbing, cyanosis, icterus & pedal edema

Blood Pressure- 120/90mm Hg

Pulse Rate – 74beats/ min

Respiratory Rate-17cpm

Temperature – Afebrile at the time of examination

Scalp – Healthy

Eyes

- Conjunctiva - pink

- Sclera – clear

Ears- no discharge

Nose- no DNS/ Polyps

Mouth

- Buccal mucosa- pink.
- Teeth – hygiene not maintained
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy

Nails- healthy

Systemic Examination:

Respiratory system: Bilateral air entry is normal, normal vesicular breathing.

Cardiac system: S1 & S2 heard, no murmur heard.

Gastrointestinal system: No organomegaly, no tenderness.

Locomotor examination: normal.

CLINICAL EXAMINATION:

On local examination, multiple discrete, well-defined, rough, hyperkeratotic, brownish, non-tender warty growths were noted over the right thumb. The lesions were irregular in outline, firm in consistency, slightly elevated above the surrounding skin, and tender on palpation. The surrounding skin appeared normal, and no signs of secondary infection were present.

DIAGNOSIS: Verruca vulgaris/ Common warts

TOTALITY OF SYMPTOMS:

- Loquacious
- Jealousy
- Censorious, critical
- Restlessness, nervousness
- Appetite: Diminished
- Thirst: increased
- Desires: Cold drinks
- Perspiration Profuse
- Perspiration Odour :Offensive

- Sleeplessness: Thoughts, activity of.
- Warts on Thumb
- Warts : Painful

REPERTORIAL TOTALITY:

1. [Mind]Loquacity (see Speech)
2. [Mind]Jealousy
3. [Mind]Censorious, critical
4. [Mind] Restlessness, nervousness
5. [Stomach]Appetite: Diminished
6. [Stomach]Thirst
7. [Stomach]Desires: Cold drinks
8. [Perspiration]Profuse
9. [Perspiration]Odour: Offensive
10. [Sleep]Sleeplessness: Thoughts, activity of
11. [Skin]Warts
12. [Extremities]Warts: Thumb
13. [Extremities]Warts: Fingers
14. [Skin]Warts (see excrescences): Painful

REPERTORIZATION PROPER:

1. Lach 25/13
2. Sulph 24/12
3. Ars 24/10
4. Calc 23/10
5. Thuja 22/12
6. Caust 22/11
7. Sepia 22/11
8. Lyco 21/11
9. Rhus tox 20/11
10. Bell 19/10

REMEDY SELECTION:

The selection of remedy was based on the totality of symptoms, encompassing the patient's mental state, physical generals, and characteristic features, along with the underlying miasmatic background. Repertorization was carried out using Kent's Repertory. Lachesis mutus emerged as the most suitable similimum which corresponded closely with the patient's totality and miasmatic disposition.

PRESCRIPTION:**Prescription on 18/4/2025**

Rx

1. Lachesis 200 6-0-6 for 3 days
2. Sac Lac 6-6-6 for 20 days

1st follow up: 12/5/2025

Number of warts -reduced

Size – reduced

Pain on writing, handling objects- reduced

Rx:

- 1) Lachesis 200 6-0-6 for 3 days
- 2) Sac Lac 6-6-6 for 15 days

2nd follow up: 2/6/2025

Number of warts -reduced

Size – reduced

Pain on writing, handling objects- reduced

Rx:

- 1) Sac Lac 6-6-6 for 15 days

3rd follow up: 23/6/2025

Warts completely resolved

Rx:

- 1) Sac Lac 6-6-6 for 1 month

4th follow up: 23/7/2025

No recurrence of warts; skin remained clear and healthy.

Rx: No prescription needed

CLINICAL PICTURES:



BEFORE
TREATMENT



AFTER
TREATMENT

CASE NO: 3

A 25-year-old female patient, Mrs. CSPL, residing in Chandapura, Bangalore, reported to the Government Homoeopathy Medical College and Hospital, Bangalore, Presenting with complaint of multiple warts over the fingers of the right hand involving the index (2nd), middle (3rd), and ring fingers since the past three years.

HISTORY OF PRESENTING COMPLAINT:

The patient had been apparently normal three years ago, after which she noticed the appearance of a small, raised, rough lesion over one of the fingers of the right hand. Gradually, similar lesions developed over the index (2nd), middle (3rd), and ring fingers, increasing in number and size over time.

The lesions have been persistent and chronic in nature, with no history of complete resolution during this period. There is no associated pain, itching, bleeding, or discharge from the warts. The patient reports cosmetic concern due to the visible nature of the lesions.

The complaint has remained localized to the fingers of the right hand. There is no history of similar lesions elsewhere on the body. No definite history of trauma, fever, or systemic illness preceding the onset is noted.

PAST HISTORY

The patient gives no history of similar complaints in the past. There is no history of recurrent skin diseases, chronic illnesses, or major medical conditions such as tuberculosis, bronchial asthma, or epilepsy.

There is no history of any major surgeries, hospitalizations, or prolonged medication intake and there is no history of drug allergy or adverse reactions to medications.

FAMILY HISTORY:

The patient's father has a history of Diabetes Mellitus. No other significant hereditary or familial illnesses were reported.

PERSONAL HISTORY

Diet: Mixed

Appetite and hunger: decreased

Thirst: Thirstless

Bowel habits: Regular; stool once daily

Urination: Normal, 5 to 6 times per day

Perspiration: Profuse, offensive

Desires: Nthing specific

Aversion: potatoes

Sleep: sound sleep

Thermals: Chilly

Addictions: Nil

Menstrual history

Cycle: regular

Duration: 30 days

Interval between menses in days:

Amount of flow: moderate

Number of pads used: 2pads/day

Colour of flow presence of clots: bright red, no clots

Smell: absent

Pain during menses: absent

LMP 24/04/2025

LIFE SPACE INVESTIGATION:

She was born and brought up in Chandapura, Bangalore, belonging to a low socio-economic background. She has studied up to 2nd PUC and was an average student during her schooling. She is currently working as a tailor.

She belongs to a family of five members. Her father is a farmer, and her mother is a housewife. She has two younger sisters, both of whom are apparently healthy. Family relationships is good, and there is no significant family stress reported.

The patient leads a simple lifestyle and manages her responsibilities quietly. She prefers routine work and avoids situations that require public interaction.

Mentally, she has low self-confidence and feels inadequate in social situations. She is reserved by nature and does not easily express her feelings or emotions. She is emotionally sensitive, gets easily affected by situations and remarks, but prefers to keep her emotions to herself rather than sharing them with others.

GENERAL PHYSICAL EXAMINATION & VITALS:

Conscious & oriented with time, place and person.

No pallor, clubbing, cyanosis, icterus & edema

BP- 110/70mm Hg

PR – 80beats/ min

RR-16cpm

Temp – afebrile at the time of examination

Scalp – healthy

Eyes

- Conjunctiva - pink

- Sclera – clear

Ears- no discharge

Nose- no DNS/ Polyps

Mouth

- Buccal mucosa- pink.

- Teeth – hygiene
- Tongue – pink
- Gums – pink

Neck – no lymphadenopathy

Nails- healthy

Systemic Examination:

Respiratory system: Bilateral air entry is normal, normal vesicular breath sounds heard.

Cardiac system: S1 & S2 heard, no murmur heard.

Gastrointestinal system: No organomegaly, no tenderness.

Locomotor examination: normal.

CLINICAL EXAMINATION:

On local examination of the right hand, inspection revealed multiple, well-defined, skin-coloured to greyish-brown, rough, hyperkeratotic warty lesions over the index (2nd), middle (3rd), and ring finger with normal surrounding skin, while palpation showed the lesions to be firm to hard in consistency, non-tender, non-compressible, with no local rise of temperature, fixed to the skin, and with intact sensation and no bleeding on touch.

DIAGNOSIS: DIAGNOSIS: Verruca vulgaris/ Common warts.

TOTALITY OF SYMPTOMS:

Low self-confidence

Reserved nature

Emotionally sensitive; easily affected by emotions

Warts on hand

Warts - horny

Perspiration offensive odour

Perspiration profuse

Aversion to potatoes

REPERTORIAL TOTALITY

1. Mind – confidence-want of self- confidence
2. Mind – reserved
3. Mind – sensitive- emotions; to
4. Extremities –warts-hands
5. Extremities –warts-hands-horny
6. Perspiration –profuse

7. Perspiration – odour – offensive
8. Generals – food and drinks – aversion –potatoes

REPERTORIZATION PROPER

1. Thuja -14/8
2. Sepia – 13/7
3. Causticum – 11/7
4. Phos – 11/6
5. Carcinosium 7/6

REMEDY SELECTION

The remedy was selected based on the totality of symptoms, including the patient's mental state, physical and particular symptoms, and the sycotic miasmatic background. Repertorization was carried out using the Synthesis Repertory in RADAR 10.0 software, and Thuja occidentalis emerged as the most suitable similimum, as it covers the patient's low self-confidence, reserved and emotionally sensitive nature, along with multiple chronic warts over the fingers.

PRESCRIPTION:

Prescription on 08/05/2025

Rx

1. Thuja occidentalis 1M OD for 3 days
2. Sac Lac TID for 15 days

1st follow up: 12.06.2025

No new warts appeared

Existing warts became slightly softer and drier

Size of warts mildly reduced

Patient felt slight improvement in confidence

2nd follow up: 16.07.2025

Existing warts became slightly softer and drier

Surface became less rough and hyperkeratotic

Patient felt more comfortable socially and less conscious about hands

Rx: Sac Lac TID for 15 days

3rd follow up: 28.08.2025

All warts completely resolved

Normal skin restored over fingers

No recurrence or new lesions

Patient satisfied with cosmetic outcome

Mental state improved – confidence better, emotionally stable

Rx: No prescription needed

CLINICAL PICTURES:



Before treatment :T0



During treatment :T1



During treatment :T2



After treatment :T3

DISCUSSION

The constitutional approach in homoeopathy emphasizes individualized treatment derived from detailed case analysis and symptom integration. Elucidation of the patient's constitutional makeup is essential for selecting a single remedy based on the totality of symptoms. Among the three cases discussed, Nitric Acid, Lachesis, and Thuja occidentalis were found to be effective based on their respective symptom totalities. This case series, managed with constitutional homoeopathic medicines, aims to demonstrate the efficacy of the constitutional homoeopathic approach in the management of psoriasis without the need for medicated external applications. In all cases, remedy selection was strictly based on the totality of symptoms.

CONCLUSION

The present case series demonstrates the successful management of cutaneous warts using constitutional homoeopathic medicines based on individualized patient assessment. It underscores the importance of the holistic approach in homoeopathic practice and highlights the effectiveness of internal medication over external applications. The use of a carefully selected constitutional remedy appears to play a pivotal role in achieving favourable clinical outcomes in patients with cutaneous warts.

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: Not available

DECLARATION OF PATIENT CONSENT: Patient consent was taken for images to be reported for this article.

PATIENT PERSPECTIVE: The patient had a satisfactory outcome after the treatment as he was relieved from the discomfort and there remained no disease after the treatment.

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