



A Wart (*Verruca Vulgaris*) with Burning Pain and Occasional Bleeding Treated with Individualized Homeopathic Remedy: A Case Report with a Literature Overview

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Abstract

Warts are cutaneous outgrowths mostly caused by several strains of human papilloma virus (HPV) and overwhelming majority of them being benign in nature; warts produced by some particular strains of HPV can, however, become cancerous in rare conditions. A consolidated account of relevant literature available on the occurrence, frequency of infection and nature of cutaneous warts have been duly presented here. In conventional practice of medicine, more common medical procedures adopted for the treatment of warts include cryotherapy, cauterization, laser ablation, or surgical removal. But not all methods have proven and foolproof success in complete removal or prevention of recurrence. In this study, a case of amelioration and complete removal of a wart, occasionally bleeding and with burning pain, could be accomplished by oral administration of tiny doses of a personalized homeopathic remedy, Thuja Occidentalis 1000C and its recurrence could be prevented with a dose of Sulphur 200C for about eight years till date. The possible mode of action of the ultra-highly diluted homeopathic remedy has been discussed in the context of the available literature on some other experimental studies carried out on Thuja Occidentalis.

Keywords: Cutaneous warts, *Verruca Vulgaris*, Human Papilloma Virus, Personalized remedy, Homeopathy, Thuja Occidentalis 1000C, Sulphur 200C

Introduction

Warts are generally considered as noncancerous (or benign) rough bumps or outgrowths on the skin of the body, mostly on hand and feet, and caused by several strains of Human Papilloma Virus (HPV). However, if untreated for long, warts produced by some particular strains of HPV can become cancerous at rare instances. These warts look like squamous epidermal cancer with relatively slow but steady growth in size. In most cases, HPV cause common non-cancerous warts as they enter the body, more often on hand or feet through a cut or injury in the skin and cause an infection. The virus produces an

excess amount of keratin, a hard protein, over the top skin layer (epidermis) resulting in the formation of the rough, hard texture. In fact, literature suggests them to be the third most common skin diseases generally encountered in clinical practice [1-3]. The occurrence of warts in adults is considerably higher, but among the school students, common warts are encountered in about 2% to 10% of children. Since ancient Greek and Roman times, common warts have caused frustration for both patients and medical professionals [4]. They can significantly lower a patient's quality of life by making them feel embarrassed, worried about what other people will

think of them, and frustrated by their persistence and/or recurrence. Evidences show that 51.7% of patients experience moderate to intense discomfort, and 38.8% of patients report moderate to severe interference with social or recreational activities [5]. Patients may present themselves with recalcitrant warts that have been previously treated with anything from folk remedies to hypnosis to over-the-counter medications to more aggressive clinic-based treatments. Patients with warts usually seek advice from general practitioners of different disciplines of medicine like conventional medicines, homeopathy, ayurveda and other allied health practices. Sadly, despite years of accumulated medical literature on this topic, there is no high-quality fool proof therapy based on Phase I evidences that would suggest confirmed effectiveness of any particular branch of medicine or any therapy [6-11]. The skin and genitalia are the most prevalent sites for cutaneous viral warts caused by this double-stranded DNA virus [12]. The basal keratinocytes, which are the main targets for HPV infection, are commonly accessed by minor abrasions and infections induced by maceration of the epithelium [13, 14]. Based on DNA analysis and serological identification of specific antibodies against HPV capsid antigens, numerous distinct HPV strains and variants have been identified, over 118 in number [15]. Different HPV types favour either cornified stratified squamous epithelium or uncornified mucous membranes. HPV types 1, 2, 4, 27 and 57 are now known to be most frequently involved in formation of human warts located on the hands and feet [7]. The genital tract is infected by about 35 different strains of HPV. Low risk ano-genital warts are connected with types 6 and 11, while types 16, 18, 31, 33, 45, and 59 are most frequently linked to squamous cell and adenocarcinomas of the cervix [16–18]. Sometimes, multiple types are likely to infect one individual [19, 20], therefore HPV types involved in wart formation are important to assess the risk of the wart becoming cancerous. The presence of HPV DNA in subclinical or latent forms makes recurrence common [21]. This DNA can be found using nested polymerase chain reaction and hybridization. The prevalence of non-genital warts ranges from 7% to 10% in the general population, peaking between the ages of 12 and 16. Viral warts affect both sexes equally. Children aged between 2 and 12 years are often found to turn up for

treatment of various dermatoses [22]. A previously infected patient has a higher risk for the development of new warts than those who have never been infected, and according to some studies, if proper hygiene is maintained, 23% of the milder form of warts can spontaneously regress within 2 months, 30% within 3 months, and 65% to 78% within 2 years [23, 24]. The type of virus, the immune system of the host, the size and longevity of the warts, and other variables are all important factors that can affect the rate of spontaneous removal of the warts or that can turn them into cancer. Therefore, while some warts can go away spontaneously, others can pose a serious health concern when they easily bleed, cause burning pain and even affect daily livelihood causing a social or psychological stigma,

Homeopathy is often preferred over conventional medicines by patients for nonlife-threatening diseases. For warts, more common conventional medical procedures include cauterization, laser ablation, or surgical removal. More frequently, patients become inclined to adopt homeopathy to avoid the apparent hazards of possible pains and side-effects of these conventional practices, and for the relative simplistic approach of use of tiny doses of oral medicines in homeopathy that are known to have no or negligible side effects. While going through the literature search, we only found a few recent reports published on homeopathic cure of different types of skin warts like Flat wart, Fili wart etc [25-28]. We intend to record here the cure of a wart (*verruca vulgaris*), that was painful and occasionally bleeding, by the oral administration of an individualized homeopathic medicine based on similia principle.

Case Presentation

Mrs. S. S. aged about 38 years, female, a domestic help by profession, first came to the O.P.D. in August 2014 with complain of a space occupying lesion (about 20mm x 10mm in size) on the web of her right thumb having multiple sharp projections with slightly indurated base (Figure 1). The growth initiated nearly 6 months back and gradually progressed up to the present extent. Now it used to bleed easily on any trauma and she felt occasional burning pain, especially at night for last one and half month, which caused a great inconvenience in pursuing the job for her daily living; she now started looking for

conventional medical consultation to eradicate this particular problem. Modern medicine doctor advised her surgery and biopsy, for which she got scared and approached for homeopathy treatment.

During case taking, the patient revealed that she had uncontrolled systemic hypertension and dyslipidemia, and had been under regular consultation with a doctor of modern medicines for the last ten years and periodically taking medicines. The patient was 5 feet 2 inches tall with dark brown complexion and body weight was around 51.2 kg.

Clinical findings

The space occupying lesion (SOL) was solitary (about 20mm x 10mm in size), firm, tender on pressure, sessile, rough surfaced with sharp outline and polychromatic (reddish-pink at centre, yellowish brown to pale at periphery). Draining lymph nodes of adjacent areas were, however, not palpable. The chest was free from any notable clinical abnormality. Blood pressure was 130/80 mm of Hg (with her on and off anti-hypertensive drugs) and pulse rate was 78 beats/ minute. For accurate diagnosis of the nature of the growth and to exclude possibility of its cancer nature, she was advised that she should possibly better go for surgical excision and biopsy, but she firmly declined and wanted to pursue non-invasive homeopathy treatment at the OPD of the institute, for which she signed “informed consent form”.

Therapeutic intervention

During the entire individualized homeopathic medicinal (iHOM) intervention, the patient was permitted and advised to consume her dose of antihypertensive and anti-dyslipidemic medication regularly as advised by her conventional medicine doctor. She was also advised not to take any other medicine, without informing us, during the course of homeopathic treatment.

Considering the clinical presentation of a few guiding symptoms and on the basis of the totality of complaining symptoms, the case was considered as per the guideline of aphorisms 172-184 & 185- 203 of Organon of Medicine[29] and computerised repertorisation [30] of the case (data not shown) was done for selecting the most suitable homeopathic remedy, Thuja Occidentalis in this case. The potency chosen was 1000C in view of her age, duration of the wart and its size and nature.

Accordingly on 01.08.2014, two pellets of no.20 globule of lactose soaked in a drop of Thuja Occidentalis 1000C were prescribed to be taken, one dose at mornings in empty stomach. Thuja Occidentalis 1000 C was manufactured by the homeopathic drug manufacturer, HAPCO, Kolkata. Following that the patient was given two “placebo” pellets (pellets of lactose not soaked with the homeopathic medicine but only with ethyl alcohol, the “vehicle of the drug), each to be taken once daily for the next 20 days.

She was advised to come after three weeks. On 22.08.2017, she was examined. The size as well as the sharp projections of upper surface of the lesion, both became reduced; the surface polychromatia was still slightly present. The tenderness and bleeding tendency also reduced. Since amelioration started, as per the guidelines of aphorism 245 (a) of Organon of Medicine, no repetition of medicine was done and only placebo given for one month.

On her third visit on 12.09.2014, she reported with no further regression of size of lesion, rather roughness of upper surface shown to be started reappearing with reappearance of pain. As the improvement had come to a halt, according to the guideline of aphorism 246 (a), Subsection 1 of Organon of Medicine, repetition made with somewhat altered potency Thuja occidentalis 1000C, one globule no. 10 mixed with one ounce of distilled water, and she was advised to take only one tea spoon full (TSF) of that mixture for one day only. Placebo was advised for subsequent 29 days.

On her 4th visit (10.10.2014) the lesion was found to be reduced to almost non-differentiable size, there was no elevated rough and sharp projections, no tenderness and bleeding. Since marked improvement was found, as per homeopathic rule, only placebo was prescribed for the next one month.

The patient came back on 21.11.2014 (5th visit), the visible lesion by this time was completely gone, no bleeding reported or tenderness was felt there. Placebo for another two months was prescribed.

On 30.01.2015 (6th visit), to complete the cure process by removing latent psora, one dose of a suitable anti-psoric medicine, Sulphur 200C (HAPCO) was prescribed, followed by placebo for six months. Meanwhile the patient was advised to

report physically about her clinical conditions periodically. Post anti-psoric medication, the patient has been on periodic check-up for any possible recurrence, but the SOL on the pulp of her right thumb has never reappeared till date. The

photographs of the lesion and its gradual disappearance have been sequentially represented in Figures 1 through 8 and the respective time periods have been indicated therein. The summarized timeline is provided in Table 1.

Table 1. Showing Summarized Timeline of the Treatment

DATE	COMPLAINT	MEDICINE
1 st August 2014		Thuja Occidentalis 1M/ 1Dose followed by Placebo
12 th September 2014		Thuja Occidentalis 1m/1 Dose Followed by Placebo
21 st November 2014	Patient reported with complete remission of the growth.	No medicine were prescribed
30 th January 2015		Sulphur 200/1 Dose followed by Placebo

Table 2. Modified Naranjo Algorithm

Serial No.	Questions	Reviewer 1	Reviewer 2	Agreed Score
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	(+)2	(+)2	(+)2
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	(+)1	(+)1	(+)1
3	Was there an initial aggravation of symptoms?	0	0	0
4	Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	(+)1	(+)1	(+)1
5	Did overall wellbeing improve?	(+)1	(+)1	(+)1
6	A: Direction of Cure: Did some of the symptoms improve in the opposite order from the development of the disease?	(+)1	(+)1	(+)1

6	B: Direction of cure: Did at least two of the following aspects apply to the order of improvement: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From above downwards?	0	0	0
7	Did “old symptoms” (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (other than the medicine) that solely could have caused the improvement? (to consider known course of disease, other forms of treatment, and other clinically relevant interventions)	(+)1	(+)1	(+)1
9	Was the effect confirmed by objective evidence as measured by external observation(s)?	(+)2	(+)2	(+)2
10	Did repeat dosing, if conducted, create similar clinical improvement?	(+)1	(+)1	(+)1
	Total	(+)10	(+)10	(+)10

Fig.1. Bleeding wart of Mrs. S. S. on 1st Aug' 2014 (Pre-medication)



Fig.2. Mrs. S. S. on 22nd August 2014 (After first dose -post- medication.



Fig.3. Mrs. S. S. on 12th Sept' 2014 (Repetition after evaluation)



Fig.4. Mrs. S. S. on 10th Oct' 2014 (post second dose of medication)



Fig. 5. Mrs. S. S. on 21stNov' 2014 (complete disappearance of wart post medication)

The favourable action of the drug was confirmed by application of the modified Naranjo's algorithm (Table2). According to the interpretation of total Naranjo score predicting drug action, score more than or equals to +9 is considered as definite attribution of homeopathic medicinal treatment. In present case, the actual score was found to be 10.

Discussion:

From the above findings, it was revealed that the bleeding and burning wart of the patient could be successfully ameliorated and removed by non-invasive method of oral administration of tiny doses of the ultra-highly diluted homeopathic remedy, Thuja Occidentalis 1000C. Although it was not known in the present case if the wart had actually destined to turn cancerous or not, earlier, in 2013, Joseph *et al.* [31] reported one case of human papillomavirus-driven verruca vulgaris infection in a solid organ transplant recipient with a renal allograft who had multiple warts not responding to cryotherapy and radiosurgery, with one of them turning malignant, needing amputation of the finger. Subsequently, an extract from Thuja occidentalis cured the resistant warts on the other fingers, leaving only superficial scars and without affecting allograft function. Although there are several evidence-based reports that homeopathically prepared Thuja occidentalis extract and their active principles have demonstrable anti-cancer effects in both in vivo and in vitro test models [32-33] and their molecular mechanism(s) and pathway(s) of action including signalling could also be tracked down [34-35] in some cases, how the removal of the bleeding wart

could precisely be accomplished was not fully understood. Some evidence-based studies reveal that potentized homeopathic drugs are capable of eliciting influences on regulatory activity of relevant genes via its action on epigenetic modifications [36-38].

In homeopathy, a specific drug is selected based on a holistic approach, considering the totality of all guiding symptoms through a scientifically prepared repertorisation. Thuja Occidentalis was identified as the most suitable drug in context of symptoms of her other ailments and therefore was applied in this patient. The wart disappeared and did not recur in the following eight years till date by the use of this "personalized medicine". Similarly, another type of wart, verruca plana (flat wart) was successfully treated with the Calcarea Phosphorica 200C by individualization of the remedy in some other study [25].

The concept of "personalised medicine" was first introduced in the medical domain via a brief article first published in "The Wall Street Journal" on April 16, 1999, and was titled "New Era of Personalized Medicine: Targeting Drugs for Each Unique Genetic Profile" [39]. Homeopathy appears to be using phenotypic expression of the proving symptoms of

their remedies for individualization since more than 200 years ago but new age genetic profiling is the foundation of personalised medicine in the conventional system. Though both of them may look like mirror images or siblings but the acceptance of the latter was more than the former possibly because it lacked proven particle existence in the ultra-diluted homeopathic preparations before. But recent discoveries of nanoparticles of the original drug substance in the ultra-high dilutions of homeopathic drugs used as homeopathic remedies (40-42) has brought about a paradigm shift in favour of the possible factors responsible for the molecular basis of the drug action through favourable modulation of the gene regulatory system [43-44]. The philosophy of homeopathy is "similia similibus curentur," which translates to "like should be treated by likes." Thuja in different dilutions/potencies has been successfully used to treat warty developments since Hahnemann's time. However, more scientific studies will be needed to verify the efficacy and the actual mechanism of action of certain homeopathic medicines in combating such clinical conditions so effectively.

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