IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

A dissertation on Clinical applicability of J.T.Kent's Repertory of Homoeopathic Materia Medica in Warts.

By

Dr. Deepti Sharma
BHMS, MD, PhD
Dayalbagh, Agra- 282005

INTRODUCTION

A wart is typically a small growth that appears on a person's hands or feet and looks like a solid blister or a small cauliflower. They may also appear in other parts of the body.

Warts have a rough texture and are caused by viruses, particularly one of several kinds of HPV (human papillomavirus).The virus causes keratin, which is a hard protein on the top layer of the skin, to grow too fast.Warts are not the same as moles. Moles are dark and may become quite large, while warts are nearly always small and have the same color as the person's skin

The appearance of a wart can vary depending on what part of the body it

is, as well as how thick the skin is. A wart that is located on the sole of the foot is known as a verruca [1].

There are several different kinds of warts. According to the National Health Service (NHS), a survey of 1,000 children with warts found that 74 per cent of them had common warts, 24 per cent of them had verrucas, 3.5 per cent of them had plane warts, and 2 per cent of them had filiform warts [1].

Common warts (verruca vulgaris) have a rough surface. They are firm and raised and may have a cauliflower look. They appear in any part of the body, but are more common on the knuckles, fingers; elbows and knees.Verrucas (plantar warts) appear on the soles of the feet, sometimes the heel and toes. Plane warts (verruca plana) are round, flat and smooth. They are generally yellowish, brownish or skin color. They are also known as flat warts and are more common among young children. They are usually found on the hands, legs and face. Filiform warts (verruca filiformis) are long and can usually be found on the eyelids, neck and armpits. Mosaic warts grow in clusters. Palmar warts are mosaic warts that grow on the palm of the hands and feet.

Warts and verrucas are generally easy for doctors to identify just by looking at them. The doctor may ask whether any other family members have warts.

Occasionally, he/she may take some tissue from a wart and examine it under a microscope.

Warts are estimated to affect approximately 7-12% of the population. In school-aged children, the prevalence is 10-20%[2]. An increased frequency also seen among immunosuppressed patients and meat handlers. Warts may cause cosmetic disfigurement or tenderness. Plantar warts can be painful, and extensive involvement on the sole of the foot may impair ambulation.

Though skin warts can't be prevented, there are a number of precautionary measures we can take to minimize risk of acquiring warts. Try to keep skin healthy, moisturized, and free of cuts. Biting nails creates an opening for virus to enter your skin so stop biting nails. Be careful to use clean, fresh towels at the gym or in other public locations, and always wear rubber-soled flip-flops or sandals in public locker rooms and showers

Warts are often seen as nothing more than a minor nuisance to remove the wart is to remove the problem. Their presence on top of the skin warns of a deeper weakness or susceptibility that allows them to continue and flourish. While removing the wart creates a blemish free skin, it does nothing to correct this underlying weakness the person is still vulnerable to future health problems [3].

A more holistic approach is needed and this is where homoeopathy excels. By treating the wart as just one of the person's health problems and prescribing a homeopathic remedy accordingly, widespread improvements are achieved and the underlying weakness repaired.Homeopathy offers an excellent and promising cure for warts. The beauty of the treatment is that the medicines are to be taken orally and there is no local application. This treatment, in turn, treats the ailment from within, for a long time and almost permanently.The duration of treatment varies from patient to patient. The duration of treatment depends on the severity of warts and their chronicity. Approximately, within three months or so, one finds positive results. Warts which are many in number and have existed for more than five years may need longer course of medication.Homeopathic treatment is essentially safe and absolutely harmless, which may be taken along with any other medicine, if required.

There are many possible medicines for warts in homeopathy. Every patient with warts may require one of these groups of medicines based on his individual symptoms. Only after a detailed case study, the correct remedy can be determined for any patients. Warts are viral in origin. Viral warts are treatable using homeopathy. There is a condition called skin tags which resemble warts. Skin tags are not treatable with homeopathy.Some common

homeopathic medicines for warts are Silicea, Thuja occidentalis, Causticum, Calcarea carbonica, Nitricum acidum, Lycopodium clavatum, Antimonium crudum.A study of over 200 cases of warts at Life Force Center has indicated a success rate of over 85% [3].

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions. In homoeopathy general symptoms and constitutional indications are taken into account for selecting a remedy [4].

AIMS AND OBJECTIVES

1. To evaluate the effectiveness of Homeopathic drugs in the treatment of warts.

2. To evaluate the usefulness of J.T. Kent's repertory of Homoeopathic Materia Medica in the treatment of warts.

REVIEW OF LITERATURE

Warts are small, rough lumps that often develop on the skin of the hands and feet. Warts vary in appearance depending on where they are on the body and how thick the skin is. They can develop in isolation or in clusters and are non-cancerous. Some warts are more likely to affect particular areas of the body. For example verrucas are warts that usually develop on the soles of the feet. Most people will have warts at some point in their life. They tend to affect children and teenagers more than adults. Warts are very contagious, and close skin-to-skin contact can pass on the infection.The infection can also be transmitted indirectly from contaminated objects or surfaces, such as the area surrounding a swimming pool.After becoming infected, it can take weeks or even months for a wart or verruca to appear [6].

Most types of warts are easy to identify because they have a distinctive appearance. Although, you should always see your doctorif you have a growth on your skin you are unable to identify or are worried about.

Warts are caused by the human papilloma virus (HPV). There are about 130 known types of human papilloma viruses. HPV infects the squamous epithelium, usually of the skin or genitals, but each HPV type is typically only able to infect a few specific areas on the body. Many HPV types can produce a benign growth, often called a "wart" or "papilloma", in the area they infect. Many of the more common HPV and wart types are listed below [7].

- Common warts - HPV types 2 and 4 (most common); also types 1, 3, 26, 29, and 57 and others.
- Cancers and genital dysplasia - "high-risk" HPV types are associated with cancers, notably cervical cancer, and can also cause some vulvar, vaginal, penile, anal and some oropharyngeal cancers. "low-risk" types are associated with warts or other conditions.

- High-risk: 16, 18 (cause the most cervical cancer); also 58, 33, 45, 31, 52, 35, 39, 59, and others.

- Plantar warts (myrmecia) - HPV type 1 (most common); also types 2, 3, 4, 27, 28, and 58 and others.
- Anogenital warts (condylomata acuminata or venereal warts) - HPV types 6 and 11 (most common); also types 42, 44 and others.
- Low-risk: 6, 11 (most common); also 13, 44, 40, 43, 42, 54, 61, 72, 81, 89, and others.
- Flat warts - HPV types 3, 10, and 28.
- Butcher's warts - HPV type 7.
- Heck's disease (Focal epithelial hyperplasia) - HPV types 13 and 32

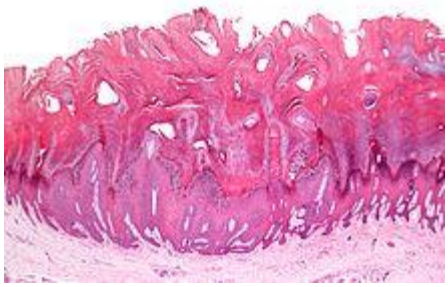
Warts are caused by an infection with the human papilloma virus (HPV). The virus causes an excess amount of keratin, a hard protein, to develop in the top skin layer (epidermis). The extra keratin produces the rough, hard texture of a wart [7].

You should also visit your doctor if you have a wart that:

- bleeds
- changes in appearance
- spreads
- causes you significant pain, distress or embarrassment

Pathophysiology

- Common warts have a characteristic appearance under the microscope. They have thickening of the stratum corneum (hyperkeratosis), thickening of the stratum spinosum (acanthosis), thickening of the stratum granulosum, rete ridge elongation, and large blood vessels at the dermoepidermal junction [7].



- Micrograph of a common wart (verruca vulgaris) showing the characteristic features (hyperkeratosis, acanthosis, hypergranulosis, rete ridge elongation, and large blood vessels at the dermoepidermal junction, H&E stain.

Treating warts

Most warts are harmless and clear up without treatment.The length of time it takes a wart to disappear will vary from person to person. It may take up to two years for the viral infection to leave your system and for the wart to disappear.You might decide to treat your wart if it is painful, or in an area that is causing discomfort or embarrase. Surgery is not usually recommended for

wart.Warts are small, rough lumps on the skin that are benign (non-cancerous). They often appear on the hands and feet.

Warts can look different depending on where they appear on the body and how thick the skin is. A wart on the sole of the foot is called a verruca. The clinical name for a verruca is a plantar wart.

Warts are caused by infection with a virus known as the human papilloma virus (HPV). HPV causes keratin, a hard protein in the top layer of the skin (the epidermis) to grow too much. This produces the rough, hard texture of a wart.

Types of warts

There are several different types of warts. The more common types include:

- Common warts
- Plantar warts (verrucas)
- Plane warts
- Filiform warts
- Periungual warts
- Mosaic warts

The appearance of each type of wart will depend on several factors:

- where it is located on your body
- the strain (type) of HPV that is responsible for the wart
- factors such as whether you have a weakened immune system
- whether you have rubbed or knocked the wart

Most people will have warts at some time during their life. However, they are more common in school children and teenagers than in adults. It is estimated that 4-5% of children and adolescents have warts [8].

- Warts are uncommon in babies and occur in equal numbers between males and females.

- People who have an increased risk of developing warts include those with weak immune systems, for example, following treatment for cancer or due to an illness such as HIV and AIDS, and those who had an organ transplant. Around 50% of people who have had a kidney transplant develop warts within five years [8].

- A type of wart that is known as a 'butcher's wart' can sometimes develop on the hands of people who are regularly in contact with raw meat, fish or poultry for long periods of time. However, this type of wart is rare.

Genital warts

- Like other types of warts, genital warts are caused by HPV. Genital warts are most commonly transmitted during sexual intercourse and other types of sexual activity, including oral sex.
- Genital warts should not be treated at home using over-the-counter medicines. If you think you have genital warts, visit your doctor or local sexual health clinic

Most warts disappear on their own without treatment, although treatment can help to get rid of them more quickly. Treatment may be recommended in cases where:

- The wart is causing you pain or distress
- There are associated risk factors, such as having a weakened immune system.

Warts are very contagious. The skin cells in warts release thousands of viruses, which mean that close skin-to-skin contact can pass on the infection [8].

It is also possible for the infection to be transmitted indirectly from an object, such as a towel, or by contact with a contaminated surface, such as the surface surrounding a swimming pool.

It can take weeks, or even months, for a wart or verruca to appear after you have caught the infection. The time between infection and the onset of symptoms is known as the incubation period.

The human papilloma virus (HPV) is more likely to be transmitted if a person's skin is:

- wet
- soft
- in contact with rough surfaces

There are several different types of warts which all vary in size and shape. For example, the size of a wart can range from 1mm to over 1cm in diameter.

Warts are not usually painful, although those that develop under your fingernails (periungual warts) or on the soles of your feet (verrucas) can sometimes hurt. Warts can also occasionally itch or bleed.

You may have one or two warts or you may have a cluster of several warts on the same area of your skin. Some types of warts are more likely to affect particular areas of your body. These are described below.

1. Common warts (verruca vulgaris)

Characteristics of common warts include:

- Round or oval in shape
- They are firm and raised
- They have a rough, irregular surface (cauliflower-like)
- They are most common on the knuckles, fingers and knees
- They range in size from smaller than 1mm to larger than 10mm
- You may have one or several common warts

2. Verrucas (plantar warts)

Characteristics of verrucas include:

- The skin area of the wart is white
- They often have a black dot in the centre (blood vessel)
- They are not raised from the surface of your skin
- They appear on the soles of your feet
- They can be painful because the weight of your body can force them to grow back into the skin

3. Plane warts

Characteristics of plane warts include:

- They are a yellowish colour.
- They are smooth, round and flat-topped.
- They are usually between 2 and 4mm in diameter.
- They usually occur in young children, mainly on the hands, face and legs.
- They can appear on the lower legs of females (due to the spread of HPV through leg shaving).
- It is possible to have between one and several hundred plane warts, which can develop in clusters.

4. **Filiform warts (verruca filiformis)**

Characteristics of filiform warts include:

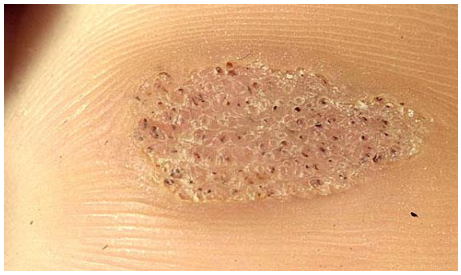
- They are long and slender
- They more commonly develop on the neck, face and nostrils

4. Periungual warts

Characteristics of periungual warts include:

- They have a rough surface
- They are found under and around the fingernails and toe nails.
- They can affect the shape of the nail.
- They can be painful.

5. Mosaic warts



Characteristics of mosaic warts include:

- They grow in clusters.
- The pattern that mosaic warts produce is 'tile-like'.
- They are most common on the palms of the hands (palmar warts) and on the feet.

Warts are caused by different strains of the human papilloma virus (HPV). The virus is present in the skin cells of a wart.

Over 100 different types (strains) of HPV have been identified. Different strains of HPV are responsible for causing different types of warts.

Spreading the virus

HPV is passed on through close skin-to-skin contact. It can also be passed on by indirect contact, for example, from contaminated objects, such as towels

and shoes. Warts are thought to be contagious for as long as they are present on your body [9].

HPV is more likely to spread if the skin is wet, soft or has been in contact with a rough surface.

Warts can also be spread to other parts of your own body. For example, you can spread the virus if you:

- Scratch, knock or bite a wart
- Bite your nails or suck your fingers (if they have warts on them)
- Shave your face or legs

This can cause the wart to break up and bleed, making it easier for the virus to spread. People with scratches or cuts on the soles of their feet are particularly vulnerable.

Warts can also be spread through contact with contaminated surfaces. Examples of possible contaminated surfaces include:

- The areas surrounding swimming pools.
- Communal washing areas.

Risk factors

There are several risk factors that can potentially increase the likelihood of your wart turning malignant (cancerous) or requiring specialist care.

Those most at risk are:

- Elderly patients.
- People with a weakened immune system, for example, organ transplant patients, those being treated for cancer and those with HIV and AIDS.
- People with an unusual number of lesions on the body.

Warts that are more likely to turn malignant include:

- Warts that are growing rapidly.
- Large warts that develop on their own (solitary lesions).
- A wart that does not fit into a certain type or group of wart (atypical).

a doctor will be able to diagnose the type of wart that have based on:

- The appearance of your wart
- Where it is positioned on your body
- The effect it has had on the surrounding skin

Due to their distinctive appearance, warts and verrucas are usually easy to identify through a visual examination of the affected area. A doctor will consider the following when they examine a wart:

- The number of warts you have
- Where they are located on your body
- The size of the wart
- The shape of the wart
- The color of the wart
- The texture of the wart's surface

A doctor may gently cut away the surface of the wart to reveal a small black dot in the centre. If this is present, it will confirm that you have a verruca (plantar wart).

If you have a partner, your doctor may ask you whether they also have warts, or whether any other members of your family have them.

Ruling out other conditions-

By carrying out a thorough examination of your wart, a doctor will also be able to consider any other possible causes and rule out any underlying conditions. Some of these are outlined below.

- Corns and calluses: areas of thick, dry skin that is often yellow in appearance and caused by excessive pressure or friction.
- Skin tag: a skin-coloured, benign (non-cancerous) growth of skin that usually develops on the neck, armpit and torso (upper body). Skin tags are usually painless.
- Molluscum contagiosum: a contagious skin infection that is caused by the molluscum contagiosum virus. It produces small, firm, raised spots on the skin.
- Moles: small, dark marks on your skin that can be flat or raised, smooth or rough. They may sometimes look similar to a cluster of filiform warts.
- Seborrhoeic keratosis: common, benign skin lesions that is usually brown or black in colour.
- Solar keratosis: scaly, rough spots that appear on skin that has been damaged by the sun.

- Squamous cell carcinoma: a common type of skin cancer that appears as crusted lumps that is tender and slow-growing. It is very rare for existing warts to develop into a type of cancer, but the possibility will need to be ruled out.

Most warts clear up without treatment. However, the time it takes for a wart to disappear will vary from person to person. Warts may last longer in older children and adults.

Research has shown that without treatment, 65-80% of cases of warts will clear up within two years. However, warts in adults and in people with a weakened immune system are less likely to clear up on their own and are less likely to respond well to treatment [10].

Leaving the wart to get better by itself is an option that may be recommended. However, treatment will be considered if:

- The wart is causing you pain
- The wart is interfering with your everyday life
- The wart or its position is causing you embarrassment
- You have one or more of the potential risk factors for developing cancer

Treating warts-

Several treatment options are available for treating warts and verrucas. Some treatments for warts can cause side effects such as:

- Pain
- Blistering
- Skin irritation around the wart

The aim of all types of treatment is to:

- Remove the wart without it returning
- Treat the wart without any scarring developing as a result
- Encourage long-lasting immunity to HPV, which causes warts.

Treating warts during pregnancy-

If you are pregnant and you have warts, your may take homoeopathic medicines.

However, you may decide to wait until after the birth before considering treatment. Cryotherapy can be painful and may cause blistering, pain and possible infection.

Following treatment for warts, common side effects include:

- Pain
- Blistering
- Irritation of the skin around the wart

It is sometimes very difficult to treat warts effectively in people with weak immune systems, such as those with an illness like HIV and AIDS, cancer or those receiving treatment for .In some cases, clearing up the warts may not be possible, even with treatment.

Psychological effects-

If you feel that your warts look unattractive, it may affect your confidence and self-esteem, particularly if they cover a large area of your body. Warts can sometimes affect a person psychologically and have an adverse impact on day-to-day life.

Malignancy-

Warts are usually harmless in people whose immune systems are working properly, and it is rare for any malignant (cancerous) change to develop in a wart. However, people with a weakened immune system have a higher risk of a wart becoming malignant.

The advice listed below can help to prevent a wart or a verruca developing.

- Do not touch other people's warts.
- Do not share towels, flannels or other personal items with someone who has a wart.
- Do not share shoes or socks with someone who has a verruca.
- Avoid scratching or picking your wart or verruca as this will encourage HPV to spread to other parts of your body.
- Take care when shaving because the virus can be spread easily if you cut yourself.
- Keep your feet dry and change your socks every day to help prevent warts developing on your feet.

Communal activities-

Cover your wart or verruca when you are taking part in communal activities. For example:

- Wear flip-flops or pool slippers in shared areas, such as showers and swimming pool changing rooms.

- Cover your wart or verruca with a waterproof plaster or a special verruca sock (available at pharmacies) when you go swimming or when you are doing physical education at school.
- Wear gloves when using shared equipment, such as gym equipment (if you have a wart on your hand).

Prevention-

Gardasil is an HPV vaccine aimed at preventing cervical cancers and genital warts. Gardasil is designed to prevent infection with HPV types 16, 18, 6, and 11. HPV types 16 and 18 currently cause about 70% of cervical cancer cases, and also cause some vulvar, vaginal, penile and anal cancers. HPV types 6 and 11 are responsible for 90% of documented cases of genital warts. Unfortunately the HPV vaccines do not currently prevent the virus strain responsible for verrucas (plantar warts) [11].

Folk remedies-

A variety of traditional folk remedies and rituals claim to be able to remove warts.

In *The Adventures of Tom Sawyer*, Mark Twain has his characters discuss a variety of such remedies. Tom Sawyer proposes "spunk-water" (or "stump-water", the water collecting in the hollow of a tree stump) as a remedy for warts on the hand. You put your hand into the water at midnight and say:

Barley-corn, barley-corn, injun-meal shorts,

Spunk-water, spunk-water, swaller these warts

and then "walk away quick, eleven steps, with your eyes shut, and then turn around three times and walk home without speaking to anybody. Because if you speak the charm's busted." This is held to be superior to Huckleberry Finn's preferred remedy which involved throwing a dead cat into a graveyard. Another remedy involves splitting a bean, drawing blood from the wart and putting it on one of the halves, and burying that half at a crossroads at midnight. The theory of operation is that the blood on the buried bean will draw away the wart. Twain is recognized as an early collector and recorder of genuine American folklore.

Similar practices are recorded elsewhere. In Louisiana, one remedy for warts involves rubbing the wart with a potato, which is then buried; when the "buried potato dries up, the wart will be cured". Another remedy similar to Twain's is

reported from Northern Ireland, where water from a specific well on Rathlin Island is credited with the power to cure warts.

.A longstanding tradition holds that touching toads will cause warts. The most common Northern Hemisphere toads have glands that protrude from their skin that superficially resemble warts. Warts are caused by a virus, and toads do not harbor it.

Human papillomavirus (**HPV**) is a virus from the papillomavirus family that is capable of infecting humans. Like all papillomaviruses, HPVs establish productive infections only in keratinocytes of the skin or mucous membranes. While the majority of the known types of HPV cause no symptoms in most people, some types can cause warts (verrucae), while others can – in a minority of cases – lead to cancers of the cervix, vulva, vagina, penis, oropharynx and anus. Recently, HPV has been linked with an increased risk of cardiovascular disease. In addition, HPV 16 and 18 infections are strongly associated with an increased odds ratio of developing oropharyngeal (throat) cancer [12].

More than 30 to 40 types of HPV are typically transmitted through sexual contact and infect the anogenital region. Some sexually transmitted HPV types may cause genital warts. Persistent infection with "high-risk" HPV types —

different from the ones that cause skin warts — may progress to precancerous lesions and invasive cancer. HPV infection is a cause of nearly all cases of cervical cancer. However, most infections with these types do not cause disease.

Most HPV infections in young females are temporary and have little long-term significance. Seventy percent of infections are gone in 1 year and ninety percent in 2 years. However, when the infection persists — in 5% to 10% of infected women — there is high risk of developing precancerous lesions of the cervix, which can progress to invasive cervical cancer. This process usually takes 10–15 years, providing many opportunities for detection and treatment of the pre-cancerous lesion. Progression to invasive cancer can be almost always prevented when standard prevention strategies are applied, but the lesions still cause considerable burden necessitating preventive surgeries, which do in many cases involve loss of fertility [13].

In more developed countries, cervical screening using a Papanicolaou (Pap) test or liquid-based cytology is used to detect abnormal cells that may develop into cancer. If abnormal cells are found, women are invited to have a colposcopy. During a colposcopic inspection, biopsies can be taken and abnormal areas can be removed with a simple procedure, typically with a

cauterizing loop or, more commonly in the developing world — by freezing (cryotherapy). Treating abnormal cells in this way can prevent them from developing into cervical cancer.

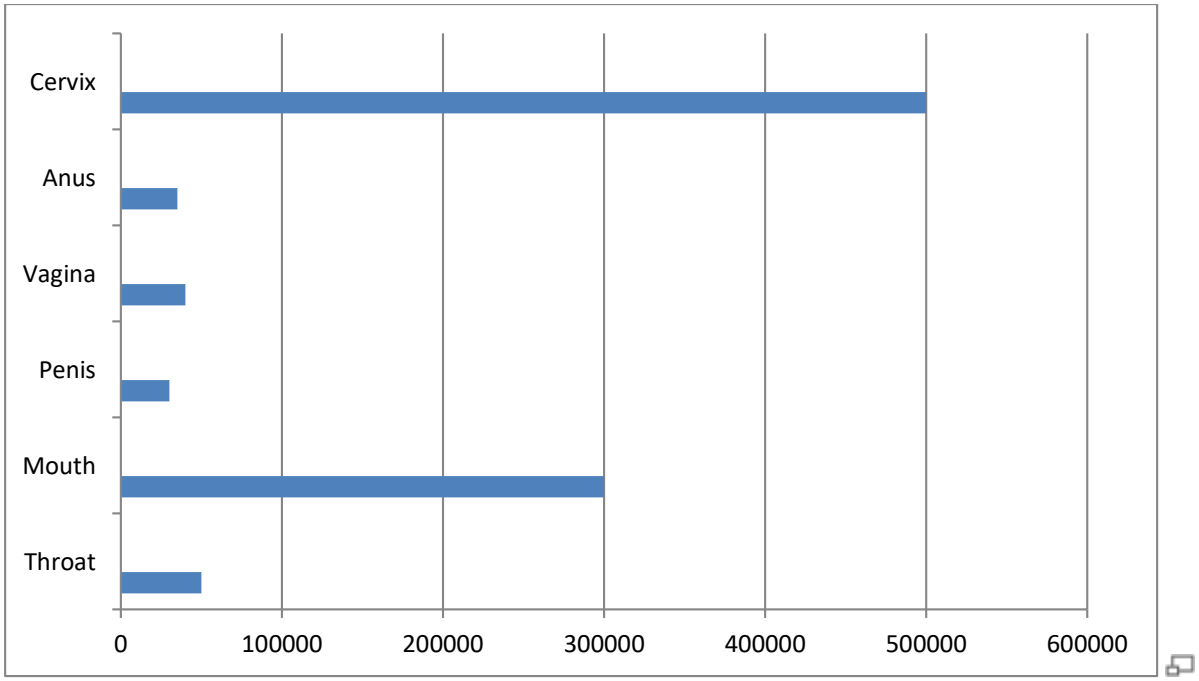
Pap smears have reduced the incidence and fatalities of cervical cancer in the developed world, but even so there were 11,000 cases and 3,900 deaths in the U.S. in 2008.Cervical cancer has substantial mortality in resource-poor areas; worldwide, there are an estimated 490,000 cases and 270,000 deaths each year [14].

HPV vaccines (Cervarix and Gardasil), which prevent infection with the HPV types (16 and 18) that cause 70% of cervical cancer, may lead to further decreases.

Signs and symptoms-

Over 120 HPV types have been identifiedand are referred to by number. Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68 73, and 82 are carcinogenic "high-risk" sexually transmitted HPVs and may lead to the development of cervical intraepithelial neoplasia (CIN), vulvar intraepithelial neoplasia (VIN), penile intraepithelial neoplasia (PIN), and/or anal intraepithelial neoplasia (AIN).

Cancer



Annual number of cases worldwide

Worldwide in 2002, an estimated 561,200 new cancer cases (5.2% of all new cancers) were attributable to HPV, making HPV one of the most important infectious causes of cancer. 84% of new cervical cancers were in the developing world, compared with about 50% of all new cancers. High-risk oncogenic HPV types (including HPV 16 and HPV 18) are associated with 99.7% of all cervical cancers [15].

Studies show a link between HPV infection and penile and anal cancer, and the risk for anal cancer is 17 to 31 times higher among gay and bisexual men than among heterosexual men. It has been suggested that anal Pap smear

screening for anal cancer might benefit some sub-populations of men or women engaging in anal sex. There is no consensus that such screening is beneficial, or who should get an anal Pap smear [17].

Skin warts-

Some HPV infections can cause warts (verrucae), which are noncancerous skin growths. Infection with these types of HPV causes a rapid growth of cells on the outer layer of the skin. Types of warts include:

- Common warts: Some "cutaneous" HPV types cause *common* skin warts. Common warts are often found on the hands and feet, but can also occur in other areas, such as the elbows or knees. Common warts have a characteristic cauliflower-like surface and are typically slightly raised above the surrounding skin. Cutaneous HPV types can cause genital warts but are not associated with the development of cancer.
- Plantar warts are found on the soles of the feet. Plantar warts grow inward, generally causing pain when walking.

- Subungual or periungual warts form under the fingernail (subungual), around the fingernail or on the cuticle (periungual). They may be more difficult to treat than warts in other locations.
- Flat warts: Flat warts are most commonly found on the arms, face or forehead. Like common warts, flat warts occur most frequently in children and teens. In people with normal immune function, flat warts are not associated with the development of cancer.

Genital warts are quite contagious, while common, flat, and plantar warts are much less likely to spread from person to person.

Genital warts-

Genital or anal warts (condylomata acuminata or venereal warts) are the most easily recognized sign of genital HPV infection. Although a wide variety of HPV types can cause genital warts, types 6 and 11 account for about 90% of all cases [18].

The types of HPV that cause genital warts are usually different from the types that cause warts on other parts of the body, such as the hands or inner thighs.

Respiratory papillomatosis-

HPV types 6 and 11 can cause a rare condition known as recurrent respiratory papillomatosis, in which warts form on the larynx or other areas of the respiratory tract.

These warts can recur frequently, may require repetitive surgery, may interfere with breathing, and in extremely rare cases can progress to cancer.

In the immunocompromised-

In very rare cases, HPV may cause epidermodysplasia verruciformis in immunocompromised individuals. The virus, unchecked by the immune system, causes the overproduction of keratin by skin cells, resulting in lesions resembling warts or cutaneous horns.

Transmission-

Prenatal- Although genital HPV types can be transmitted from mother to child during birth, the appearance of genital HPV-related diseases in newborns is rare. Perinatal transmission of HPV types 6 and 11 can result in the

development of juvenile-onset recurrent respiratory papillomatosis (JORRP). JORRP is very rare, with rates of about 2 cases per 100,000 children in the United States. Although JORRP rates are substantially higher if a woman presents with genital warts at the time of giving birth, the risk of JORRP in such cases is still less than 1% [18].

Genital infections-

Since cervical and female genital infection by specific HPV types is highly associated with cervical cancer, those types of HPV infection have received most of the attention from scientific studies.HPV infections in that area are transmitted primarily via sexual activity. Of the 120 known human papillomaviruses, 51 species and three subtypes infect the genital mucosa. Of these 31 are considered to present a low risk of carcinogensis; 17 are considered to be high risk and 6 are of intermediate risk.

Hands-

Studies have shown HPV transmission between hands and genitals of the same person and sexual partners. Hernandez tested the genitals and dominant hand of each person in 25 couples every other month for an average of 7 months. She found 2 couples where the man's genitals infected the

woman's hand with high risk HPV, 2 where her hand infected his genitals, 1 where her genitals infected his hand, 2 each where he infected his own hand, and she infected her own hand. Hands were not the main source of transmission in these 25 couples, but they were significant [19].

Shared objects-

Sharing of possibly contaminated objects may transmit HPV. Although possible, transmission by routes other than sexual intercourse is less common for female genital HPV infection. Fingers-genital contact is a possible way of transmission but unlikely to be a significant source.

Blood-

Though it has traditionally been assumed that HPV is not transmissible via blood—as it is thought to only infect cutaneous and mucosal tissues—recent studies have called this notion into question. Historically, HPV DNA has been detected in the blood of cervical cancer patients. In 2005, a group reported that, in frozen blood samples of 57 sexually naive pediatric patients who had vertical or transfusion-acquired HIV infection, 8 (14.0%) of these samples also tested positive for HPV-16. This seems to indicate that it may be possible for HPV to be transmitted via blood transfusion[20]. However, as non-sexual

transmission of HPV by other means is not uncommon, this could not be definitively proven. In 2009, a group tested Australian Red Cross blood samples from 180 healthy male donors for HPV, and subsequently found DNA of one or more strains of the virus in 15 (8.3%) of the samples.

HPV lesions are thought to arise from the proliferation of infected basal keratinocytes. Infection typically occurs when basal cells in the host are exposed to infectious virus through a disturbed epithelial barrier as would occur during sexual intercourse or after minor skin abrasions. HPV infections have not been shown to be cytolytic; rather, viral particles are released as a result of degeneration of desquamating cells. The HPV virus can survive for many months and at low temperatures without a host; therefore, an individual with plantar warts can spread the virus by walking barefoot.

HPV is a small DNA virus with a genome of approximately 8000 base pairs. The HPV life cycle strictly follows the differentiation program of the host keratinocyte. It is thought that the HPV virion infects epithelial tissues through micro-abrasions, whereby the virion associates with putative receptors such as alpha integrins and laminins, leading to entry of the virions into basal epithelial cells through clathrin-mediated endocytosis and/or caveolin-mediated endocytosis depending on the type of HPV. At this point, the viral genome is

transported to the nucleus by unknown mechanisms and establishes itself at a copy number between 10-200 viral genomes per cell. A sophisticated transcriptional cascade then occurs as the host keratinocyte begins to divide and become increasingly differentiated in the upper layers of the epithelium.

The phylogeny of the various strains of HPV generally reflects the migration patterns of Homo sapiens, and suggests that HPV may have diversified along with the human population. Studies suggest that HPV evolved along five major branches that reflect the ethnicity of human hosts, and diversified along with the human population. Researchers have identified two major variants of HPV16, European (HPV16-E), and Non-European (HPV16-NE) [20].

E6/E7 proteins-

The two primary oncogenes of high risk HPV types are E6 and E7. The “E” designation indicates that these two genes are expressed early in the HPV life cycle, while the "L" designation indicates late expression. The HPV genome is composed of six early (E1, E2, E4, E5, E6, and E7) genes, two late (L1 and L2) genes, and a non-coding long control region (LCR). After the host cell is infected E1 and E2 are expressed first. High E2 levels repress expression of the E6 and E7 proteins. When the host and HPV genomes integrate, E2 function is disrupted, preventing repression of E6/E7. The products of these

two genes alter host-cell metabolism to favor neoplastic development. The integration of HPV DNA into the host DNA increases cellular proliferation and the chance of malignancy. The degree to which E6 and E7 are expressed is correlated with the type of cervical lesion that can ultimately develop.

Role in cancer-

The E6/E7 proteins inactivate two tumor suppressor proteins, p53 (inactivated by E6) and pRb (inactivated by E7). The viral oncogenes E6 and E7 are thought to modify the cell cycle so as to retain the differentiating host keratinocyte in a state that is favourable to the amplification of viral genome replication and consequent late gene expression. E6 in association with host E6-associated protein, which has ubiquitin ligase activity, acts to ubiquitinate p53, leading to its proteosomal degradation. E7 (in oncogenic HPVs) acts as the primary transforming protein. E7 competes for retinoblastoma protein (pRb) binding, freeing the transcription factor E2F to transactivate its targets, thus pushing the cell cycle forward. All HPV can induce transient proliferation, but only strains 16 and 18 can immortalize cell lines *in vitro*. It has also been shown that HPV 16 and 18 cannot immortalize primary rat cells alone; there needs to be activation of the ras oncogene. In the upper layers of the host epithelium, the late genes L1 and L2 are transcribed/translated and serve as

structural proteins that encapsidate the amplified viral genomes. Once the genome is encapsidated, the capsid appears to undergo a redox-dependent assembly/maturation event, which is tied to a natural redox gradient that spans both suprabasal and cornified epithelial tissue layers. This assembly/maturation event stabilizes virions, and increases their specific infectivity. Virions can then be sloughed off in the dead squames of the host epithelium and the viral lifecycle continues. A 2010 study has found that E6 and E7 are involved in beta-catenin nuclear accumulation and activation of Wnt signaling in HPV-induced cancers [21].

Latency period

Once an HPV virion invades a cell, an active infection occurs, and the virus can be transmitted. Several months to years may elapse before squamous intraepithelial lesions (SIL) develop and can be clinically detected. The time from active infection to clinically detectable disease may make it difficult for epidemiologists to establish which partner was the source of infection.

Clearance

Most HPV infections are cleared up by most people without medical action or consequences. The table provides data for high-risk types (i.e. the types found in cancers).

Clearing an infection does not always create immunity if there is a new or continuing source of infection. Hernandez' 2005-6 study of 25 couples reports "A number of instances indicated apparent reinfection [from partner] after viral clearance" [21].

Prevention-

HPV infection is the most frequent sexually transmitted disease in the world. Methods of prevention include abstinence, condoms, vaccination

Vaccines-

Two vaccines are available to prevent infection by some HPV types: Gardasil, marketed by Merck, and Cervarix, marketed by GlaxoSmithKline. Both protect against initial infection with HPV types 16 and 18, which cause most of the HPV associated cancer cases. Gardasil also protects against HPV types 6 and 11, which cause 90% of genital warts.

The World Health Organization position paper on HPV vaccination clearly outlines appropriate, cost-effective strategies for using HPV vaccine in public sector programs.

Both men and women are carriers of HPV. The Gardasil vaccine also protects men against anal cancers and warts and genital warts.

Condoms-

The Centers for Disease Control and Prevention says that male "condom use may reduce the risk for genital human papillomavirus (HPV) infection" but provides a lesser degree of protection compared with other sexual transmitted diseases "because HPV also may be transmitted by exposure to areas (e.g., infected skin or mucosal surfaces) that are not covered or protected by the condom."

Studies have suggested that regular condom use can effectively limit the ongoing persistence and spread of HPV to additional genital sites in individuals already infected.

Oral infection-

A review of scientific studies in healthy subjects has found carcinogenic HPV in 3.5% of the study's subjects and HPV16 in 1.3%. Men have higher prevalence of oral HPV than women.

Oral HPV infection is associated with HPV-positive oropharyngeal cancer. Odds of oral HPV infection increases with the number of recent oral sex partners or open-mouthed kissing partners. Nonsexual oral infection through salivary or cross transmission is also plausible.

Diagnosis-

Cervical testing- In March 2003, the U.S. Food and Drug Administration (FDA) approved a test manufactured by Qiagen/Digene, which is a "hybrid-capture" test as an adjunct to Pap testing. The test may be performed during a routine Pap smear. It can detect the DNA of 18 "high-risk" HPV types that most commonly affect the cervix, but it cannot determine the specific HPV types. Unfortunately, this test produces too many false positives and caution should be exercised when taking this test.

In October 2011 the US Food and Drug Administration approved the Aptima HPV Assay test for RNA created when and if any HPV strains start creating cancers (see virology).

Oral testing-

In February 2010 Quest Diagnostics released OraRisk, a test to identify which HPV types are present in saliva.

Saliva was positive for HPV in Iran in 41% of 22 patients with oral squamous cell carcinoma, and in 25% of 20 people without cancer. Studies have found heightened HPV in mouth cell samples from people with oral squamous cell carcinoma. Studies have not found significant HPV in mouth cells after sampling with toothbrushes (5 of 2,619 samples) and cytobrushes (no oral transmission found).

Epidemiology-

Infection with cutaneous HPVs is ubiquitous. Some HPV types, such as HPV-5, may establish infections that persist for the lifetime of the individual without ever manifesting any clinical symptoms. Other cutaneous HPVs, such as HPV types 1 or 2, may cause common warts in some infected individuals.

A large increase in the incidence of genital HPV infection occurs at the age when individuals begin to engage in sexual activity. High-risk HPV types 16 and 18 are together responsible for over 65% of cervical cancer cases. Type 16 causes 41 to 54% of cervical cancers, and accounts for an even greater majority of HPV-induced vaginal/vulvar cancers, penile cancers, anal cancers and head and neck cancers [22].

One study found that, during 2003–2004, at any given time, 26.8% of women aged 14 to 59 were infected with at least one type of HPV. This was higher than previous estimates; 15.2% were infected with one or more of the high-risk types that can cause cancer [23].

HPV DNA types The most common anogenital HPV types detected in men varied by study but were similar to the types commonly detected in women. Type 16 was consistently among the most common [24].

Natural-history studies Only 4 studies prospectively evaluated HPV infection in men [19, 31, 34, and 41].

Transmission studies A recent cross-sectional study of heterosexual couples found that 37% of partners were infected with the HPV type (6, 23, 37, 39) [25].

HOMOEOPATHIC CONCEPT

As per Homoeopathic principles patient suffering from warts are focused but not in the name of the disease.

In Homoeopathic literatures like Materia Medica, Therapeutics and Repertory there is mention of Homoeopathic remedies useful for various types of warts.

❖ As per the Therapeutic book of W.Boericke remedies for warts are Ant.c; Caust; Nit.ac; Thuja; Salicy.acid [26].

❖ As per the Therapeutic book of Dr.E.B.Nash remedies for warts are Caust. Nat.mur., Thuja [27].

❖ As per the J.T. Kent's repertory of Homoeopathic Materia Medica rubrics of warts and their remedies are as follows [28]

1.SKIN- WARTS- *ant-c., ars.*, **Caust., Thuj.,** nat-m.

2. BACK – WARTS-Nit-ac., sil. Thuj.

3. CHEST – WARTS- Nit-ac.

4.FEMALE GENITALIA/SEX – WARTS-*Lyc., sabin.* **Nat-s.**

5.FACE - WARTS

6.MIND - DELUSIONS - warts, he has-Mez.

Kents Repertory of The Homoeopathic Materia Medica

The *plan* of the Repertory is uniform throughout, and it is one which admits of the indefinite expansion of each division, so that remedies can be added from time to time as they come into use or have been confirmed and verified. It has been attempted to proceed in every case from *generals* to *particulars,* and in carrying this out the aim has been to give first of all a *general rubric* containing all the remedies which have produced the symptoms, followed by the particulars, viz. the *time* of occurrence, the *circumstances,* and lastly the *extensions.* Here it may be remarked, in regard to extensions, that the point *from* which a certain symptom extends is the one under which that symptom will be found, never under the point *to* which it extends [29].

THE GRADING OF SYMPTOMS

Among the Generals, the symptoms of the first grade are, *if well marked,* the MENTAL SYMPTOMS. These take the highest rank.

Second in grade, after the mental symptoms, and his reactions to mental environment, come, *if well marked,* such general symtoms of the patient as his reactions, *as a whole,* to bodily environment : - to *times and seasons,* to *heat and cold,* to *damp and dry,* to *storm and tempest,* to *position, pressure,*

motion, jar, touch, etc. But they have got to be in capitals or in italics in the patient as well as in the Repertory.

The third-grade General symptoms are the CRAVINGS AND AVERSIONS. But to be elevated to such rank, they must not be mere likes and dislikes, but *longings* and *loathings:* in big types in the Repertory, and in the patient - in corresponding types, anyhow!

Then next in importance comes, in women, the MENSTRUAL STATE, *i.e.,* general aggravation of symptoms *before, during* and *after* the menses. Of lower rank comes the question of menses *early, late,* and *excessive* - and this last of course only where there is nothing such a polypus, fibroid, menopause, to account for it.

And now, at last, you come to the PARTICULARS - the symptoms that bulk so largely for the patient, and for which he is as a matter of fact, actually consulting you.

Among the PARTICULARS, your first-grade symptoms will always be anything *peculiar,* or *unusual,* or *unexpected,* or *unaccountable.*

A GENERAL SYMPTOM, OR A GENERAL, IS ONE THAT REFERS TO THE PATIENT HIMSELF, AS A WHOLE, AND OF WHICH HE CAN SAY "I", *instead of "My".*

Rubrics of Kents Repertory related to warts [29]

MIND

MIND - DELUSIONS - warts, he has-Mez

EYE

EYE-WARTS-condylomata

EAR

EAR-WART LIKE

NOSE

NOSE-WARTS

FACE

FACE – WARTS

MOUTH

MOUTH-WARTS

THROAT

THROAT-WART like excrescences-Condylomata

EXTERNAL THROAT

EXTERNAL THROAT-WARTS

RECTUM

RECTUM-WARTS-condylomata

GENITALIA-FEMALE

GENITALIA-FEMALE-EXCRESCENCES-wart shaped

GENITALIA-FEMALE-WARTS-Condylomata

CHEST

CHEST-WARTS-on sternum

BACK

BACK-WARTS-Cervical region

EXTREMITIES

EXTREMITIES-ERUPTION-excrescences, wart-like

EXTREMITIES-ERUPTION-Fingers-excrescences-wart-like.

EXTREMITIES-WARTS-upper limbs: Elbow, Forearm, Wrist, Hand, Fingers, Thumb, Nates, Thigh, Toes.

SLEEP

SLEEP-DREAMS-warts

SKIN

SKIN-ERUPTIOS-wart shaped

SKIN- WARTS

Homoeopathic Treatment & Homeopathic Remedies for Warts

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency

(predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions. The medicines given below indicate the therapeutic affinity but this is not a complete and definite guide to the treatment of this condition. The symptoms listed against each medicine may not be directly related to this disease because in homeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy [30].

Homeopathic Remedies [30]-

The following homeopathic medicines are often found indicated in cases of warts: Antim-c, Bufo, Calc-c, Caust, Cinnab, Dulc, Ferr- pic, Lyco, Mag-s, Nat-c, Nat-m, Nit-ac, Ruta, Sil, Staph, Sul, Sul-ac, Thuja.

Antimonium crudum:

It is the leading remedy for warts, and has great practical use in homoeopathy. The warts are situated especially on hands; they are hard, horny, and soft or smooth, which characteristic stinging pain. Warts are surrounded by circle of ulcers. Warts tend to develop which are pron to pressure and friction, especially suited to individuals who have tendency to grow fat. Warts develop in individuals who have suppression of eruption or ulcers.

Horny excrescences. Smooth warts, often soft. Ulcers breaking out around a wart. Tendency to grow fat. Worse warm weather - heat of sun. Children can't bear to be touched or looked at. Feels as if he had eaten too much. Heartburn with good appetite. Characteristic - while coated tongue.

For children and young people inclined to grow fat; for the extremes of life. Old people with morning diarrhea suddenly become constipated or alternate diarrhea and constipation; pulse hard and rapid. Sensitive to the cold < after taking cold.

Belladonna:

It plays a very useful role whenever warts are inflamed with burning pain. They are hot & tender to touch with characteristic throbbing pain.

Adapted to bilious, lymphatic, plethoric constitutions; persons who are lively and entertaining when well, but violent and often delirious when sick.

Calcarea carbonica:

Warts are present on face, neck & upper extremities, male genitalia, canthi, fingers. They are black & fleshy, hard & horny, sometimes inflamed & painful; the warts tend to suppurate. Giving an odour of stale cheese. The skin is icy cold to touch with cold & profuse perspiration. Development of warts in patient

having history of suppression of eruption & perspiration. Development of warts in individual with scrofoulous diathesis with faulty development of bones. It has a typical physically constitution, i.e. fat, flabby, fair, perspiring, cold & damp.

Warts: round, soft at base, almost the colour of skin; upper surface hard, rough, whitish, horny. Wart appears itches, bleeds & disappears. Warts: inflamed; stinging; suppurating; form ulcers. Warts thickly studding mouths of sheep. Calc. suits phlegmatic people; large head & features; pale skin & chalky look. Better dry weather, from being touched. Worse milk: from suppressed perspiration.

Leucophlegmatic, blond hair, light complexion, blue eyes, fair skin; tendency to obesity in youth. Psoric constitutions; pale, weak, timid, easily tired when walking. Disposed to grow fat, corpulent, and unwieldy.

Causticum:

Warts are present on nose, eyebrows, face, lips, near the nail, tips of fingers, upper limbs. They are large, horny, broad, fat & hard, moist and pedenculated. They tend to bleed easily. They are also prone to easy suppuration. Warts are present in individual after suppressed eruptions.

Large, jagged, often pedunculated warts exuding moisture and bleeding easily. Small, non-pedunculated warts all over the body internal & external, and on eyelids. In caust. Injuries which had healed become sore again. Years ago there was an epidermic of warts on calves at a little farm - cured by causticum. Caust. is worse cold, dry weather, in clear, fine weather. Better damp & wet weather.

Adapted to persons with dark hair and rigid fibre; weakly, psoric, with excessively yellow, sallow complexion; subject to affections of respiratory and urinary tracts.

Dulcamara:

Warts are present on face, hands, fingers, close to nail; the warts are smooth, hard; they usually comes in crops; they always tend to aggravate when skin is washed with cold water.

In black type we find: warts, fleshy or large, smooth on dorsum of hands and on face. Dulc. is one of our very great skin medicines. Typical dulc. is worse from exposure to damp cold weather or air - a cellar or dairy. A few years ago, dulc. cured for a patient a big wart on right lower lids, not easy to see over. Big

warts on face can be very trying, yet, with 'the remedy', they just drop off. Dulc. in one's mind, stands especially for warts & for umbilicalpain or eruptions.

Aggravation of sufferings, chiefly in the evening or at night, an during repose, better by movement. Pains with coldness of the body.

Natrum muriaticum:

The warts especially situated on palms, hands & knuckles. There is a cutting pain in wart, the look of the skin is oily, dry, harsh, unhealthy or yellow. Tendency to develop warts in individual after cautery with silver nitrate.

For the anaemic and cachectic, whether from lots of vital fluids- profuse menses, seminal losses- or mental affections. Great emaciation; losing flesh while living well. Throat and neck of children emaciate rapidly during summer complaint. Great liability to take cold. Irritability: child cross when spoken to; crying from slightest cause; gets into a passion about trifles, especially when consoled with. Awkward , hasty, drops things from nervous weakness. Marked disposition to weep; sad weeping mood, without cause, but consolation from others <. her troubles.

Nitricum acidum:

The warts appear on female genitals, anus, cervical region inside nose, external throat, sternum, eyelids, canthi. They usually develop after abuse of mercury. The following are the characteristics : moist, cauliflower like, hard, rhagadic, large, indented, inflamed, pricking pain < night. They emit foetid discharge, they bleed on touch.

Warts : sticking & pricking : on upper lip. Smart & bleed on washing; painful to touch. Soft with thin epidermis and moist: large, jagged, often pedunculated, exuding moisture & bleeding readily : condylomata, etc. splinter - sensations anywhere. Worse : touch, jar, cold at night.

Silicea:

The warts are situated on throat, upper limb, back and forearm. They are large, fleshy & suppurating. They are painful to touch. Development of warts in individual with scrofulous diathesis. The patient is keenly sensitive to noise, pain and cold.

Adapted to the nervous, irritable, sanguine temperament; persons of a psoric diathesis. Persons of light complexion; fine dry skin; pale face; weakly, with lax muscles. Constitutions which suffer from deficient nutrition, not because food

is lacking in quality or quantity, but from imperfect assimilation; oversensitive, physically and mentally.

Sulphur:

Warts are situated on face, near eyelids, on upper lip. Warts covered with thin epidermis. The appearance of the skin is dry, rough, wringled and scaly. Warts alternate with other complaints. Suppression of warts leads to asthma.

Callous warts; especially around the fingers. Itching eruptions, or itching skin; 'feels so good to scratch.' Fantastic illusions : everything seems beautiful : as an old rag or stick. Redness about anus- red eyelids. Perspiration of single parts : of back part of body. Flushes of heat. Heaviness, abdomen; as if it needs to be bandaged or supported. Sulphur sometimes feels small, sometimes largs.

Adapted to persons of a scrofulous diathesis, subject to venous congestion; especially of portal system. Persons of nervous temperament, quick motioned, quick tempered, plethoric, skin excessively sensitive to atmospheric changes. For lean, stoop-shouldered persons who walk and sit stooping like old men. Standing is the worst position for sulphur patients; they cannot stand; every standing position is uncomfortable. Dirty, filthy people, prone to skin affections.

Aversion to being washed; always <. after a bath. Too lazy to rouse himself; too unhappy to live.

Thuja occidentalis:

Warts are situated on back, cervical region, upper limb, face, nose, eyebrows, eyes, eyelids, external throat. They are broad, conical, flat pedunculated, indented, fan shaped in appearance. They are reddish in colour, bleed easily. The warts have a tendency to split from their edge or from the surface.

Warts on any part of body, with little necks called fig warts; tubular warts; i.e. long warts of the same size all the way out. Wart-like excrescences on back of hand, on chin and other places. Warts and condylomata, large, seedy & pedunculated; sometimes oozing & bleeding readily. Effects of vaccination. Dreams of the dead : of falling.

Adapted to hydrogenoid constitution of Grauvogl. Acts well in lymphatic temperament, in very fleshy persons, dark complexion, black hair unhealthy skin. Ailments from bad effects of vaccination; from suppressed or maltreated gonorrhoea. Fixed ideas: as if a strange person were at his side; as if soul and body were separated; as if a living animal were in abdomen; of being under the influence of a superior power.

MATERIALS AND METHODOLOGY

- **Study setting** - Study will be conducted at POPDs and OPD of Bakson Homoeopathic Medical College and Hospital, Greater Noida (U.P.).

- **Study duration-** The study will be conducted for a period of 18 months

- **Sample size -** 30 patients suffering from warts of varying ages, both sex and different socioeconomic status will be treated during the period of study.

- **Sampling method**- simple random sampling was used.

- **Diagnostic criteria**- cases were diagnosed on the basis of signs and symptoms of the patient.

- **Inclusion Criteria:**
  - All age groups and both sexes.
  - Cases of Verruca Vulgaris, Verruca filiformis, Verucca plantaris and Verruca genitalis.

- **Exclusion criteria:**
  - Cases on immunosuppressive drugs.

- Cases having active treatment for other diseases.
- Cases have been other systemic diseases.

❖ **Study design**- A prospective observational study.

❖ **Methodology** - Done as per homoeopathic approach by taking case and was analyzed and evaluated accordingly. The patient's were given medicine based on totality and after repretorization and a regular follow up was taken in 7-15 days interval.

❖ **Selection of tools-**

- **Case Record Format.**
- **Homoeopathic literature:** Textbooks on Homoeopathic Materia Medica & J.T. Kent's Repertory of Homoeopathic Materia Medica and Homoeopathic Therapeutic books.
- Building of Repertorial totality as per Kent's concept of totality.

❖ **Data collection**- Data will be collected by case records.

❖ **Statistical techniques and Data analysis**- Obtained data shall be sorted, classified, tabulated, analyzed statistically and represented using pie charts, bar graphs etc. Mean, Standard deviation, Standard error shall be computed.

❖ **Does the study require any investigation or intervention to be conducted on patient or other humans or animals?**

Study is to be conducted on humans.

❖ **Repertorisation-** Repertorisation was done by using the appropriate kent's repertory per nature of case.

❖ **Selection of medicine-** selection of medicine was done on reportorial analysis.

❖ **Selection of potency and repetition of dose-** selection of potency and repetition of dose was done following homoeopathic principles.

❖ **Follow up-** The follow up was done at the interval of 7-15 days or as per severity of the case.

❖ **Record-** The patient's records were maintained to draw the conclusion.

❖ **Results-**

a) Cure: Complete annhiliation of all the sign and symptoms with the feeling of mental and physical well being with no relapse of symptoms.

b) Improvement: Feeling of mental and physical well being with relief in all sign and symptoms for which the patient originally approached.

c) Status Qua: No change in the present complaints of the patient in all spite of taking medicines.

d) Worse: when there is no change in the condition of the patient and instead patient feels worse or aggravated.

OBSERVATION

The subjects in the two groups were comparable with respect to sex, number of warts, presence of pain, compliance, attendance at the hospital for scheduled follow-up assessments and dropout rate.

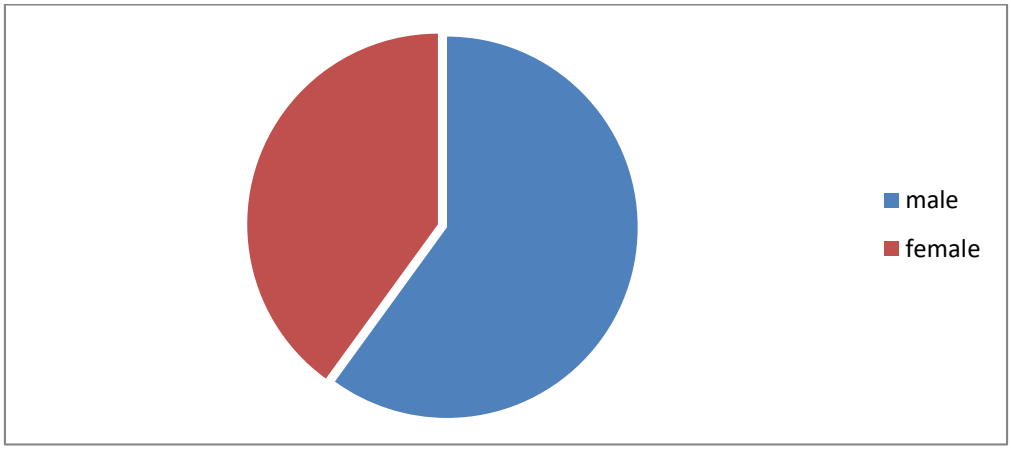
The results of active drug group are far better than the placebo group. This confirms that the homoeopathic medicines are quite effective in the treatment of warts.

Among results of individual medicine, Thuja occidentalis was found most useful drug for warts.

1. Distribution of cases in relation with sex incidence.

S.N.	SEX	NO. OF CASES
1.	Male	18
2.	Female	12

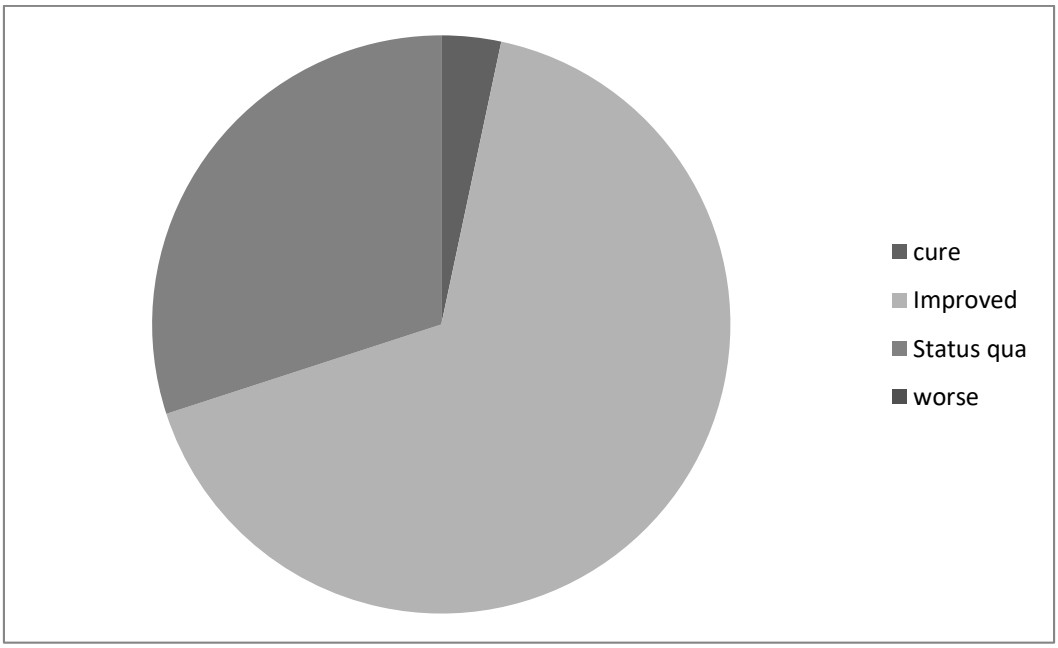
Pie Chart showing Sex Distribution.



.

2. Distribution of cases in relation with the results of treatment.

S.NO.	CURE	IMPROVED	STATUS QUA	WORSE
No. of pt.	1	20	9	0
Percentage	3.33%	66.66%	30%	0%

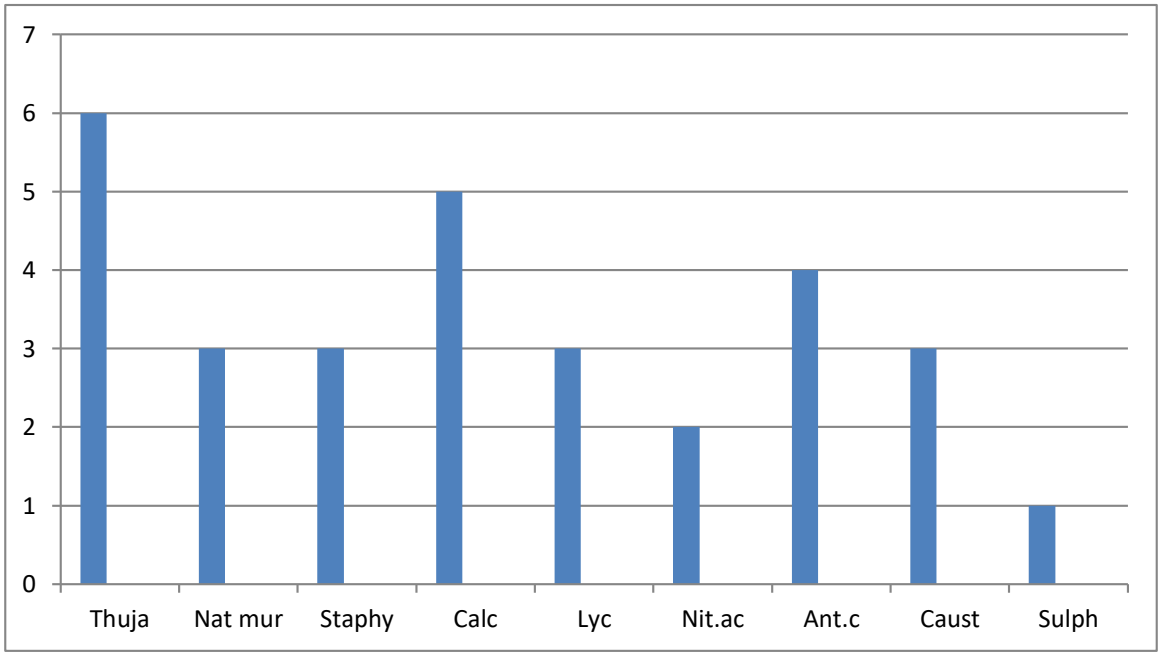


3. Distribution of cases in relation with uses of medicine.

S.NO.	USES OF MEDICINE	NO. OF CASES
1.	Thuja	6
2.	Nat-m	3
3.	Staphy	3

4.	Calc	5
5.	Lyc	3
6.	Nit-ac	2
7.	Ant-c	4
8.	Caust	3
9.	Sulph	1

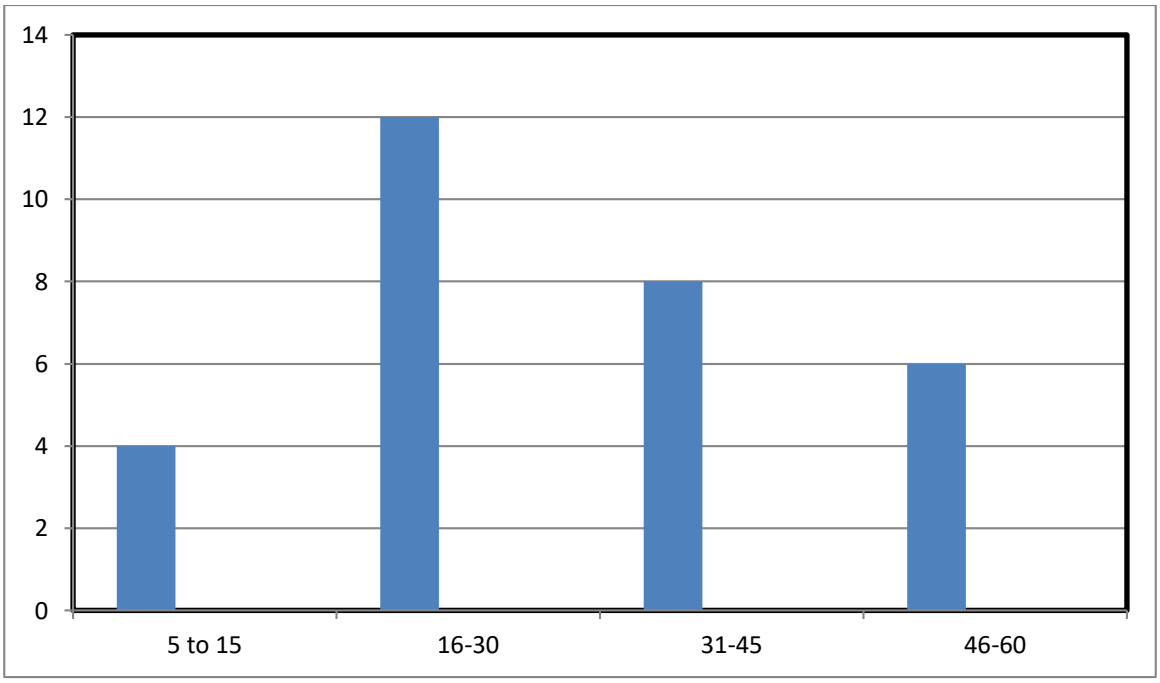
Bar chart showing uses of medicine with no. of cases



4. Distribution of cases in relation with age group.

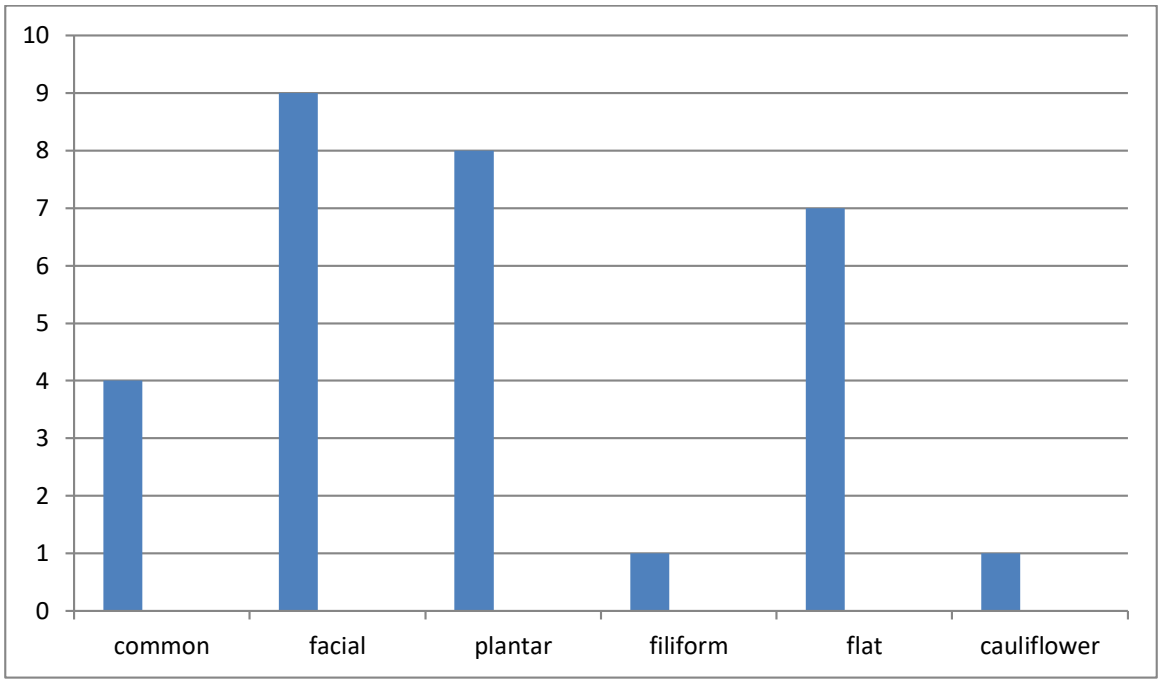
S.NO.	AGE GROUP	NO. OF CASES
1.	5-15	4
2.	16-30	12
3.	31-45	8
4.	46-60	6

Bar chart showing distribution of cases with age group



5. Distribution of cases in relation with type of wart:

S.NO.	Type of Wart	No. of Cases
1.	Common wart	4
2.	Facial wart	9
3.	Plantar wart	8
4.	Filiform wart	1
5.	Flat wart	7
6.	Cauliflower like wart	1



After this extensive work & follow up of patients, improvement was seen in 21 patients and 9 patients remain uncure. Detailed study was done on 30 cases.

Medicine according to totality of symptoms and individualization of case in 30 patients in which 70% got improved and 30 % show no improvement. The Homoeopathic treatment of the present study was limited to homoeopathic remedies per participants for the duration of the study.

DISCUSSION

The present study entitled “Clinical applicability of J.T.Kent’s Repertory of Homoeopathic Materia Medica in Warts” was under taken to assess the efficacy of homoeopathic medicines in the management of warts.

The present study was limited to 30 patients. Cases undertaken for study were based over the criteria fixed at the outset. The cases were diagnosed clinically and confirmed with laboratory investigation.

Medicine according to totality of symptoms and individualization of case in 30 patients in which 70% got improved and 30 % show no improvement. The Homoeopathic treatment of the present study was limited to homoeopathic remedies per participants for the duration of the study.

Approach of the cases:

It is very surprise to see in the present study that out of 30 patients 27 patients i.e. (90%) seeking homoeopathic treatment as the first choice of treatment, In comparison to only 3 cases i.e.10% came to homoeopathy after getting treated with other school of medicine. This shows that in the present senerio more & more accepting homoeopathy as a first choice of treatment.

Prescription:

The medicines were prescribed after proper repertorisation and final selection of medicines were done through material medical considering the totality of symptoms.

Medicines prescribed:

Homoeopathic remedies were administered to 30 patients for treatment of warts in this study, medicines found effective were Thuja**,** Calc., *Ant-c.,* Caust. *Lyc.* Nat-m., Staphy, Nit-ac., Sulp.

Efficacy of homoeopathic medicines:

Usefulness and effectiveness of homoeopathic system of treatment in cases of warts is fully proved on the basis of factual data observed from the study. This established that the homoeopathic medicines are quite effective in the treatment of cases of warts.

Repertories used:

Repertory in homoeopathy is a wonderful tool if used properly i.e. very repertory is based on some definite plans & principles and if repertory is used according to its principles and adaptability is definitely helps in reaching out the similimum.

Here in this study, usefulness of repertory is also proved as 90% patients were benefited. Repertorisation of cases was done by basic repertories namely kent's repertory according to their indications.

It is established that every repertory is important if used according to the nature of case.

Miasmatic analysis: In this study efforts have been made to assess miasmatic load on the 30 cases of warts. In this sycotic miasm was observed as dominating miasm.

SUMMARY

Clinical applicability of J.T.Kent's Repertory of Homoeopathic Materia Medica in Warts" was under taken as a topic for my dissertation.Study was conducted at OPD & POPD of BAKSON HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL GREATER NOIDA for a period of 18 months.

For the study , 30 cases of warts were analysed and examined staking in consideration to their age, socioeconomic status and miasmatic background, presenting complaints, associated complaints, past history, family history as well as the constitution i.e. the mental and physical make up of the patient.

The inference derived from the study is as follows:

- No relation was found between age & warts.
- Maximum no. of cases approached directly for homoeopathic treatment.

The basic objectives of the study were-

(1) To ascertain the efficacy of homoeopathic medicines in the treatment of warts.

(2) To assess the utility of repertory in the treatment of warts.

(3) To established the miasmatic influence in the cases of warts.

CONCLUSION

The study was designed to evaluate the clinical applicability of J.T. Kents Repertory of Homoeopathic Materia Medica in the treatment of warts.

Medicine gives according to totality of symptoms and individualization of cases. In 30 patients; 3.33% patient cured, 66.66 % got improved and 30 % remain as status qua. The Homoeopathic treatment of the present study was limited to homoeopathic remedies per participants for the duration of the study and as a result of the study 66.66% was attained with in this group.

The outcome of the study was satisfactory despite the restricted condition of the study. In general practice a variety of remedies in various potencies could

be prescribed according to the individual participant. However in this research study it was found that only by applying single medicine results could be obtained.

Experiment through this project has shown convincing result from appropriate application of concept and judicious result of remedial energies.

The need of the study was to know “The clinical applicability of J.T.Kents Repertory of Homoeopathic Materia Medica in the treatment of warts”.

The study helped us to understand the clinical applicability of J.T. Kents Repertory of Homoeopathic Materia Medica in the treatment of warts. There must be more Studies with larger number of population taken in consideration. It opens new windows for further research.

BIBLIOGRAPHY

1) **Nordqvist, C.** (2009, June 23). "What Are Warts? What Causes Warts?.". *Medical News Today*.Retrieved “n.d." from http://www.medical April newstoday.com/ articles/155039.

2) **Hpathy Ezine.**(December, 2011).Homoeopathic treatment,cure and medicines warts.Retrived “n.d.” from http://health.hpathy.com/warts-treatment-cure.asp.

3) **Cohen PR, Hebert AA, Adler-Storthz K**.(Sep 1993). Focal epithelial hyperplasia: Heck disease. *Pediatr Dermatol*.10(3).245-51

4) **de Villiers EM & Fauquet C &Broker TR &Bernard HU & zur Hausen H** (Jun 2004). "Classification of papillomaviruses". *Virology* 324 (1): 17–27

5) **Double Blind Placebo controlled clinical trials** of Homoeopathic medicines in Warts and MolluscumContagiosum; CCRH quarterly bulletin, 19(3&4)-1997

6) **Mosby, E.** (2009) Warts, herpes simplex, and other viral infections. In: Habif TP, ed. *Clinical Dermatology*. 5th ed. Philadelphia.chap 12.

7) **Simon and Schuster.(** 1998).*The M Factor : men and their health.* Retrieved2001.From http://www.nevdgp.org.au/info/Pattison/Warts/full.htm

8) **Webmd.com.(**2010-09-02)."WartsTypes,Causes,Symptoms,Treatments, Prevention".Retrieved2013-05-17.From http://www.ask.com/wiki/Wart?o=2849&qsrc=999&ad=doubleDown&an=apn&ap=ask.com

9) **de Villiers EM & Fauquet C &Broker TR &Bernard HU & zur Hausen H** (Jun 2004). "Classification of papillomaviruses". *Virology* 324 (1): 17–27

10) **Steinbrook, Robert** (March 16, 2006). "Perspective – The Potential of Human Papillomavirus Vaccines".

11) **Anderson, Keith,; Keith, Jeff**; Novak, Patricia D.; Elliot, Michelle A. (2005). *Mosby's Medical, Nursing, and Allied Health Dictionary* (5th ed.).

12) **Halasz CL** (1994). "Treatment of common warts using the infrared coagulator". *The Journal of dermatologic surgery and oncology* 20 (4): 252–256. PMID 8163746.

13) **Wenner R, Askari SK, Cham PM, Kedrowski DA, Liu A, Warshaw EM** (March 2007). "Duct tape for the treatment of common warts in adults: a

double-blind randomized controlled trial". *Archives of dermatology* 143 (3): 309–13. doi:10.1001/archderm.143.3.309. PMID 17372095.

14) **Ringold S, Mendoza JA, Tarini BA, Sox C** (Oct 2002). "Is duct tape occlusion therapy as effective as cryotherapy for the treatment of the common wart?". *Archives of pediatrics & adolescent medicine* 156 (10): 975–7. doi:10.1001/archpedi.156.10.975. PMID 12361441.

15) **Stubbings A, Wacog** (September 2011). "Question 3. What is the efficacy of duct tape as a treatment for verruca vulgaris?". *Archives of Disease in Childhood* 96 (9): 897–9. doi:10.1136/archdischild-2011-300533. PMID 21836182.

16) **LeMaster, J. R.** (1993) *The Mark Twain Encyclopedia* (Taylor and Francis, pp. 293–294, ISBN 0-8240-7212-X.

17) **Webb, Julie Yvonne** (1971). "Louisiana Voodoo and Superstitions Relating to Health". *HSMHA Health Reports* 86 (4): 291, 296–297. doi:10.2307/4594154. PMC 1937133.

18) **Ballard LM** (2009). "An approach to traditional cures in Ulster". *The Ulster medical journal* 78 (1): 26–33. PMC 2629017. PMID 19252727.

19) **Clark, Josh**. "Do toads cause warts?". science.howstuffworks.com. p. 2. Retrieved October 20, 2012.

20) **Barclay, Laurie** (2011-06-04). "Short-Acting Imiquimod Cream Approved for Genital Warts". *Medscape*. Retrieved 10 August 2011.

21) **Bacelieri R, Johnson SM** (2005). "Cutaneous warts: An evidence-based approach to therapy". *American family physician* 72 (4): 647–652. PMID 16127954.

22) **Champion, R.H.,** et al. (1998) Rook's Textbook of Dermatology. Blackwell Science, p. 1044, ISBN 0-632-06429-3

23) "**Treating Warts"**. British Medical Journal. (2002-08-31). Retrieved 2013-05-17.

24) **Salk, Robert *et al.*** (May 2004). *Exploring Alternative Treatment For Resistant Warts* 17 (5). p. 56

25) **Gillison ML.** Human papilloma virus-associated head and neck cancer is a distinct epidemiologic, clinical, and molecular entity. SeminOncol;31:74454,retrived2004fromask.com/wiki/Human_papillomavirus

26) **Boericke, W**.(2011) Pocket Manual of Homoeopathic Materia Medica & Repertory. 9th impression.published by B. Jain Pvt Ltd

27) **Nash, E B.**Leaders in homoeopathic therapeutics with grouping and classification.1st Indian edition.published by IBPP

28) **Kent,J T**.(2006).Repertory of the homoeopathic material medica.sixth American edition.published by B. Jain Pvt Ltd

29) **Kent,J T.(**2006).Repertory of the homoeopathic material medica.sixth American edition.published by B. Jain Pvt Ltd

30)**Hpathy Ezine**.(December, 2011).Homoeopathic treatment,cure and medicines warts.Retrived “n.d.” from http://health.hpathy.com/warts-treatment-cure.asp.

BAKSON HOMOEOPATHIC MEDICAL COLLEGE

AND HOSPITAL, GREATER NOIDA, U.P.

Case Record

Case No. 1

PATIENT: Umesh Kumar Singh AGE: 18 years

SEX: Male

RELIGION: Hindu OCCUPATION: Student

DIET: Non Vegetarian

ADDRESS: Dhadha, Greater Noida

CONTACT NO.: 09911262161 Visit Date: 11th april 2011

PHYSICIAN: Dr. Deepti sharma

Chief Complaints:

Multiple large , hard warts on darsum of the hand since 4years

H/o Presenting Complaints

Complaints started 4years back as small hard wart on dorsum of hand , pt removed it by cauterization procedure , after that slowly multiple large and hard warts developed over back of hand and between fingers, and palm of hands . Now total warts around 30 in number. Mild pain present by pressing the warts hard . Multiple condylomatous developed over scrotum 2years back ,

Past History:

Pt born 1month before the normal term , Chicken pox at the age of 4years

Family History:

Father: suffers from Diabetes mellitus.

Treatment History ;

Pt taken allopathic treatment , underwent cauterization

Appearance

Height: 5ft.5inch. Weight: 67 KG Built: N

Hair: black Gait: normal Skin/Nails: I

Comments:

Mental general:

Comprehention low , Slow in action , weeping tendency , Does not like to take advices

Physical General:

Appetite: Hunger

Thirst: normal

Habits:

Desire: salt, sweet

Desire open air,likes summer,no complaints during winter or rainy season

Aggravation:

Flatulence/Intestinal: Present

Stool: regular

Perspiration: relieves the patient

Sleep: normal

Dreams: of Fear

Sexual Functions:

Physical Examination ;

Pt is robust , strong body built, Dark in complexion

Local Examination ;

Warts on back of hand , Hard, flat, Large, some warts irregular in shape. No inflammation, occ itching, no suppuration, no ulceration , On genetalia condylomatous eruptions over scrotum , Shiny appearance.

Systemic

Head: N.A.D

Face: N.A.D.

Eyes/vision: N.A.D. Ears/hearing: N.A.D.

Mouth/tongue: N.A.D. Teeth/gums: N.A.D.

GIT: Flatulence and Eructation Respiratory: Cough

Urinary: N.A.D.

Extremities: N.A.D.

Genetalia: condylomatous eruptions over scrotum

Provisional Diagnosis ;

Multiple warts and condylomata accumina.

Investigations ;

Nothing done particularly.

Diagnosis acc Organon

One sided local disease.

Totality of symptoms ;

- Comprehention low ,
- weeping tendency ,
- Desire open air ,
- Thirst for cold drinks .
- Perspiration general relieves the pt .
- Desire Salt ,
- Desire Sweets ,
- Large warts on back of warts,

Rubrics Selected ;

MIND - SLOWNESS

MIND - WEEPING - easily

GENERALS - FOOD and DRINKS - salt - desire

GENERALS - FOOD and DRINKS - sweets - desire

EXTREMITIES - WARTS - Hand - Back of

anac. berb. nat-m. nat-s. nit-ac. sep.

EXTREMITIES - WARTS - Hand - flat

bacls-10. berb. DULC. dys. lach. morg-g. morg-p. ruta *Sep.* syc.

EXTREMITIES - WARTS - Hand - Palm

Anac. berb. borx. carc. *Dulc.* nat-c. *Nat-m.* ruta

EXTREMITIES - WARTS - Fingers

ambr. *Bar-c.* berb. *Calc.* carb-an. *Caust.* cypra-eg. *Dulc. Ferr. Fl-ac.* **LAC-C.** lach. lyc. *Nat-m. Nit-ac.* petr. podo. positr. psor. ran-b. *Rhus-t.* sang. sars. *Sep.* sil. sinus. sulph. *Thuj.*

MALE GENITALIA/SEX - CONDYLOMATA - Scrotum

Aur-m. Aur. Med. sil. **Thuj.**

Prescription:

On 11th april ;

1.Nat-m 200 1dose .

2.S.l for 15days

On 5th May ;

Pt came and reported no change in warts , no other abnormality.

Rx; S.l. for 15days.

20th May ;

Pt came and reported recently appeared small warts disappeared, remaining large warts are still present,

Rx ;.S.l for 15 days .

On 5th June ;

Pt came and reported no change in warts , then I retake the case enquired about history , then pt father disclosed about gonorrhoea suppressed during young age pt also disclosed condylomatous accumina over scrotum Then I referred thoroughly about hahnemann views about fig warts disease and sycotic miasm,

According to chronic diseases by Hahnemann ; This fig wart disease which in later times , especially during the French war was widely spread was treated almost always in an insufficient , and injurious manner internally with mercury , because it was homogenous with the venereal chancre disease, these excrescences usually first manifest themselves on the genetalia,

On 5th june ;

RX ; 1. Thuja 200 1dose.

2. S.L for 15 days .

On 20th June ;

Pt came and reported no new warts appeared, generals good, there is peeling of skin over warts, dark colour changed to light, consistency of warts become soft .

RX ;. S.l. for 15days.

On June 20th pt ;

Pt came and reported no further improvement in warts and condylomatous accumina .

Rx ; 1. Nit-ac 200 30days.Daily one dose.

2.SL for 30days .

On August 1st

;

Pt came and reported Some of condylomatous lesions opend and foetid discharge cleared out and eruption healed normally no new growth over scrotum. Small warts also disappeared. Remaining stand still.

Rx SL for 1month.

On September 1st ;

Pt came and reported condylomatous lesions slowly opening one by one . Eruptions healing slowly. Large warts are same in nature .

Rx ; 1. Thuja 1m 1dose.

2. S.l for 1month .

On October 1st ;

Pt came and reported condylomatous lesions still few present, no new wart appeared, large warts are still remaining same in nature.

Rx ; 1. S.l for 1month .

So pt is on treatment , hoping for better result .

Case No. 2

PATIENT: Anuj AGE: 7 years

SEX: Male

RELIGION: Hindu OCCUPATION: Student

DIET: Vegetarian

ADDRESS: Greater Noida

CONTACT NO.: Visit Date: 11th august 2011

PHYSICIAN: Dr. Deepti sharma

Chief Complaints:

Multiple small, hard warts on face since 4 months.

H/o Presenting Complaints

Complaints started 4 months back as small hard wart on face, after that slowly multiple small and hard warts developed over face, and neck of hands Mild pain present by pressing the warts.,

Past History:

Chicken pox at the age of 4years

Family History:

Father: insomnia

Treatment History ;

Appearance

Height.	Weight: 27 KG	Built: N
Hair: black	Gait: normal	Skin/Nails: N

Comments:

Mental general:

Afraid to be alone, haughty when sick,weak memory,hurried when eating.

Physical General:

Appetite: Hunger

Thirst: normal

Habits:

Desire: sweet

Hot drinks

Aggravation:

Flatulence/Intestinal: Present

Stool: regular

Perspiration:

Sleep: normal

Dreams: of Fear

Sexual Functions:

Others: wakes up at night feeling hungry

Physical Examination ;

Local Examination ;

Warts on face flat, small, some warts irregular in shape., occ itching, ,

Systemic

Head: N.A.D

Face: N.A.D.

Eyes/vision: N.A.D. Ears/hearing: N.A.D.

Mouth/tongue: N.A.D. Teeth/gums: N.A.D.

GIT: Flatulence and Eructation Respiratory:

Urinary: N.A.D.

Extremities: N.A.D.

Genitalia:

Provisional Diagnosis ;

Facial warts

Investigations ;

Nothing done particularly.

Diagnosis acc Organon

One sided local disease.

Totality of symptoms ;

- afraid to be alone,
- hurried when eating,
- Desire sweets,
- Thirst for hot drinks.
- small warts on face,

Rubrics Selected ;

MIND – Fear-alone of being

MIND – Hurry-eating while

Calad, **caust,** coff, **Hep,** *lac,* **Sulp. ac.**

STOMACH - Desire- sweets

Lyc,nux v, *sep,***Sulph**

STOMACH-Desire-warm drinks

Ars, Bry, *lyc,sulph*

FACE-Warts

Caust , Dulc, lyc, *sep,thuj*

Prescription:

Rx,

Thuja 200 OD for 7 days

Follow up

Observation	Treatment
No improvement	SL for 15 days
No improvement	Lyc 200 15 dose OD SL for 30 days
Size of wart reduces	Rubrum for 15 days
Further no improvement	Lyc 200 15 dose SL for 15 days
Warts decreases in number	SL or 15 days
Itching disappear	SL for 15 days

Case no. 3

PATIENT: Deepti sharma AGE: 28 years

SEX: Female

RELIGION: Hindu OCCUPATION: Student

DIET: Vegetarian

ADDRESS: Greater Noida

CONTACT NO.: Visit Date: 17th august 2011

PHYSICIAN: Dr. Deepti sharma

Chief Complaints:

A single smooth small growth on back of wrist appears suddenly.

H/o Presenting Complaints

Complaint starts suddenly as a small smooth growth on back of wrist, after that slowly increases in size and within a month changes into cauliflower like appearance. Mild pain present by pressing the wart.

Past History:

Fistulectomy done 3 months back.

Family History:

Father: hypertension

Treatment History ;

No treatment taken.

Appearance

Height.5 ft	Weight: 47 KG	Built: N
Hair: black	Gait: normal	Skin/Nails: N

Comments:

Mental general:

Afraid to be alone,. Very sensitive to what other says about her.

Physical General:

Appetite: normal

Thirst: normal

Habits:

Desire: sweet and salt

Aggravation:

Flatulence/Intestinal: Present

Stool: regular

Perspiration:

Sleep: normal

Dreams:

Sexual Functions:

Others:

Physical Examination ;

Local Examination ;

Wart on back of wrist, cauliflower like, painful to touch.

Systemic

Head: N.A.D

Face: N.A.D.

Eyes/vision: N.A.D. Ears/hearing: N.A.D.

Mouth/tongue: N.A.D. Teeth/gums: N.A.D.

GIT: Flatulence and Eructation Respiratory:

Urinary: N.A.D.

Extremities: N.A.D.

Genetalia:

Provisional Diagnosis ;

wart

Investigations ;

Nothing done particularly.

Diagnosis acc Organon

One sided local disease.

Totality of symptoms ;

afraid to be alone,

sensitive to what other says.,

cauliflower like wart on back of wrist.

Rubrics Selected ;

- **MIND – Fear-alone of being.**

  Arg-n, Ars, Lyc, Nux v, Phos

- **MIND – Talk-of others, agg.**

  Ars., *cact., **Hyos,** nit-ac,* **Nux-v,** *sep.*

- **EXTREMITIES - WARTS – wrist**

  Ferr-ma

Prescription:

Rx,

Nux-vom. 200 BD for 7 days

SL for 15 days.

Follow up

No improvement	Staphysagria 200 single dose SL for 7 days(because of cauliflower like appearance of wart)
Wart became dry	Staphy 200 single dose SL for 7 days
Wart slightly detached from skin	Staphy 200 single dose SL for 7 days
Wart detached from skin	Staphy 200 single dose

Wart shaded off within one month with staphysagria 200 only by 4 doses.

Case no, 4

PATIENT: Damini sharma AGE: 28 years

SEX: Female

RELIGION: Hindu OCCUPATION:house wife

DIET: Vegetarian

ADDRESS: Greater Noida

CONTACT NO.: Visit Date: 30 august 2011

PHYSICIAN: Dr. Deepti sharma

Chief Complaints:

Multiple small growths appears on sole of foot.

Painful to touch.

Hard and rough to touch.

H/o Presenting Complaints

Past History:

H/o bone tuberculosis taking ATT for 1 year.

Family History:

Father: arthritis

Treatment History ;

Appearance

Height.5’2 ft	Weight: 45 KG	Built: N
Hair: black	Gait: normal	Skin/Nails: I
Comments:		

Mental general:

Emotional, desire to be alone

Physical General:

Appetite: normal

Thirst: normal

Habits:

Desire: sweet

Aggravation:

Flatulence/Intestinal: Present

Stool: constipation

Perspiration:

Sleep: normal

Dreams:

Sexual Functions:

Others:

Physical Examination ;

Local Examination ;

Warts on sole of foot,rough, hard and painful to touch.

Systemic

Head: N.A.D

Face: N.A.D.

Eyes/vision: N.A.D. Ears/hearing: N.A.D.

Mouth/tongue: N.A.D. Teeth/gums: N.A.D.

GIT: Flatulence and Eructation Respiratory:

Urinary: N.A.D.

Extremities: N.A.D.

Genetalia:

Provisional Diagnosis ;

Plantar wart

Investigations ;

Nothing done particularly.

Diagnosis acc Organon

One sided local disease.

Totality of symptoms ;

Emotional

Wants to be alone

Warts on sole of foot.

Painful to touch ,rough and hard.

Rubrics Selected ;

MIND – Emotional

Ant-c**,** *bry, calc,* **Nit-ac, Phos**

EXTREMITIES - Corns– soles horny-

Ant-c, *ars, calc,* sil

EXTREMITIES-Corns-painful-touched,when

Bry, kali-c.

After treatment

Prescription:

Rx,

Calc 200 BD for 7 days

SL for 15 days.

Follow up

No improvement	Calc 200 twice a day SL for 7 days
No improvement	Staphy 200 twice a week SL for 7 days
No improvement	SL for 7 days
No improvement	Ant-c 200 BD for 7 days

Case no. 5

PATIENT: Mr. Rajeev upadhyay AGE: 40years

SEX: male

RELIGION: Hindu OCCUPATION: professor

DIET: Vegetarian

ADDRESS: Greater Noida

CONTACT NO.: Visit Date: 30 august 2011

PHYSICIAN: Dr. Deepti sharma

Chief Complaints:

small pedunculated growth on lt.eyelid..

Itching.

Past History:

H/o gout

Family History:

Father: ca throat

Appearance

Height.5’11 ft	Weight: 75 KG	Built: N
Hair: black	Gait: normal	Skin/Nails:

N

Comments:

Mental general:

Likes company

Physical General:

Appetite: normal

Thirst: normal

Habits:

Desire: sweet

Aggravation: cold air, citrus fruits

Flatulence/Intestinal: Present

Stool: regular

Perspiration:

Sleep: normal

Dreams:

Sexual Functions:

Others:

Physical Examination ;

Local Examination ;

Wart on lt eyelid pedunculated,itching.

Systemic

Head: N.A.D

Face: N.A.D.

Eyes/vision: N.A.D. Ears/hearing: N.A.D.

Mouth/tongue: N.A.D. Teeth/gums: N.A.D.

GIT: Flatulence and Eructation Respiratory:

Urinary: N.A.D.

Extremities: N.A.D.

Genetalia:

Provisional Diagnosis ;

Filiform wart

Investigations ;

Nothing done particularly.

Diagnosis acc Organon

One sided local disease.

Totality of symptoms ;

Likes company.

Desire of sweet.

Wart on lt eyelid, pedunculated.

Rubrics Selected ;

MIND –company-desire for

Ars, bry*, calc,* **Lyc, Phos**

STOMACH – Desire-sweet

Lyc,nux- v, *sep,***Sulph**

EYE-Condylomata-eyelid

Caust, nit-ac., sulph, **Thuj.**

Prescription:

Rx,

Thuja 200 BD for 7 days

SL for 15 days.

Follow up

No improvement	Thuja 200 twice a day for 4 days SL for 7 days
No improvement	Caust 200 twice a week SL for 7 days
No improvement	SL for 7 days
Wart reduces in size	SL for 7 days

Case no. 6

Name: Mr. Gopal singh

Father/ husband's name: girdharilal

Age: 50yrs/M

Marital status: married

Religion: Hindu

Socioeconomic status: High income group

Diagnosis: common wart

Miasmatic diagnosis: sycosis

Present complaints: a small smooth growth on back.

Brown in color.

Itching.

Bleeds on itching.

.

Past history: H/o eczema on back.

Family history: mother - hypotension

Patient as a person: Appetite- decreased

Thirst-8-9 glasses/day

Bowels-regular,

Urine-normal

Sleep-normal

Dreams- nothing

Systemic examination:

Investigation:

Disease diagnosis: Common wart

Analysis of the symptoms:

General symptoms:

Particular symptoms: . A small smooth growth on back.

Brown in color.

Itching.

Bleeds on itching.

Evaluation of symptoms: A small smooth growth on back.

Bleeds on itching.

Rubric for repertorisation : Back-warts

Result of repertorisation:.Nit-ac., Sil, Thuj.

Classification of disease: acute disease

Miasmatic diagnosis: sycosis

Remedy selected: Thuja

Potency selected: 200

First prescription: Thuja 200 OD for 4 days,

Rubrum for 7 days

Follow up

No improvement	Thuja 200 twice a day for 4 days SL for 7 days
No improvement	SL for 7 days
No improvement	Thuja 1M twice a week
Wart reduces in size Wart reduces in size	SL for 7 days SL for 15 days

MASTER CHART-ANNEXURE

S.N	NAME	Age	Sex	Religion	Socio Economic Status	Disease	Medicine prescribed	Result
1.	Umesh	18	M	Hindu	Low	common wart	Nat-m	Improved
2.	Anuj	7	M	Hindu	Low	Facial wart	Thuja	Improved
3.	Deepti	28	F	Hindu	Middle	Cauliflower wart	Staphy	Cure
4.	Damini	28	F	Hindu	Middle	Plantar wart	Calc.	Not improved
5.	Rajeev	40	M	Hindu	High	Filiform wart	Thuja	Improved
6.	Gopal	50	M	Hindu	Middle	Flat wart	Thuja	Not improved
7.	Anil	19	M	Hindu	Low	Common wart	Calc.	Not improved
8.	Ram	28	M	Hindu	Middle	Facial wart	Lyco	Improved
9.	Sahil	3	M	Musli	Low	Plantar wart	Nit-ac.	Improved

		8		m				
10.	seema	25	F	Hindu	Middle	Facial wart	Calc.	Improved
11.	yasin	48	M	Muslim	Low	Plantar wart	Ant-c	Not improved
12.	Rahul	25	M	Hindu	Middle	Facial wart	Staphy	Improved
13.	Deepa	50	F	Hindu	Middle	Facial wart	Calc	Improved
14.	Sunil	44	M	Hindu	Middle	Flat wart	Nat-m	Improved
15.	Sunita	16	F	Hindu	High	Plantar wart	Ant-c	Improved
16.	Ekta	36	F	Hindu	Middle	Common wart	Nat-m	Improved
17.	vikram	12	M	Hindu	Middle	Facial wart	Lyco	Not improved
18.	sheela	52	F	Hindu	Low	Flat wart	Caust	Improved
19.	Neetu	31	F	Hindu	High	Facial wart	Calc.	Improved
20.	subhash	45	M	Hindu	Low	Common wart	Ant-c	Improved

21.	Ballu	14	M	Hindu	High	Plantar wart	Staphy	Improved
22.	Zayla	21	F	Muslim	Middle	Flat wart	Caust	Improved
23.	cheenu	38	F	Hindu	Middle	Plantar wart	Nit-ac.	Improved
24.	prabha	33	F	Hindu	Middle	Flat wart	Thuja	Not improved
25.	richa	29	F	Hindu	Middle	Facial wart	Sulph	Improved
26.	sonu	22	M	Hindu	Middle	Plantar wart	Caust	Not improved
27.	Rohit	30	M	Hindu	Middle	Flat wart	Lyco	Improved
28.	Abhi	15	M	Hindu	High	Facial wart	Ant-c	Not improved
29.	Jay	49	M	Hindu	Low	Flat wart	Thuja	Not improved
30.	Vijay	48	M	Hindu	Middle	Plantar wart	Thuja	Improved