

# A Case Report Demonstrating the Successful Treatment of Common Warts using Homoeopathic Remedy Natrium Muriaticum

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**Abstract:** Warts are benign lesion that occur in the mucosa and skin which are caused by the human papilloma virus (HPV). They can occur at any site, but they commonly appear on hands or feet and spread through touch. Warts may take between two to six months to appear following exposure to the virus. Typically benign, common warts often disappear without intervention. Here is a case of warts that was successfully improved with Homoeopathic medicines, which indicates the significance of Homoeopathic medicines in the treatment of Warts.

**Keywords:** Warts, benign lesion, human papilloma virus, HPV, hands, feet, touch, treatment, Homoeopathic medicines, Natrium Muriaticum

## 1. Introduction

Warts, benign viral growths, commonly appear on hands and feet but can also affect areas like the genitals or face. They can manifest as singular or multiple growths. Their distinction from cancerous tumors lies in their origin from a viral infection, such as the human papillomavirus (HPV), rather than cancerous cell growth. Various factors heighten the risk, including exposure to public showers and pools, working with meat, eczema, and a weakened immune system. The virus is presumed to enter the host through a skin injury. Without intervention, most wart types naturally diminish over months to years. Treatments like applying salicylic acid to the skin or cryotherapy can expedite resolution<sup>(1 & 2)</sup>.

### Epidemiology<sup>(2 & 11)</sup>:

Incidence: Warts are prevalent globally, affecting roughly 10% of the population. Among school-aged children, the occurrence rate rises to 10% to 20%. They are more prevalent in individuals with compromised immune systems and those working with meat.

- **Age Distribution:** Warts can emerge at any age. Although uncommon in infancy and early childhood, their frequency increases during school years and peaks between 12 to 16 years of age.
- **Ethnicity:** Twice as many occurrences of warts are noted in the White population compared to Blacks or Asians. Focal epithelial hyperplasia (Heck disease) sees higher prevalence among Inuit and American Indian groups.
- **Gender:** The ratio between males and females affected is approximately equal.

### Types:

Various types of warts have been identified, differing in shape, affected area, and the specific human papillomavirus

involved<sup>(3,9 & 10)</sup>.

- Common wart (verruca vulgaris): A raised wart with a rough surface, commonly found on hands but can appear on any part of the body. Also referred to as Palmer wart or Junior wart.
- Barbarian head wart: A sizable wart comprising a single skin-colored lump with hair growth around it (wartouesplante).
- Flat wart (verruca plana): A small, smooth, flattened wart, flesh-colored, often appearing in significant numbers. Most frequently seen on the face, neck, hands, wrists, and knees.
- Filiform or digitate wart: A thread- or finger-like wart, typically found on the face, especially near the eyelids and lips.
- Genital wart (venereal wart, condylomaacuminatum, verruca acuminata): A wart occurring on the genitalia.
- Periungual wart: A cauliflower-like cluster of warts that forms around the nails.
- Plantar wart (verruca, verruca plantaris): A hard, occasionally painful lump, sometimes containing multiple black specks at the center. Usually localized to pressure points on the soles of the feet.
- Mosaic wart: A cluster of tightly grouped plantar-type warts, commonly appearing on the hands or soles of the feet.

## 2. Cause

Warts stem from the human papillomavirus (HPV), with approximately 130 recognized types. HPV typically targets the squamous epithelium, primarily on the skin or genitals, yet each HPV variation tends to infect specific body areas. Many HPV strains can induce a benign growth, often termed a "wart" or "papilloma," in their respective infection sites. Several prevalent HPV types associated with various wart

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manifestations are outlined below<sup>(3)</sup>:

- Common warts: HPV types 2 and 4 (most frequent); also types 1, 3, 26, 29, 57, among others.
- Cancer and genital dysplasia: "High-risk" HPV strains are linked to cancers, particularly cervical cancer, and can lead to vulvar, vaginal, penile, anal, and some oropharyngeal cancers. "Low-risk" types correlate with wart formations or other conditions.
- High-risk types: 16, 18 (chief culprits of cervical cancer); also 31, 33, 35, 39, 45, 52, 58, 59, and others.
- Plantar warts (verruca): HPV type 1 (most common); also types 2, 3, 4, 27, 28, 58, and others.
- Anogenital warts (condylomata acuminata or venereal warts): HPV types 6 and 11 (most prevalent); also types 42, 44, and others.
- Low-risk types: 6, 11 (most common); also 13, 44, 40, 43, 42, 54, 61, 72, 81, 89, and others.
- Verruca plana (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<sup>(3&4)</sup>.

#### Pathophysiology:

Under microscopic examination, common warts exhibit distinctive features. These include thickening of the stratum corneum (hyperkeratosis), stratum spinosum (acanthosis), stratum granulosum, elongation of rete ridges, and prominent blood vessels at the dermoepidermal junction<sup>(4&5)</sup>.

#### Diagnosis:

Typically, doctors can diagnose a common wart using one or more of these methods<sup>(10&11)</sup>:

- Visual examination of the wart.
- Scraping off the upper layer of the wart to inspect for dark, pinpoint dots—indicative of clotted blood vessels often associated with warts.
- Conducting a shave biopsy by removing a small portion of the wart and sending it to a laboratory for analysis. This helps in ruling out other forms of skin growths. Examination of the wart through this method often reveals tiny black dots, representing thrombosed capillaries.

#### Differential Diagnosis<sup>(6&7)</sup>:

- Molluscum contagiosum
- Seborrheic keratosis
- Lichen planus
- Squamous cell cancer
- Keratoacanthoma

#### General Management<sup>(8,9 & 10)</sup>:

- Refrain from scratching or picking at warts.
- Thoroughly wash hands after any contact with warts.
- Ensure feet remain dry and clean.
- Change into fresh socks daily.
- Avoid sharing towels, gloves, shoes, or socks with others.
- Encourage patients to refrain from nail-biting.
- Use appropriate footwear at swimming pools and wear gloves when handling meat products.
- Educate patients that warts may vanish naturally, and

the decision to seek treatment should be considered carefully.

- Advise individuals at risk of warts, such as butchers and animal workers, to use gloves and suitable attire. Patients should be aware that if the wart is asymptomatic, it may be left alone.

#### Personal Data:

Name: Mrs. XXYY

Age: 51 year old

Sex: Female

Religion: Christian

Education: BSc

Occupation: Anganwadi

Marital status: Married

#### Presenting Complaints:

A 51 years old Female reported with the complaints of round shaped growth present in palmar surface of right index finger < touch, wet in water

**Table 1:** Presenting Complaints

Location and Duration	Sensation and Pathology	Modalities	Concomitants if any
Extremities	Painful warts	< Touch Wet in water	
Palmar surface of the Hand Since 1 and half year			

#### History of Presenting Complaints:

The complaints started as small painful growth in right index finger before one and half year. The growth gradually increase in size. Since 6 months the growth gets increase in size more and more painful during touch. The patient took allopathic treatment for this presenting complaints for about 3 months. But no relief occur in the size of the growth also it increase. No itching or any abnormal discharges present.

#### Life Space Investigation:

The patient was born and brought up in a middle class family. She was the elder child to her parents. She had two brothers and one sister. Her father and mother are expired in her childhood. Her husband also died after 5 years of marriage. She complete BSc and now work in anganwadi. She was so much of kind and caring others. She wake up in early morning and prepare some food for destitute and road side dwellers and distribute the food to them. She had one son. He was blind till his child hood. He complete MA.BED and waiting for job.

Before 6 years only she got anganwadi worker job. She manage all her financial needs with that salary. Financially and morally they so much struggle due to his family situation. So she so much worry about her life. She said she always afraid about the future of her son. Because he was totally blind. She worry and afraid about who take care of his son if she died. While narrating this she was so emotional and cried. She is very affectionate and much cared about his son.

**Past History:** chickenpox at the age of 16 treated with allopathy relieved.

**Family History:**

Father: Hypertension

**Mental Generals:**

- Caring
- Affectionate
- anxiety

**Physical Generals:**

- Sleep disturbed due to worry all other Generals is good, normal and regular.

**Reaction:**

- Aversion: Meat

**Systemic Examination:**

**Skin:**

Inspection: Round shape growth of warts present in the palmar surface of left index finger. No itching present. No abnormal discoloration present. No abnormal discharge present.

Palpation: No tenderness present. No local warmth present

**Totality of symptoms:**

- Caring+
- Affectionate to his son++
- Anxiety about his son future
- Desire: Spicy
- Aversion: Meat++
- Sleep: Disturbed (Due to worry about who take care of his blind son in future )
- Painful warts on palmar surface of left index finger

Remedy Name	Caust	Nat-m	Calc	Rhus-t	Sulph	Thuj	Nit-ac	Nux-v
Totality / Symptom Covered	8 / 5	8 / 5	7 / 3	6 / 4	6 / 4	6 / 4	6 / 3	6 / 3
[Kent ] [Mind]Cares (see anxiety):Full of : (4)	1							
[Kent ] [Mind]Affectionate (see love,indifference): (19)		2						2
[Kent ] [Mind]Anxiety:Children:About his: (1)								
[Kent ] [Stomach]Aversion:Meat: (88)	1	2	3	2	3	1	2	3
[Kent ] [Sleep]Sleeplessness:Anxiety,from: (21)	2	1		1	1	1		1
[Kent ] [Extremities]Warts:Fingers: (23)	2	2	2	2	1	2	2	
[Kent ] [Skin]Warts (see excrescences):Painful: (21)	2	1	2	1	1	2	2	
[Kent ] [Extremities]Warts:Fingers:Second: (2)								

**Provisional Diagnosis:**

- 1) Common Wart
- 2) Seborrhic keratosis

**Final diagnosis:**

Common Wart

Prescription for one week:

NATRIUM MURIATICUM 30 / 1 DOSE (Early morning empty stomach)  
 BLANK PILLS (3-3-3)  
 BLANK TABLETS (1-0-1)

**Progress and follow up:**

The final outcome and possible causal attribution of the changes, in this case, were assessed using the ‘Modified Naranjo Criteria’ as proposed by HPUS Clinical data Working Group (2020)<sup>(12)</sup> The total score of outcome, in this case, was 11, which was close to the maximum score of 13 as per Modified Naranjo Criteria. This case report is an evidence for significant role of individualized homeopathic medicines in Common Warts.

**Per Modified Naranjo Criteria**

**Table 2:** Naranjo Criteria

Assessment by Modified Naranjo Criteria score				
Item	Yes	No	Not Sure N/A	Score
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2			2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1			1
3. Was there a homeopathic aggravation of symptoms?	+1	0		1
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)?	+1			1
5. Did overall well being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)				1
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0		0




6B. Direction of cure: Did at least two of the following aspects apply to the order of improvement in symptoms - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards?		0	0
7. Did old symptoms (defined as non seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		1
8. Are there alternate causes (other than the medicine) that with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)		+1	1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test and clinical observation.)	+2		2
10. Did repeat dosing, if conducted, create similar clinical improvement	+1		1
<b>TOTAL</b>			<b>11</b>

### 3. Follow Up


After 1 month she had started improving well and the warts had significantly reduced. She continued to improve in the coming weeks. 3 months later, she reported that her painful

wart completely cured. At this pointshe was kept under observation for some time after which his treatment was discontinued. He has no complaints after 9 months and thereafter no warts recurred till date.

**Table 3:** Follow up

Date	Follow Up	MEDICINE PRESCRIBED
10-1-2023		Rx NATRIUM MURIATICUM 30 / 1 DOSE (Early morning empty stomach) BLANK PILLS (3-3-3) For 2 weeks BLANK TABLETS (1-0-1) For 2weeks
24-1-2023		Rx NATRIUM MURIATICUM 30 / 1 DOSE (Early morning empty stomach) BLANK PILLS (3-3-3) For 2 weeks BLANK TABLETS (1-0-1) For 2 weeks
9-2-2023		Rx NATRIUM MURIATICUM 30 / 1 DOSE (Early morning empty stomach) BLANK PILLS (3-3-3) For 2 weeks BLANK TABLETS (1-0-1) For 2 weeks



23-3-2023		Rx NATRIUM MURIATICUM 30 / 1 DOSE (Early morning empty stomach) BLANK PILLS (3-3-3) For 2 weeks BLANK TABLETS (1-0-1 For 2 weeks)
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#### 4. Discussion

In the realm of Homeopathy, warts are seen as persistent conditions that often manifest one sided. Dr. Hahnemann, in his book 'The Chronic Diseases their Peculiar Nature and Their Homoeopathic Cure,' says that chronic disease caused by chronic miasm. Warts fall within the category of sycotic miasm. Despite being a condition localized in nature, a tailored homeopathic approach has the potential to eliminate warts both externally and internally.<sup>(13)</sup>

By using zomoeo repertory for repertorisation in this case Natrummur 30 was chosen based on individualization andCausticum was excluded as a remedy because Causticum is suited to chilly disposition and also warts most commonly occurs on the tip of the fingers and nose whereas in Natrummuri mostly occurs on palmar surface of hands and suited to hot patient with desire for meat.

#### 5. Conclusion

Common warts can be successfully improved with homeopathic medicines based on detailed individual case analysis and treatment has shown the ability to improve warts. Homeopathic medicines treat the individual as whole. Hence the case report shows marked improvement in the skin complaints of the patient

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