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# Filiform Wart treated by Individualized Homoeopathic Medicine- A Case Report

# Sushanta Sasmal<sup>1\*</sup>, Priyanka Mallick <sup>2</sup>

- <sup>1</sup> Assistant Professor of Dept. of Repertory, Pratap Chandra Memorial Homoeopathic Hospital and College, 14/1, Narkel Danga North Road. Kolkata, West Bengal, India.
- <sup>2</sup> Former House physician of Department of Medicine, D N De Homoeopathic Medical College & Hospitals,12 G K road, Kolkata, West Bengal, India.

### ABSTRACT:

Warts are non-cancerous viral growths that usually occur on the hands and feet but can also affect other locations, such as the genitals or face. They are distinguished from cancerous tumors as they are caused by a viral infection, such as the human papillomavirus. Clinical experience and studies identify a positive role of homeopathy in skin conditions. This case, treated with individualized homeopathic medicine over a period of 3 months, shows significant improvement, which is evident from the photographs. This case shows the usefulness of homeopathy in treating.

**KEYWORDS:** Filiform Wart, Homoeopathy, Individualization, Nitric Acid.

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## \*Corresponding Author:

## Dr. Sushanta Sasmal

Assistant Professor of Dept. of Repertory, Pratap Chandra Memorial Homoeopathic Hospital and College, 14/1, Narkeldanga North Road. Kolkata India.

E-mail: sushant.sasmal.ss@gmail.com

#### **INTRODUCTION:**

Warts [ICD10 (B07. 9)] are typically small, rough, hard growths that are similar in color to the rest of the skin [1]. Warts are benign lesions that occur in the mucosa and skin. Warts are caused by the papillomavirus (HPV), with over 100 types of HPV identified. HPV may occur at any site. The primary manifestations of HPV infection include common warts, genital warts, flat warts, deep palmoplantar warts (Myrmecia), epithelial focal hyperplasia, epidermodysplasia verruciformis, plantar cysts. Warts may be transmitted by direct or indirect contact.

Factors that increase the risk include use of public showers and pools, working with meat, eczema and a weak immune system<sup>[1]</sup>. The virus is believed to enter the body through skin that has been damaged slightly<sup>[1].</sup> A range of types of warts have been identified, varying in shape and site affected, as well as the type of human papillomavirus involved. These include: Common wart (verruca vulgaris), a raised wart with roughened surface, most common on hands, but can grow anywhere on the body. Sometimes known as a Palmer wart or Junior wart. Flat wart (verruca plana), a small, smooth flattened wart, flesh-coloured, which can occur in large numbers; most



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common on the face, neck, hands, wrists and Genital knee. wart (venereal wart, condyloma acuminatum, verruca acuminata), a wart that occurs on the genitalia. Periungual wart, a cauliflower-like cluster of warts that occurs around the nails. Plantar wart (verruca, verruca plantaris), a hard, sometimes painful lump, often with multiple black specks in the center; usually only found on pressure points on the soles of the feet. Mosaic wart, a group of tightly clustered plantar-type warts, commonly on the hands or soles of the feet[3]. Filiform warts are most often seen on the face with characteristic frond-like projections that exhibit quick proliferation<sup>[4]</sup>.

Nongenital warts occur in 7% to 10% of the general population, with the incidence peaking between the ages of 12 and 16 years<sup>[5]</sup>. Viral warts occur equally in both sexes in children ages 2 to 12 years and are among the three most common dermatoses treated<sup>[6,7]</sup>.

Out of the 100 subtypes of HPV, a few of them have the propensity to induce cancer. These subtypes include HPV strains 6, 11, 16, 18, 31, and 35. Malignant transformation tends to occur in individuals with genital and those who warts are immunocompromised. HPV strains 5, 8, 20, and 47 also have malignant potential in individuals with epidermodysplasia verruciformis. Warts, in general, are benign, but there are reports that sometimes they may become malignant and develop into what is known as verrucous carcinoma. The verrucous carcinoma is a slow-growing tumor and is classified as a welldifferentiated squamous cell malignancy that is often mistaken for a common wart. Even though it can occur on any part of the body, it is most common on the plantar surface. Verrucous cancer rarely spreads, but it is locally destructive<sup>[2]</sup>.

These warts should be differentiated from the squamous cell carcinoma, molluscum contagiosum, epidermodysplasia verruciformis, callus, arsenic keratosis and syphilis. Many times, squamous cell carcinoma may be confused with common warts. The diagnosis of warts usually confirms by visual examination<sup>[8,9]</sup>.

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### **CASE PRESENTATION:**

A 8-year-old child came to our outpatient department at Pratap Chandra Memorial Homoeopathic Hospital & College, Kolkata, West Bengal, with complaints of a single warty growth on the right side of the cheek for 1 month. On examination, frond-like projections that exhibit quick proliferation are seen and painless. In past history, she suffered from chicken pox at 5 years of age. In family history, her father also had the same traits, like projection on the trunk, face, and hands. Her grandmother has bronchial asthma.

Among generals, her appetite was good, she could not tolerate hunger, and she took water while eating. She had a desire for fatty food and salty things. Her urine has a strong, bad smell, which was detailed by her mother. Always suffers from constipation and passes stool at a 2-3-day interval. Her thirst was moderate. Mentally, she was very irritable. She was sensitive to both heat and cold.

### **Analysis of the Case:**

With the help of characteristic mental and physical symptoms, we formed the totality of symptoms. This totality of symptoms helped us choose a medicine by considering the patient as a whole. After forming the totality, repertorization [Table-1] was done with the help of Hompath Zomeo Elite and the final selection was done after consulting with Materia Medica, and the patient was prescribed Nitric Acid 200/2d, OD X AC, and was instructed to take it once in the early morning in an empty stomach, followed by a placebo for the next 14 days. After 1 month

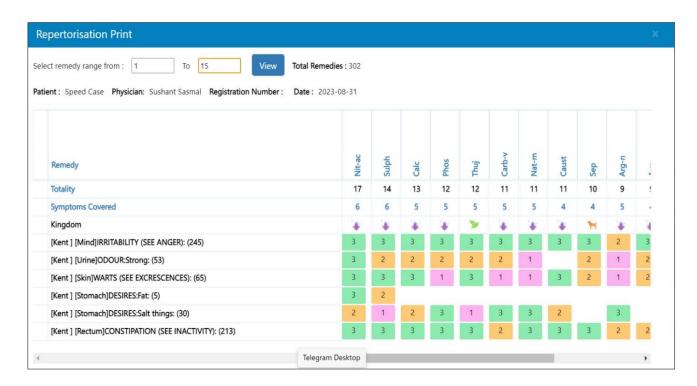
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of medication, her wart completely fell off within 3 months [Table 2].

Table 1: Repertorisation Chart: (Kent Repertory was used as case has many general symptoms and Particular symptoms).



**Table 2: Timeline and follow-up:** 

Date	Presenting Complaint	Medicine
First visit	A single warty growth on right side of cheek for 1 month.	1.Nitric Acid
12.07.22	On examination frond-like projections that exhibit quick	200/2Dose
	proliferation are seen and painless.	OD X 2 days.
		2. Placebo for 28 days.
Second visit	Warty growth started to disappear from the site, and a	Placebo for 28 days.
13.08.22	slight eruption was present.	
Third visit	Warty growth had completely fallen off the site.	Placebo for 28 days.
14.09.22		



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Fig-1: First visit:12.07.22 Fig-2: Second visit: 13.08.22 Fig-3: Third visit: 14.09.22

## **DISCUSSION:**

Many treatment options are available for warts. Some of the treatments are quite complex and have a number of side effects. In modern medicine, warts are treated with special ointments and solutions, injections using different kinds of medicine, curettage, laser surgery, Pulsed dye laser treatment, Erbium YAG laser, etc. [10].

Here in this case, a presentation of filiform wart has been successfully cured with ultradiluted homoeopathic medicines, Nitric Acid 200, and medicine selection has been confirmed by the reportorial analysis in 'Repertory of the Homeopathic Materia Medica by J. T. Kent, through Hompath Zomeo Elite. It is true that the exact mechanism of action is still unknown, but that does not interfere with the acceptance of homeopathy among the patients. In developing countries like India, disease complications are also associated with an escalation in the cost of treatment, where homeopathy can play a crucial role in cutting down on the cost of treatment as well.

## **CONCLUSION:**

This case report shows positive effect of individualized homoeopathic medicine in managing the Filiform Wart.

## **Limitation of study:**

As it is a single-case report. In the future, case series can be recorded and published to establish the effectiveness of individualized homeopathic medicine in filiform wart.

## **Declaration of patient consent:**

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

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