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Cure of Skin Warts by Homeopathic Medicine

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Human papillomaviruses (HPVs) of the Papillomavirus family are well known to produce skin warts globally in adults; as well as in children. Warts affect about 10% of the world's population. Although they are less common in infancy and early childhood, they are particularly prevalent in school-aged children, with rates as high as 10 to 20%. In children and teenagers, some studies indicated prevalence rates of up to 33% in these age groups. In adults, the prevalence of warts is lower, estimated to be around 3% to 5%. Important risk factors are school-aged children and teenagers' group, persons with immunocompromised states, persons who regularly handle raw meat, skin-to-skin contact with HPV or contact with contaminated surfaces, and white race individuals.

Various HPV types are acquired in early infancy and they maintain a dormant state even up to more than 60 years [1-4]. Horizontal spread from one person to another is an important way to spread this disease although parental sharing is also common [4]. There are over 100 types of HPV causing skin warts, and different strains are associated with various types of warts. Common types of warts and their associated HPV types include: common warts or verruca vulgaris (HPV 2, 4 are common types, others are HPV 1, 3, 27, 29, and 57), flat warts (HPV 3, 10, 28), plantar warts (HPV 1 is common, others are types 2, 3, 4, 27, and 57), and cystic warts (HPV 60).

There are various types of skin warts. Verruca vulgaris is the most frequently encountered warts, often found on hands, fingers, and knees. They are typically rough, dome-shaped bumps. Flat warts are smaller and smoother than common warts, and they often appear in clusters, particularly on the face. Plantar warts appear on the soles of the feet and can be quite painful due to pressure from walking. They may have tiny black dots (thrombosed capillaries). Filiform warts are characterized by their long, thread-like appearance and are often found around the mouth, eyes, or nose. Genital warts develop on the genitals or rectum and are usually sexually transmitted. Butcher's warts tend to affect the hands of those who handle raw meat. Mosaic warts are clusters of tightly packed plantar warts.

Histopathological types are also attributed to different skin HPVs particularly types 1, 2, 3, 4, 27 and 57 [5]. Beyond lower age groups warts are gradually decrease with age [6]. without sex preponderance [7]. HPVs affect human skin and the moist surfaces such as the mouth, throat, anus, cervix, feet, fingers, and nails. Usually, warts are a self-limiting disease and in most of the cases spontaneous resolution takes place within 2yrs. Most of them do not produce any symptom but cosmetic issue almost always presents in exposed surfaces. Plantar warts can be painful, and extensive involvement on the sole of the foot may impair ambulation. Several HPV types can cause cancer, with HPV 16 and 18 being the most common high-risk types associated with the majority of HPV-related cancers. Other high-risk HPV types include 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59. These high-risk types can lead to various cancers, including cervical, anal, oropharyngeal, and penile cancers. Accordingly, HPV viruses are categorized into low-risk and high-risk types. Low-risk types typically cause benign conditions like genital warts. High-risk types, particularly HPV 16 and 18, are linked to the development of precancerous lesions and various cancers.

There are 40 types of HPVs which are transmitted sexually, affecting ano genital areas, the other types are transmitted by personal contact or indirect transmission from using untreated swimming pool, fomites etc. or by auto-inoculation. The HPV virus enters the human body through a small cut, tear, or abrasion on the epidermis; the primary mode of transmission is through skin to skin contact.

Cryotherapy, salicylic acid therapy, laser therapy, electrosurgery and curettage are common treatment options for warts. Recent research on skin warts focuses on optimizing existing treatments and exploring new therapeutic approaches, including immunotherapy and intralesional therapies. Studies highlight the potential of intralesional bleomycin, purified protein derivative (PPD) and MMR vaccine in the treatment of warts. Some studies also indicated intralesional candida antigen and vitamin D3. Recent research also explores microwave therapy, autoinoculation therapy, vitamin B12 treatment with significant positive results.

In our clinic, we have studied hundreds of patients suffering from skin warts and in this report, I shall highlight 200 such cases. All these patients were treated with homeopathic medicines, and for interpretation of the results we have studied a control group of 20 cases treated only with placebo containing the vehicle of the original medicine.

Materials and Methods

The patients were enrolled from the general patients attending dermatology clinic of our medical centre. after proper counseling as per Institutional Ethical Committee guidelines, after obtaining permission for this study. All demographic records of the patients were documented, and after final diagnosis by the clinical dermatologist of our medical centre, the patients were considered for this study. All the patients were instructed to attend the clinic monthly up to 2 yrs as follow ups.

The Homeopathic Medicines

Three homeopathic medicines -Thuja oc. 1000, Dulcamara 100 and Nat. Mur 1000 were used in this study. Thuja oc. 1000 is prepared from the plant Thuja occidentalis which is also known as swamp cedar, American arborvitae (arborvitae means tree of life), eastern arborvitae and white cedar. It is a small or medium sized tree growing to a height of about 50 feet. In fresh plant extract α- and β- thujone are less (65% and 8%) than the dried plants (85% and 15%), which are the bioactive components of the plant. Thuja was used in Cauliflower like growth. Dulcamara 100 is prepared from the plant Solanum dulcamara also known as bittersweet night shade, which is commonly used in various skin problems. It contains steroidal glycoalkaloids solanine, tomatine, and other bioactive chemicals like betasitosterol, linoleic acid, oleic acid, vanileic acid hexoside, dihydroxybenzoic acid hexoside, caffeoylquinic acid along with sugars like glucose, fructose and sucrose. Nat. Mur 1000 is prepared from Natrum muriaticum which was used in warts of palm and sole variety, in other clinical types Dulcamara was administered. All medicines were administered orally without any local application. The medicines were selected and administered in the following groups: 120 patients with common warts (verruca vulgaris types 1, 2, 4, 7 and verruca plana types 3, 10, 28, 49 which were present in face, extremities and on other parts of the body were treated with dulcamara. Fifty patients with Palmoplanter warts types 1, 2, 4, 63 were treated with Nat. Mur and thirty patients with Filiform (digitate) warts were treated with Thuja Oc. The same medicine was given to each group of patients except in the control group where only lactose pills were given which appears similar to the medicines and lactose was the vehicle of these medicines. The medicine was purchased from reputed government approved homeopathic medicine shop (HAPCO) in Kolkata. In the placebo group there were 10 males and 10 females. Random selection was done of both sexes, of different casts and ages. Medicines were given as 4 pills (one dose) weekly for 15 days then one dose in 15 days intervals. Only single oral homeopathic medicine was used for each group of patients without any local application.

Results

Total 200 patients were enrolled in this study. There were also 20 control cases, those were given placebo and followed 2 years to see if there was any change. Most of them aged between 11 to 30 yrs (56%), their mean age was 19 yrs. Beyond 30 yrs of age there were 50 patients (25% of total patients). Frequency distribution of different age groups is given in Fig.1. Most of the patients were in the age groups in between 11-30 years. Sex distribution was equal (1:1). Number of patients according to type of lesions are given in Fig.2. Lesions on different sites in all the patients according their age groups are given in the Table 1. All the cases were diagnosed, categorized and followed up by our Dermatologist of the Centre. Earliest positive response was seen in majority number cases within a month and 90 patients were cured within 3-4 months. Delayed response was noticed in 20 cases after 6-8 months of treatment. After two years follow up, we have seen relapse in six cases. In placebo cases, after 6 months follow-up, out of 20 patients no change occurred in 12 patients, but in 4 cases few lesions were increased and the remaining 4 patients discontinued treatment after second visit (1 month). Pictures of three such patients treated with homeopathic medicines are given in Fig. 3-7. All the patients were followed for 2 years.

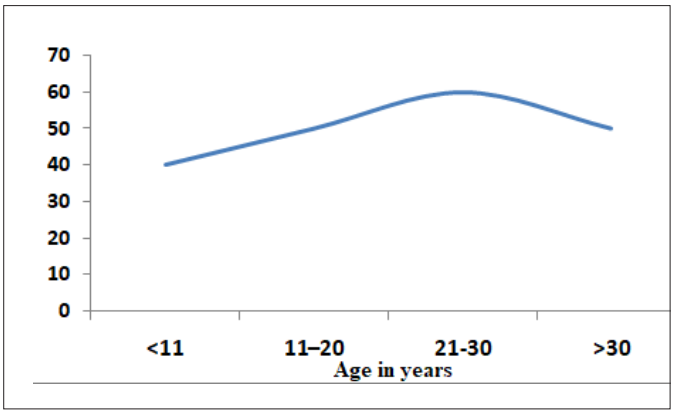

Figure1: Age Distribution of the Patients

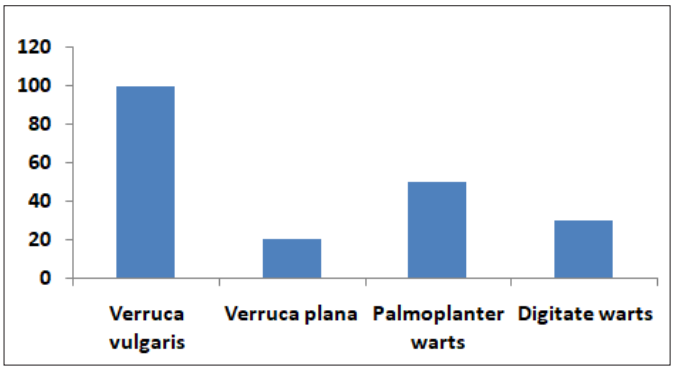

Figure 2: Number Of Patients According to Type of Lesions

Table1: Sites of Different Lesions According to Different Age Groups

Age groups	Sites of lesions		
	Face	Hands and foot	Other parts
<10 years	20	10	8
11-20 years	10	20	22
21-30 years	20	30	10
>30 yrs	4	40	6

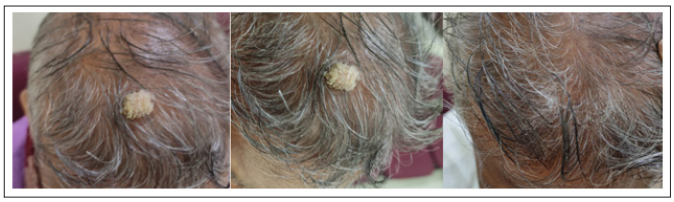

Figure 3: Cure of a Patient (m.b.) with Wart on Scalp

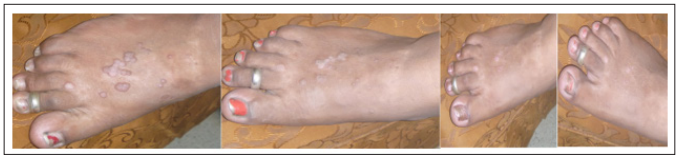

Figure 4: Cure of a Patient (Sp) with Warts on Foot

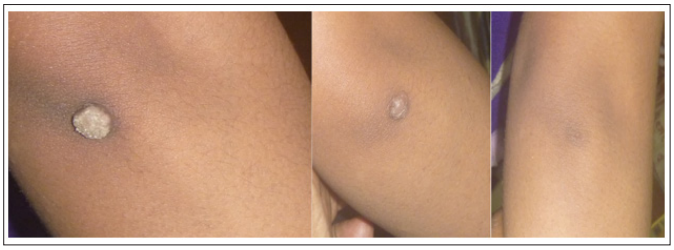

Figure 5: Cure of a Patient (Rb) with Wart on Elbow

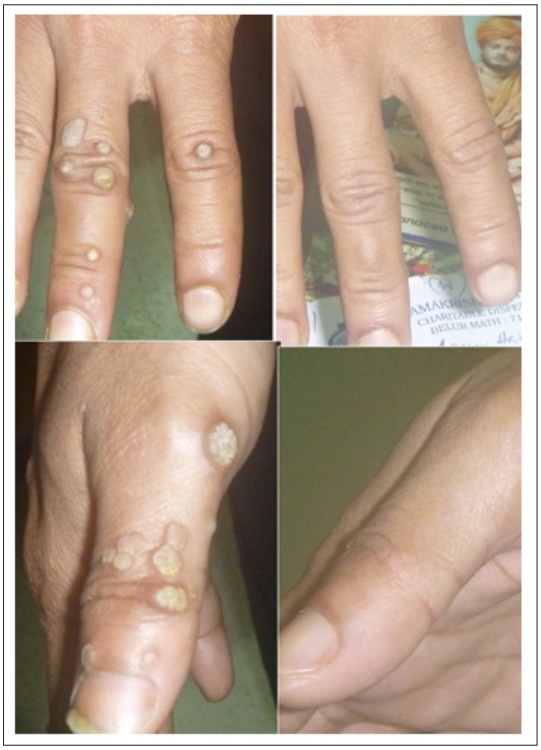

Figure 6: Cure of a Patient (a.r.) and Another Patient (a.s.) with Warts on Finger

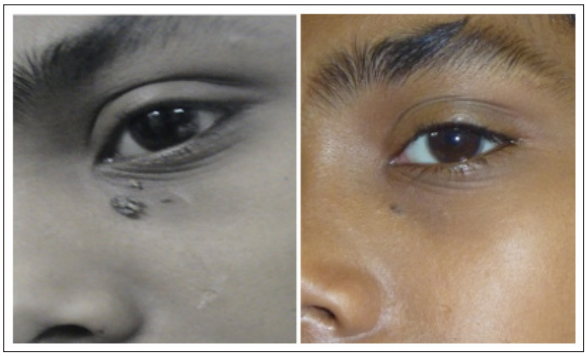

Figure 7: Cure of a Patient (Rb) with Wart on Face.

Discussion

In a study, it was found that warts usually completely resolved in about 70% cases within 12 months and in 90% cases within 24 months and it was observed that conventional treatments could not shorten the time to resolution [8]. Some medications and/or surgical interventions are sometimes prescribed/used for patients with HPV infections: Salicylic acid may gradually remove the warts, one layer at a time. They can be bought without a prescription; they are OTC (over the-counter) medications. They should not be used for genital warts as they may irritate. Trichloroacetic acid burns off the warts in the genital area. Podofilox (Condylox) may be used for the treatment of genital warts. In cryotherapy the warts are frozen with liquid nitrogen. They freeze and fall off. In laser surgery the warts are removed by burning. Surgical removal of the wart can also be done. In electrocautery an electrical current is used to "zap" (burn off) warts or lesions. Some other newer treatment strategy is also mentioned in the introduction part. In most cases, however, the majority of infections clear up by themselves. This study indicated a definite role of homeopathic medicines in the early resolution of HPV lesions. The real mechanism of action of these homeopathic medicines is very difficult to explain and there is no definite explanation of the mechanism of action of these medicines so far. Thus, possible attempts should be made in future studies to find out the real mechanism of these medicines.

Conclusion

The result of this study was encouraging. It is not only helpful to control the spread of the disease within short time but also indicating a definite role of homeopathic medicine in HPV infection and the risk of pre cancerous stage can be prevented.

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