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War of warts: How Thuja saved the day!

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Abstract

Introduction: Cutaneous warts are benign proliferation of keratinocytes due to infection by human papilloma virus (HPV) at the site of minimal skin injury. At least 15 distinct subtypes of more than 200 HPV genotypes discovered so far have been linked to cutaneous warts. (1) In homoeopathy, the approach to treating cutaneous warts is holistic and individualised. Homoeopaths consider not only the physical symptoms but also the mental, emotional, and genetic aspects of the person. *Thuja occidentalis* is a commonly used homeopathic remedy for treating cutaneous (skin) warts. It is particularly indicated for warts that are large, jagged, or cauliflower-like in appearance. It is also used for warts that bleed easily. In homeopathy, the choice of Thuja for treating warts is based on the principle of "like cures like," where a substance that causes symptoms in a healthy person can be used to treat similar symptoms in a sick person.

Case Series Summary: Three cases of cutaneous warts, treated with Homoeopathic medicine *Thuja occidentalis*, are reported. The cases presented with cutaneous warts over the face with no other peculiar symptom. Due to the scarcity of symptoms, all the three cases were treated as 'one-sided' disease. The patients were treated with a single dose of *Thuja* in 30C potency. Follow-up of these cases was done at regular intervals and clinical assessment was done by checking the size of warts, and associated complaints. The patients showed marked improvement within a month of treatment and were completely cured within a period of 3 months.

Keywords: Warts, HPV, *Thuja occidentalis*, homoeopathy

Introduction

Cutaneous HPV infection commonly manifests as warts including flat warts (*verruca plana*, on hands and face), common warts (*verruca vulgaris*), planta warts (*verruca plantaris*, on soles of feet), and condyloma acuminatum (anogenital warts, on genitalia, anus, or perianal area) ^[1, 2]. Based on their ability to cause cancer, HPVs can be broadly classified as high-risk or low-risk. HPV types 16 & 18 have high oncogenic risk ^[3]. Even though vaccine is widely accessible, benign anogenital warts most often due to HPV types 6 & 7 globally affect 0.13% to 0.16% of European population. Women have a shorter incubation period than men for anogenital HPV infection. Using public showers, handling meat at work, and immunosuppression are risk factors. Prevalence of warts may vary according to occupation. As per a cross sectional study (n=1086), it is 33% in abattoir workers, 34% in retail butchers, 20% in engineering fitters, and 15% in office workers ^[4]. Warts in immunocompetent individuals are benign and clear completely in a few months or years due to innate immunity. Although any part of the skin can get infected, the hands and feet are the most frequently affected. The prevalence of viral cutaneous warts is about 7-12% globally ^[1]. Prevalence rates in Russia is around 12.9% and in the U.S. around 0.84%. ^[4] Warts that have non-classical presentation and disguise with other skin lesions can be distinguished with dermoscopy. It is a non-invasive diagnostic tool to diagnose warts. An observational study (146 adolescents) found that the prevalence of warts on the feet was 27% in those that used a communal shower room and 1.3% in those that used the locker (changing) room. Warts on the hand are also an occupational risk for butchers and meat handlers ^[4]. Generally, non-genital warts are benign and resolve naturally in months or years although numerous variables, including host immunity, age, HPV type, and infection site, likely influence the very varied rate of resolution. Mostly in modern medicine, salicylic acid used topically and cryotherapy increases chances of cure in cases of warts as compared to placebo. While contact immunotherapy with dinitrochlorobenzene is also effective but causes inflammation at the site ^[2].

Thuja occidentalis, commonly known as arbour vitae or white cedar, is a popular homeopathic remedy used for various conditions, including the treatment of warts. It is often recommended for treating warts that are large, fleshy, cauliflower-like, or have a spongy appearance. It is also used for warts that are painful, that bleed easily, or are located on the genitals or anus. Additionally, *Thuja* may be considered for warts that have developed after vaccination^{16, 71}. The correct dosage for treating warts may vary depending on the individual case and according to the severity of the condition. It is typically taken in a highly diluted form, such as 30C, which is a common potency used for warts.

Case series

Case 1: A 53-year-old male presented on 27/06/2023 with the complaint of multiple rough papular eruptions (cutaneous warts) on the left cheek, neck, and chin (Figure 1) with mild infrequent itching for the past 1 year. He was a farmer by occupation, with low socioeconomic status. The patient was concerned about the warts as although they posed no serious hindrance to his daily activities, but he felt quite embarrassed and self-conscious in social settings ever since their appearance. The patient was more affected by heat, with extreme desire for eating raw onion. A single dose of *Thuja occidentalis* in 30C potency single dose was administered and was called for a follow-up visit after 15 days. (Table 1) There was a complete resolution of eruptions within two months. (Figure 2)



Fig 1: Case 1 presentation on 27/06/2023



Fig 2: Case 1 presentation on 14/08/2023

Case 2: A 35-year-old female presented with multiple skin coloured, flat, smooth papular eruptions on her left cheek and mandibular region (Figure 3) for 1 year. There were no associated complaints. She was very reserved in nature and did not present with any peculiar symptom, other than the

concern for her appearance. A single dose of *Thuja occidentalis* in 30C potency was administered and the patient was called for follow-up after 15 days. (Table 2) The eruptions completely disappeared within a duration of one month. (Figure 4)



Fig 3: Case 2 presentation on 02/08/2022

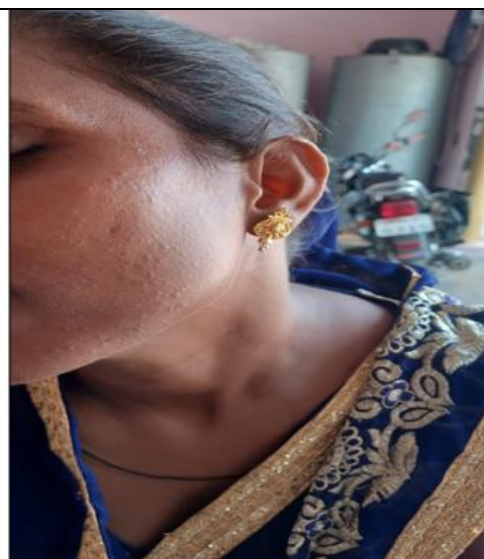


Fig 4: Case 2 presentation on 18/08/2022

Case 3: A 45-year-old male presented with multiple smooth papular eruptions (cutaneous warts) over the left mandibular region near the chin (Figure 5) for 2 years. Rarely, there was itching over the lesions. A single dose of *Thuja occidentalis* in 30C potency was administered & the patient was called

for follow-up after 15 days. (Table 3) There was a quick resolution of eruptions (Figure 6, 7) once the treatment started, and the eruptions completely disappeared within one month (Figure 8).



Fig 5: Case 3 presentation on 12/03/2024



Fig 6: Case 3 presentation on 22/03/2024



Fig 7: Case 3 presentation on 03/04/2024

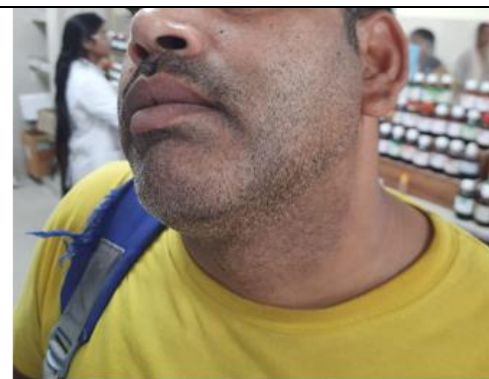


Fig 8: Case 3 presentation on 08/04/2024

Discussion

Warts are a common skin condition caused by the human papillomavirus (HPV). They can appear on any part of the body but are most commonly found on the hands and feet. There are several types of warts, including common warts, flat warts, plantar warts, and genital warts.

Treatment options for warts vary and can include over-the-counter treatments, such as salicylic acid, as well as prescription treatments like cryotherapy (freezing the wart) or laser treatment. Homoeopathically, *Thuja occidentalis*, which is derived from the northern white cedar tree, is frequently used for treating warts. It is often associated with the sycotic miasm. The sycotic miasm is believed to be related to excess or overgrowth, and is associated with conditions such as warts, tumors, and certain types of skin conditions and *Thuja* is commonly used in homoeopathy to treat such conditions. The selection of a remedy like *Thuja*

is based not only on the specific symptoms of the condition but also on the underlying miasmatic tendency of the individual. The goal is to address both the immediate symptoms and the deeper underlying predispositions that may be contributing to the condition. The cases reported here were approached with the miasmatic concept & therapeutic view of Homoeopathy (one-sided disease). Most of these patients presented with a single, simple symptom of papular eruptions with no other associated complaints. A single dose of *Thuja occidentalis* 30C potency was selected. With a follow-up period of 10-15 days depending upon the availability of patients, improvement started followed by complete disappearance of eruptions.

Modified Naranjo Criteria score was more than 7 in all the cases, thus showing some causal attribution of the homoeopathic medicine *Thuja occidentalis* towards cure of the cutaneous warts in these cases (Table 4).

Table 1: Follow up chart of Case 1

S. No.	Date	Clinical Assessment	Prescription	Improvement
1.	27/06/2023	Multiple rough papular eruptions (cutaneous warts) on the cheeks with itching	<i>Thuja occ.</i> 30C 1 dose SL 30 * 14 days	-
2.	14/07/2023	No change in eruptions but relief in itching	SL 30 * 4 Pills OD For 15 days	Mild
3.	30/07/2023	Moderate changes in eruptions with complete relief of itching	SL 30 * 4 Pills OD For 15 days	Moderate
4.	14/08/2023	Complete disappearance of warts without itching	SL 30 * 4 Pills OD For 15 days	Marked

Table 2: Follow up chart of Case 2

S. No.	Date	Clinical Assessment	Prescription	Improvement
1.	02/08/2022	Multiple skin coloured, flat, smooth papular eruptions on left cheek with no associated complaints	<i>Thuja occ.</i> 30C 1 dose SL 30 * 30 Days	-
2.	09/08/2022	Slight changes in eruptions size	SL 30 * 4 Pills OD For 15 days	Mild
3.	18/08/2022	Same as previous follow-up	SL 30 * 4 Pills OD For 15 days	Mild
4.	31/08/2022	Moderate disappearance of eruptions	SL 30 * 4 Pills OD For 15 days	Moderate
5.	14/09/2022	Complete disappearance of eruptions	SL 30 * 4 Pills OD For 15 days	Marked

Table 3: Follow up chart of Case 3

S. No.	Date	Clinical Assessment	Prescription	Improvement
1.	12/03/2024	Multiple smooth papular eruptions on left mandibular region	<i>Thuja occ.</i> 30C 1 dose SL 30 * 10 Days	-
2.	22/03/2024	Slight changes in size and number of eruptions	SL 30 * 4 Pills OD For 10 days	Moderate
3.	03/04/2024	Marked changes in size and number of eruptions	SL 30 * 4 Pills OD For 10 days	Moderate
4.	08/04/2024	Complete disappearance of eruptions	No medication	Marked

Table 4: Modified Naranjo Criteria

Domains	Case 1	Case 2	Case 3
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	+2	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	+1	+1
3. Was there an initial aggravation of symptoms?	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	0	0	0
5. Did overall well-being improve? (use)	0	0	0
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	+1	+1
6 (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of 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	0
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	+1
8. Are there alternative causes (i.e., other than the medicine) that with a high probability-could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	+1	+1	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0
Total	+8	+7	+8

Conclusion

In this case-series, the concept of miasmatic & therapeutic (one-sided) approach of Homoeopathic treatment helped the cases as it not only cured the warts but also its recurrency too. Also, it showed the effectiveness of *Thuja occidentalis* in warts specially in cases where there is paucity of symptoms at presentation.

Declaration of patient consent

Informed patient consent was obtained to disseminate the clinical information on a scientific platform.

Conflict of Interest: Not available**Financial Support:** Not available**References**

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