



EVIDENCE BASED CASE STUDY OF VIRAL WARTS TREATED HOMOEOPATHICALLY IN PEDIATRIC AGE GROUP: A Case report

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Abstract: Warts present as a multiple, smooth, flat slightly elevated, round or papules varying in size. They may be skin colored, greyish yellow or pigmented. Sites of predilection are the face, back of hand and shins. A 4 yrs old male child reported with complaints of tendency for warts on face. A complete case history was taken, Repertorisation was done and on the basis of individualization, Calcarea Carbonicum was prescribed. The aim of this article is to show how to find a similimum for such condition along with pathological general rubric.

Index Terms - Facial warts, Pathological general symptom, Calcarea Carbonicum, case report.

INTRODUCTION

Warts are induced by Human papillomavirus family, [1]. Generally they are of three types (a) Common warts usually seen on any part of the body. (b) Plantar warts seen on sole of feet, and (c) Genital and anal warts seen on genitals and anal region. Various types of treatment procedure are prevalent for removal of warts. These are some of a) Applying Salicylic acid, liquid nitrogen, and podophyllin, (b) loop electrosurgical excision procedure, (c) CO2 laser surgery, and (d) Interferon injection. [2]

1. Pathophysiology

HPV, incubation period usually 3-4 months, with a range of 1 month to 2 years. HPV affect all types of squamous epithelium and the gross and histologic appearance of individual lesions varies with the site of infection and type of virus. The replication of HPV begins with the infection of basal cells. A pathognomonic feature in presence of large vacuolated cells with round, deeply basophilic nuclei in the upper stratum Malpighi and granular layer. Some of these contain intranuclear and cytoplasmic eosinophilic inclusions. [3]

2. Epidemiology

- **Frequency:** They are more frequently seen among Immunocompromised patients and meat handlers Warts are common worldwide and affect approximately 10% of the population. In school-aged children, the prevalence is as high as 10% to 20%. They are more common among Immunocompromised patients and meat handlers.
- **Age:** Warts can occur at any age. Usually rare in infants and early childhood, incidence is more among school-aged children and peaks at 12 to 16 years.
- **Race:** Warts are twice as common in Whites as in Blacks or Asians.
- **Sex:** male: female ratio is approximately equal.

3. *Histopathology*

- **Common wart (*Verruca vulgaris*)**

Histopathologic aspect include acanthosis, digitated epidermal hyperplasia, papillomatosis, dense orthokeratosis, hypergranulosis, tortuous capillaries within the dermal papillae, and vertical tiers of parakeratotic cells with red blood cells entrapped above the tips of the digitations. Elongated rete ridges may point radially toward the center of the lesion. In the granular layer, cells infected with HPV have coarse keratohyalin granules and vacuoles surrounding wrinkled-appearing nuclei. Koilocytic cells are pathognomonic.

- **Butchers (occupational warts)**

Butcher's warts are caused by HPV 7 and have acanthosis, hyperkeratosis, and papillomatosis. Small vacuolized cells are seen, and centrally located shrunken nuclei may be identified in clusters within the granular layer rete ridges. Usually seen in meat handlers.

- **Filiform**

Filiform warts appear similar to common warts. These warts seen on beard and Scalp, face, neck. But they may have prominent papillomatosis.

- **Focal Epithelial Hyperplasia (Heck disease)**

This form of warts is caused by types HPV 13 and 32. Focal epithelial hyperplasia is characterized by acanthosis, blunting, hyperplastic mucosa with thin parakeratotic stratum corneum, anastomosis of rete ridges, and whiteness of epidermal cells due to intracellular edema. Some may have prominent keratohyalin granules, and vacuolated cells may be present.

- **Deep Palm plantar**

These warts are characterized by sago grain like papules beneath the pressure points, painful when pressed from top or sides they can be single or multiple, if multiple mosaic appearance 40- 50 in groups. Site of affection usually on palms, heels and metatarsal. Deep palmoplantar warts are similar to common warts except the lesion lies deep to the plane of the skin surface. The endophytic epidermal growth has the distinctive feature of polygonal, refractile-appearing, eosinophilic, cytoplasmic inclusions made up of keratin filaments, forming ring like structures. Basophilic parakeratotic cells loaded with virion and basophilic nuclear inclusion and may be in the upper layers of epidermis. [4]

- **Flat**

These warts are caused by HPV 3, 10. Characterised by smooth, flat and skin colored papules. Common sites of affection dorsum of hands and shin. Flat warts are similar to common warts in light microscopy. Cells with prominent perinuclear vacuolization around pyknotic, basophilic, centrally located nuclei can be in the granular layer. These are referred to as "owl's eye cells."

- **Cystic**

A cyst wart is filled with horny material. The wall is composed of basal, granular, and squamous cells. Many epithelial cells have large nuclei and clear cytoplasm with eosinophilic inclusion bodies. The cyst may rupture causing a foreign body granuloma. [4]

- **Molluscum contagiosum (Water warts)**

These warts are caused by pox virus. Characterized by pearly or flesh colored, smooth shiny globular papule appearance, pin- head or split pea size like a vesicle, but solid firm umbilicated- squeezed gives out the cheesy material. [4]

Dr. Boger says, it is necessary to find the seat of local disease with correctness, for every skilled homoeopath knows how, for example in case of toothache, it is essential to select the remedy which in its proving has repeatedly acted upon every tooth that suffers. The peculiar curative power of Sepia in those obstinate and sometimes deadly joint abscesses of fingers and toes is remarkable definite indications on this point, for they differ from similar gathering in location only while the remedies so suitable for abscess elsewhere remain ineffectual here.

According to Dr. Boger, pathological general symptoms are those which have tendency to give abnormal changes in the body or common pathological feature present at more than two parts. These symptoms are characteristic as they help to diagnose the Miasm of the case. They have lowest value in evaluation. [5]

This is the case of viral warts after a detailed case taking indicates that a history of recurrent warts since 1 yrs 6 months on and off on same location. For the same patient took conventional medicine but had no any special relief. By using the above concept of local diseases and pathological generals the case was treated as per steps of repertorization.

CASE REPORT

Mast.Abc, 4 years male child belonging from middle socio-economic status reported at DYPMRC College OPD, known case of warts (Wart on face – cheeks). On further enquiry, it illuminated that complaints had started gradually since 1 year. He took allopathic medication orally along with external applications used for the same. Physically patient was chubby, wheatish complexion; the mental generals reflected mild, timid. He had desire for milk. He was thirsty (continuous thirst) and thermally chilly patient.

Local examination of the Skin:

Inspection: Site: Cheeks both sides.

Shape: round, Border: raised Color: Fleshy red.

Palpation: Tenderness: Not present, Surface texture: smooth

Miasmatic diagnosis – Sycosis**Final diagnosis:** Facial Warts**Analysis of Symptoms****Mental General Characteristics**

- Mild
- Timid

Physical Generals characteristics

- Desire: Milk
- Thirst: Thirsty
- Thermal: Chilly

Pathological general

- Tendency for Warts on face (Rt>lt Cheeks)

Totality of symptoms

1. Mild
2. Timid
3. Chilly
4. Desire Milk
5. Thirst: Thirsty
6. Tendency for Warts on face (Rt>lt Cheeks)

Table 1: Repertorial totality

Sr.no.	Chapter	Rubric
1	Mind	Mildness
2	Mind	Timidity
3	Generalities	Food and Drinks:milk:desire
4	Stomach	Thirst
5	Face	Warts

PDF: Chilly**Technique of repertorization:** Computer repertory (Zomeo software)**Method of repertorization:** Classical**Repertory sheet:**

Remedy Name	Calc	Sep	Sil	Nat-m	Sulph	Lyc	Phos	Thuja	Carc	Bor	Ign
<u>Totality</u>	19	17	17	15	15	14	14	13	13	12	12
<u>Symptoms Covered</u>	6	6	6	5	5	4	4	5	4	4	4
Kingdom											
[Complete] [Mind]Mildness: (130)	3	4	4	4	3	4	3	3	4	4	4
[Complete] [Mind]Timidity: (240)	4	4	4	3	4	4	4	1	3	3	3
[Complete] [Generalities]Food and drinks:Milk, milk products:Desires...	3	1	3	3	3		3		3	1	1
[Complete] [Stomach]Thirst: (773)	4	4	4	4	4	4	4	4	3	4	4
[Complete] [Face]Warts: (44)	4	3	1	1	1	2		4			
[Complete] [Face]Warts:Cheeks: (7)	1	1	1					1			

Table 2: Analysis of repertorial approach

Sr.no	Medicine	Marks obtained
1	Calcarea carbonicum	19/6
2	Sepia Officinalis	17/6
3	Silicea	17/6
4	Natrum Muriaticum	15/6

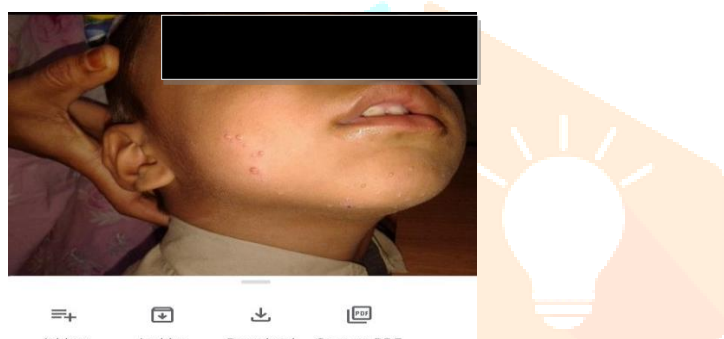
Selection of medicine (with reason)

After analyzing the symptoms of case mental, physical, & particulars symptoms were considered for making totality. In this case we get 4 strong general rubrics; 2 mental general rubrics, 2 physical general rubrics and 1 pathological general rubric. Repertorial analysis was done by using complete repertory from ZOMEIO Software considering above totality. The first four medicines which covered maximum rubrics (based on mental, physical, pathological general symptoms) in descending order are Calcarea Carbonicum, Sepia officinalis, Silicea, Natrum Muriaticum. After going through hot and cold remedies by Gibbson miller (6) and materia medica (7). Calcarea Carbonicum, Sepia officinalis, Silicea, are chilly remedies were Natrum Muriaticum is hot which ruled out. As Calcarea Carbonicum covered maximum rubrics and considering patient as whole Calcarea Carbonicum seems to be most suitable remedy in this case and prescribed in 30 potency on the first visit as per the quote "Hahnemann decreased the dose as he increased his knowledge of Materia Medica. (8)

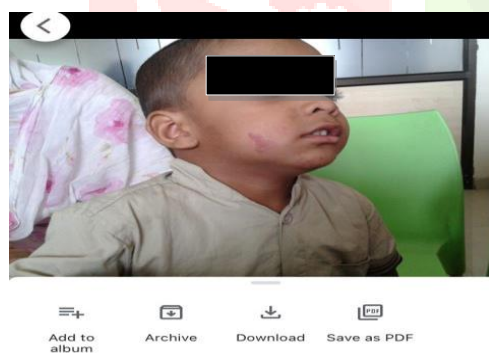
Date **Prescription**
21/05/2015 Rx
Calcarea Carbonicum 30C 1 Dose stat
Rubrum 30 TDS 4 hourly x 15 days

Table 3 Follow up table:

Sr.No	Date	Symptoms	Prescription
1	18/06/2015	New growth not seen Patient feels mild itching	Rubrum 30 TDS 4 Hourly x 15 Days
2	10/08/2015	Warts became dried	Rubrum 30 TDS 4 Hourly x 15 Days
3	27/08/2015	Warts small in size and dried, some warts on right cheek fallen up	Rubrum 30 TDS 4 Hourly x 1 Month



Thu, 21 May 2015 · 11:21 AM
Fig 1: Before Treatment 21/05/2015



Mon, 10 Aug 2015 · 11:56 AM
Fig 3: 10/08/2015



Thu, 18 Jun 2015 · 10:46 AM
Fig 2: 18/06/2015



Thu, 27 Aug 2015 · 10:14 AM
Fig 4: 27/08/2015

DISCUSSION –

This case report describes the importance of homoeopathic similimum in case of tendency for warts. Considering the Totality along with tendency of warts as pathological general symptom (Facial warts). And sycosis miasm in background the remedy Calcarea Carbonicum 30 was selected. Patient showed marked improvement after homoeopathic treatment with no recurrence of warts again.

CONCLUSION – The present case bring to light the efficacy of Homoeopathic medicine in treatment of tendency of warts in pediatric age group. The case was treated successfully with the help of steps of repertorization, basic laws and principles of homoeopathy and considering the basic core of Miasm of case.

DECLARATION OF PATIENT CONSENT – The patient consent form was obtained from mother (as patient is minor) for the photographs and other clinical information to be reported in the journal. Mother was made to understand that the name and initials of the patient will not be published and confidentiality of identity of child will be maintained.

FINANCIAL SUPPORT – Nil

CONFLICT OF INTEREST - Not Declared

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Appendix 1: Modified Naranjo Criteria

	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
3. Was there an initial aggravation of symptoms? (Need to define in glossary)	-	0	-
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	-	0	-
5. Did overall wellbeing improve? (suggest using validated scale)	-	0	-
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6 (B) <i>Direction of cure</i> : did at least two 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	+1	-	-
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?	-	0	-
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 interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	-	0	-

Maximum Score = 06

Minimum Score = -3