Homoeopathic Treatment of Viral Warts with *Calcarea phosphorica*

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Abstract

Introduction: Viral warts are the most common cutaneous infection caused by human papillomavirus. Warts can be treated by many available modalities such as cryotherapy, chemical cauterization, curettage, electrodessication and laser removal. However, most of these therapies can cause scarring. They also cause application-site reaction and recurrence. The homoeopathic literature has a plethora of medicines for the treatment of warts. Case Summary: A 4-year-old girl presented with reappearance of multiple warts on the face after a month of laser treatment. This time, the warts were on the right side of the forehead and one on the right cheek and were persisting for 8 months. The patient responded well to individualised homoeopathic treatment, i.e. *Calcarea phosphorica* 200 in single dose with complete recovery within 1 month without subsequent relapse. Even though the medicine is mentioned in the fourth grade against the rubric ‘Face – Warts’ in the Complete Repertory and is not used commonly in the cases of warts, it acted beneficially. Hence, this case emphasises the importance of individualised homoeopathic treatment based on characteristic general symptoms.

Keywords: *Calcarea phosphorica*, Homoeopathy, Viral warts

Introduction

Viral warts are a common skin condition, which can range in severity from a minor nuisance that resolve spontaneously to a troublesome, chronic condition.[1] These are small skin protuberances caused by human papillomavirus (HPV), are not life-threatening, but can be unsightly, embarrassing, uncomfortable and potentially contagious[2] and may be transmitted by direct or indirect contact.[3]

Common warts mainly present in children although people at any age can be affected. Warts, in general, are benign but sometimes they may become malignant and develop into verrucous carcinoma. The diagnosis of a wart is usually made on a clinical examination and physical findings.[4]

Warts need to be distinguished either clinically or histologically from other keratotic lesions on the hands or feet such as actinic keratosis, knuckle pads or more rarely, squamous cell carcinoma or focal palmoplantar keratoderma. On the feet, corns and calluses or callosities can be confused with warts.[5]

Warts may regress naturally but over a prolonged time. Recurrences are also known.[2] Recurrence rate of up to 30% has been reported with cryotherapy, probably due to lack of immune response. The viruses might remain in the skin after treatment and then lead to the growth of new warts later.[6]

Treatment of warts is especially challenging in the paediatric patient population because of the pain associated with many of the available treatments.[7] Overall, trials comparing cryotherapy with placebo showed no significant difference in effectiveness. Adverse effects, such as pain, blistering and scarring, were not consistently reported but are probably more common with cryotherapy.[1] Treatment-resistant warts are a common and frustrating problem for patients, parents and providers alike. No wart treatment is uniformly effective.[8]

Much of the contemporary society is more interested in fast and impressive cures, even if these may bring side effects, whereas Homoeopathy can offer solutions with a personalised approach

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that requires long hours of case study by the homoeopath to find the correct personal remedy that aims to bring about positive results, which the therapy can produce in deep chronic diseases.\[9\]

Hence, the search for an effective, safe, cost-effective and environmental-friendly medicine that is easy to apply continues.\[9\]

**Homoeopathic approach**

Warts can be categorised under local maladies which signify those changes and ailments that appear on the external parts of the body and as mentioned in §189 and §193, local maladies cannot arise persist or even grow worse without some internal cause. So, for the treatment of these affections, an internal medicine should be selected on the basis of totality of symptoms.\[9\]

**CASE REPORT**

A 4-year-old girl presented at the outpatient department at Central Research Institute of Homoeopathy, Jaipur, with multiple warts on the right side of the forehead and one on the right cheek for 8 months. The past history revealed that she was treated for warts on the face with laser treatment 9 months back, which gave her temporary relief for 1 month, but these warty growths reappeared.

There were 5–6 small warts, 2–5 mm of size on the right side of the forehead and 1 wart of 2 mm on the right cheek without any pain, itching or any other sensation for 8 months.

The patient had a history of fever 1 month ago for which she took allopathic treatment and recovered in 2 days. All milestones of the child were achieved on time, except late in learning to walk, which gave her temporary relief for 1 month, but these warty growths reappeared.

The patient had a history of fever 1 month ago for which she took allopathic treatment and recovered in 2 days. All milestones of the child were achieved on time, except late in learning to walk, but now the patient’s walk was as per her age. She had been vaccinated on time with no adverse events. Pregnancy history of mother marked no significant event.

**Local examination of the skin**

- Location of warts – Right side of the forehead near the hairline and right cheek
- Number of warts – 5–6 warts on the right side of the forehead and 1 on the right cheek
- Pattern of distribution – On exposed area, in group on the right side of the forehead and isolated on the right cheek
- Characteristics of warts – Flat and smooth on the right side of the forehead and fleshy on the right cheek
- Shape of warts – Round and flat
- Surface of warts – Smooth
- Pain Non-specific
- Discharge – Absent
- Itching – Absent
- Other systemic examinations were normal.

The definitive diagnosis of viral warts was based on characteristic manifestations, morphology and distribution of lesions, following the guidelines of ICD-10, code B-07.

**Homoeopathic generals**

**Mental generals**

The patient was very restless, continuously moving and unable to sit at one place. She had violent anger and bites during anger. She was mostly dissatisfied if was to remain at home. She liked to travel and go somewhere all the time.

**Physical generals**

The appetite of child was increased as she took food frequently. She ate two chapattis per meal and after every half an hour, again asked for something to eat. She had desire for salty food as she preferred chips, *Bhujia*, *Kachori* (salty Indian snacks), etc.

**Analysis of the case**

After analysis and evaluation, the characteristic symptoms were used in constructing the totality of the case. “Restlessness, desires to travel, discontented, biting in anger and late in learning to walk” were important mental symptoms in this case. Excessive appetite and desire for salty food were physical generals. Small warts on the right side of the face were the particular symptoms in this case. Miasmatic evaluation for the presenting symptoms was done with the help of *The Chronic Diseases* by Dr. Samuel Hahnemann,\[11\] which showed the predominance of Sycotic Miasm.

The selection of remedy was based on repertorisation of the case using complete repertory, version 10.0 of RADAR software [computer program]. Version 10.0. Belgium. Archibel. 2009.\[12\] The repertorisation chart is shown in Figure 1 where the top five medicines were *Calcarea phosphorica* 22/8, *Calcarea carbonica* 20/8, *Causticum* 18/8, *Sulphur* 16/7 and *Carcinosin* 11/7.

On the basis of repertorial analysis and with the consultation of Boericke’s *Materia Medica*,\[13\] *Calc. phos.* was selected as the first prescription, as discontentment and desire to travel was very marked in the patient, as also in *Cal. phos.* in comparison to *Cal. Carb.* and *Caust.* (24 October 2019) [Table 1]. After prescribing a single dose of *Cal. phos.* 200, good improvement was seen. Multiple warts on the right

![Figure 1: Repertory sheet showing repertorisation of the case](image)
side of the forehead reduced in size and pedunculated wart on the right side of cheek slightly detached. On further visit on 20 November 2019, only placebo was prescribed, and rest of the warts fell off with no new warts or relapse till May 2020.

**Discussion**

Because warts is a one-sided disease, efforts should be made to form the totality of symptoms based on characteristic mental, physical and particular symptoms of the patient. Here, *Cal. phos.* was prescribed in 200 potency as per the totality of symptoms. Although it is not mentioned under the rubric Face – Warts in Kent’s Repertory and Synthesis Repertory, it is found in the fourth grade in Complete Repertory. The patient responded within 2 weeks of the treatment with complete remission of warts in 3 weeks which had persisted for 8 months. Previously, the patient had undergone laser treatment, but the warts relapsed after 1 month, but no recurrence was reported after homoeopathic treatment as per the last telephonic review in May 2020. In several cases, warts show spontaneous remission within 1 year, but many

<table>
<thead>
<tr>
<th>Table 1: Timeline including follow-up</th>
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<tbody>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>24 October 2019</td>
</tr>
<tr>
<td>05 November 2019</td>
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<tr>
<td>20 November 2019</td>
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<tr>
<th>Table 2: Monarch inventory (improved version of the modified Naranjo criteria for Homoeopathy)</th>
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<tr>
<td><strong>Domains</strong></td>
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<tr>
<td>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
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<tr>
<td>Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?</td>
</tr>
<tr>
<td>Was there a homeopathic aggravation of symptoms?</td>
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<tr>
<td>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)?</td>
</tr>
<tr>
<td>Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)</td>
</tr>
<tr>
<td>Direction of cure: Did some symptoms improve in the opposite order of the development of the symptoms of the disease?</td>
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<tr>
<td>Direction of cure: Did at least one 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 downward?</td>
</tr>
<tr>
<td>Did ‘old symptoms’ (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
</tr>
<tr>
<td>Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)</td>
</tr>
<tr>
<td>Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
</tr>
<tr>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
</tr>
</tbody>
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Total score: 7. N/A: Not available
Figure 2: Number of warts – Right side of the forehead 5–6 small warts and 1 wart on the right side of the cheek on first visit on 24 October 2019.

Figure 3: Number of warts – Right side of the forehead 5–6 small warts and 1 wart on the right side of the cheek on first visit on 24 October 2019. Side view.

Figure 4: Inflammation of wart on the cheek with reduction in the number of warts on the forehead on second visit on 5 November 2019.

Figure 5: Inflammation of wart on the cheek with reduction in the number of warts on forehead on second visit on 5 November 2019.

Figure 6: Warts disappeared from the forehead and cheek on 3rd visit on 20 November 2019.

Figure 7: Warts disappeared from the forehead and cheek on 3rd visit on 20 November 2019.
are resistant to treatment or recur after treatment, as in this case. The warts recurred after laser therapy. The case was assessed for the likelihood of causality between the homeopathic intervention and outcome as per Modified Naranjo criteria for Homoeopathy,[18] and the total score of outcome was 7 [Table 2]. This suggests the causal relationship between homeopathic medicine prescribed and cure in this case.

**Thuja, Ruta, Cal. Carb., Dulcamara, Nitric acid and Caust.** are the commonly used medicines for the treatment of warts[19] and have shown results in randomised controlled trials (RCT).[20] However, when the patient jumps away out of the ordinary group of remedies, it is that the treating physician has to go outside of the beaten track and find another remedy that also corresponds to the nature of disease.[21]

Interestingly, no apparent difference between the effects of homeopathic therapy and placebo in children with common warts was found in an RCT.[22]

Although RCTs are the gold standard for evaluating the efficacy of treatment in conventional medicine, they may not be suitable for Homoeopathy at large due to the individualised nature of treatment. Moreover, these have a good internal validity, but external validity may be compromised as real-time settings are usually ignored. Therefore, due importance may be given to case reports in the field of Homoeopathy as each case is a new case with characteristic symptoms and may require any medicine from the armamentarium of homeopathic Materia Medica and not only the specified medicines mentioned under the therapeutics for a particular disease.

The ultimate wart treatment would resolve all, or a great percentage, of warts, be painless, create no scarring, offer HPV immunity for a lifetime and be available to all patients,[23] as observed in this case treated with Homoeopathy in a painless way, without scarring.

**Conclusion**

Individualised, constitutional homeopathic medicine plays a very important role in treating patients. This is a single case report to serve as an evident role of Calc. phos. as constitutional medicine, which otherwise is not commonly used for the treatment of warts. Further study may be considered in evaluating the role of this remedy in viral warts. Therefore, further prospective study of Calc. phos. is suggested in the cases of aforementioned viral warts to confirm its scientific validation.

**Declaration of patient consent**

The authors certify that they have obtained written consent, duly signed by the patient’s maternal grandmother (as patient is minor) and she has given consent for the photographs and other clinical information to be reported in the journal. The maternal grandmother of the patient was made to understand that the name and initials of the patient will not be published and due efforts will be made to conceal the identity of the child.

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Nil.

**Conflicts of interest**

None declared.

**References**

Mahajan, et al.: Homoeopathy and viral warts


Tratamiento homoeopático de las verrugas virales con Calcarea phosphorica: un informe de caso

**Introducción:** Las verrugas virales son la infección cutánea más común causada por el papilomavirus humano. Las verrugas pueden ser tratadas por muchas modalidades disponibles tales como crioterapia, la cautización química, el curetaje, la electrodessicación y eliminación de láser. Cependant, la plupart de ces thérapies peuvent provoquer des cicatrices. Ils provoquent également des réactions et des récidives au site d’application. La littérature homéopathique a une pléthore de médicaments pour le traitement des verrues. **Résumé du cas:** Une fillette de 4 ans s’est présentée avec la réapparition de plusieurs verrues sur le visage après un mois de traitement au laser. Cette fois, les verrues étaient sur le côté droit du front et une sur la joue droite et ont persisté pendant 8 mois. Le patient a bien répondu au traitement homéopathique individualisé, c’est-à-dire Calcarea phosphorica 200 en une seule dose avec une guérison complète en 1 mois sans rechute ultérieure. Même si le médicament est mentionné en quatrième année dans la rubrique «Visage - Verrues» du Répertoire complet et n’est pas couramment utilisé dans les cas de verrues, il a agi de manière bénéfique. Par conséquent, ce cas souligne l’importance d’un traitement homéopathique individualisé basé sur des symptômes généraux caractéristiques.

Tratamiento homeopático de las verrugas virales con fosáica de Calcárea: Un informe de caso

**Introducción:** Las verrugas virales son la infección cutánea más común causada por el virus del papiloma humano. Las verrugas pueden ser tratadas por muchas modalidades disponibles como crioterapia, cauterización química, curetaje, electrodessicación y eliminación de láser. Sin embargo, la mayoría de estas terapias pueden causar cicatrización. También causan reacciones en el lugar de aplicación y recurrencia. La literatura homeopática tiene una plétera de medicamentos para el tratamiento de las verrugas. **Resumen del caso:** Una niña de 4 años se presentó con reaparición de múltiples verrugas en la cara después de un mes de tratamiento con láser. Esta vez, las verrugas estaban en el lado derecho de la frente y una en la mejilla derecha y persistían durante 8 meses. El paciente respondió bien al tratamiento homeopático individualizado, es decir, Calcarea phosphorica 200 en una sola dosis con recuperación completa en 1 mes sin recaída posterior. Aunque el medicamento se menciona en el cuarto grado contra la rubrica ‘cara – verrugas’ en el Repertorio completo y no se utiliza comúnmente en los casos de verrugas, actuó de manera beneficiosa. Por lo tanto, este caso enfatiza la importancia del tratamiento homeopático individualizado basado en síntomas generales característicos.
Homöopathische Behandlung von Viralen Warzen mit Calcarea phosphorica: Ein Fallbericht
