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An Evidence Based Case Report of Warts Treated with Homoeopathic Medicine Dulcamara 200

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Abstract

Warts are non-cancerous skin growths caused by a viral infection, specifically the human papillomavirus (HPV). They are common, especially among children and teenagers, and can appear on various parts of the body, including hands, feet, and face. While generally harmless, warts can be bothersome, unattractive, and in some cases, painful. Most warts will eventually disappear on their own, but various treatments can speed up the process. A 49 year old male patient diagnosed with Warts was treated with Dulcamara 200/4 dose once in 2 days in morning and follow-up done for 2 months, Dulcamara 200 were prescribed based on the symptom similarity of warts. Blackish discolouration around the eruptions and dry skin. Warts over right ring finger. Elevated warts growth Dulcamara 200 were prescribed based on the symptom similarity of warts. The prescription involves analyzing miasm, modalities. Repetition of the dose according to the aphorism 245 and doses according to the susceptibility of the patient.

Keywords: Warts, Homoeopathy, Dulcamara.

Introduction

Warts are benign (noncancerous) growths that can develop on your skin and mucosa (like inside your mouth). The human papillomavirus (HPV) causes warts. There are over 100 subtypes (strains) of HPV, but only a few types can cause warts on certain parts of your body. Certain strains of the human papillomavirus (HPV) cause warts. The virus can enter your skin through small cuts and cause extra cell growth. The outer layer of your skin turns thicker and harder, forming a wart. Warts are more likely to infect moist and soft skin or injured skin. All warts come from HPV, but not all forms of HPV cause warts. The type of HPV that can progress to cancer (like cervical cancer) doesn't cause warts.

Case Report: The patient is a 49-year-old male, belonging to the Christian religion, and is employed as an electrician. He resides at Munnara Puthur, Amboori. The case was taken on 1st March 2025.

Presenting Complaints

The patient presents with multiple warts located on the right ring finger, which have been present for the past four years. The warts are elevated, hard, and painless, with blackish discoloration around the eruptions. The affected skin appears

dry and rough, with a noticeable hardness in the involved areas. The patient was apparently well before 4 year. He took traditional treatment and got no relief.

History of Previous Illness with Treatment Adopted:

Chicken pox- under allopathic treatment- relieved

History of Family Illness: Nothing relevant

Personal History

The patient was born in Amboori and belongs to the Christian religion. He has studied up to the 12th standard and comes from a middle-class family. His social and nutritional status are good. He works as a coolie and is married. Regarding habits and hobbies, he takes food three times a day, has no addictions, and enjoys sound sleep. In terms of domestic relations, his relationship with family members is not good, while his relations with other relatives, neighbors, friends, and colleagues are good. Physically, his appetite is adequate, and he consumes about three liters of water per day. His sleep is sound. His eliminations are regular, with normal stool and micturition (4-5 times per day). Perspiration is generalized. He has a desire for spicy food and an aversion to covering.

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Thermally, he is a hot patient. He is irritable, nervous, sensitive, and anxious. The patient is conscious, of dark complexion, well-built, and well-nourished. His height is 179 cm, weight 74 kg, and BMI 23.1 kg/m². There is no pallor, icterus, cyanosis, edema, or lymph node enlargement. His gait is steady. Vital signs are within normal limits: blood pressure 120/76 mm-Hg, pulse 78 beats per minute, temperature 98.6°F, and respiratory rate 18 per minute.

A) Systemic Examination

Inspection: multiple warts, elevated eruptions, dry skin, black discoloration, and no discharge present
 Palpation; no tenderness, hardness

Provisional Diagnosis: Warts ICD 11- 1E80

Differential Diagnosis

- i). **Molluscum Contagiosum:** These are small, dome-shaped, flesh-colored bumps with a central indentation, often found in children. Unlike warts, they don't typically have black dots (thrombosed capillaries).
- ii). **Seborrheic Keratosis:** These are benign skin growths that are often described as "stuck-on" and can be pigmented. They may have keratin-filled horn cysts and can be distinguished from warts by their appearance and lack of black dots.

Data Processing:

Analysis of Symptoms:

Table 1: Analysis of symptoms

Common	Uncommon
<ul style="list-style-type: none"> • Multiple warts • Elevated warts growth • Hardness of affected area 	<ul style="list-style-type: none"> • Irritable • Nervous • Sensitive • Anxiety • Painless • Blackish discoloration around the eruptions. • Dry skin • Desire: spicy food • Aversion: Covering • Thermal: Hot patient

B) Evaluation of Symptoms

Table 2: Evaluation of symptoms

Mentals	Physical	Characteristic particular
<ul style="list-style-type: none"> • Irritable • Nervous • Sensitive • Anxiety 		<ul style="list-style-type: none"> • Painless • Blackish discoloration around the eruptions. • Dry skin • Warts in-both the dorsal aspect of palm • Warts in left feet and over right forearm • Elevated warts growth • Hardness of affected area

C) Miasmatic Analysis

Table 3: Miasmatic analysis

Psora	Sycosis	Syphilis
<ul style="list-style-type: none"> • Irritable • Nervous • Sensitive • Anxiety • Dry skin • Painless 	<ul style="list-style-type: none"> • Warts (dorsal hand, foot, forearm) • Elevated warty growth • Hardness of affected area 	<ul style="list-style-type: none"> • Blackish discoloration around the eruptions

D) Totality of Symptoms

- Irritable
- Nervous
- Sensitive
- Anxiety
- Painless
- Blackish discoloration around the eruptions.
- Dry skin
- Warts in-both the dorsal aspect of palm
- Warts in left feet and over right forearm
- Elevated warts growth
- Hardness of affected area

Selection of Medicine: Reptorial

Homoeopathic Diagnosis: Chronic disease - Fully developed - Miasmatic - sycotic

Medicine Selected: DULCAMARA

Basis of Selection:

- Irritable
- Nervous
- Sensitive
- Anxiety
- Painless
- Blackish discoloration around the eruptions.
- Dry skin
- Warts in-both the dorsal aspect of palm
- Warts in left feet and over right forearm
- Elevated warts growth
- Hardness of affected area

Repertorial Totality

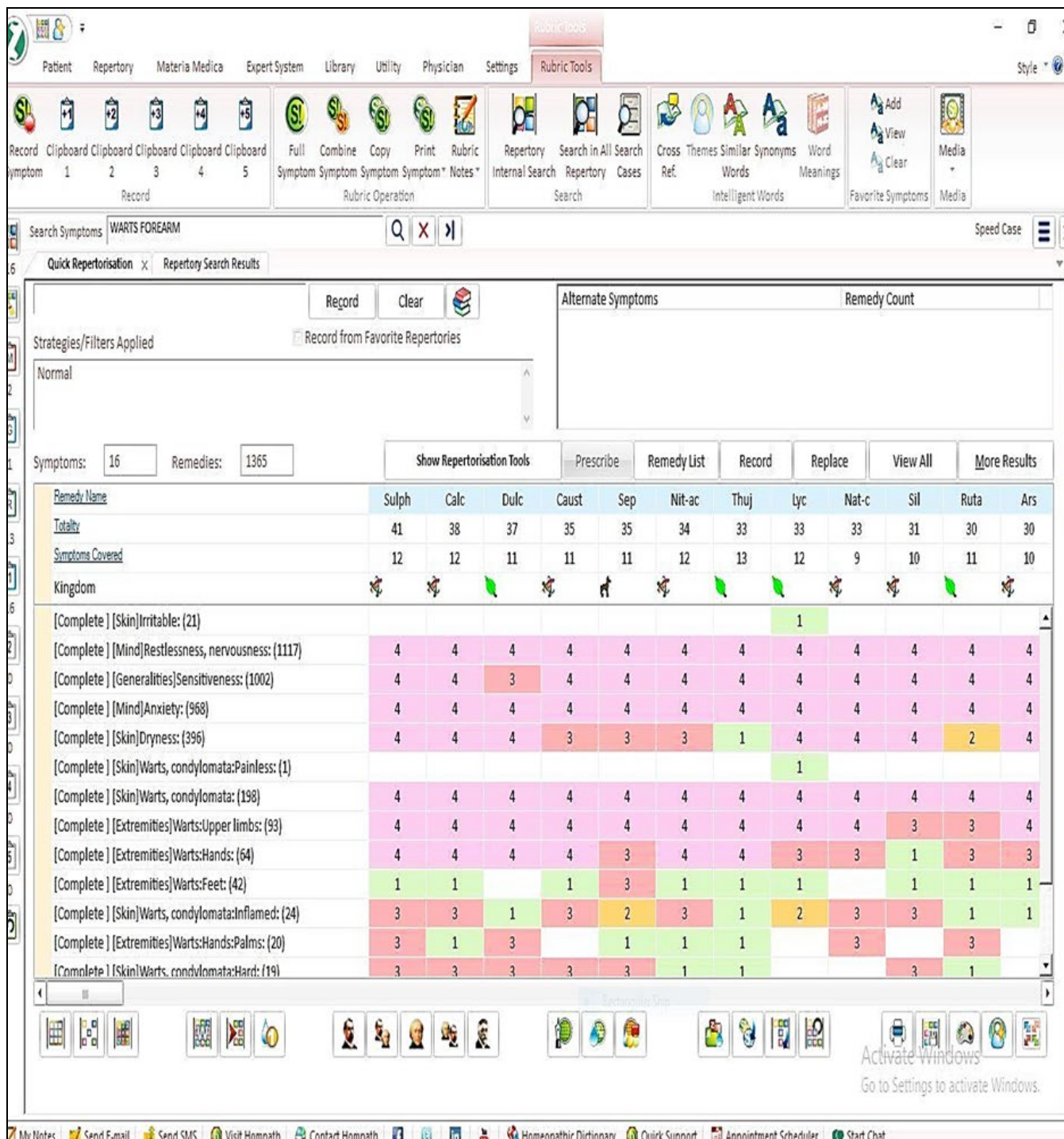


Fig 1: Repertorial chart

Repertorial Result

Table 4: Repertorial result

SULPH	CAL	DULC	CAUST	NIT-AC	THUJ	LYC
41/12	38/12	37/11	35/11	35/11	33/13	33/12

Selection of Potency and Dose:

- According to the susceptibility of the patient, potency is selected.
- According to the Homoeopathic principle, minimum dose is given.

First Prescription:

RX

1. DULCAMARA 200/4 DOSE (ONCE IN 2 DAYS)X M
2. PILLS 3 X TDS
3. DISC 1 X BD

X 2 WEEK

Administration of Dose:

One 30 sized medicated globule in 1 grains of sugar of milk - Dry dose advised to be taken in 2 days interval morning orally.

General Management and Auxiliary Measures:

- Avoid direct contact with warts (your own or others’).
- Do not scratch or pick at warts – may cause spreading.
- Use personal items (towels, razors, socks) – avoid sharing.
- Wear slippers in public places like pools, locker rooms.
- Maintain good hygiene – wash hands regularly.
- Keep skin moisturized to prevent microcracks that invite infection.

Table 5: Follow-up

Date	Symptom	Prescription
18/3/2025	<ul style="list-style-type: none"> • Warts over right ring finger persist • Elevated warts growth persist • Hardness of affected area persist • Blackish discolouration around the eruptions persist. • Dry skin persist • Generals: Good • Blood Pressure: 120/80 mm Hg 	<p style="text-align: center;">RX</p> <ol style="list-style-type: none"> 1. DULCAMARA 200/4 DOSE ONCE IN 2 DAYS(M) 2. B. PILLS 3 X TDS 3. DISC 1 X BD
		X 2 WEEKS
18/4/2025	<ul style="list-style-type: none"> • Warts over right ring finger persist • Elevated warts growth persist • Hardness of affected area persist • Blackish discolouration around the eruptions persist. • Dry skin persist • Generals: Good • Blood Pressure: 120/80 mm Hg 	<p style="text-align: center;">RX</p> <ol style="list-style-type: none"> 1. DULCAMARA 200/4 DOSE ONCE IN 2 DAYS(M) 2. B. PILLS 3 X TDS 3. B. DISC 1 X BD
		X 2 WEEKS
10/5/2025	<ul style="list-style-type: none"> • Warts over right ring finger better. • Elevated warts growth better. • Hardness of affected area better. • Blackish discolouration around the eruptions better. • Dry skin better • Generals: Good • Blood Pressure: 120/80 mm Hg • Generals: Good 	<p style="text-align: center;">RX</p> <ol style="list-style-type: none"> 1. SAL LAC/4 DOSE ONCE IN 2 DAYS(M) 2. B. PILLS 3 X TDS 3. B. DISC 1 X BD
		X 2 WEEKS

Before and After Treatment**Fig 2:** Before treatment**Fig 3:** After treatment

Table 6: Integration of Homoeopathic Subjects in the Given Case

Anatomy	Skin Anatomy: Warts are lesions that affect the epidermis, particularly the stratum spinosum. May involve dermal papillae in deeper warts. Types of Warts (based on anatomical location): Verruca vulgaris: common warts, typically on hands, fingers. Plantar warts: soles of feet. Flat warts (verruca plana): face, forehead, hands
Physiology	Normal Skin Physiology: Protective barrier, thermoregulation, sensation. Keratinization – regulated cell division and turnover of epidermal layers. Wart Formation: HPV infects basal keratinocytes, causing hyperplasia. Leads to excessive keratin production → thickened, rough lesions.
Pathophysiology	Cause: HPV infection → uncontrolled proliferation of skin cells. Immune Evasion: HPV evades immune detection → chronicity. Miasmatic Background: Sycosis: Tendency for overgrowths, excrescences (like warts). Psora: Itching, dry skin. Syphilis: Hard, painful, blackish or ulcerative warts (if destructive).
Practice of medicine	Clinical Types: Common, flat, plantar, filiform, genital warts. Symptoms: Painless or painful (if on pressure points). Dry, hard, rough surface. Diagnosis: Clinical appearance. Dermatoscopy if needed. Conventional Treatment: Cryotherapy, salicylic acid, electrosurgery.
Organon of medicine	§ 203 Every external treatment of such local symptoms, the object of which is to remove them from the surface of the body, while the internal miasmatic disease is left uncured, as, for instance, driving off the skin the psoric eruption by all sorts of ointments, burning away the chancre by caustics and destroying the condylomata on their seat by the knife, the ligature or the actual cautery; this pernicious external mode of treatment, hitherto so universally practised, has been the most prolific source of all the innumerable named or unnamed chronic maladies under which mankind groans;
Materia Medica Dulcamara Clavaum	<ul style="list-style-type: none"> • Large, smooth, flat warts. • Warts that occur or grow after exposure to damp or cold weather. • Warts on face, hands, or fingers. • Better in dry weather, worse in damp/cold. • Often seen in sycotic constitutions. • Irritable, sensitive to cold, anxious about health. Symptoms of the Patient <ul style="list-style-type: none"> • Multiple warts • Elevated warts growth • Painless • Blackish discolouration around the eruptions. • Dry skin
Pharmacy	Dulcamara (Nightshade): <ul style="list-style-type: none"> • Source: Vegetable kingdom. • Family: Solanaceae. Preparation: <ul style="list-style-type: none"> • Tincture prepared from the fresh green stems and leaves before flowering. • Potency: Used in 6C to 200C depending on the case.

Discussion Part**The Present Scenario of All Chronic Diseases: (§204)**

The chronic diseases result from the development of these three chronic miasms, internal syphilis, internal sycosis, but chiefly and in infinitely greater proportion, internal psora. Each of these infections was already in possession of the whole organism, and had penetrated it in all directions before the appearance of the primary, vicarious local symptom of each of them (in the case of psora the scabious eruption, in syphilis the chancre or the bubo, and in sycosis the condylomata) that prevented their outburst; and these chronic

miasmatic diseases, if deprived of their local symptom, are inevitably destined by mighty.

Kent's Fourth Observation:

No aggravation whatever. This is a good sign of improvement and does not require any change of medicine. The medicine and potency was correct for the case.

Single, Simple Remedy: (§§272-274)

It is requisite to administer one single, simple medicinal substance at one time.

Case Summary

A 49 year old male patient diagnosed with Warts was treated with Dulcamara 200/4 dose once in 2 days in morning and follow-up done for 2months, the sycotic miasm predominate warty growth. Blackish discolouration around the eruptions and dry skin. Warts over right ring finger. Elevated warts growth Dulcamara 200 were prescribed based on the symptom similarity of warts. The prescription involves analyzing miasm, modalities. Repetition of the dose according to the aphorism 245 and doses according to the susceptibility of the patient.

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