

Healing Of Skin Warts with Ultradiluted Homeopathic Medicines- A Study in 200 Cases

Swami Shraddhamayananda*

Monk in Charge of Medical Unit at Belur Math, Ramakrishna Mission Charitable Dispensary, West Bengal, India

Received: November 27, 2017; Accepted: December 05, 2017 ; Published: December 15, 2017

*Corresponding author: Swami Shraddhamayananda, Monk in Charge of Medical Unit at Belur Math, Ramakrishna Mission Charitable Dispensary, Belur Math, Howrah, West Bengal, 711202, India, Tel: 91-9433478492; E-mail: gopalmj.belurmath@gmail.com

Abstract

Human papillomaviruses are the commonest agents for developing skin warts in about 7-12% human beings. Verruca vulgaris is the predominant wart, although other types like planter and flat warts are not uncommon. Though it is a self limiting disease but on an average it takes about 1-2 yrs time for resolution, during which the affected person suffers from cosmetic disfigurement which often is associated with pain and remains as a potent source of transmission to others. Thus it is essential to get rid of the disease as soon as possible. In this study 200 patients suffering from skin warts were treated with homeopathic medicines to see whether this treatment can ameliorate the disease earlier. After proper counseling as per institutional ethical committee guidelines, all demographic data of the patients were recorded along with history, wart type, and other clinical findings. Three homeopathic medicines (Thuja oc. 1000, Dulcammara 1000 and Nat. Mur 1000) were used in this study, which were administered orally. In common type with distinct keratosis, Thuja was given; in palm and sole variety, Nat. Mur. and in other clinical types Dulcammara was given. In 88% cases remission started within 1 month and complete remission was seen by 3 months. Delayed response was seen in 12 cases and the remaining 12 cases discontinued treatment. The result of this study was very encouraging. It not only prevents spread of the disease but it also gave immense relief to the suffering humanity. As some warts are precancerous lesions it also gave protection from developing malignant transformation of the warts.

Introduction

Historically HPV (Chart 1) is known as the cause of common and anogenital warts (Palefsky, [9]) and it is an important fact that 60% of all types of HPV cause warts which are the benign neoplasms. Cancer transformation in HPV infection is mainly due to three major viral oncoproteins (E5, E6, and E7) which cause alteration of cell cycle regulation and telomere maintenance and block tumor suppressor pathways and apoptosis. HPV shows specific tropism toward the epithelial basal layer, containing adult epithelial stem cells and HPV binding receptors integrin $\alpha 6$. The E6/E7 oncoproteins control cytokine expression which alter cell proliferation and interferon expression. Expression of HPV viral proteins and viral integration promotes chromosomal anomalies and cellular immortalization (Pullos, et al. [10]). There are more than 200 different HPV types which have been identified and classified into 5 genera, α , β , γ , μ , and ν . Cell mediated immunity generally terminates non-oncogenic HPV infection within 2 years

in most of the cases. HPV can cause common warts, filiform and flat warts. Important cutaneous types are HPV 1, 2, 3, 4, 27, and 57. Some peculiarities are that common cancer causing HPV 16, 18 have been isolated in warts (Giannaki, et al. [4]) and cutaneous wart producing strains have also been isolated from anogenital warts (Palefsky, [9]).

Mainly three types of warts are encountered in dermatology practice – common warts, planter warts and genital/anal warts. They may be soft, hard, rough, smooth, scaly, flat etc. which are mainly determined by the type of the virus and the location. They are also more common at the sites of trauma. Occupation also play an important factor, thus warts are more common in abattoir workers, butchers, engineering fitters. Poor nutrition, stressful life, inadequate rest, close living conditions predisposes skin wart formation. A detailed description of various types of warts is given by Sterling, et al. [12]. In short common warts are popular or nodular lesions on the skin surface which are firm in consistency and with rough keratosis. Flat warts are minimally raised, usually 2-4 mm size with sparse scaling. There are also intermediate warts which are characterized by both common and flat warts. Planter warts are usually popular with keratotic surface and thickened margin. When planter warts are fused to form large masses, they are known as mosaic warts. There are also ano-genital warts, oral warts, myrmecia (burrowing warts). Some warty conditions like epidermodysplasia verruciformis, bowenoid papulosis, focal epithelial hyperplasia, epithelioma cuniculatum and verrucous carcinoma which often mimic warts should also be considered in differential diagnosis. Various types of treatment are available for warts which are described in details by Sterling, et al. [12], Verbov [14] and Almaani, et al. [1]. In most cases single or double freezing is done in cryotherapy, and topical amino-laesulnic acid with irradiation is done in photodynamic therapy. Different chemicals and drugs like salicylic acid (different concentration for different sites), single bleomycin therapy, topical and systemic use of retinoids, formaldehyde for mosaic warts are also can be used. Thermo- and chemical cautery, CO2 laser single treatment, pulsed dye laser single treatment, topical sensitization with diphencyprone and treatment with cimetidine may be done in low evidence cases. Podophylline, folk medicine, hypnosis, heat treatment, interferons, imiquimod are also used for treatment besides homeopathy. An excellent guideline of

conventional treatment of warts according to the sites is also given by Sterling, et al. [12].

The fundamental principle of homeopathic treatment was laid down by Christian Fredrick Samuel Hahnemann in 1796 described in Organon of Medicine. Accordingly warts belong to sycosis miasm. In homeopathy selection of medicine depends on specific symptoms of an individual patient. However, in warts there are only a few symptoms or no symptom at all. Thus homeopathic treatment in warts is basically oriented according to their locations and morphological characteristics other than few individual characters. Thus the medicines selected in this study were based on this notion as well as on personal experience of the Author as a physician. One important point is that homeopathic medicines are used usually in ultradiluted form and in most cases it is more than 10-12 dilution. Thus with this diluted form there is no side effects as found in conventional medicine.

Thuja occidentalis Linn is commonly known as American arbor vitae belong to the family Cupressaceae. It is an evergreen tree up to 20 m tall with ragged conical crown of Branches. The leaves or dried twig tips contain camphor like essential oil called oil of thuja or white cedar leaf oil which is easily soluble in alcohol and mainly contains poisonous d-thujone, volatile oil, sugar, gelatinous matter, wax, resin and thujin (Hansel, et al. [7]). A wash of the plant is used as a remedy of wart. Active ingredients of the plant can increase IL1, IL6 and TNF (Bodinet, et al. [3]). Thuja causes increased activities of CD4 T lymphocytes (Gohla, et al. [6]). There are also some previous reports indicating that Thuja can eradicate papillomatous lesions (Gimeno, [5]).

Solanum dulcamara L., commonly known as bitter sweet, dogwood or climbing nightshade is one of the about 1,500 species of the genus Solanum (Weese and Bohs, [16]). The alkaloids are similar to diosgenin (Mathe, et al. [8]). They usually contain solasodine, soladulcidine, tomatidenol, calystegines glycosides (polyhydroxy nortropane alkaloids, with bicyclic nortropane ring structure, Asano, et al. [2]) with the neutral saponins. Natrum mur is chemically sodium chloride but the medicine is prepared by a special process so that it can give its specific bioactive property.

Virus HPV (human papillomavirus)
Family Papillomaviridae
Group 1 (ds-DNA)
Genera Alpha-, Beta-, Gamma-, Mu-, Nu-Papillomaviridae
Size (nanometers) ~55-60
Genome length (kb) ~8
Genome structure Circular double-stranded DNA
Envelope Absent
Icosahedral capsid with 72 Capsomeres
Capsomere structure 5L1 with 1L2

Chart 1: General characters of HPV

Materials and Methods

The Patients and the Method of Treatment

The patients: A total of 200 patients were enrolled in this

study with permission from our institutional Ethical Committee. A control group of 10 patients were also included in this study where only vehicle of the medicine was given which was ethanol. Thus total 210 patients were included in this study. All demographic evidences of the patients were recorded along with history, wart type, and other clinical findings. One age related distribution pattern is given in table 1.

Table 1: Sites of different lesions according to different age group

Age (Yrs)	Face	Hands and feet	Other parts
<10	21	8	8
11-20	8	24	23
21-30	18	29	13
>30	5	38	5

Medicines and their doses: Three homeopathic medicines (*Thuja oc.* 1000, *Dulcammara* 1000 and *Nat. Mur* 1000) were used in this study which was administered orally. In Cauliflower like growth, Thuja was given; in palm and sole variety, *Nat. Mur.* and in other clinical types *Dulcammara* was given. All these medicines were used following homeopathic *Materia Medica*. These medicines were prepared following Indian Pharmacopoeia and were purchased from an authorized company "HAPCO" (Hahnemann Publishing Co. Pvt. Ltd, Kolkata, India). The medicines were prepared by the company according to standard procedures mentioned in Homeopathic Pharmacopoeia of India (Ministry of Health, Government of India, 1971, document 1:1). There are various sources of Homeopathic medicines - plants, animal tissue, microorganisms, inorganic and organic chemicals which are used in ultra diluted concentrations. Homeopathic principle is based on the theory that bioactive potency is more in lower concentrations of matter and therefore, very small quantity would suffice to readjust altered homeostasis in human body (Shraddhamayananda, [11]). In the control group only the vehicle of the medicine was given in same doses. Previously I have done one pilot study to determine specific selection of a medicine for a specific type of lesion (Swami and Pradhan, [13]) and to standardize the duration of treatment. In all our later studies including the present study I followed the guidelines obtained in that pilot study.

Results

In 88% cases remission started within 1 month and complete remission was seen by 3 months. Delayed response was seen in 12 cases and the remaining 12 cases discontinued treatment. Few typical cases with different types of warts have been shown in serial photographs from beginning of treatment to complete recovery (Figure 1-7). The control group remission occurred from 6 months to 2 years time. Mean, standard deviation and standard error of Mean of quick recovery cases (Mean 49.63 days, SD 17.79, SEM 1.34, N=176), delayed recovery cases (Mean 161.25 days, SD 23.61, SEM 7.12, N=12) and control cases (Mean 404.10 days, SD 159.00, SEM 53.00, N=10) were calculated (Figure 8). Statistical analysis was done with GraphPad software. The two -tailed P value of differences between duration of remission in between quick recovery cases (N=176) and control cases (N=10) was

less than 0.0001 (t value was 27.80). Similarly the two-tailed P value of differences between duration of remission in between delayed recovery cases (N=12) and control cases (N=10) was also less than 0.0001 (t value was 5.24). By conventional criteria, both the differences are considered to be extremely statistically significant.



Before treatment **After treatment**

Figure 1: YRS, 4 years, F, Treated with Dulcamara



Before treatment **After treatment**

Figure 2: TK, 20 Yrs, M, treated with Dulcamara



Before treatment **After treatment**

Figure 3: MD, 23 Yrs, F, treated with Dulcamara



Before treatment **After treatment**

Figure 4: PM, 33 Yrs, M, treated with Thuja



Before treatment **After treatment**

Figure 5: AH, M, 19 Yrs, treated with Dulcamara



Before treatment **After treatment**

Figure 6: V, M, 16 Yrs, treated with Natrum mur

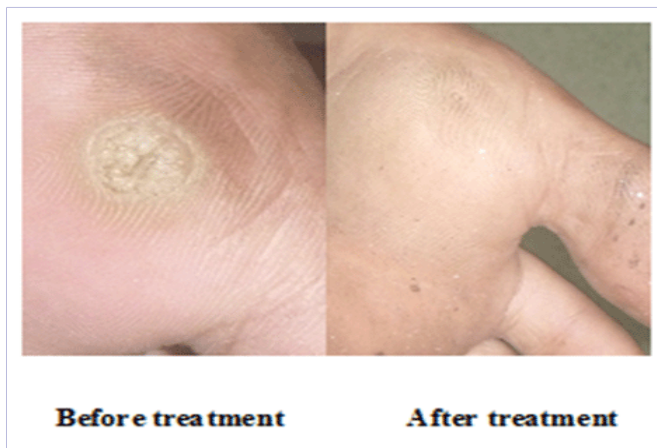


Figure 7: AH, M 19 Yrs. Treated with Natrum mur

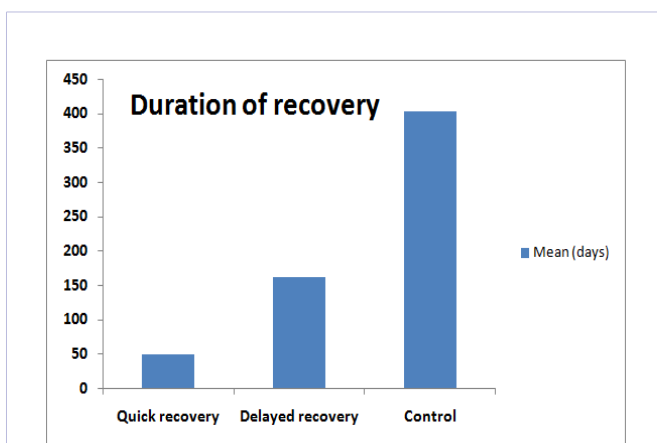


Figure 8: Mean duration of recovery (in days) in different groups of the patients

Discussion

HPVs mainly infect keratinocytes of the skin of humans and other vertebrate species (Vinzon, et al. [15]); however, Human Papillomavirus (HPV) only infects human beings (Palefsky, [9]). Chemicals present in *Thuja occidentalis* L., *Solanum dulcamara* L, and natrum mur are modified in relation to their biological actions during preparation of the medicine so that they act in a different way to achieve the results, however, still we do not know the exact mechanism of action of these medicines. Some changes in molecular pathways and receptors are documented during treatment with homeopathic medicines; however, detailed mechanism is not delineated.

Acknowledgement

I hereby acknowledge The President, Ramakrishna Mission for giving me permission to publish this paper. I also thank all doctors and paramedical staff of our Medical Unit for helpful suggestions.

References

- Almaani N, Chew A-L, Mellerio J. Warts in children: diagnosis and current treatment options. *Prescriber*. 2008;46-50.
- Asano N, Yokohama K, Sakurai M, Ikeda K, Kizu H, Kato A, et al. Dihydroxynortropine alkaloids from calystegine-producing plants. *Phytochemistry*. 2001;57(5):721-726.
- Bodinet C, Lindequist U, Teuscher E, Freudenstein J. Effect of an orally applied herbal immunomodulator on cytokine induction and antibody response in normal and immunosuppressed mice. *Phytomedicine*. 2002;9(7):606-613.
- Giannaki M, Kakourou T, Theodoridou M, Syriopoulou V, Kabouris M, Kabouris M, et al. Human papillomavirus (HPV) genotyping of cutaneous warts in Greek children. *Pediatr Dermatol*. 2013;30(6):730-735. doi: 10.1111/pde.12113
- Gimeno LQ. Homeopathic Treatment of Human Papilloma Virus infections previously treated by Other Methods. *Br Homeopathic J*. 1996;85(4):194-197.
- Gohla SH, Haubeck HD, Schrum S, Soltau H, Neth RD. Activation of CD4-positive T cells by polysaccharide fractions isolated from the Cupressaceae *Thuja occidentalis* L.(Arborvitae). *Haematol Blood Transfus*. 1989;32:268-272.
- Hänsel R, Keller R, Rimpler H, Schneider G. *Hagers Handbuch der Pharmazeutischen Praxis. Drogen P-Z (Thuja)*. 5th ed. Berlin: Springer Verlag; 1994. pp. 955-66.
- Mathe I, Mathe I, Botz L, Koch L. Possibilities of Solanum alkaloids production in Europe temperate zone. *Acta Horticultura*. 1986;188:193-202.
- Palefsky JM. Epidemiology of human papillomavirus infections. In: *UpToDate*. Post TW (Ed). 2016.
- Pullos AN, Castilho RM, Squarize CH. HPV Infection of the Head and Neck Region and Its Stem Cells. *J Dent Res*. 2015;94(11):1532-1543. doi: 10.1177/0022034515605456
- Shraddhamayananda S. Resolution of post burn hypo pigmentation and scar by Homeopathic medicines. *Clin Res Trials*. 2017;3(5):1-5.
- Sterling JC, Handfield-Jones S, Hudson PM. Guidelines for the management of cutaneous warts. *Br J Dermatol*. 2001;144(1):4-11.
- Swami S, Pradhan AK. Rapid recovery from skin warts by explicit homeopathic medicines. *Int J Clin Dermatol Res*. 2015;3(5):71-75.
- Verbov J. How to manage warts?. *Arch Dis Child*. 1999;80:97-99.
- Vinzon SE, Rosl F. HPV vaccination for prevention of skin cancer. *Hum Vaccin Immunother*. 2015;11(2):353-357. doi: 10.4161/21645515.2014.983858
- Weese TL, Bohs L. A three-gene phylogeny of the genus *Solanum* (Solanaceae). *Syst Bot*. 2007;32(2):445-463.