International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2026; 10(4): 132-134
Received: 16-01-2026
Accepted: 18-02-2026

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Individualized homoeopathic management of filiform warts: A case report with Miasmatic Correlation

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DOI: https://www.doi.org/10.33545/26164485.2026.v10.i4.B.2568

Abstract
Background: Filiform warts are benign epithelial proliferations caused by human papillomavirus (HPV), frequently involving cosmetically sensitive areas such as the face. Conventional treatment modalities, including cryotherapy and cauterization, may lead to recurrence, discomfort, and scarring. Homoeopathy offers an individualized, non-invasive therapeutic approach based on totality of symptoms.
Case Presentation: A 31-year-old male presented with multiple soft, itchy, and painful filiform warts over the chin for 8-10 months. The patient exhibited marked anger, obstinacy, desire for salty food, and a chilly thermal reaction. Based on symptom totality, repertorization was performed using Synthesis, which indicated Nitric acid as the most appropriate remedy.
Intervention and Outcome: Nitric acid 200C was administered in infrequent doses. Follow-up over five months revealed progressive reduction in itching and pain, followed by gradual regression and complete resolution of warts without recurrence or scarring.
Conclusion: This case demonstrates the effectiveness of individualized homoeopathic treatment in managing filiform warts and underscores the importance of totality of symptoms and miasmatic evaluation in achieving sustained clinical outcomes.

Keywords: Filiform warts, Homoeopathy, Nitric acid, Individualization, Case report

Introduction

Viral warts are extremely common and are caused by the DNA human papillomavirus (HPV). There are over 90 subtypes, based on DNA sequence analysis, causing different clinical presentations. Transmission is by direct virus contact, in living or shed skin, and is encouraged by trauma and moisture such as in swimming pools. Genital warts are spread by sexual activity and show a clear relationship with cervical and intra-epithelial cancers of the genital area.

Common warts are initially smooth, skin-coloured papules, which become hyperkeratotic and 'warty'. They are most common on the hands but can occur on the face, genitalia and limbs, and are often multiple. Other varieties of wart include:

- **Mosaic warts:** Mosaic-like sheets of warts
- **Plane warts:** Smooth, flat-topped papules, usually on the face and backs of hands, which may be pigmented and therefore misdiagnosed
- **Facial warts:** Often filiform
- **Genital warts:** May be papillomatous and exuberant [1].

HPVs are known to infect epithelial cells found in various parts of the body, including the skin, mouth, oesophagus, larynx, trachea, and conjunctiva, and they can lead to the development of both non-cancerous and cancerous lesions. The size of these warts can vary, ranging from a few millimetres to more than a centimetre in diameter. Warts are a common occurrence, most frequently seen in children and young adults, although they can manifest at any age [2].

Treatment options vary depending on the location, type, and size of the lesion. Commonly employed treatments include cryotherapy and electrocauterization; however, these methods can be painful, may leave scars, and have relatively high rates of treatment failure and recurrence. Other approaches encompass surgical removal with curettage, laser ablation using CO2 or dye lasers, keratolytic agents such as salicylic acid, acetic acid, tretinoin, or 20%-50% trichloroacetic acid, cytostatic like 1% podophyllotoxin or 5-fluorouracil, and immuneresponse modifiers like imiquimod and Polyphenol E, a commercial extract derived from green tea leaves [3].

Case Presentation

Chief Complaint

A 31-year-old male, businessman, presented to Astha Homeoclinic OPD on 03/07/2025 with complaint of multiple warts over the chin since 8-10 months with itching, pain on touch. Warts are soft and smooth. No specific modalities was found.

History of Present Illness

The patient developed warts gradually over the chin region over a period of 8-10 months. The lesions were associated with itching and pain on touch. Over a period of time, the eruption gradually increased in size and number. He consulted dermatologist for the same and given topical application but did not help much.

Past History

History of typhoid 5 years ago (took allopathic medications)

Family History

- **Father:** Hypertension since 5 years
- **Mother:** No significant illness

Physical Generals

- **Appetite:** Normal
- **Thirst:** 2-3 litres/day
- **Desire:** Marked desire for salty food
- **Aversion:** Nothing specific
- **Bowel:** Once/day, Satisfactory
- **Urine**: 5-6 times/day
- **Sleep:** Sound
- **Dreams:** Not remembered
- **Sweat:** Generalised only on exertion
- **Thermal reaction:** Chilly

Mental Generals

Gets angry easily with trembling
Obstinate nature

General Physical examination

- **Height:** 5'7"
- **Weight:** 68 kg

No signs of pallor, cyanosis, clubbing, icterus, lymphadenopathy, oedema.
Moderately built and nourished.

Systemic examination

- **Respiratory system:** BLAE clear
- **Cardiovascular system:** S1, S2 heard, no murmur
- **GIT:** Bowel sounds heard, per abdomen soft and non tender
- **Central nervous system:** Conscious and oriented with time, place and person.

Local examination

- Inspection
- **Location:** On chin
- **Number of eruptions:** Multiple
- **Color:** Wheatish (same as patient's skin colour)
- **Appearance:** 1-2mm; filiform warts
- **Palpation -** Tenderness present

Totality of Symptoms

- Gets angry easily with trembling
- Obstinate
- Desire for salt
- Soft warts on chin
- Painful warts
- Itching in warts

Miasmatic Analysis

Miasmatic evaluation as per Hahnemann's concept of chronic diseases was done as [4]

Sycotic Features

- Presence of warts (tissue overgrowth)
- Multiple lesions
- Gradual progression

Psoric Features

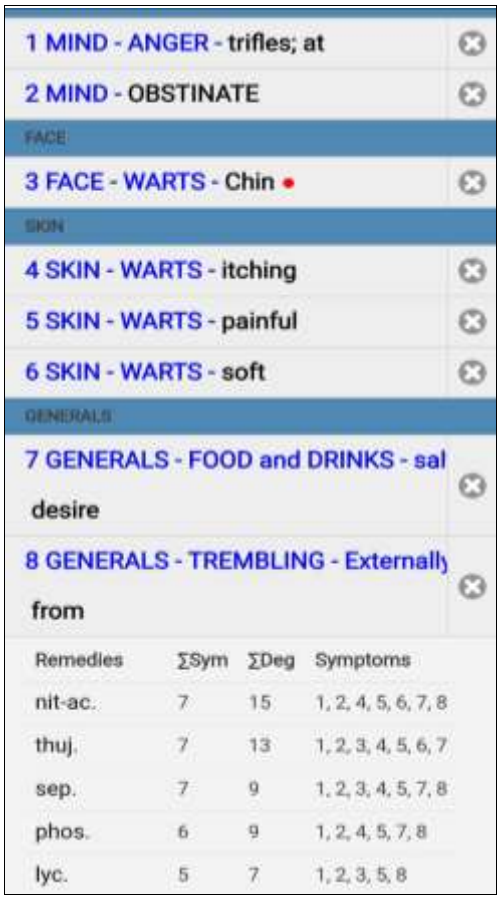
Itching

Miasmatic Diagnosis

- **Dominant:** Sycotic
- **Secondary:** Psoric

Repertorization

Repertorization was carried out using Synthesis.



Selection of Final Remedy with Justificaion

Nitric acid was selected as a most appropriate based on: Strong correspondence with mental generals, Painful warts, Desire for salt, Sycotic affinity. 2 doses of Nitric acid 200 was prescribed followed by placebo twice daily for 15 days in accordance with homeopathic principle of minimum dose and individualized prescription.

Prescription

On 03/07/2025, Nitric acid 200C - OD for 2 days, followed by placebo for 15 days

Table 1: Follow-Up

Date	Findings	Prescription
19/07/2025	Pain still present, itching slightly reduced, one wart started drying, other soft, no new formation of warts	Nitric acid 200C × 2 days Placebo for 15 days
05/08/2025	Pain reduced, no itching, all warts started shrinking	Nitric acid 200C Single Dose Placebo for 30 days
04/09/2025	No pain, no itching, size reduced	Nitric acid 200C Single Dose Placebo for 30 days
07/10/2025	Continued regression of lesion, General well-being	Placebo for 30 days
06/11/2025	Skin started healing with complete regression of lesions.	Placebo for 30 days
02/12/2025	Complete resolution, no extra growth seen. Chin was clear.	No medicine required, Patient advised follow up observation.



Discussion

This case demonstrates the effectiveness of individualized homoeopathic treatment in managing internal miasmatic disturbance in form of external appearance of warts. The prescription was based on totality of symptoms, including mental generals, which played a key role in remedy selection. The absence of recurrence and improvement in general health support the homoeopathic principle that treating the individual as a whole leads to lasting cure rather than local suppression.

Conclusion

Individualized homoeopathic treatment resulted in complete resolution of filiform warts. Careful Consideration of totality of symptoms and miasmatic background plays an important role in achieving favourable outcomes.

Patient Consent

Written informed consent was obtained from the patient for publication of clinical details and images.

Acknowledgement

I want to express my sincere gratitude to Prof. Dr Dhwanika Dhagat (H.O.D. Department of Repertory), Dr. Krishna Khodifad (Associate Prof, Department of Repertory) at Shree Swaminarayan Homoeopathic College, Kalol for their constant support and guidance.

References

1. Davidson S. Davidson's principles and practice of medicine. 23rd ed. Edinburgh: Elsevier; 2018. p. 1238-1239.
2. Sen S, Kamila S, Mondal N. An individualized homoeopathic approach in a case of palmar wart: a case report. International Journal of Homoeopathic Sciences. 2023;7(4):392-396.
3. Burgdorf WHC, Plewig G, Wolff HH, et al. Braun-Falco's dermatology. 3rd ed. Heidelberg: Springer Medizin Verlag; 2009. p. 64-72.
4. Hahnemann S. The chronic diseases: their peculiar nature and their homoeopathic cure. New Delhi: B Jain Publishers; 1999. p. 1-800.

How to Cite This Article
Jyotsana Chaudhary. Individualized homoeopathic management of filiform warts: A case report with Miasmatic Correlation. International Journal of Homoeopathic Sciences. 2026; 10(4): 132-134.

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