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Filiform Warts Treated with Individualised Homoeopathic Treatment: A Case Report

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Abstract

Filiform warts are a distinct subtype of cutaneous warts characterized by their thread-like, pointed projections, commonly seen on the face, neck, and eyelids, caused by human papillomavirus (HPV). Their appearance often causes irritation and cosmetic concern, as they resemble fine bristles or tiny brushes. Warts in general represent one of the most frequently encountered dermatological conditions, Standard wart treatments, such as topical applications, cryotherapy, or ablation, often come with side effects and a high chance of recurrence. Homoeopathy, on the other hand, seeks to stimulate the body's natural self-regulation to restore balance in a cost-effective way.

CASE SUMMARY -This case report highlights the case of a 33-year-old woman with a painful filiform wart on her scalp. She was prescribed the homoeopathic remedy Staphysagria 200C, based on the patient's comprehensive symptom profile rather than the isolated lesion. The mental symptoms along with particulars showed a marked improvement. With regular monthly follow-ups for about 3 months, her warts cleared completely without any topical therapy and with no recurrences. Thus, the patient reported complete resolution of the condition, highlighting the potential role of individualized homeopathic approaches in managing filiform warts.

Keywords

Warts, Filiform warts, Homoeopathy, Individualised medicine, homoeopathic treatment, Staphysagria, Modified Naranjo Criteria

Introduction

Warts are benign cutaneous proliferations caused by infection with human papillomavirus (HPV). It is responsible for the common cutaneous infection of viral warts. There are more than 70 subtypes as detected by DNA hybridization^[1]. They are among the most common dermatological conditions worldwide, affecting millions of individuals across age groups. Clinically, warts present in several forms, including common, plantar, flat, and filiform types, depending on the HPV strain and host factors. Filiform warts represent a distinct subtype characterized by slender, thread-like projections that extend outward from the skin surface. They are elongated with a horny cap^[1]. Although filiform warts typically occur on

the face, particularly around the eyelids, lips, and neck, they may occasionally involve the scalp^[2]. Scalp involvement is uncommon but may present as multiple keratotic projections arising from hair-bearing areas, which can be cosmetically distressing and may interfere with grooming practices^[3]. Diagnosis is usually clinical, based on their characteristic finger-like appearance, though dermoscopy and histopathological examination can aid confirmation when required^[2,4]. The common wart may show up on physical examination as a papular growth with an uneven surface and contour. They may range in size from 1 mm to several centimetres. The majority of common warts are seen on the lower and upper extremities. Common warts around the lips and eyelids may be thin and long. Those on the plantar surface may be mistaken for a callous. They tend to be deep and painful when palpated. They often feel deep and hurtful when pressed or touched. Flat warts show up as soft, raised bumps that are between 1 and 7 millimetres in size, and there can be hundreds of them. Focal epithelial hyperplasia is a benign HPV-induced condition characterized by multiple soft papules on the oral mucosa, distinct from typical verrucous warts. These small lesions appear as whitish papules, measuring 1-5 mm in size and arranged in groups. Cystic warts tend to appear on weight-bearing surfaces like the sole and have a smooth appearance^[5]. Conventional therapies such as cryotherapy, topical keratolytics, electrocautery, and surgical excision remain the mainstay of treatment. However, these interventions are often associated with pain, scarring, and a high rate of recurrence, which limits their long-term effectiveness and patient satisfaction^[6]. Although generally painless, their conspicuous appearance can cause significant psychological distress and social discomfort^[7]. Conventional removal techniques may provide immediate relief but are invasive, and recurrence remains a significant concern, underscoring the need for alternative therapeutic approaches.

Case Report

Presenting Complaints

A 33-year-old female patient visited the OPD of Sarada Krishna Homoeopathic Medical College, Kulasekharam, presenting with painful pedunculated warts on her scalp, behind the right ear, for about 6 months. The pain was worse on touch and on combing the hair; itching was present, which was worse on sweating.

History of Presenting Complaints

The warts in the scalp initially appeared small then started to increase in size gradually and became more painful. She felt difficulty combing the hair and lying on the side. She took treatment from the nearby Ayurveda and as well as tried external ointments with no relief.

Past and Family History

The patient had a history of suffering from chickenpox at the age of 14 years. Family history: mother is diabetic, and father is hypertensive.

Clinical Findings

On inspection, the wart on the scalp was thin, long, and elongated, with a stalk, and pedunculated; it was sensitive to touch, with no bleeding.

Physical Generals

Appetite - good but feels easy satiety.

Thirst-good, drinks about 2-3 litres/day, prefers warm water.

Urine-voided without difficulty

stool-constipated, once in 2 days, hard stools, with straining.

Sweat-generalised

sleep- disturbed due to thoughts

Thermals - Hot.

(Desires-fanning, Aversion -covering, bathing-cold water)

Mental Generals - Reserved, introverted person; does not share her feelings with anyone; irritable; throws things when angry.

Physician's observation-dull look

Diagnostic Assessment - Based on clinical examination, the case was diagnosed as

Filiform warts.

Therapeutic Intervention

The patient's symptoms were carefully documented, converted into rubrics, and analyzed using Synthesis Treasure (2009 edition) and Radar Opus 2.2.16 [8]. After repertorization, it was seen that Staphysagria covered most of the rubrics (14/6), followed by Causticum (9/5), Lycopodium (5/4), and Thuja (8/5), as the remedies in the repertorial chart, and the final differentiation between the remedies was made with further reference to the Materia Medica. Staphysagria was chosen as the similimum based on the patient's mental state, disposition and the particular symptoms. One dose was prescribed in 200C potency, followed by placebo thrice a day for 15 days on the first visit.

Figure 1: Repertory sheet of the case

		staph.	caust.	lyc.	thuja	nit-ac.	nat-m.	dulc.	trit-vg.	sabin.	sil.	tax.	med.	cupr.	nat-c.	hep.	calc.	ign.	phos.	c ^r
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
		18	17	16	14	13	13	12	12	12	12	12	9	9	9	9	8	8	8	8
		44	30	20	23	27	21	16	16	12	12	12	13	10	10	9	16	16	16	12
1. Clipboard 1	x																			
➤ 1. MIND - EMOTIONS - suppressed	(26) 4	3	1	1			1		2					1				2		
➤ 2. MIND - RESERVED	(135) 4	2	1	1	1	1	3	1	1	1	1	1	1	1	1	1	2	2	3	1
➤ 3. MIND - ANGER - throwing things around	(21) 4	3					1				1									2
➤ 4. SKIN - WARTS - filiform	(3) 1	1			1								1							
➤ 5. SKIN - WARTS - pedunculated	(14) 4	2	3	2	2	3		2	1	1	1	1	2							
➤ 6. SKIN - WARTS - sensitive to touch	(8) 1	3	2		2	3	1							2	2	1				
➤ 7. SKIN - WARTS - painful	(29) 4		2	1	2	2	1			1	1				1	1	2		1	

Follow-up and Outcomes

After treatment, the warts started reducing in size and within three months, the warts detached completely [Table 1]. Full recovery was achieved with Staphysagria 200C. No recurrence was observed during subsequent follow-ups. The changes were assessed using the Modified Naranjo Criteria for Homoeopathy (MONARCH) [10]. The score was +10, close to the maximum (+13) [Table 2], showing the positive relationship between the remedy and the resolution of filiform warts.

Table 1: Timeline including follow-up

Date	Signs and symptoms	Prescription
23/1/2025	Painful pedunculated warts on her scalp The pain < on touch Pain < on combing the hair, itching < perspiration	Staphysagria 200/single dose/HS Placebo /tds 15 days
8/2/2025	Painful pedunculated warts on her scalp-persist The pain < on touch - better Pain < on combing the hair- better, itching better	Sac lac 1 dose/HS Placebo /tds /14 days
27/2/2025	painful pedunculated warts on her scalp-persist The pain < on touch - better Pain < on combing the hair- better, itching better	Staphysagria 200/single dose/HS Placebo /tds 15 days Placebo /tds/7 days
13/3/2025	painful pedunculated warts on her scalp – regression in size The pain < on touch - better Pain < on combing the hair- better, itching better	Sac lac 1 dose/HS Placebo /tds /14 days
5/4/2025	painful pedunculated warts on her scalp – fell of completely.	Sac lac 1 dose/HS Placebo /tds/1 month

Discussion

Warts, being a common skin condition caused by infection with human papillomavirus (HPV), They are described as unsightly growths that affect appearance, especially when located on visible skin. Patients often seek treatment not only for medical reasons but also for psychological and cosmetic relief. Conventional treatments are widely used because patients want rapid clearance of lesions. However, these methods can cause scarring, site reactions, and recurrence, which further highlights the urgency for effective and safe alternatives. Warts are referred to as a local disease in the Organon of Medicine, aphorisms 189 and 193, and local maladies cannot develop, persist, and become worse without some internal cause^[15] Hence, for treating these, medicine should be selected based on the totality of symptoms. Moreover, Homoeopathic literature, including *Materia Medica* and repertories, describes Staphysagria as an important remedy in the management of warts^[16,17,18]. It is also commonly indicated in individuals who are sensitive, emotionally suppressed, and prone to ailments arising from suppressed anger, indignation, or grief. Patients requiring Staphysagria often present with marked irritability, oversensitivity to physical and emotional stimuli^[9,12]. In the *Concise Materia Medica of Homoeopathic Remedies* by S.R. Phatak^[16], dry, pedunculated fig-warts and growths that are extremely sensitive indicate Staphysagria. Similarly, in the *Homeopathic Drug Pictures* by M.L. Tyler^[18], Nash notes its usefulness in the cure of condylomas, fig-warts, and cauliflower-like excrescences: "In one case, with the 200th of this remedy, I removed an excrescence on the perineum of a lady in which the growth was an inch long and the appearance was exactly like a cauliflower. It rapidly disappeared under the action of the remedy and never returned." In *Keynotes and Characteristics* by H.C. Allen^[12], fig-warts that are dry, pedunculated, and cauliflower-like, occurring after the abuse of mercury, are noted as a frequent indication for the remedy. Thus, with the totality of the patient covering both the mental and particular symptoms of the patient and with further references of Staphysagria that acts best in pedunculated, soft, and irregular wart growths and exhibit marked sensitivity to touch along with constitutional symptomatology, the remedy showed a remarkable cure without recurrence.

Figure 2: Warts before treatment



Figure 3: Warts after treatment



Table 2

Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A	justification
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2			Warts reduced in size after medicine
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+2			Warts disappeared within 1 month
3. Was there a homeopathic aggravation of symptoms?		0		No
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+2			Along with warts, anger also reduced.
5. Did overall well-being improve? (suggest using validated scale)	+2			yes, mental and overall wellbeing improved.
6. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0	

7. Direction of cure: 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?			0	Not sure
8. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?		0		Not observed
9. 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)		0		Not identified
10. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2			Confirmed by Photographs
11. Did repeat dosing, if conducted, create similar clinical improvement?		0		Not done

Note: Maximum score + 13, minimum score - 6.

Repertorial references also further support the clinical applicability of Staphysagria in wart management. It is prominently represented under rubrics related to skin excrescences and verrucous growths in major repertories, including Kent’s Repertory, Boericke’s Repertory, Boenninghausen’s Characteristics Materia Medica & Repertory, and the Synthesis Repertory, highlighting its significance as a commonly indicated remedy in wart cases. [9,11,13,14].

Conclusion

The complete disappearance of filiform warts within three months of homoeopathic treatment is evidence of the definitive role of Staphysagria in the cure of warts. Since it is a single case report, a well-designed study with large sample size is recommended to prove the effectiveness of homoeopathic remedies for treating filiform warts.

Declaration of patient consent

The patient has given her consent for reporting her clinical information in the journal. The patient understands that her name will not be published.

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