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## RESEARCH ARTICLE

# GENITAL WARTS RESOLVED IN EIGHT WEEKS WITH CLASSICAL HOMEOPATHY AT DR BATRA'S

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### ABSTRACT

Psoriasis Genital warts, also known as condylomata acuminata, are a common sexually transmitted infection (STI) caused by certain strains of the human papillomavirus (HPV). Globally, it is estimated that 1% of sexually active adults are affected by visible genital warts at any given time<sup>[1]</sup>. These lesions can cause emotional distress, discomfort, and complications if left untreated. This case discusses a 25-year-old married female who presented with multiple papular growths on her labia. A constitutional homeopathic prescription was initiated at Dr Batra's on totality of symptoms. The case showed significant improvement without recurrence or surgical intervention, thus indicating the potential role of classical homeopathy in managing genital warts.

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## INTRODUCTION

Genital warts are benign, proliferative lesions of the skin and mucosa caused predominantly by HPV types 6 and 11<sup>[2]</sup>. Transmission occurs via direct skin-to-skin contact, usually through sexual activity. These warts can present as small, flesh-colored, raised papules that may coalesce into cauliflower-like masses. Although often asymptomatic, they can be painful, pruritic, or erythematous depending on their location and extent<sup>[3]</sup>. Complications include physical discomfort, psychosocial stress, and an increased risk of malignancy, especially in immunocompromised individuals. Conventional treatments include topical agents, cryotherapy, and surgical removal, yet recurrence is common<sup>[4]</sup>. In contrast, the homeopathic approach aims to treat the individual holistically by addressing the underlying susceptibility and emotional state. Remedies are selected based on the totality of physical and mental symptoms rather than local pathology alone. This case report explores the successful management of genital warts in a young woman through classical homeopathy.

## CASE PROFILE

The patient is a 25-year-old married female, a housewife by occupation, who presented with multiple papules on her labia that had developed over the past 2–3 months. Initially, the eruption started as a single small papule which gradually increased in size and number, now manifesting as multiple lesions. She reported pain and redness associated with the lesions but denied any itching or discharge. There was no aggravation from food or hygiene practices, and no history of associated systemic complaints. The patient had previously tried homeopathic treatment from a local practitioner but reported no relief. In an attempt to manage the condition at home, she and her family tried to tie off the lesions with strands of hair, which only resulted in increased pain and further discomfort. Upon constitutional evaluation and individualized homeopathic prescription based on the totality of symptoms, significant clinical improvement was observed. According to the doctor's observation, the patient's overall condition improved remarkably — the genital warts had almost resolved. Only one of the largest warts remained but had significantly reduced in size, and 1–2 smaller warts were still visible, with no signs of new eruptions. The patient reported no itching, burning, or pain at present. Her general health had also improved. She reported a recent occurrence of painful acne on her face, which was clarified to be unrelated to her previous complaint and was likely hormonal or hygienic in origin. She was advised on proper genital and facial hygiene. Overall, the patient expressed satisfaction with her progress and continues to respond positively to the treatment.

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**Physical Generals**

- **Diet:** Mixed
- **Appetite:** Normal
- **Desires:** Sour (+++)
- **Aversions:** None
- **Thirst:** Normal, Prefers normal (room temperature) water, Approximately 2 liters/day
- **Stools:** Satisfactory
- **Urine:** No specific complaints
- **Perspiration:** Profuse, Whole body, Non-offensive, No stains
- **Thermal Reaction:** Thermally hot patient
- Prefers cold water for bathing, Prefers thick covering, Likes fan, Prefers winter season
- **Sleep:** Around 7 hours, Disturbed sleep, Sleeps on back
- **Dreams:** Not remembered / not specific

**Examination****General Appearance:**

- Moderately built and nourished
- Conscious and cooperative
- No pallor, icterus, cyanosis, clubbing, or pedal edema

**Vital Signs:**

- Pulse: 78 beats per minute, regular
- Blood Pressure: 112/72 mmHg
- Respiratory Rate: 18 breaths per minute
- Temperature: Afebrile
- Weight: 58 kg
- Height: 158 cm
- BMI: 23.2 (within normal range)

**Systemic Examination:****Genital Examination**

- External genitalia reveals multiple small papular lesions on the labia majora and minora
- One larger papule present, reduced in size
- No signs of active inflammation or discharge
- Skin over lesions slightly erythematous, not warm to touch
- No ulceration or bleeding noted

**Mental Generals**

A 25-year-old woman originally from Bihar, where she was born and brought up. After her recent marriage, she relocated to Mumbai and currently lives with her husband. She works as a housemaid in a few households, helping to support the family. By nature, she is shy and timid, often reserved in her expressions and hesitant to open up easily, especially in new surroundings. She tends to avoid conflict and is generally calm, but when provoked or emotionally overwhelmed, she may react by shouting — although such instances are rare. She enjoys being in the company of others and finds emotional security in togetherness. She has a distinct fear of being left alone and experiences unease or anxiety when she is by herself. This fear seems to have become more prominent since her relocation and marriage. Emotionally, she craves support and desires a constant presence or companionship, reflecting her inner need for reassurance and emotional anchoring. She is submissive by temperament and often complies with what others expect or demand, even if it goes against her own preferences or comfort. This compliant and yielding nature reflects a deeper desire to avoid rejection and maintain harmony in her personal relationships.

**Past History:** NS

**Family History:** NS

**Case analysis:** Reportorial totality

Repertory used	Rubrics selected
<b>Repertory Name</b>	<ul style="list-style-type: none"> <li>- GENERALS- FOOD and DRINKS - sour food, acids - desire</li> <li>- PERSPIRATION - PROFUSE</li> <li>- SLEEP- DISTURBED</li> <li>- MIND-TIMIDITY</li> <li>- MIND-COMPANY desire for</li> <li>- MIND – SERVILE</li> </ul>

**Repertory screenshot**

Remedies	puls.	lyc.	sulph.	kalic.	phos.	ars.	bry.	calc.	sep.	sil.	ant-t.	carb-v.	gels.	hep.	kali-ar.	ph-ac.	verat.	acon.	con.	ferr.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Intensity	14	13	12	14	13	12	11	11	11	11	10	10	10	10	10	10	10	9	9	9
Result	6/14	6/13	6/12	5/14	5/13	5/12	5/11	5/11	5/11	5/11	5/10	5/10	5/10	5/10	5/10	5/10	5/10	5/9	5/9	5/9
Clipboard 1																				
GENERALS - FOOD and DRINKS - sour food, acids - desire	2	1	2	2	2	2	2	2	2		2	2		3	2	2	3	3	2	2
PERSPIRATION - PROFUSE	2	3	2	3	2	3	3	3	3	3	3	3	2	3	3	3	3	2	1	3
SLEEP - DISTURBED	1	2	3	3	2	2	2	1	1	2	3	2	1	2	1	2	2	1	2	2
MIND - TIMIDITY	4	3	3	3	3	2	3	3	3	4	1	2	3	1	2	2	1	2	2	1
MIND - COMPANY - desire for	2	3	1	3	4	3	1	2	2	1	1	1	2	1	2	1	1	1	2	1
MIND - SERVILE	3	1	1							1			2							

**Selection of Remedy**

Type	Remedy	Potency	Dose	Reason
Constitutional	<i>Pulsatilla</i>	200C	Single dose, weekly	Mild, shy, timid nature; desires sour; profuse perspiration; yielding and emotional disposition; needs company
Intercurrent	<i>Thuja occidentalis</i>	1M	Single dose, monthly	Anti-miasmatic; indicated in sycotic miasm; commonly used for wart-like growths and human papillomavirus-related conditions
Acute	<i>Nitric acid</i>	30C	BD for 5 days (if needed)	For mucous membrane involvement, pain and fissuring; often used in painful, sensitive, bleeding warts and deep affections of the genital mucosa

**Miasmatic approach**

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Desire for sour food, acids	✓			
Profuse perspiration		✓		
Disturbed sleep	✓			✓
Timidity	✓			
Desire for company		✓		
Submissive/servile nature	✓	✓		

**MATERIALS AND METHODS**

Synthesis repertory was used for Repertorization

**RESULTS**

Month	Progress	Prescription
1st Month (Prescription Date: 01 Oct 2024)	<ul style="list-style-type: none"> <li>- Patient presented with multiple painful papules on labia, increased in number.</li> <li>- Pain and redness present, no discharge or itching.</li> <li>- No systemic complaints.</li> <li>- General state was anxious and emotionally dependent.</li> <li>- Sleep disturbed, perspiration profuse.</li> <li>- Mild improvement in pain noted by end of month.</li> </ul>	<ul style="list-style-type: none"> <li>Pulsatilla 200C – 2 doses, twice/week – 1st and 3rd week</li> <li>Thuja 200C – 2 doses, twice/week – 2nd and 4th week</li> <li>Nitricum Acidum 200C – 1 dose bd for 5 days</li> </ul>
2nd Month (Prescription Date: 23 Nov 2024)	<ul style="list-style-type: none"> <li>- Genital warts resolved.</li> <li>- The largest wart has reduced in size,</li> <li>- No itching or burning.</li> <li>- No new eruptions noted.</li> <li>- Generals have improved significantly.</li> <li>- Patient reported appearance of painful facial acne – clarified as unrelated to warts and advised on hygiene.</li> <li>- Overall patient is feeling emotionally better and confident</li> </ul>	<ul style="list-style-type: none"> <li>Pulsatilla 200C – 2 doses, twice/week – 1st and 3rd week</li> <li>Thuja 200C – 2 doses, twice/week – 2nd and 4th week</li> <li>Nitricum Acidum 200C – 1 dose bd for 5 days</li> </ul>

## DISCUSSION & CONCLUSION

This case involves a 25-year-old female presenting with painful genital warts that had progressed over a period of 2–3 months. Despite previous homeopathic intervention and self-attempted local treatments, there was no significant relief. The totality of symptoms—both mental and physical—indicated a deep-seated constitutional and miasmatic disturbance. The patient's shy, submissive nature, desire for company, fear of being alone, profuse perspiration, disturbed sleep, and craving for sour food were key indicators in remedy selection. A layered, individualized homeopathic approach addressing both the acute condition and the underlying chronic susceptibility was followed. With continued care and proper follow-ups, her condition steadily improved. By the second month, there was a visible reduction in the size and number of warts, with no new growths or associated discomfort. Her general health also improved, and she felt emotionally stronger and more confident. This case reflects how a miasmatic and constitution-based homeopathic approach can successfully treat chronic, distressing conditions like genital warts, restoring not just local health but overall well-being.

### The transformation



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## REFERENCES

- [1] Patel H, Wagner M, Singhal P, Kothari S. Systematic review of the incidence and prevalence of genital warts. *BMC Infect Dis.* 2013;13:39.
- [2] Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Sexually transmitted infections treatment guidelines, 2021. *MMWR Recomm Rep.* 2021;70(4):1-187.
- [3] Wiley DJ, Douglas J, Beutner K, Cox T, Fife K, Moscicki AB, et al. External genital warts: diagnosis, treatment, and prevention. *Clin Infect Dis.* 2002;35(Suppl 2):S210-24.
- [4] Gross GE, Tyring SK. Sexually transmitted infections and sexually transmitted diseases. *Springer Science & Business Media;* 2011. p. 161–5.

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