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UNMASKING WARTS: A CRITICAL REVIEW OF HOMOEOPATHIC RESEARCH

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ABSTRACT

Background: Warts are benign proliferations caused by human papilloma virus (HPV), affecting a substantial portion of the population and frequently resistant to conventional therapies. Homoeopathy has long been employed in their management. This review synthesizes clinical evidence from randomized controlled trials, observational studies, case series, and case reports on homoeopathic interventions for warts.

Materials and Methods: A structured search of published literature was undertaken. Thirteen studies met the criteria, including randomized controlled trials, observational studies, case series, and individual case reports. Data on study design, patient profile, remedies prescribed, potencies, treatment duration, outcome assessment, and follow-up were extracted and analyzed.

Results: Thirteen studies were reviewed. Early observational research documented high clearance rates with individualized prescriptions. A large randomized trial using a fixed combination of remedies found no difference compared to placebo, while a later pilot randomized trial employing individualized prescribing showed encouraging trends. Numerous case series and reports documented consistent and rapid resolution with individualized prescriptions such as *Thuja occidentalis*, *Causticum*, *Natrum muriaticum*, *Calcarea phosphorica*, *Medorrhinum*, and others. Several recent cases employed MONARCH causality assessment, confirming definite or probable causal relationships. Reported treatment durations ranged from one to three months, with many studies noting absence of recurrence on long-term follow-up.

Conclusion: Homoeopathy appears promising in the management of warts, with encouraging results in observational and case-based literature. However, randomized controlled evidence remains limited and inconsistent. Larger multicenter trials using individualized prescribing and standardized outcome measures are essential to establish definitive efficacy.

Keywords: *Warts, Human papilloma virus, Homoeopathy, Clinical trials, Case reports.*

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INTRODUCTION

Warts are cutaneous neoplasms caused by human papilloma viruses (HPVs). Typically dome-shaped lesions with irregular, filamentous surface. Propensity for the face, arms, and legs; often spread by shaving.[1] HPV-associated warts are subdivided on anatomical or morphological grounds into (i) common wart (Verruca vulgaris); (ii) wart on the sole of the foot, plantar wart (Verruca plantaris); (iii) flat wart or plane wart (Verruca plana) and (iv) genital wart (Condyloma accuminatum). Warts are caused by infection of keratinocytes (the predominant cell type in the epidermis) by human papillomavirus (HPV). The development of epidermal thickening and hyperkeratinization occurs following infection at the basal layer and clonal proliferation, which eventually results in a visible wart, weeks or even months later. There are over 150 genotypically different types of HPV, with classification based on defined variation of the viral DNA. The majority of common warts are caused by HPV types 1, 2, 4, 27 or 57, and plane warts by HPV types 3 or 10. The HPV types originally identified in Epidermodysplasia verruciformis (EV) and their closely related genotypes are also found on the skin, often as subclinical infections, but they can be associated with squamous cell cancer and premalignant dysplasias, especially in cases of immunosuppression.[2]

HPV infection is a gender-neutral concern, as it shows a similar global prevalence in men and women, ranging from 3.5% to 45% in men and 2% to 44% in women as of 2023.[3] Viral warts are common with a prevalence rate of 7–12%. Cutaneous warts are estimated to occur in up to 10% of children and young adults, with the greatest incidence between 12 and 16 years of age. Warts are reported to occur more frequently in women than in men. Common warts represent 70% of skin warts and occur primarily in children, whereas plantar and flat warts occur among slightly older populations.[2]

The treatment of warts has expanded considerably beyond conventional first-line modalities such as salicylic acid and cryotherapy, which often show limited efficacy and are associated with pain, recurrence, and cosmetic adverse effects. Contemporary management emphasizes individualized therapy based on wart characteristics, patient tolerance, and risk factors. Intralesional immunotherapies-including Candida antigen, MMR (Measles, Mumps, Rubella) vaccine, PPD (Purified Protein Derivative), and HPV vaccines-have demonstrated high clearance rates with the added advantage of resolving distant, non-injected lesions through systemic immune activation. Other effective options for recalcitrant warts include intralesional and topical vitamin D, cidofovir, bleomycin, and 5-fluorouracil, each offering distinct benefits but requiring consideration of pain, cost, and local reactions. Topical agents such as imiquimod and vitamin D analogs provide self-applied, less invasive alternatives with moderate efficacy. Device-based therapies like photodynamic therapy and lasers offer cosmetically favorable outcomes in selected cases. Emerging modalities, including nano-pulse stimulation, cold atmospheric plasma, nitric oxide-based treatments, and ionic contra-viral therapy, represent promising future directions. Overall, evidence suggests that many alternative and newer therapies are equal or superior to traditional treatments, supporting a flexible, patient-centered approach for effective wart management.[4]

Homoeopathy, based on the principle of similars and individualized prescribing, has traditionally been employed in the management of warts. Remedies such as *Thuja occidentalis*, *Antimonium crudum*, *Nitricum acidum*, *Causticum*, and *Natrum muriaticum* are frequently described in materia medica. Over the past three decades, research has sought to evaluate these traditional claims through clinical trials, observational studies, and detailed case reports. This review critically appraises this literature to assess the role of homoeopathy in wart management.

Materials and Methods

The review was conducted according to predefined criteria, as outlined below.

Types of studies

This review considered clinical studies in which Homoeopathic treatment was used with the intention of managing *cutaneous warts*. Any study where the therapeutic outcome could reasonably be linked to a Homoeopathic intervention was eligible for inclusion. Randomised controlled trials (RCTs), observational studies, prospective and retrospective case series, and well-documented case reports published in peer-reviewed journals were included.

Studies focusing exclusively on conventional, surgical, or non-Homoeopathic complementary therapies (such as Ayurveda, Yoga, Naturopathy, Siddha, or Unani), as well as reports lacking clinical outcome information, were excluded.

Search methods for identification of studies

Electronic Searches

A comprehensive and systematic literature search was conducted across major biomedical databases, including PubMed, Scopus, and Google Scholar, along with specialised homoeopathic sources such as the British Homoeopathic Journal, Indian Journal of Research in Homoeopathy, International Journal of Homoeopathic Sciences, and other peer-reviewed journals relevant to the field.

The search strategy covered publications published between 1990 and 2024. A combination of controlled vocabulary and free-text terms was employed to maximise retrieval sensitivity. The primary search terms included *warts*, *verruca*, *human papillomavirus (HPV)*, and *cutaneous warts*, combined with homoeopathy-related terms such as *homoeopathy* and *individualised homoeopathy*, as well as study design filters including *clinical trial*, *observational study*, *case series*, and *case report*.

Boolean Search Strategy

The following Boolean operators were applied:

(warts OR verruca OR "cutaneous warts" OR HPV OR "human papillomavirus") AND (homoeopathy OR homeopathy OR "individualised homoeopathy") AND ("clinical trial" OR "observational study" OR "case series" OR "case report"). To ensure comprehensive coverage, the reference lists of all retrieved articles were manually screened to identify additional relevant studies that were not captured through the electronic database searches.

Handsearching

In addition to electronic searches, hand searching was carried out using resources available in the institute library, including manual screening of printed journals, conference proceedings, and other relevant published materials. All potentially relevant articles identified through this process were reviewed in full text to determine their suitability for inclusion.

Data analysis

All retrieved articles were independently screened by two reviewers. Information regarding study design, participant characteristics, interventions used, potencies prescribed, duration of treatment, outcome measures, and follow-up were extracted using a standardized format. Both reviewers verified the extracted data to ensure accuracy and completeness.

The findings were synthesised narratively, and a descriptive summary of all included studies is presented in Table 1 and the PRISMA flow diagram of study selection is presented in Fig.1.

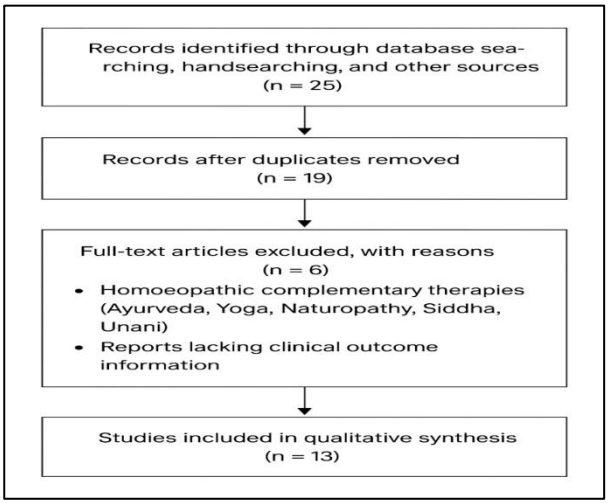

Fig.1.

RESULTS

Gupta et al., 1991

Gupta and colleagues conducted one of the earliest systematic studies of homoeopathy in warts, published in the British Homoeopathic Journal. This observational study included 66 patients presenting with different types of warts, including verruca vulgaris, plantar warts, and filiform warts. Each patient was evaluated according to the principles of individualized prescribing. Remedies frequently prescribed included *Thuja occidentalis occidentalis*, *Ruta graveolens*, *Antimonium crudum*, *Calcarea carbonica*, *Nitricum acidum*, *Causticum*, *Natrum muriaticum*, and *Opium*. Potencies varied depending on case presentation. The results were remarkable: 90% of the patients experienced complete clearance of their warts. The authors highlighted that individualized prescriptions were key to successful outcomes. This early work laid the foundation for subsequent research by demonstrating that homoeopathy could be a reliable therapeutic option.[5]

Labrecque et al., 1992

Labrecque and colleagues carried out a randomized, double-blind, placebo-controlled trial in Canada to test a fixed regimen of remedies in the treatment of plantar warts. A total of 174 patients were randomized to receive either a homoeopathic combination (*Thuja occidentalis* 30C weekly, *Antimonium crudum* 7C daily, and *Nitricum acidum* 7C daily) or placebo for six weeks. Outcomes were assessed at 18 weeks. Clearance was achieved in 20% of the homoeopathy group compared with 24.4% of the placebo group. The difference was not statistically significant. The authors concluded that this fixed prescription was ineffective, but importantly, this regimen did not follow the principle of individualized prescribing that is central to homoeopathy. As such, the negative findings were interpreted cautiously by later reviewers.[6]

Kainz et al; (1996)

Kainz and colleagues conducted a randomized, double-blind, placebo-controlled clinical trial to assess the efficacy of individualized homoeopathic therapy in children with common warts on the hands. Sixty children aged 6–12 years were randomly assigned to receive either an individualized homoeopathic preparation (n=30) or placebo (n=30) for eight weeks. The response was defined as a ≥50% reduction in the wart area, which was measured by computerized planimetry. Out of the total participants, 16 children (26.7%) responded to treatment-9 (30%) in the homoeopathic group and 7 (23.3%) in the placebo group-with no statistically significant difference between the two groups ($\chi^2 = 0.34$, $p = 0.56$). Similarly, the occurrence of new warts during the treatment period was comparable between groups ($\chi^2 = 1.46$, $p = 0.22$). The authors concluded that there was **no significant difference between homoeopathic and placebo treatments** in the management of common warts in children under the controlled conditions of this study. These findings suggest that the therapeutic effect observed may be attributable to the natural regression of warts rather than to any specific action of homoeopathic remedies.[7]

Shaikh, 2016

Shaikh reported a small case series in which five patients with warts were treated using both centesimal and LM potencies. Commonly prescribed remedies included *Thuja occidentalis occidentalis* and *Causticum*, selected based on individualized analysis. The study highlighted key differences between centesimal and LM potencies. LM potencies acted more rapidly, produced fewer aggravations, and were associated with prevention of recurrence. In contrast, centesimal potencies worked more slowly and sometimes failed to prevent relapses. This study emphasized the importance of potency and posology in determining clinical outcomes.[8]

Sahoo et al., 2018

Sahoo and colleagues described a single case of a 40-year-old male with verruca palmaris. Initially, the patient was prescribed *Natrum muriaticum* 30C, but no improvement was noted. Subsequently, the potency was raised to 200C. Within three months of this change, the patient achieved complete clearance of the lesion. The case demonstrated the importance of potency adjustment in managing refractory cases. The authors concluded that careful escalation of potency could lead to successful outcomes where lower potencies fail.[9]

Mahajan et al., 2020

Mahajan and colleagues presented the case of a 4-year-old girl with multiple recurrent facial warts following unsuccessful laser excision. The child was prescribed *Calcarea phosphorica* 200C, selected on the basis of constitutional analysis. Within one month, the warts had completely resolved. The MONARCH causality

assessment score was +7, suggesting a definite causal relationship between the remedy and the outcome. This case provided strong evidence for homoeopathy's potential in treating recurrent pediatric warts, particularly when conventional approaches had failed.[10]

Rana & Villan, 2021

Rana and Villan reported the case of a 23-year-old male who presented with multiple warts on the dorsum of the right foot. The patient also exhibited constitutional symptoms, including reserved personality, hurried behaviour, fear of darkness, increased thirst, craving for sweets and sour foods, and dandruff. Based on the totality of symptoms and a miasmatic analysis, *Medorrhinum* 10M was prescribed. Within three months of treatment, all warts disappeared. This case reinforced the value of miasmatic and constitutional analysis in the selection of similimum.[11]

Dey et al., 2021

Dey and colleagues conducted a pilot double-blind randomized placebo-controlled trial in India to evaluate individualized prescribing for warts. The remedies most frequently prescribed included *Thuja occidentalis*, *Natrum muriaticum*, *Sulphur*, *Dulcamara*, *Nitricum acidum*, *Antimonium crudum*, *Causticum*, *Mercurius solubilis*, and *Calcarea carbonica*. Patients were followed up regularly, and outcomes were assessed in terms of lesion clearance. While the study demonstrated favorable trends toward homoeopathy, the results did not reach statistical significance due to the small sample size. Importantly, this was the first RCT to respect individualized prescribing principles, making it a landmark trial in the field.[12]

Biswas et al., 2022

Biswas and colleagues reported four individualized cases of patients suffering from warts. Remedies prescribed included *Hepar sulphuris*, *Arsenicum album*, and *Natrum muriaticum*. Treatment duration averaged 40–45 days, after which all patients experienced complete clearance of their lesions. This case series highlighted the rapid action of individualized remedies and added further weight to the evidence supporting individualized prescribing.[13]

Prusty & Bhandari, 2022

Prusty and Bhandari documented a rare case of a young adult presenting with co-morbid warts and vitiligo. After repertorial analysis, *Sepia officinalis* was prescribed as the similimum. The warts resolved completely within six months, while vitiligo showed marked improvement over 16 months. The MONARCH causality assessment yielded a score of +9, confirming a definite causal relationship. This case provided unique insight into homoeopathy's potential in managing complex comorbidities.[14]

Maity, 2022

Maity presented the case of a 26-year-old female with multiple verruca plana on the face. The patient was prescribed *Calcarea phosphorica* 200C, and lesions disappeared completely within two months. The MONARCH score was +9, indicating a definite causal link. The case added to the evidence base supporting *Calcarea phosphorica* in the management of warts, particularly in young adults with facial involvement.[15]

Dastagiri et al., 2023

Dastagiri and colleagues published a series of 14 patients with diverse types of warts. Remedies prescribed included *Sepia officinalis*, *Causticum*, *Natrum muriaticum*, *Calcarea carbonica*, Calcarea sulphurica, *Lachesis mutus*, and *Silicea terra*. Treatment duration ranged from one to three months. All patients experienced complete resolution, and follow-up over three years revealed no recurrences. This large case series provided strong real-world evidence supporting homoeopathy's efficacy and its potential to deliver long-term remission.[16]

Ram et al., 2024

Ram and colleagues reported eight cases managed with individualized prescriptions, including *Lachesis mutus*, *Causticum*, *Natrum muriaticum*, *Antimonium crudum*, *Nitricum acidum*, *Thuja occidentalis*, *Sulphur*, and *Dulcamara*. Patients were followed up for several months, and all achieved cure within approximately three months. Causality was assessed using MONARCH criteria, which confirmed definite or probable causal relationships in all cases. Importantly, no relapses were reported on long-term follow-up, strengthening the case for individualized homoeopathy as a sustainable treatment modality.[17]

Table 1: Summary of included studies

Author's name, Year	Study Design	Number of patients	Intervention	Type of Homoeopathy	Medicine used and potency	Assessment/Outcome	Summary of results	Evidence Grade	MONARCH
Gupta et al., 1991	Clinical study (uncontrolled	66 (52 completed)	Individualized homoeopathic medicines	Constitutional ± Symptom-specific	*Thuja occidentalis*, *Ruta*, *Antimonium crudum*, *Calcarea*	Assessment of number, size, duration of warts	90% overall clearance: •Verruca vulgaris – 95% cleared (21/22) • Verruca	Grade C (observational	-

	prospective)		based on totality & characteristic symptoms		*carbonica*, *Nitricum acidum*, *Causticum*, *Natrum muriaticum*, *Opium* (potencies 30C, 200C, 1M, 10M, 50M, CM)	and treatment response	plantaris – 95% cleared (18/19) • Verruca plana – 75% cleared (9/12) No scarring; few with temporary hyperpigmentation; no recurrence at 1-year follow-up.	study without controls)	
Labrecque et al., 1992	Randomized, double-blind, placebo-controlled clinical trial	174 enrolled; 162 completed follow-up	6-week standardized homoeopathic regimen vs placebo	Fixed-combination (non-individualized)	*Thuja occidentalis* 30CH weekly (1 tube/200 pellets), *Antimonium crudum* 7CH daily (5 pellets), *Nitricum acidum* 7CH daily (1 tube/200 pellets)	Proportion of patients healed at 6, 12 and 18 weeks (complete disappearance of all plantar warts)	No significant difference vs placebo. Healing rates: • 6 weeks: 4.8% (homoeopathy) vs 4.6% (placebo) • 12 weeks: 13.4% vs 13.1% • 18 weeks: 20.0% vs 24.4% Homoeopathic treatment not more effective than placebo. Minor adverse effects in both groups.	Grade A (high-quality RCT)	-
Kainz et al., 1996	Randomized, double-blind, placebo-controlled clinical trial	60 children (6–12 years); 30 in homoeopathy group, 30 in placebo	Individualised homoeopathic remedy selected by homoeopathic physician vs. placebo globules	Individualised (constitutional)	Various individualised remedies including: *Acidum nitricum* 12X, *Antimonium crudum* 12X, *Calcarea carbonica* 30X, *Causticum* 12X, *Natrum muriaticum* 30X, *Thuja occidentalis* 12X etc.	Wart area measured via computerized planimetry before & after 8 weeks; ≥50% reduction considered "response"; also total wart cure documented	Responders: 9/30 (30%) in homoeopathy vs 7/30 (23.3%) placebo (χ^2 = 0.34, p = 0.56). Total cure: 5 in homoeopathy vs 1 in placebo (χ^2 = 1.46, p = 0.22). Conclusion: No significant difference between homoeopathy and placebo.	Grade A (high-quality RCT)	-
Shaikh., 2016	Case series (uncontrolled, observational)	5 (all completed follow-up)	Individualized homoeopathic treatment based on totality	Individualized constitutional ± anti-miasmatic; centesimal (CM, 10M, 1M) and fifty-	*Thuja occidentalis* (CM, 0/3, 0/5) *Causticum* (10M, 0/3) *Sulphur* (1M) All administered as single	Reduction in number, size, morphology of warts; time to complete dissolution; symptom	• All 5 patients achieved complete disappearance of warts. • Centesimal potencies: Improvement within 1–3	Grade C (observational case series; no	-

			of symptoms; centesimal vs fifty-millesimal potencies compared. No external applications used.	millesimal (0/3, 0/5) potencies used according to susceptibility and miasm. .	individualized remedies with placebo during improvement phase.	improvement; recurrence monitoring for 6 months–5 years.	months; gradual dissolution. • Fifty-millesimal (LM) potencies: Faster response (1–3 weeks), smoother clinical course; no aggravation. • No recurrence reported during 6 months–5 years of follow-up. • No adverse effects noted. • Authors conclude LM potencies may have higher beneficial effect in wart treatment compared to centesimal.	control group)	
Sahoo et al., 2018	Single case report	I	Individualised homoeopathic prescription based on totality of symptoms; potency adjusted according to response (30C → 200C)	Individualised constitutional prescribing	*Natrum muriaticum* 30C (twice daily × 30 days) — no improvement *Natrum muriaticum* 200C (twice daily × 3 days) — marked improvement and complete cure within 3 months Placebo used during follow-up	Clinical evaluation of wart size, number, reduction in itching, and complete disappearance; follow-up photographs at each visit; timeline-based outcome assessment	• 40-year-old male with multiple palmar warts for >2 years, unresponsive to allopathic medication and topical treatments. • *Natrum muriaticum*30C showed no improvement. • Increasing potency to 200C produced rapid reduction in wart size within 1 month and complete disappearance by 3 months. • Potency selection found to be crucial-correct remedy but wrong potency may fail.	Grade D (single-case evidence without comparator)	-

							• No recurrence reported at completion. • Study highlights the importance of matching potency to patient susceptibility.		
Mahajan et al., 2020	Single case report (individualized homoeopathic treatment)	1 (4-year-old female)	Individualized homoeopathic prescription based on totality of symptoms; *Calcarea phosphorica* 200C, single dose + placebo thereafter	Individualised (constitutional)	*Calcarea phosphorica* 200C, single dose; placebo during follow-ups	• Number, size, and distribution of warts • Symptom changes on follow-up • Photographic comparison (before–after) • MONARCH Criteria for causal attribution	Complete disappearance of all facial warts within 3 weeks after remedy intake. No recurrence reported up to 6 months of follow-up (May 2020). Notably, warts had previously recurred after laser therapy but resolved completely with individualized homoeopathy. MONARCH score: 7 (suggesting causal relationship to remedy).	Grade D (single case report; lowest evidence level)	+7
Rana & Villan, 2021	Single case report (individualised homoeopathic management)	1 (23-year-old male)	Individualised homoeopathic remedy selected by repertorisation; *Medorrhinum* 10M (single dose) followed by placebo during follow-up	Individualised (constitutional) with miasmatic consideration (sycotic background)	*Medorrhinum* 10M, single dose (14/01/2021) Placebo during subsequent follow-up visits (Feb, March, April 2021)	• Number, size, colour, and progression of warts • Symptom changes across monthly follow-ups • Photographic comparison (before, during, after treatment) • Timeline-based evaluation	• Patient had multiple hard, painless warts on the dorsum of the right foot for 1.5 years; unresponsive to allopathic and ayurvedic treatments. • Totality: reserved nature, hurry in activities, fear of darkness, increased thirst, desire for sweets/sour foods, chilly, dandruff, right-foot warts. •	Grade D (single uncontrolled case report)	-

							Repertorisation indicated *Medorrhinum* as the similimum. • Progressive reduction in wart size noted by ~2 months, with complete disappearance by April 2021 (≈3 months). • Associated symptoms like black discoloration and dandruff also improved. • Demonstrates role of individualized homoeopathy and miasmatic approach in wart management.		
Dey et al., 2021	Randomized, double-blind, placebo-controlled pilot clinical trial	60 randomized (30 individualized homoeopathy; 30 placebo); Retention: 53 completed	Individualized homoeopathic medicines based on totality of symptoms vs. indistinguishable placebo for 3 months	Individualised (constitutional)	Individualized centesimal potencies. Most frequently prescribed: *Thuja occidentalis* (28.3%), *Natrum muriaticum* (10%), *Sulphur* (8.3%), *Dulcamara*/*Nitricum acidum* (6.7% each), *Antimonium crudum*, *Causticum*, *Mercurius solubilis*, *Calcarea carbonica* (others in smaller numbers). Potencies used: Various centesimal (30C, 200C, etc.)	Primary: Number and size of warts (monthly for 3 months) Secondary: Dermatology Life Quality Index (DLQI) Analysis: Intention-to-treat; Mann-Whitney U & Friedman tests	Intra-group improvement was significant in the homoeopathy group for number and size of warts and DLQI. Inter-group comparison showed no statistically significant difference between individualized homoeopathy and placebo for: • Number of warts (p = 0.741) • Size of warts (p = 0.515) • Total DLQI score (p = 0.935) Direction of effect favoured homoeopathy,	Grade A (high-quality RCT, but pilot and underpowered)	-

							but differences were small and not statistically significant. No adverse events reported. Study concluded: Preliminary results inconclusive; larger definitive RCT feasible and warranted.		
Biswas et al., 2022	Clinical case series (4 individual case reports)	4 patients (two filiform warts, one verruca vulgaris, one cutaneous horny wart)	Individualized homoeopathic prescription based on detailed case taking, totality of symptoms, repertorisation using Kent's Repertory, Materia Medica differentiation. Two doses of the selected remedy followed by placebo; no change in potency during follow-up.	Individualised (constitutional)	Case 1 (filiform wart, neck): *Hepar sulphuris* 200C (two doses) Case 2 (filiform wart, scalp): *Arsenicum album* 200C (two doses) Case 3 (verruca vulgaris, left ear): *Natrum muriaticum* 200C (two doses) Case 4 (cutaneous horny wart, corner of mouth): *Natrum muriaticum* 200C (two doses)	Clinical appearance of warts (size, texture, colour, number) Follow-up photographic comparison Symptom changes (general & mental) Time to complete disappearance Monthly follow-up over 40–45 days No adverse effects recorded	All four cases showed complete cure within 40–45 days. Case 1: Itching resolved and warts disappeared by day 45. Case 2: Cauliflower-type filiform wart reduced and fell off completely by day 40. Case 3: Dry, painful verruca vulgaris on ear resolved fully within 60 days. Case 4: Horny wart near mouth disappeared fully within 45 days. Improvement also reported in general symptoms (bowel regularity, irritability, perspiration characteristics, appetite). No adverse effects reported. Authors conclude individualized homoeopathy	Grade D (uncontrolled case series; anecdotal evidence)	-

							was effective in these cases; larger studies recommended.		
Prusty & Bhandari, 2022	Evidence-based clinical case report	1 patient (25-year-old male)	Individualized homoeopathic treatment over 16 months; *Sepia officinalis* intermittently with placebo follow-up	Individualized (constitutional) homoeopathy	*Sepia officinalis* 6C (initial prescription) *Sepia officinalis* 30C (later when improvement plateaued) Placebo used between active prescriptions	ORIDL (Outcome Related to Impact on Daily Living) VASI (Vitiligo Area and Scoring Index) VETF (Vitiligo European Task Force score) Photographic documentation MONARCH causality score	Complete disappearance of all warts within 6 months Significant repigmentation of vitiligo patches over 16 months ORIDL improved to +3 (both main complaints & general wellbeing) VASI reduced from 0.36 to 0.03 VETF: extent, staging, and spreading all improved (spreading: +1 → −1) Photographs confirmed improvement in warts and vitiligo MONARCH score: +9, suggesting treatment-related improvement No recurrence of warts or adverse effects reported.	Grade C (Single case report; low-level evidence)	+9
Maity, 2022	Single-patient clinical case report	1 patient (26-year-old female)	Individualised homoeopathic treatment; single remedy with placebo follow-up over ~2	Individualised (constitutional) homoeopathy	*Calcarea phosphorica* 200C (two doses on first visit) Placebo for subsequent follow-ups.	Clinical examination Photographic documentation (before/after) MONARCH Criteria Dermatology Life Quality Index	Significant improvement began within one month Near-complete disappearance of verruca plana by 17 August 2019 Total disappearance of all facial lesions by 7 September 2019 DLQI	Grade C (Single case report; low-level evidence)	+9

			months			(DLQI)	score improved to 1, indicating "no effect at all" on quality of life MONARCH score: +9, suggesting improvement attributable to the remedy No aggravation or recurrence during follow-up.		
Dastagiri P., Chakravarthy S.G.S., Mittal R; 2023	Case series (14 evidence-based cases)	14 patients (ages 6–31 years)	Individualised homoeopathic treatment; single indicated remedy per case, usually 30C potency, given every 15 days with placebo in between; treatment duration <1–3 months.	Individualised (constitutional) homoeopathy	(All remedies prescribed individually based on totality) *Sepia officinalis* 30C - 5 cases, *Causticum* 30C - 3 cases, *Natrum muriaticum* 30C- 2 cases. *Calcarea carbonica* 30C-1 case, *Calcarea sulphurica* 30C - 1 case *Lachesis mutus* 30C - 1 case *Silicea terra* 30C -1 case All medicines repeated as needed; placebo used during improvement.	Clinical examination Photographic documentation Improvement in number, size, and symptoms of warts MONARCH score Duration to complete disappearance of warts Follow-up for recurrence (1–3 years)	Complete disappearance of all warts in all 14 cases. Time to cure: <1 to 3 months. No adverse effects reported. No recurrence of warts during 1–3 years follow-up. MONARCH scores: +8 in 12 cases, +9 in 2 cases, indicating definite causal attribution to homoeopathic treatment. Majority of remedies effective for warts on fingers (most common site). Sepia found effective in 5 female patients due to strong miasmatic and symptomatic correspondence. Photographic records confirmed outcomes.	Grade C (Case series; low-level evidence)	-

Ram H., Singh U., Tuteja S., Singh A., Singh S; 2024	Case series (8 clinically documented cases)	8 patients (ages 18–39 years; both sexes)	Individualised homoeopathic treatment; single dose of indicated centesimal potency (200C or 1M), followed by placebo; follow-up ~4 months.	Individualised (constitutional) homoeopathy	Single dose remedies used across patients (200C or 1M): *Lachesis mutus* 200C. *Causticum* 1M, *Natrum muriaticum* 200C, *Antimonium crudum* 200C, *Nitricum acidum* 1M, *Thuja occidentalis* 1M, *Sulphur* 200C, *Dulcamara* 200C (All individualized and selected via repertorization.)	Clinical examination Photographic documentation (before/after) MONARCH scoring Mental/emotional symptom assessment Follow-up for recurrence (~6–12 months)	All 8 cases showed complete disappearance of their warts, usually within 1–3 months. No recurrence was reported during 6–12 months of follow-up. Improvement noted on both physical (warts) and mental/emotional spheres. MONARCH scores: +9 in 5 cases (definite causal attribution), +8 in 3 cases (probable). No adverse events observed. Photographs confirmed complete resolution of warts. Authors conclude constitutional homoeopathy shows promising effects and warrants larger, rigorous studies.	Grade C (Case series; low-level evidence)	Definite/probable

DISCUSSION

The evidence on homoeopathy in warts spans over three decades. Observational and case-based literature consistently reports favorable outcomes with individualized remedies. The 1992 Canadian RCT using a fixed prescription regimen failed to demonstrate efficacy, but it did not align with homoeopathy's individualized approach. The 2021 Indian pilot RCT using individualized prescriptions demonstrated promising trends. Modern case reports have strengthened the evidence by employing causality assessment tools such as MONARCH. Case series such as those by Dastagiri et al. (2023) and Ram et al, (2024) have provided evidence of cure and long-term remission. Limitations include small sample sizes and the lack of large multicenter RCTs. Nevertheless, consistency of results across diverse cases suggests that homoeopathy may play a valuable role in managing warts.

CONCLUSION

Homoeopathy demonstrates consistent promise in the treatment of warts. Remedies such as *Thuja occidentalis*, *Causticum*, *Natrum muriaticum*, *Calcarea phosphorica*, *Medorrhinum*, and others have shown repeated effectiveness across studies. Observational data and case series report high clearance rates, while modern case reports provide validation through causality assessment tools. However, randomized controlled

evidence remains limited. Future large-scale multicenter trials are needed to establish efficacy.

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