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CASE-REPORT

Title: Condylomata acuminata treated with constitutional homoeopathic medicine dulcamara: A case report

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ABSTRACT

Condylomata acuminata is a sexually transmitted disease caused by HPV (human papilloma virus). The exact prevalence of Condylomata acuminata is still not clear because sufferers used to hide it as it affects their private parts and to take the treatment for their complaint comes secondary for them. Here comes the role of a homoeopathic physician who tried their best to develop the rapport among their patients by which they can easily communicate and discuss their inner most worries and sufferings. This case report is one of such example that proves the effectiveness of individualized homoeopathic medicine in treating such difficult pathological cases like genital warts with ease.

Keywords: *Condylomata acuminata, Constitutional, Dulcamara, Human Papilloma virus, Sexually transmitted infection*

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INTRODUCTION

Condylomata acuminata, also known as external genital warts is caused by human papilloma virus (HPV-6 and HPV-11).^[1] It is commonly occurred on genitals and peri-anal region. It is most frequently seen in sexually promiscuous young adults.^[2] This virus is transmitted through unprotected sex with the infected individual and also by skin-to-skin contact. The incidence of genital warts is known to be increasing rapidly but the exact prevalence is still not known. As the disease mainly affects the private parts, the sufferers deliberately hide it from getting diagnosed or reported, due to which it is very difficult to estimate the exact prevalence of Condylomata acuminata. There are few risk factors which might acquire HPV, such as having multiple sexual partners, history of chlamydial or gonorrhoeal infections, smoking and history of HIV (Human Immunodeficiency Virus).^[3-4] HPV is a double-stranded DNA virus which has capability to infect the squamous epithelial cells and fasten its cell proliferation.^[5] Over a period, it leads to thickening of the epidermal layer of skin in genital region, leading to acanthosis and wart formation.^[5] They are smooth or hard, single or multiple in clusters, and of different sizes and shapes. The incubation period of HPV virus is known to be from 1 month to 2 years.^[6] They are usually asymptomatic, although they may occasionally causes bleeding, pruritus and pain. Condylomata acuminata can be easily differentiated with Verrucae vulgaris and Molluscum contagiosum.^[7]

Verrucae vulgaris, also known as common warts, also caused by HPV, can develop anywhere on the skin especially around the nails.^[8] Molluscum contagiosum, also known as Mollusca, are small, raised, and usually white, pink, or flesh-colored with a dimple or pit in the center. They often have a pearly appearance and may occur anywhere on the body.^[9]

CASE

PRESENT COMPLAINT

A 25 year old female came to the clinic on 26th Feb, 2020, with the complaint of genital warts since one year. Whole genital region was covered with the warts.

HISTORY OF PRESENT COMPLAINT

It was a diagnosed case of HPV (Human Papilloma Virus) from the Dermatologist suggested for cauterization. Patient denied for the cauterization because of the expenses told by the Dermatologist. She had the complaint of genital warts since 1 year. Was applying some kind of dermatological ointment for almost a year now but there was no relief. There was no history of pain in the region. Itching was occasional. There was lot of discomfort during menses.

FAMILY HISTORY

Mother, Father and Younger Brother: All are healthy

Husband: Suffering from same genital warts complaint for 1 month

PHYSICAL GENERALS**Diet:** Non-vegetarian**Appetite:** Good. 3 Meals a day. Can even tolerate hunger sometimes.**Thirst:** 2L/ day**Craving:** Eggs +3**Aversion:** NA**Stools:** Once. Satisfactory.**Sleep:** Refreshing. No dreams.**Thermally:** Chilly**LIFE SPACE / MENTAL GENERALS**

Whenever she used to come to the clinic she did not talk much just that she wanted the medicine to be prepared as early as possible so that she would take it and go back. If I tried to dig in, she always replied that “everything is fine mam, nothing much”. She had a wish that if I could treat her genital warts, then she will consult me for her infertility and even will bring her husband for the treatment as well.

Her husband was working in a bank. She was a fashion designer. Got married a year ago. Her in-laws stayed at village. It was an arrange marriage. Her husband told her after marriage that he had an affair but at that time his family was not ready for the marriage hence they broke up. After knowing all this, she did not feel bad about it. On questioning more she replied that she was ok with it as now they were married and her husband was very caring. Whatever demands she put, he always fulfilled it, like: whenever she asked him to visit anywhere, he immediately got ready for it. But meanwhile whenever she demanded for intimacy, he always refused and said that he didn't want it. Whenever they did sex, it only had happened because she wanted it, husband was always least interested in it. She felt lots of anger towards her

husband, especially during night when she had the desire but husband usually refused to do so. Previously, husband was completely fine, but now he also had few warts in the genital region as well. On digging more, when I questioned her that whether she also had any affair or relationship before marriage, with hesitation she replied “Yes, I had”. She had a boyfriend before marriage and she had the physical relationship with that guy, even now also they get intimate on occasions. So I asked her that “why does not she take the divorce with her husband?” she replied that “my husband don't have any problem with me except when I forced him to do sex with me. We hardly have arguments.”

GYNAECOLOGICAL H/O**Menarche** – 14 yrs**LMP** – 15th Feb, 3-4 Days/ 35 Days Cycle, Scanty menses, bright red bleeding without clots.

No Leucorrhoea.

PHYSICIAN'S OBSERVATION

Whenever she visited the clinic, she was wearing the not so decent house clothes, without any makeup and without proper combing of hair, always looked dull, nobody can make out that she was a newlywed.

She had shared this first image on (26-02-2023) via WhatsApp where it was clearly visible that she had multiple small, broad, pedunculated, smooth, brownish-blackish warts in her genital region. And the second image on (26-09-2023) i.e. of her post treatment, which clearly showed the recovered state of her genitals region.



Figure 1: Before treatment: 26-02-2020



Figure 2: After treatment: 26-09-2020

PROBABLE DIAGNOSIS

Condylomata Acuminata

ANALYSIS OF CASE

Mental Generals:

- Anger < Contradiction+
- No interest in anything+++
- Lamenting, pain for+++

Physical Generals:

- Craving for eggs+++
- Thermally: chilly

Physical Particulars:

- Warts around labia majora and inner region

of thigh bilaterally.

- Warts are numerous, broad and pedunculated.

MIASMATIC ANALYSIS

Predominantly the disease was of sycotic miasm.

REPERTORIZATION

After analysis of case, Repertorization was done.

- **Working Method:** Computer method
- **Software used:** RADAR
- **Repertory used:** SYNTHESIS REPERTORY

	dulc.	caust.	nux-v.	agar.	spong.	hyc.	nit-ac.	sil.	tax.	ars.	canth.	charm.	coloc.	gels.	lach.	mag-p.	mosch.	med.	nat-s.	ph-ac.	rhu.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	:	
817	447	370	197	197	192	192	192	192	114	114	114	114	114	114	114	114	109	109	109	109	1	
2. Clipboard 2																						
▶ 1. MIND - DELUSIONS - interest in anything; felt no	(2) 1	1	1																			
▶ 2. MIND - LAMENTING - pain, about	(12) 1	1	2	1	2				1	1	1	3	1	3	2	2						
▶ 3. SKIN - WARTS - broad	(2) 1	1	1																			
▶ 4. SKIN - WARTS - pedunculated	(14) 1	2	3		2	3	1	1									2	1	1	2		
▶ 5. GENERALS - FOOD AND DRINKS - eggs - desire	(63) 1	1	1		1	1	1	1	1													

Figure 3: Repertorization

RUBRIC SELECTION / SYMPTOMS INTERPRETATION

1. MIND – DELUSION – Interest in anything; felt no = as she looked indifferent to her own looks (clinical observation). Newly married but deprived of sex.

2. MIND – LAMENTING – Pain, about = as she was taking treatment for her warts for a year now, she literally was begging for getting relief as soon as possible.
3. SKIN – WARTS – Broad = Clinical observation
4. SKIN – WARTS – Pedunculated = Clinical observation
5. GENERALITIES – FOOD AND DRINK – Egg, desire

FOLLOW-UP WITH INTERVENTION:

First prescription was given on 26th Feb, 2020 = Thuja 200 STAT + Sac Lac 4 pills BD x 1 Month [Thuja was given as an anti sycotic medicine].

FOLLOW-UP DATES	SYMPTOMS	PRESCRIPTION + REMARKS
26-02-2020	Whole genital region was covered with warts, dark color, soft, itching, discomfort during menses	Thuja 200 STAT + Sac Lac 4 pills BD x 1 Month [Thuja was given as an anti sycotic medicine]
01-04-2020	Decrease in itching, no reduction in warts, discomfort as it is	Sac Lac 4 pills BD x 1 Month
14-04-2020	There was no change in symptomatology. Re-case taking was done.	Dulcamara 1M / 4Pills / BD x 3 Days + Sac Lac 4 pills BD x 2 weeks
04-05-2020	Marked decrease in itching, number and size of warts. Decrease in discomfort during menses. Dullness had also reduced.	Sac Lac 5 pills BD x 1 Month
25-06-2020	No history of itching for almost 2 weeks. Marked improvement in numbers and size of warts, but few big size warts were still there.	Dulcamara 10M HS 1 dose + Sac Lac 5 pills BD x 1 Month
14-07-2020	She was almost fine with no new complaints.	Sac Lac 4 pills BD x 1 Month
18-08-2020	No history of any above mentioned complaints. Number and size of warts were 90% reduced with no new wart appearance for last 2 months.	Sac Lac 4 pills BD x 1 Month
26-09-2020	Mentally also she was feeling much relaxed and her dullness had gone and she was doing much productive work on daily basis. A feeling of satisfaction was reflecting on her face. And physically also she was fine.	Sac Lac 4 pills OD x 1 Month

Table 1: FollowUps

DISCUSSION AND JUSTIFICATION

After taking her case, I was not sure with medicine as she hardly had shared any details especially regarding her sexual life and inner

mental conflicts. So, for opening the case and to encounter her sycotic state I started with Thuja 200 single dose and had advised her to

come back after a month. The very next follow-up, she somehow founded faith in me and end up sharing the minutest details. Then, after forming the totality of her symptoms I did repertorization. Finally, Dulcamara came as the closest remedy that was covering both her mental and physical state. If we look into the psyche of Dulcamara individuals, they are “Domineering” and “Possessive” in their respective relationships. They carve out a territory for their closest ones.^[10] They are strong willed individuals and attempts to dominate others by their strong will and forceful opinions.^[10] Due to their “Suspiciousness”, during their initial interview they are very closed, they are unwilling to reveal more of themselves until they are assured that the prescriber understands their feelings.^[10] It takes a lot of serious reassurance on physician part to gain their confidence to describe their true state.^[10] They have anger in the background of their nature. Even Dulcamara covered the physical complaint in this case as well. According to John Henry Clarke’s *Materia Medica*, he had mentioned briefly about the character of warts, that Dulcamara has fleshy, or large and smooth warts. Similar kind of case study was published in *International Journal of Homoeopathic Science*, where *Staphysagria* was proved to be the Constitutional drug.^[11] It proves the usefulness of individualized homoeopathic medicine in curing the genital warts with such an ease.

CONCLUSION

The case showed the impact of constitutional homoeopathic prescription in managing a difficult and stubborn case of genital warts. The photographic evidence shared by the patient was clear enough to prove the potential of the homoeopathic treatment. In this case, Dulcamara was proved to be the exact constitutional simillimum.

DECLARATION OF PATIENT CONSENT:

The author has taken consent from the patient for sharing their personal information and the clinical images of the case for the publication

purpose only. The efforts were made to be kept the patient identity confidential.

CONFLICT OF INTEREST:

None declared

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