



MANAGEMENT OF CONDYLOMA ACCUMINATA WITH HOMOEOPATHY- A CASE REPORT

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ABSTRACT: Condyloma Accuminata, or Genital warts, are a common sexually transmitted condition caused by the human papillomavirus (HPV), affecting both men and women worldwide. While conventional treatments focus on the removal of lesions, recurrence and associated discomfort can pose ongoing challenges. Homoeopathic management aims to address the patient holistically, targeting not only the local physical symptoms but also the overall health, immunity, and mental-emotional well-being. This case study presents a 43-year-old female who presented with genital warts, urinary discomfort. Over the course of treatment, her warts cleared completely, urinary and rectal symptoms improved, and her emotional well-being stabilised. The case highlights the effectiveness of a holistic approach in managing both the physical manifestations and associated psychosomatic factors, demonstrating significant improvement in quality of life.

INTRODUCTION

Condyloma accuminata, or genital warts, are benign growths caused by the human papillomavirus (HPV) that affect the skin and mucous membranes of the genital and anal regions¹. The ICD-11 code for genital warts (anogenital warts) is 1A95.1. The condition is primarily transmitted through sexual contact, and certain strains of HPV are associated with a higher risk of recurrence and potential complications, including cervical dysplasia in women².



The clinical presentation typically includes small, soft, flesh-colored or cauliflower-like growths, which may be flat or raised. Patients often experience itching, burning, bleeding, pain during sexual activity, and discomfort while urinating or defecating. In some cases, secondary infections may occur, further complicating the condition³. The causes of genital warts include direct exposure to HPV, compromised immunity, and, in some cases, coexisting chronic conditions. Untreated warts can persist, increase in size, or spread to other areas, impacting both physical comfort and emotional well-being⁴. Complications can include recurrent infections, social stigma, and psychological stress due to chronic discomfort or embarrassment. Management of genital warts involves both local treatment of lesions and supportive care to improve overall health. Addressing lifestyle factors, diet, emotional health, and immunity forms an integral part of comprehensive care, aiming to reduce recurrence and enhance patient quality of life.

CASE PROFILE

A 43-year-old female presented with complaints of itching and warts over the genital region for about two months, accompanied by burning and bleeding. She had undergone laser treatment but experienced persistence of symptoms, including pain during coitus. Alongside, she also reported bright red bleeding and burning pain while passing stool for nearly a year, with constipation aggravated after spicy food. Over the course of Homoeopathic treatment, the patient experienced gradual relief. She later underwent surgery for haemorrhoids. Post-surgery, she reported relief, though at times slight pain and pus discharge persisted. She also experienced occasional urinary complaints, such as burning urination and flank pain, which were managed during the follow-up. Her menstrual cycles showed some irregularities initially, occurring earlier and sometimes twice in a month, but eventually became regular. By the later follow-ups, her genital warts had completely cleared with no recurrence.

PAST HISTORY: Nothing relevant

FAMILY HISTORY:

Mother - Renal issues and hypertension.

Younger sisters - Haemorrhoids

GENERAL SYMPTOMS

The patient reported a good appetite with a particular desire for sweet foods, while expressing an aversion to non-vegetarian items. Their thermal reaction was ambithermal. She experienced reduced thirst. Her stools were constipated and felt sometimes satisfactory and voided



urine without any difficulty. Perspiration was noted as profuse, and sleep was disturbed, averaging only five hours per night.

EXAMINATION OF THE PATIENT

The patient presented with a pulse of 77 beats per minute, which was regular. Their blood pressure was recorded at 120/80 mmHg, and oxygen saturation was 96%. Upon examination of the skin, warts were noted over the genital region; these lesions varied in appearance, with some described as flat and others presenting as cauliflower-like lesions.

MENTAL GENERALS

The patient was born and brought up in Karnataka. She describes her childhood as happy, with friendly parents who maintained a supportive and caring environment. She performed well in studies during her school years and enjoyed extracurricular activities. Relations with teachers, friends, and siblings were cordial. Her father, to whom she was deeply attached, passed away in an accident a few years ago. This tragic incident left a strong emotional impact on her, and she recalls going through panic attacks during that period.

She currently works as a high school teacher. She enjoys her work and is generally comfortable with her responsibilities, colleagues, and students. In terms of personality, she identifies herself as oversensitive, especially to sound, and admits she gets easily attached to people. She is anxious about her health and describes herself as short-tempered. In moments of anger, she tends to shout and occasionally throws things. She admits to being a perfectionist, wanting everything neat and clean, and having workaholic tendencies. She has fears of water and heights. She has many friends and values her interpersonal relationships. She is sensitive and easily moved by emotions, describing herself as someone who weeps easily when touched by situations but feels a sense of relief afterwards. When asked about stressful situations, she points to her father's sudden death as the most difficult period of her life. The grief was overwhelming and brought about panic, anxiety, and emotional turmoil. Her happiest memory, in contrast, is the birth of her daughter, which brought immense joy, fulfilment, and emotional satisfaction.



CASE ANALYSIS

Reportorial Totality

Repertory used	Rubrics selected
Complete Repertory	• Mind: Anxiety about health, • Emotional, Oversensitive, • Restlessness, Short-tempered • Generals: Aversion to noise, • Workaholic tendencies • Female genitalia: Genital warts, • Burning urination, • Rectum: Constipation, Hemorrhoids, • Urinary: Burning micturition, Painful urination

Table 1: Reportorial Analysis and Totality

REPERTORY CHART

Remedy Name	Lyc	Nik-ac	Merc	Nux-v	Ars	TbuJ	Puls	Aloe	Nak-s	Bell
Totality	12	12	10	10	10	10	9	9	9	8
Symptom Covered	5	4	6	6	5	5	5	4	4	5
[C] [Mind]Anxiety:Health, about:	2	3	1	1	1		2	1		1
[C] [Mind]Sensitive, oversensitive:Emotional:						1				
[C] [Mind]Insanity, madness:Restlessness, with:			1	1	2		1			1
[C] [Mind]Aversion:Noise, to:				1						
[C] [Mind]Industrious, mania for work:	3		1	1	1	1	1	2	1	1
[KT] [Genitalia female]Condylomata (see excrescences):	2	3	2			3			3	
[KT] [Urine]Burning (includes hot):	2	3	3	3	3	3	2	3	3	3
[KT] [Rectum]Haemorrhoids:	3	3	2	3	3	2	3	3	2	2

Fig. no.1: Reportorial Chart Showing the Remedy Result

**SELECTION OF REMEDY**

Remedy	Reasons
Constitutional Remedy name-Arsenicum album Remedy potency-200 Remedy dose-1dose	As constitutional remedies, anxiety, fear of disease, fear of death, illness, fastidiousness, restlessness, time punctuality, Obsessive behaviour, over-sensitive Thirsty intense
Specific Remedy name-Causticum Remedy potency-30 Remedy dose-daily 1 dose for 1 month	warts flat, large, jagged, few cauliflower-like appearances genital warts-no pain, bleeding
Intercurrent Remedy name- Thuja occidentalis Remedy potency-30 Remedy dose	Warts in general Genital warts Painful burning sensation, bleeding

Table 2: Analysis of Remedy Selection**OBSERVATION AND RESULTS**

Month	Progress	Prescription
1st Month	Warts flat, few, cauliflower-like appearance; genital warts increasing in size, few new in the anal region; burning urination on and off; menses early, 3 days flow; all general signs good, appetite and bowels regular, sleep sound	CAUSTICUM 30C, 1 dose 2/2 days; SAC-L NA, 2 doses 2/1 days; CANTHARIS 200C, 2 doses 2/1 days
2nd Month	Warts increasing in size, itching on and off; bleeding and pain per rectum; burning urination	CAUSTICUM 30C, SAC-L NA, AESCULUS HIPPOCASTANUM 200C 3 strips SOS



3rd Month	Genital warts have almost cleared in the last 15 days; constipation with hard stools; pain in the left flank occasionally; sleep is disturbed	SAC-L NA, 2 doses 2/2 days; SAC-L NA, 2 doses 2/1 days SOS
4th Month	Warts in the genital region cleared; a few dark spots persist; operated for haemorrhoids 2 months back; all general good; menses early and twice a month; sleep disturbed	SAC-L NA, 2 doses 2/2 days
5th Month	Warts cleared; no new lesions; burning urination and flank pain occasionally; slight post-haemorrhoid surgery pain; pus discharge persists; all general good	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days; NUX-VOMICA 200C, 2 doses 2/1 days SOS for gastric issues
6th Month	Genital warts cleared; no new lesions; burning urination better; general health good	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days
7th Month	Genital warts cleared; no new lesions; urinary complaints managed; general health good	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days SOS
8th Month	Genital warts cleared; no new lesions; all general good; no burning urination or piles issues	SAC-L NA, 2 doses 2/2 days
9th Month	Skin clear; no warts; patient happy, no associated complaints	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days for urine infection SOS
10th Month	Genital warts cleared; no new lesions; all general good; menses regular; sleep sound	SAC-L NA, 2 doses 2/2 days
11th Month	Genital warts cleared; no itching; all general areas good; urinary infection better	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days SOS
12th Month	Genital warts cleared; patient satisfied and requested to stop medication; urinary complaints resolved; general health good	SAC-L NA, 2 doses 2/2 days; CANTHARIS 200C, 2 doses 2/1 days; patient considered cured

Table 3: Follow-up table showing the patients improvement



Figure 1: Before treatment



Figure 2: After treatment

DISCUSSION

This case study underscores the critical importance of a holistic, individualised treatment approach in addressing complex, multi-systemic presentations. The initial cluster of symptoms, including genital warts, recurrent urinary complaints, gastrointestinal issues like constipation and bleeding per rectum(haemorrhoids), and significant psychological distress like anxiety, occasional panic attacks, etc, highlighted a deep disturbance affecting both physical and mental spheres. The gradual, consistent resolution of symptoms ranging from the complete regression of genital warts and improvement in urinary and gastrointestinal health to the stabilisation of her mental and emotional state validates a therapeutic strategy that focuses on the patient as a whole, which is the main principle of Homoeopathic treatment, rather than merely managing isolated pathologies. The sustained positive result was facilitated by the patient's strong compliance with the treatment plan and lifestyle guidance, demonstrating the essential partnership required for effective long-term care.

CONCLUSION

The sustained, comprehensive improvement across physical and mental domains in this case, achieved through individualised homoeopathic treatment, demonstrates its potential value in complex, chronic conditions. This case provides a compelling example of the necessity of an integrative perspective in chronic illness, confirming that focusing on the overall health of the individual leads to the comprehensive and sustained resolution of diverse and seemingly unrelated symptoms. However, to translate these promising clinical observations into widely accepted evidence, further rigorous research is critically needed.



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