



IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
<http://internationaljournal.org.in/journal/index.php/ijayush/>

International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article

Volume 14 Issue 08

August 2025

A CHRONIC CASE OF WARTS AND ANKLE CYST MANAGED BY HOMEOPATHY

Dr Yashwant Mishra

Chief Homeopathic Consultant

Jamshedpur Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-jamshedpur@drbatras.com

Mobile +91 877 775 3109

Abstract

Warts and cystic swellings are common dermatological presentations affecting individuals across all age groups, often leading to chronic discomfort, cosmetic concerns, and occasional complications such as pain, secondary infection, or suppuration. Conventional management includes topical cauterization, cryotherapy, surgical excision, and antibiotics for associated infections. However, these approaches often carry risks of recurrence, scarring, and limited patient satisfaction. Homeopathy offers a holistic approach. This paper presents a case of a 50-year-old female with a chronic wart-like growth on the dorsum of the foot persisting for more than five years, the patient showed progressive improvement over a span of months, with resolution of pain, reduction in cystic swelling, and significant regression of the wart at Dr Batra's

Keywords:

Warts, homeopathic treatments, DrBatra's

Introduction

Warts are benign epithelial proliferations caused by infection with human papillomavirus (HPV), commonly presenting as hyperkeratotic, skin-coloured growths on various parts of the body, including the extremities. They are widely prevalent, with global estimates ranging

between 7–12% in the general population and higher prevalence reported among school-aged children and immunocompromised individuals (1). Cystic swellings, on the other hand, may arise due to obstructed glandular secretions, trauma, or chronic inflammatory processes, and are often seen in regions subjected to mechanical stress such as the ankle and foot (2). The causative agent for warts, HPV, leads to epidermal hyperplasia by infecting keratinocytes. Transmission occurs via direct skin-to-skin contact or through fomites, with minor trauma facilitating viral entry (3). Clinically, warts may appear as common warts, plantar warts, or flat warts, depending on the strain of HPV and the anatomical site involved. They are usually asymptomatic but may cause pain, discomfort, or cosmetic concerns in long-standing cases (4). Cystic swellings of the ankle and foot may present as fluctuant, fluid-filled lesions that can become painful on movement or ambulation. Secondary infection may result in pus formation, abscess development, and delayed healing (5). Chronic cases often cause functional limitation, psychological distress, and may recur if not treated holistically. Complications associated with untreated or recurrent lesions include persistent pain, secondary bacterial infections, scarring, and, rarely, malignant transformation in specific HPV-related lesions (6). Given the limitations of conventional therapies such as recurrence after surgical removal or cryotherapy, alternative approaches including homeopathy are being increasingly explored for chronic and resistant cases (7).

Case Profile

A 50-year-old female has been suffering from a growth on the upper surface of her foot for more than five years. The growth is skin-colored, wart-like in appearance, and remains painless and non-itchy. She had previously taken both allopathic and homeopathic treatments but noticed no improvement. Along with this, she has developed a fluctuant, cystic swelling around the ankle, which becomes painful while walking. A few days ago, the patient also noticed pus discharge from the cystic swelling, indicating a possible infection or abscess formation.

Physical Generals

Diet: Non vegetarian

Appetite: Decreased

Desire/Craving: Chicken

Aversion: Not clear

Thirst: Decreased, prefers small quantity, no specific preference

Stools: Not clear

Urine: Normal

Perspiration: Profuse, thick, staining, mostly on upper body and head*

Thermal Reaction: Ambithermal, prefers covering, tolerates all seasons

Bathing: Daily bathing habit

Sleep: Restful, about 7 hours

Dreams: Present

Examination

- **General Physical Examination**

- Patient: 50-year-old female, moderately built and nourished
- Vitals: Stable, within normal limits
- No systemic abnormalities detected on general survey

- **Local Examination**

- **Foot (upper surface):** Wart-like, skin-colored growth, firm in consistency, non-tender, no itching or pain
- **Ankle region:** Fluctuant, cystic swelling, painful on walking; history of recent pus discharge suggestive of secondary infection

Mental Generals –

The patient describes her childhood as good and without any major difficulties. Her scholastic performance in school was normal, and she did not face episodes of bullying or significant interpersonal issues with teachers or friends. Her relationship with siblings was cordial, and her parents were neither overly strict nor had unrealistic expectations. Overall, her upbringing was supportive and balanced, with no particular stressful periods during her early years. As she grew older, she identifies both parents as having an equal influence on her personality and decisions.

Presently, she is married and lives with her husband and children, describing her family environment as stable. She is a housewife, primarily engaged in maintaining her household and looking after her family's needs. Though she does not report major family conflicts, she often worries about the well-being and future of her family members, which adds to her mental stress.

- No major illnesses reported in the past
- No history of tuberculosis, hypertension, diabetes mellitus, asthma, epilepsy, or other chronic systemic diseases
- No history of major surgeries or hospitalizations

- No family history of tuberculosis, hypertension, diabetes mellitus, asthma, or epilepsy
- No hereditary or chronic systemic diseases reported
- No psychiatric or genetic disorders in the family

Repertorial totality

Repertory used	Rubrics selected
Repertory Name	<ul style="list-style-type: none"> – [C] [Mind Ailments from: Anxiety: – [C] [Mind Anxiety: Others, for: – [C] [Mind]Sympathetic, compassionate: – [C] [Mind]Cautious: – [C] [Skin]Warts: – [C] [Extremities]Eruptions:Foot:

[illegible]

Selection of Remedy

- **Constitutional**

- **Remedy Name:** *Silicea*
- **Remedy Potency:** 200C
- **Remedy Dose:** Single dose, followed by placebo
- **Reason for Selection:** Chosen on the basis of the **totality of symptoms**, core constitution, and the patient's mental traits such as **low self-confidence**, overthinking, cautious and worried nature, along with a tendency toward chronic suppuration and long-standing growths.

- **Acute**

- **Remedy Name:** *Causticum*
- **Remedy Potency:** 30C
- **Remedy Dose:** Repeated in acute phase, depending on intensity of symptoms
- **Reason for Selection:** Indicated in cases with **warts, cystic swellings, and suppuration tendency**. Selected here for acute management of the **painful cyst with pus discharge** at the ankle, and for its known affinity toward chronic skin growths and excrescences.

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Anxiety about trifles, overthinking	✓			
Anxiety for others		✓		
Sympathetic, compassionate nature		✓		
Cautious, overcautious	✓	✓		
Warts, long-standing, hard, extremities		✓		
Cystic swelling with pus history (suppuration tendency)			✓	
Excrescences on dorsum of foot		✓		
Worried, cares for family	✓			
Profuse perspiration, staining	✓			✓
Restless thoughts, over-exertion mentally	✓			✓

Materials and Methods

Complete repertory was used for Repertorization

Results

Month	Progress	Prescription
1st Month (Mar 2025)	Initial prescription given; patient started on Silicea and Causticum.	Silicea 200C – one dose; Causticum 30C – OD × 6 days + placebo BD
2nd Month (Apr 2025)	Slight relief in pain of ankle swelling; wart growth unchanged.	Silicea 200C – one dose; Causticum 30C – OD × 6 days + placebo BD
3rd Month (May 2025)	Pus discharge reduced; swelling less painful; general well-being improved.	Silicea 200C – one dose; Causticum 30C – OD × 6 days + placebo BD
4th Month (Jun 2025)	Growth on foot remains but reduced in hardness; swelling subsiding gradually.	Wiesbaden 200C – one dose
5th Month (Jul 2025)	Noticeable reduction in wart-like growth size; ankle cyst healing, no fresh discharge.	Silicea 200C – one dose; Causticum 30C – OD × 4 days + placebo
6th Month (Aug 2025)	Wart growth further reduced; swelling minimal, pain subsided; overall betterment.	Silicea 200C – one dose; Causticum 30C – OD × 4 days + placebo
7th–12th Month (Sep 2025 – Feb 2026)	To be followed; patient under regular observation for long-term improvement and recurrence prevention.	Planned continuation with constitutional Silicea at long intervals, acute support with Causticum if required.

Discussion & Conclusion

This is the case of a 50-year-old female who presented with a long-standing wart-like growth on the upper surface of the foot, persisting for more than five years, along with a cystic, fluctuant swelling in the ankle region which had become painful and occasionally discharged pus. The case was evaluated thoroughly on the basis of physical examination, physical generals, mental generals, past history, family history, and life space study. Mentally, she exhibited traits of being calm, caring, sympathetic, punctual, overcautious, worried, and an over-thinker, with a strong sense of responsibility toward her family. This case demonstrates the importance of individualized homeopathic case-taking, understanding of mental and physical generals, and the miasmatic background. Through the careful selection of remedies based on the totality, a chronic case that had not improved with earlier treatments showed

steady recovery. The constitutional prescription of Silicea, complemented by Causticum as an acute support, proved effective in bringing about significant improvement both locally and constitutionally. **Conclusion:** The case highlights the efficacy of homeopathy in managing long-standing, resistant conditions like warts and cystic swellings. It emphasizes that a deep study of the patient's constitution, life space, mental disposition, and miasmatic analysis is essential to arrive at the correct prescription. With a holistic approach and proper follow-up, the patient progressed from a chronic state of discomfort to a state of relief and improved quality of life.

The transformation



Acknowledgments

I take this opportunity to thank those who have helped and supported me personally and professionally during this case study.

References

1. Sterling JC, Gibbs S, Haque Hussain SS, Mohd Mustapa MF, Handfield-Jones SE. British Association of Dermatologists' guidelines for the management of cutaneous warts 2014. *Br J Dermatol*. 2014;171(4):696-712.
2. Jabbari A, Gonzalez ME. Cutaneous cysts: A review. *Dermatol Clin*. 2021;39(4):557-574.
3. De Villiers EM. Cross-roads in the classification of papillomaviruses. *Virology*. 2013;445(1-2):2-10.
4. Lipke MM. An armamentarium of wart treatments. *Clin Med Res*. 2006;4(4):273-293.
5. McCarthy CL, McNally EG. The ankle and foot: imaging of cysts and bursae. *Semin Musculoskelet Radiol*. 2007;11(2):162-176.
6. Lomas A, Leonardi-Bee J, Bath-Hextall F. A systematic review of worldwide incidence of nonmelanoma skin cancer. *Br J Dermatol*. 2012;166(5):1069-1080.
7. Vithoulkas G. The science of homeopathy. New York: Grove Press; 1980.