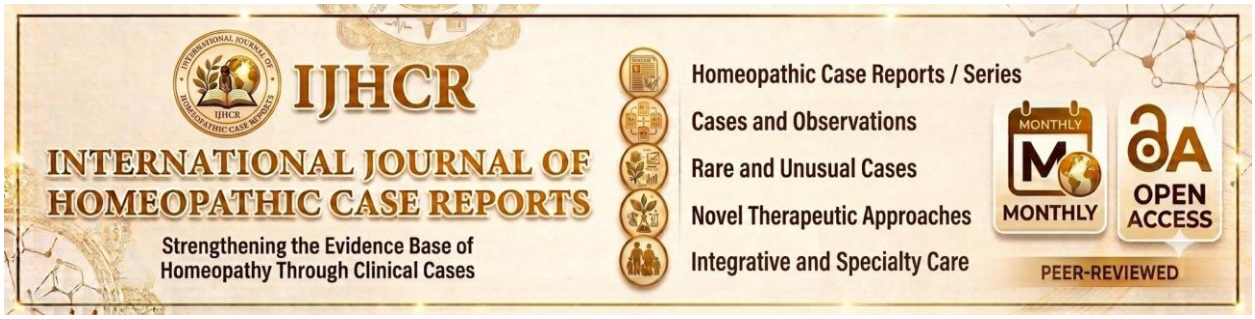

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Homeopathic Management of Genital Warts in a Young Woman: A Case Report Highlighting Individualised Totality and Constitutional Prescription

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Abstract

Genital warts are anogenital lesions commonly associated with human papillomavirus infection and may present as solitary or multiple papillary growths. The clinical management of such cases requires appropriate diagnosis, counselling regarding transmission, examination of the genital region and consideration of conventional treatment when indicated.

This case describes a young married woman who developed genital warts in the perineal region following sexual contact with a partner with a previous history of recurrent genital warts. The lesion initially appeared as a small wart and subsequently increased after manipulation. The patient experienced itching, particularly with sweating, after gym activity, at night and in hot conditions. She also reported pain and bleeding associated with the use of a jet spray.

The case was approached through individualised case taking, including physical generals, mental generals, personal history, family history and the patient's life-space. The totality included genital excrescences with itching, aggravation from sweat and heat, emotional sensitivity, suppression of emotions, overthinking, desire for order and perfection, concern regarding body odour and a tendency to express anger through crying. Thuja was selected as the constitutional remedy based on the totality.

During follow-up, progressive improvement was recorded, with complete disappearance of the reported wart lesions and resolution of associated itching, pain and dryness. Subsequent clinical examinations documented a normal genital appearance without growth. The patient reported no recurrence or other genital complaints at the latest follow-up.

Keywords: Genital warts, HPV-associated lesions, individualisation, totality of symptoms, constitutional prescribing, Thuja, homeopathy, case report

Introduction

Genital warts are benign anogenital growths commonly associated with human papillomavirus infection. They may appear as small papillary or verrucous lesions and can vary in size, number and distribution. Symptoms may include itching, irritation, discomfort, bleeding or local trauma.

The clinical presentation in this case was particularly relevant because the patient had a recent sexual exposure to a partner with a longstanding history of genital warts. The lesion initially appeared as a small growth in the perineal region and subsequently spread after being manipulated.

From a homeopathic perspective, the case was approached by considering not only the local manifestation but also the patient's individual characteristics, physical generals, mental-emotional state, maintaining factors and characteristic modalities.

The objective of presenting this case is to demonstrate the process of individualised case analysis and constitutional prescription in a patient presenting with genital warts, while documenting the clinical course during follow-up.

Case Presentation

Patient Profile

A twenty-eight-year-old woman presented with genital warts involving the perineal region.

She had been married for approximately three months but had been in a relationship with her husband for many years. The patient reported that this was the first occurrence of genital warts following intercourse with her husband.

Her husband had a history of genital warts since adolescence. According to the history provided, his lesions had appeared intermittently and had previously spread following shaving. He had received homeopathic treatment in the past and the lesions had subsequently resolved.

Chief Complaint

The patient presented with a growth in the perineal region.

The lesion initially appeared as a small wart. The patient subsequently manipulated or poked the lesion, after which she noticed further spread.

The main associated complaints were:

- Genital/perineal warty growths
- Itching associated with the lesions
- Increased itching with sweating
- Aggravation after gym activity
- Aggravation at night
- Aggravation from heat
- Pain associated with local trauma

- Bleeding while using a jet spray in the toilet

There was no significant menstrual disturbance. Menstruation was reported to be regular with no particular change in symptoms during the menstrual period.

There were no other major presenting complaints.

Relevant History

The patient had no significant past medical history reported in relation to the present complaint.

There was no relevant past history contributing directly to the genital lesions.

Her menstrual history was regular with normal flow.

Appetite was normal.

Thirst was normal, with approximately two litres of water intake daily.

Bowel and urinary functions were regular.

Sleep was approximately six hours and was described as refreshing.

Physical Generals

Appetite

Normal.

Food Preferences

No significant craving was recorded.

She had an aversion to mushrooms.

She followed a predominantly non-vegetarian dietary pattern.

Thirst

Normal.

Preferred hot water.

Thermal State

Ambithermal.

She preferred winter and air-conditioning.

Perspiration

Perspiration was normal in quantity and non-offensive in odour.

Perspiration was particularly noted under the arms.

Sleep

Approximately six hours of sleep.

Sleep was refreshing.

Preferred sleeping on the left side.

Female Generals

Menstrual cycles were regular with normal flow.

No significant menstrual aggravation of the genital complaint was reported.

Local Examination and Clinical Course

At presentation, the patient reported warty growths in the perineal region associated with itching and local discomfort.

The lesions were particularly troublesome with sweating, gym activity, night and heat.

The patient also reported bleeding and pain when using a jet spray, suggesting local mechanical irritation.

During follow-up, progressive improvement was documented.

The patient subsequently reported that the warts had completely disappeared. There was no itching, pain or discharge.

On clinical examination, the perineum and vagina were reported to be normal, with no visible growth.

At the subsequent follow-up, the genital examination remained normal with no growth and no dryness.

The patient reported complete resolution of the wart-like eruption and no recurrence of itching, pain or other genital complaints.

Family History

The patient's father was reported to be in good health and had developed skin tags after middle age.

Her mother was also reported to be in good health, with minimal skin-tag formation.

A sibling had a history of warts involving the hand.

There was therefore a family background of wart-like or papillomatous skin manifestations.

Personal and Social History

The patient was born and brought up in Kerala.

She described her childhood and upbringing as good, without significant financial hardship or major childhood difficulties.

Both parents had a strong influence on her.

Academically, she described herself as average.

During school, she participated in sports and developed an interest in music and singing.

She was working as a banker in Dubai and had been there for approximately three years.

Her workplace environment was generally peaceful, although her sales responsibilities involved frequent interaction with customers. She experienced stress particularly from her manager and work-related demands.

Life-Space and Mental Generals

The patient's mental and emotional state provided important individualising characteristics.

She described herself as extroverted and reported that she could easily make friends.

At the same time, she had a tendency to overthink about her future, work and personal life. She described her mind as continuously occupied with thoughts and felt that she did not give her mind adequate rest.

She preferred everything to be organised and in its proper place. She wanted things to be perfect, including the arrangement of objects around her.

She reported emotional sensitivity, particularly in relation to family matters.

At work, she generally suppressed her emotions rather than expressing them openly because she believed that this helped her maintain professionalism.

When angry, she tended to express the emotion through crying rather than direct confrontation.

She could become anxious or nervous when something unexpected was suddenly assigned to her without prior information.

She was also conscious about body odour and repeatedly checked whether there was any smell coming from her.

She described herself as emotionally vulnerable in family-related matters.

She enjoyed travelling, reading, cooking, cleaning and going to the gym.

She also enjoyed music and singing.

Characteristic Mental Symptoms

The characteristic mental picture included:

- Extroverted and easily makes friends
- Persistent overthinking about future, work and life
- Mind continuously occupied with thoughts
- Strong desire for organisation
- Desire for everything to be perfect
- Emotional sensitivity, particularly concerning family
- Suppression of emotions at the workplace
- Anger expressed through crying
- Anxiety when unexpected work is suddenly assigned
- Heightened concern regarding body odour
- Repeated checking related to perceived smell
- Love of attention
- Introductory tendency was not prominent; she was generally socially outgoing
- Fear of snakes with a marked freezing response
- Enjoyment of travelling, reading, cooking, cleaning and gym activity

Characteristic Physical Symptoms

The local and general characteristics considered important in the case were:

Genital excrescences

Itching of the genital/perineal region

Itching aggravated by sweating

Aggravation after gym activity

Aggravation at night

Aggravation from heat

Local pain and bleeding following mechanical irritation

Warty growth appearing initially as a small lesion and spreading after manipulation

Regular menstruation

Normal appetite and thirst

Preference for hot water

Ambithermal state with preference for winter

Totality of Symptoms

The final totality was constructed from the most characteristic and individualising symptoms rather than merely considering the diagnosis of genital warts.

Particulars

Genital/perineal excrescences with itching

Warts aggravated by sweating

Aggravation from heat

Aggravation at night

Spread following manipulation

Pain and bleeding from local mechanical irritation

Mental Generals

Overthinking about future, work and life

Mind continuously occupied with thoughts

Desire for order and perfection

Marked concern regarding body odour with repeated checking

Emotional sensitivity in family matters

Suppression of emotions in the workplace

Anger expressed through crying

Anxiety when unexpected tasks are suddenly imposed

Love of attention

Physical Generals

Preference for hot water

Preference for winter

Preference for air-conditioning

Normal appetite

Normal thirst

Refreshing sleep

Regular menstruation

Repertorial Analysis

The repertorial approach was based on the characteristic symptoms rather than the pathological label alone.

The important repertorial themes included:

Female genital region – excrescences/warts

Genital region – itching

Skin – warts/excrescences

Skin – itching – perspiration aggravates

Generalities – heat aggravates

Generalities – night aggravates

Mind – anxiety

Mind – thoughts, persistent

Mind – overthinking

Mind – emotions, suppressed

Mind – desire for order

Mind – perfectionism

Mind – sensitive to family matters

Mind – anger expressed by crying

The repertorial analysis supported consideration of **Thuja** as the constitutional prescription.

Constitutional Prescription

Thuja

Thuja was selected as the constitutional remedy based on the totality of the case.

The prescription was not based solely on the presence of genital warts. The decision incorporated the characteristic local manifestation together with the patient's mental and physical generals.

Particular importance was given to the combination of:

Genital excrescences

Itching associated with sweating

Tendency for the lesion to spread after manipulation

Emotional sensitivity

Suppression of emotions

Persistent overthinking

Desire for order and perfection

Marked concern regarding body odour and repeated checking

The patient was prescribed **Thuja** according to the recorded treatment plan.

Follow-Up

Early Follow-Up

At an early follow-up, the patient reported improvement in the eruptions.

The genital lesions were progressively reduced and associated itching and discomfort decreased.

Subsequent Follow-Up

The patient reported no significant complaints.

The genital examination showed a normal appearance with no visible growth.

She reported:

- No warts
- No itching
- No pain
- No discharge
- No dryness
- No other genital complaints

Final Follow-Up

At the latest documented follow-up, the patient reported that the warts had completely resolved.

Clinical examination documented normal genital findings with no visible growth.

Menstruation remained regular.

General health was reported to be good.

Outcome

The clinical course showed progressive improvement followed by complete disappearance of the reported genital wart lesions.

The improvement was documented both through patient-reported symptoms and subsequent clinical examination.

At the final documented assessment:

Genital growth – absent

Itching – absent

Pain – absent

Discharge – absent

Dryness – absent

Genital examination – normal

Menstrual cycle – regular

General condition – good

Discussion

This case demonstrates the importance of looking beyond the diagnostic label when constructing a homeopathic totality.

The presenting diagnosis was genital warts; however, the case contained several individualising features. The local complaint was characterised by itching associated with sweating, aggravation from heat and night, and spread following manipulation.

The mental picture added further individualisation. The patient described persistent overthinking, a mind that remained continuously occupied, a strong desire for order and perfection, emotional sensitivity regarding family, suppression of emotions in professional situations and expression of anger through crying. Her concern regarding body odour and repeated checking was another distinctive feature.

The family history also revealed the presence of wart-like manifestations in close family members.

An important aspect of the case was the patient's history of sexual exposure to a partner with previous genital warts. This provides a clinically relevant context for the presentation and should be documented independently of the homeopathic prescription.

The case therefore illustrates the principle of constructing the prescription from the **individual patient**, rather than prescribing solely on the basis of the pathological diagnosis.

Clinical Significance

The case highlights several important aspects of clinical case taking:

The pathological diagnosis identifies the disease, but characteristic symptoms individualise the patient.

Local symptoms should be evaluated together with mental and physical generals.

Modalities such as aggravation from sweating, heat and night can add individualising value.

The patient's emotional response and coping pattern may contribute to the constitutional picture.

Maintaining factors and possible infectious exposure should be explored separately.

Objective follow-up examination is important when documenting clinical improvement.

Conclusion

This case of genital warts in a young woman was approached through detailed individualised case taking and construction of the totality of symptoms.

The case was characterised by genital excrescences with itching, aggravation from sweating, heat and night, spread following manipulation, emotional sensitivity, suppressed emotions, persistent overthinking, perfectionistic tendencies and marked concern regarding body odour.

Thuja was selected as the constitutional remedy based on the overall symptom totality.

Progressive clinical improvement was documented during follow-up, with subsequent disappearance of the reported wart lesions and absence of itching, pain, discharge and dryness. Later clinical examinations documented a normal genital appearance without visible growth.

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