

Effectiveness of *Thuja occidentalis* in Verruca Vulgaris: A Case Series Study

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ABSTRACT

Background: Verruca vulgaris is a benign epithelial proliferation caused by human papillomavirus (HPV), commonly affecting children and young adults. Although spontaneous regression may occur, many cases persist or recur despite conventional treatments such as cryotherapy and keratolytics. Homoeopathy considers warts predominantly under the sycotic miasm, and *Thuja occidentalis* is regarded as a principal remedy for warty excrescences. **Materials and Methods:** This prospective interventional case series was conducted at C.D. Pachchigar Homoeopathic Medical College and Hospital. Three clinically diagnosed cases of verruca vulgaris were enrolled. Detailed case taking was performed as per aphorisms 83–104 of the *Organon of Medicine*. Remedy selection was based on totality of symptoms. *Thuja occidentalis* was prescribed in centesimal potency internally, along with external application of *Thuja* ointment. Follow-up was conducted at regular intervals. Treatment effectiveness was assessed using the MYMOP2 (Measure Yourself Medical Outcome Profile 2) scale. **Results:** Two out of three cases (66.6%) demonstrated significant improvement, with one case achieving complete resolution (100% improvement). One case showed mild improvement (11.82%). No recurrence or adverse effects were observed during the follow-up period. Higher potency (1M) cases showed comparatively better clinical response than 200 potency. **Conclusion:** The findings suggest that *Thuja occidentalis*, prescribed on homoeopathic principles and administered both internally and externally, may be effective in the management of verruca vulgaris. However, due to the small sample size, larger controlled studies are required to substantiate these findings.

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KEYWORDS: *Verruca vulgaris*, *Human papillomavirus*, *Thuja occidentalis*, *Homoeopathy*, *Case series*, *MYMOP2 scale*.

INTRODUCTION

The skin is the largest organ of the human body and serves as a dynamic interface between the internal milieu and the external environment. Structurally, it comprises the epidermis, dermis, and subcutaneous tissue, each contributing to protective, immunological, thermoregulatory, and sensory functions^[1]. Integrity of the epidermal barrier is crucial in preventing microbial invasion; however, certain viruses such as the human papillomavirus (HPV) can infect keratinocytes and induce localized proliferative lesions known as warts.

Warts (verrucae) are benign epithelial proliferations caused by infection with HPV, a non-enveloped, double-stranded DNA virus with marked epithelial

tropism^[4,6]. HPV infects basal keratinocytes through micro-abrasions and completes its life cycle in differentiating epithelial cells^[6]. More than 200 HPV genotypes have been identified and classified based on genetic sequencing and biological behavior^[5,13]. Specific types demonstrate predilection for cutaneous or mucosal epithelium, contributing to the diversity of clinical presentations ranging from common warts to condylomata acuminata^[4,14,16].

Cutaneous warts are among the most common dermatological complaints in general practice and pediatric populations^[8,18,19]. Their prevalence varies across communities and age groups, with higher incidence observed among schoolchildren and

immunocompromised individuals^[8,23]. Studies have also demonstrated variation in HPV prevalence across different geographic and demographic groups^[9,24]. In Indian children, cutaneous warts represent a significant proportion of dermatological consultations, with common and plane warts being frequently encountered^[20].

The natural course of warts is variable. Although many lesions regress spontaneously due to host cell-mediated immune response, a substantial proportion persist or recur, causing discomfort, cosmetic concern, and psychological distress^[8,18,22]. The pathogenesis involves viral oncoproteins such as E6 and E7, which interfere with normal cell cycle regulation and promote keratinocyte proliferation^[11,22]. Clinically, warts present in various morphological forms including verruca vulgaris, verruca plana, plantar warts, and genital warts^[14,25]. Dermoscopy has further enhanced diagnostic precision in differentiating wart subtypes^[33,34].

Conventional management of cutaneous warts includes topical keratolytics (e.g., salicylic acid), cryotherapy with liquid nitrogen, electro surgery, laser ablation, and immunomodulatory therapies^[21,27,35]. Evidence-based guidelines, such as those issued by the British Association of Dermatologists, outline standardized treatment approaches; however, recurrence, treatment-related discomfort, and incomplete clearance remain common challenges^[7,12,28]. Systematic reviews have demonstrated variable efficacy among local therapies, with no single modality proving universally superior^[21,36]. Recalcitrant warts continue to pose therapeutic dilemmas, necessitating exploration of complementary and alternative approaches^[15].

From an immunological perspective, host immune response plays a central role in spontaneous regression and therapeutic outcomes^[10,22]. Prophylactic HPV vaccination has significantly reduced the burden of HPV-related diseases, particularly mucosal types, though its role in established cutaneous warts is limited^[17,26]. Thus, despite advances in dermatological therapeutics, the management of warts remains an area of ongoing clinical interest.

Homoeopathy conceptualizes warts predominantly under the sycotic miasm, characterized by overgrowth and proliferative tendencies, as described in the *Organon of Medicine*^[40,41]. Within homoeopathic materia medica, *Thuja occidentalis* is considered a principal remedy for warty excrescences, especially

those that are pedunculated, cauliflower-like, or associated with moist discharges^[42]. Classical and

contemporary homoeopathic literature describe its use both as an internal constitutional remedy and as a local application in the form of mother tincture or ointment^[42-45].

Clinical reports and case series have suggested favorable outcomes with homoeopathic management of warts, including the use of *Thuja occidentalis*, either alone or as part of individualized prescriptions^[37-39]. However, the relative efficacy of internal versus local application has not been systematically compared in rigorous clinical settings. Given the theoretical distinction in homoeopathy between constitutional (internal) treatment and local (external) application and concerns regarding suppression versus holistic cure there is a need for structured academic evaluation.

Therefore, the present research aims to undertake a comparative study of *Thuja occidentalis* administered internally and applied locally in cases of warts, assessing clinical efficacy, recurrence rates, and overall therapeutic outcomes within a scientifically structured framework.

MATERIALS AND METHODS

Study Setting

The present study titled “Effectiveness of *Thuja occidentalis* in Verruca Vulgaris: A Case Series Study” was conducted at C.D. Pachchigar Homoeopathic Medical College and Hospital, Surat, Gujarat, India. Cases were enrolled from the Out-Patient Department (OPD), peripheral centers, and regular medical camps organized by the institution.

Study Design

- Type of Study: Prospective, interventional case series
- Sample Size: 3 clinically diagnosed cases of verruca vulgaris
- Study Duration: 9 months (including enrollment, intervention, and follow-up)

As this is a descriptive case series, no control group was included. Each case was analyzed individually and comparatively to evaluate therapeutic response.

Source of Data

The data were collected from:

- OPD records of C.D. Pachchigar Homoeopathic Medical College and Hospital
- Peripheral health centers affiliated with the institution
- Patients attending medical camps conducted by the college

Materials Utilized for the Study

- The following materials were used during the study:
- Standard College OPD Case Proforma

- *Organon of Medicine* (5th and 6th Editions) by Dr. Samuel Hahnemann
- Standard Homoeopathic Materia Medica texts
- Homoeopathic Pharmacy textbooks
- Relevant journal articles and dermatological references
- MYMOP2 (Measure Yourself Medical Outcome Profile 2) Scale for outcome assessment
- Clinical examination tools and photographic documentation (with patient consent)

Procurement of Medicines

- *Thuja occidentalis* in centesimal potency was procured from a GMP-certified Homoeopathic pharmacy.
- Medicines were dispensed through the hospital dispensary attached to C.D. Pachchigar Homoeopathic Medical College, Surat.
- When indicated, Thuja ointment (SBL Pharmacy) was used for local application in selected cases.

Selection Criteria

Inclusion Criteria

- Clinically diagnosed cases of verruca vulgaris
- Patients of any age and gender
- Patients willing to participate and provide informed consent
- Previously surgically treated cases (if recurrence present)

Exclusion Criteria

- Genital warts
- Malignant or premalignant lesions
- Irreversible pathological changes
- Immunocompromised patients
- Irregular follow-up
- Patients withdrawing consent during the study

Case Taking

Case taking was conducted according to the guidelines mentioned in Aphorisms 83–104 of the *Organon of Medicine* (5th & 6th editions). A specially designed case format was used.

Each case included detailed documentation of:

- **History of Present Complaints:** Duration, progression, location, associated symptoms
- **Past History:** Previous illnesses, treatments, and outcomes
- **Family History:** Chronic diseases in parents and relatives to evaluate miasmatic background
- **Personal History:** Appetite, thirst, thermals, bowel habits, sleep, dreams, perspiration, mental and emotional characteristics
- **General Physical Examination:** Build, nourishment, vital signs
- **Systemic and Local Examination:** Number, size, site, and type of wart

- **Diagnosis:** Based on clinical examination and dermatological characteristics of verruca vulgaris

Photographic documentation was taken before treatment and during follow-up.

Selection of Remedy and Potency

Thuja occidentalis was prescribed in centesimal potency based on the totality of symptoms and homoeopathic principles.

Potency selection was individualized depending on:

- Susceptibility of the patient
- Chronicity of the condition
- Miasmatic background
- General vitality

Dose and Repetition Dose and repetition were determined according to homoeopathic principles as described in the *Organon of Medicine*. Repetition was based on response to remedy and follow-up findings.

Route and Administration

- Internal administration: *Thuja occidentalis* in centesimal potency was given orally.
- In selected cases where indicated, Thuja ointment was applied locally over the wart twice daily.

Follow-Up and Monitoring

Patients were followed up at intervals of:

- Every 7 days initially
- Then every 15 days
- Or as clinically required depending on severity

During each follow-up:

- Clinical examination was performed
- Size and number of lesions were recorded
- Photographs were taken
- MYMOP2 score was documented

Assessment of Effectiveness

Effectiveness was evaluated using both subjective and objective parameters:

- Clinical improvement (size and number reduction)
- Disappearance of lesions
- Improvement in general health
- Patient-reported improvement using MYMOP2 scale

MYMOP2 Score Calculation

Baseline Score: Recorded at first visit

Follow-Up Score: Recorded during follow-up visits

Criteria for Interpretation

- **Significant Improvement:** $\geq 50\%$ reduction in MYMOP2 score
- **Moderate Improvement:** 30–49% reduction
- **Mild Improvement:** 10–29% reduction
- **Status Quo:** $<10\%$ reduction or no change

Ethical Considerations

- Informed written consent was obtained from all participants.
- Confidentiality of patient identity was maintained.
- The study adhered to institutional ethical guidelines.
- Patients were free to withdraw from the study at any time.

Data Analysis

As this was a case series involving three patients, data were analyzed descriptively.

- Pre- and post-treatment comparisons were made individually.
- Percentage improvement was calculated using MYMOP2 scores.
- Photographic comparison supported clinical findings.
- Recurrence, if any, was noted during follow-up.

CASE PRESENTATION

Case 1

- A 17-year-old male patient from a middle socioeconomic background presented with a complaint of a red, glossy wart adherent to the upper part of the chest since 6–8 months. The lesion had gradually increased in size over the preceding two months and was associated with pain on touch and occasional itching. There was no history of bleeding or burning sensation. On local examination, the wart was pedunculated, slightly hard and firm in consistency, red and glossy in appearance, and tender on palpation.
- A detailed homoeopathic case taking was conducted according to the principles laid down in the *Organon of Medicine*. The patient was introverted, reserved, and timid by nature, with marked irritability. He had a strong desire for spicy food, ice cream, and chocolates. Profuse perspiration was noted particularly on the nape of the neck. He also reported morning nausea which was relieved after eating. Based on the totality of symptoms, the case was diagnosed clinically as verruca vulgaris (pedunculated type).
- The patient was prescribed *Thuja occidentalis* 1M in centesimal potency as a single internal dose, followed by placebo as required. In addition to internal medication, Thuja ointment was advised for local external application over the lesion twice daily.

The baseline MYMOP2 score was 5.33. During follow-up, progressive reduction in size, tenderness, and itching was observed. At the end of follow-up, the MYMOP2 score reduced to 0, indicating complete

resolution of the wart. The case was categorized as showing **significant improvement**, with no recurrence during the observation period.

Case 2

A 14-year-old female belonging to a higher socioeconomic group reported a dry, rough, hard wart present on the right little finger for 5–6 months. The lesion was painful on pressure, particularly while writing, and occasionally associated with itching. There was no bleeding. On examination, a localized, hard, hyperkeratosis wart with a rough surface was observed on the right little finger.

The patient was shy and exhibited fear of darkness. She had aversion to meeting new people and preferred solitude. A marked desire for spicy food was noted, along with profuse perspiration on the palms and soles. She frequently experienced a sense of discomfort. Based on clinical findings and totality of symptoms, the diagnosis of verruca vulgaris (common wart) was made.

Thuja occidentalis 1M was prescribed as a single internal dose according to homoeopathic principles. Additionally, **Thuja ointment was recommended for external local application twice daily** over the affected area.

The initial MYMOP2 score was 5.67. Follow-up assessments demonstrated marked reduction in size and hardness of the lesion along with relief in pain during writing. The final MYMOP2 score reduced to 1.33, indicating a reduction of more than 50%. The case was categorized under **significant improvement**.

Case 3

A 25-year-old female from a lower socioeconomic background presented with multiple small, raised, brown-colored warts over both eyelids since 2.5–3 years. The lesions were soft and fleshy in consistency and were painless except for mild discomfort on touch. On examination, pedunculated, soft, brown-colored warts were observed on both eyelids.

The patient was loquacious, irritable, and fastidious in nature. She reported fears of darkness, water, and height. She had a desire for spicy food and perspired more over the neck and upper lips. She was thermally chilly. Based on the clinical picture and totality of symptoms, the case was diagnosed as verruca vulgaris (pedunculated type).

She was prescribed *Thuja occidentalis* 200 in centesimal potency as an internal dose. In addition, Thuja ointment was advised for careful local application over the lesions.

The baseline MYMOP2 score was 5.67. During follow-up, slight reduction in lesion size was observed; however, complete resolution was not achieved within the study duration. The final MYMOP2 score was 5, indicating less than 10% improvement. The case was therefore categorized as showing **mild improvement**.

RESULTS

A total of three clinically diagnosed cases of verruca vulgaris were included in this prospective case series. Treatment outcomes were assessed using the MYMOP2 scoring system at baseline and after completion of follow-up.

Case	Baseline MYMOP2	Follow-up MYMOP2	Percentage Improvement	Interpretation
Case 1	5.33	0	100%	Significant Improvement
Case 2	5.67	1.33	76.54%	Significant Improvement
Case 3	5.67	5	11.82%	Mild Improvement

Percentage Improvement

Analytical Interpretation

- Case 1 demonstrated complete resolution (100% improvement) with disappearance of lesion and symptoms.
- Case 2 showed marked clinical improvement (76.54%) with significant reduction in size, hardness, and associated pain.
- Case 3 exhibited minimal clinical response (11.82%), with only slight reduction in lesion size.

Overall:

- 2 out of 3 cases (66.6%) showed significant improvement ($\geq 50\%$)
- 1 case (33.3%) showed mild improvement
- No case showed aggravation or worsening
- No recurrence was observed during the follow-up period in significantly improved cases

The graphical representation demonstrates substantial variability in response, with higher potency (1M) cases showing comparatively better outcomes than the 200 potency case.



DISCUSSION

Verruca vulgaris is a benign epithelial proliferation caused by infection with human papillomavirus (HPV), particularly types 2 and 4. HPV infects basal keratinocytes through micro trauma and induces hyper proliferation via viral oncoproteins such as E6 and E7, which interfere with cell cycle regulation and apoptosis. Although spontaneous regression may occur due to cell-mediated immune response, many cases persist or recur.

Conventional dermatological management includes cryotherapy, keratolytics, electrocautery, and laser therapy. However, recurrence rates and treatment-related discomfort remain significant concerns. This has encouraged exploration of complementary therapeutic approaches.

In homoeopathic literature, *Thuja occidentalis* is considered a principal anti-sycotic remedy, especially in conditions characterized by overgrowths, excrescences, and warty formations. Classical materia medica describes *Thuja* as particularly effective in pedunculated, moist, cauliflower-like or hard warts, especially when accompanied by characteristic constitutional features.

In the present case series:

- Two cases treated with *Thuja occidentalis* 1M internally along with external application demonstrated significant improvement.
- The third case treated with 200 potency showed only mild improvement.

The observed therapeutic response may be interpreted through both homoeopathic and immunological perspectives:

1. Homoeopathic Perspective:

The remedy was selected based on totality of symptoms rather than only local pathology. The marked improvement in cases 1 and 2 supports the concept that constitutional similarity enhances therapeutic response.

2. Immunological Consideration:

Although the mechanism of action of potentized homoeopathic medicines remains a subject of ongoing research, clinical improvement could correlate with modulation of host immune response, which plays a central role in HPV clearance.

3. Potency Consideration:

Higher potency (1M) cases showed better outcomes compared to 200 potency, suggesting that potency selection and individual susceptibility may influence therapeutic effectiveness.

4. Role of External Application:

The adjunctive use of *Thuja* ointment may have contributed to local lesion regression. However, since improvement was not uniform across all cases, the internal constitutional action appears to play a significant role.

This study aligns with previous homoeopathic case reports suggesting positive outcomes of *Thuja occidentalis* in warts.

CONCLUSION

This prospective case series suggests that *Thuja occidentalis* may be effective in the management of verruca vulgaris, particularly when prescribed on the basis of totality of symptoms and administered in appropriate potency.

Key findings:

- 66.6% of cases showed significant improvement ($\geq 50\%$ reduction in MYMOP2 score).
- One case demonstrated complete resolution.
- No recurrence was observed during follow-up.
- Higher potency (1M) appeared to yield better clinical response.
- Combined internal and external use of *Thuja* was well tolerated.

However, due to the limited sample size (n=3), definitive conclusions cannot be drawn. Larger randomized controlled studies are required to establish efficacy, compare potency levels, and evaluate long-term outcomes.

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