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HOMEOPATHIC CONSTITUTIONAL MANAGEMENT OF REFRACTORY PEDIATRIC PERIUNGUAL WARTS: A CASE REPORT

By

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ABSTRACT

Background: Periungual warts are benign epidermal proliferations caused by human papillomavirus (HPV) infection occurring around the nail folds [5]. They are frequently painful, resistant to conventional destructive therapies, and prone to recurrence in pediatric populations [2].

***Case Presentation:** A 6-year-old female child presented with multiple painful, hard, horny periungual warts surrounding the thumbnail and index finger of the right hand, persisting for 6 months. Based on the constitutional totality—incorporating characteristic physical attributes the homoeopathic remedy Antimonium crudum was administered. Following an initial response, a temporary stagnation due to an external maintenance factor (Soap) was successfully addressed by removing the aggravant and repeating the remedy, leading to complete resolution.*

Results: Following the initial high-potency intervention, elimination of the interfering factor, and a subsequent repeat dose of Antimonium crudum 10M, progressive involution of the lesions occurred. Complete clearance of the periungual warts without scarring or local complications was achieved within a month of the revised management, with no recurrence observed during subsequent follow-up [3].

***Conclusion:** This case highlights the therapeutic efficacy of individualized constitutional homoeopathic intervention using Antimonium crudum, while emphasizing the critical clinical necessity of identifying and eliminating environmental aggravants in pediatric dermatological care.*

Introduction

Periungual warts (verruca vulgaris involving the nail apparatus) represent a clinical challenge in pediatric dermatology [5]. Caused by various genotypes of the human papillomavirus (HPV), these lesions develop beneath or adjacent to the nail plate, often causing periungual pain, nail dystrophy, paronychia, and functional impairment [5]. Conventional modalities—such as cryotherapy, salicylic acid application, laser therapy, and surgical curettage—frequently involve significant pain, local tissue destruction, scarring, and high recurrence rates, making them particularly distressing for young children [2, 4].

In classical homoeopathy, warts are understood not merely as localized skin manifestations, but as local expressions of a systemic background [3]. Treatment focuses on individualizing the remedy based on the patient's entire symptom complex—encompassing mental state, physical generals, and local lesion

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characteristics [3, 4]. Antimonium crudum is a prominent homoeopathic remedy indicated for horny skin excrescences, thick callosities, and warts, particularly when associated with characteristic digestive symptoms and intolerance to cold bathing [1]. Furthermore, successful homoeopathic case management requires vigilant monitoring for external maintaining causes that can hinder progress or provoke aggravation [4]. This case report documents the successful resolution of pediatric periungual warts utilizing Antimonium crudum alongside lifestyle management.

Case Presentation

Patient Information

Age/Sex: 6-year-old female child

Chief Complaints: Multiple hard, rough, protruding outgrowths around the nail beds of the right thumb and index finger, present for the past 6 months.

History of Present Illness: The lesions began as small papules on the right thumb fold and gradually multiplied and enlarged, involving the index finger. The child experienced intermittent sharp, stinging pain when accidentally bumping the fingers [5]. Previous local applications of over-the-counter salicylic acid paints provided no relief and caused surrounding skin irritation [2].

Clinical Findings and Physical Examination

Dermatological Examination: Multiple hyperkeratotic, exophytic papules with a rough, cauliflower-like surface measuring between 2 mm to 5 mm were observed embedded tightly within the periungual folds of the right thumb and index finger [5]. Tiny black dots (thrombosed capillaries) were visible on paring. There was mild local tenderness upon lateral pressure, but no active purulent discharge or spreading cellulitis.

Physical Generals:

- Thermal State: Chilly patient; highly sensitive to cold water bathing (aggravation of symptoms or reluctance to bathe in cold water) [1].
- Appetite and Cravings: Fickle appetite; marked aversion to touching or looking at cold food; desire for acidic/sour foods [1].
- Skin Tendency: Predisposition to hard, horny callosities and rough skin on extremities [1].

Psychological/Emotional State: Easily irritable, cross when touched or looked at, impatient, and sensitive to minor contradictions [3].

Photographic Documentation Plan

The following structured photographic sequence represents the clinical progression across the therapeutic timeline in a compact two-column layout:

Figure 1: Baseline (Day 0) showing multiple hyperkeratotic periungual warts.

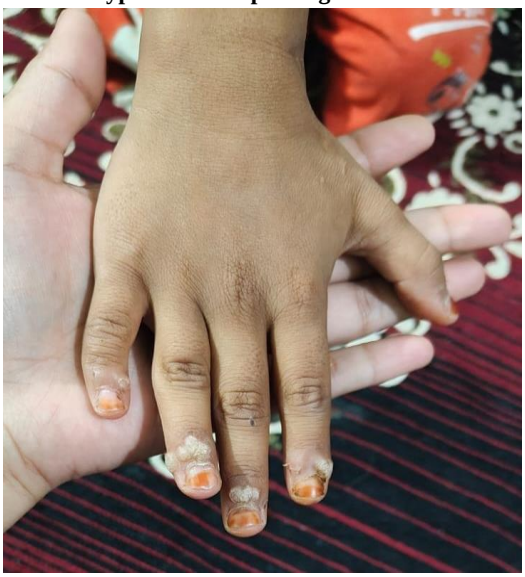

Figure 2: Week 2 showing initial softening and regression following the first 10M dose.

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Figure 3: Plateau phase (Month 1) showing stagnation and exacerbation due to an irritant soap.

Figure 4: Follow-up at Week 2 post-remedy repetition and cessation of irritant, showing desquamation.

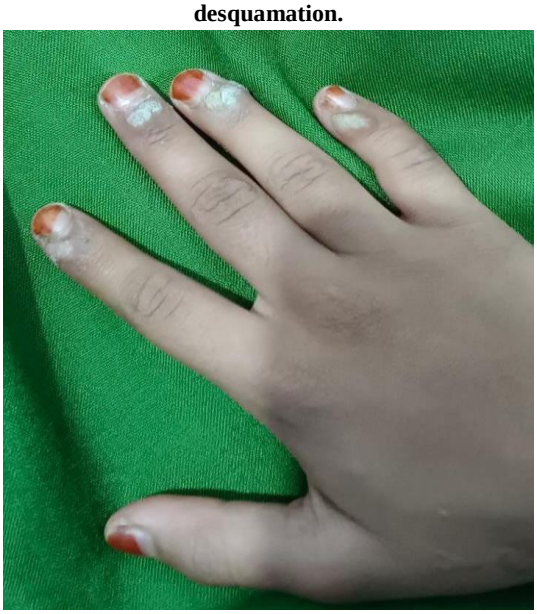
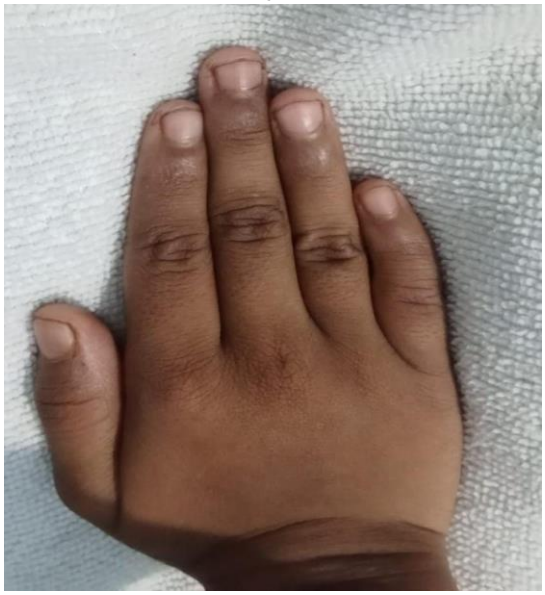


Figure 5: Final assessment showing complete resolution and healthy nail fold restoration.



Repertorization and Remedy Selection

A systematic homeopathic analysis was performed using standard repertorial tools [1]. Key rubrics included:

- 1. Skin - Warts - horny [1]
  2. Extremities - Warts - fingers - periungual [4]
  3. Generalities - Bathing - cold bathing - aggravation [1]
  4. Mind - Peevish, cross, irritable - children, in [3]

Antimonium crudum emerged with the highest repertorial coverage alongside Causticum and Thuja occidentalis [1]. Considering the specific physical generals (thick horny skin tendencies, intolerance to cold washing, and characteristic irritability), Antimonium crudum was selected as the constitutional similimum.

Initial Prescription and Clinical Course

Date:16th April 2026

Prescription: Antimonium crudum 10M – 1 single oral dose administered dry on the tongue [1].

Initial Progress: Improvement started shortly after administration [3]. However, after approximately one month, progress completely plateaued, and the warts began to increase in size and induration [4]. Upon detailed case re-evaluation and lifestyle investigation, it was discovered that the child's mother had introduced a specific perfumed/medicated commercial soap that directly irritated the child's skin and acted as an external maintaining obstruction to cure.

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Revised Management: The mother was explicitly instructed to discontinue the specific soap immediately, replacing it with a plain, neutral cleanser. To clear the stalled reaction, a repetition of Antimonium crudum 10M (1 single oral dose) was administered [1].

Follow-up and Outcome

Post-Repetition Review **Date :-11 May s2026**: Following the removal of the offending soap and the repeat dose of Antimonium crudum 10M, rapid structural involution occurred . Within a month, there was complete resolution of all periungual warts. The skin surrounding the nail beds regained normal texture and elasticity, with smooth nail growth observed and no signs of scarring or recurrence [4, 5].

Discussion

Periungual warts in pediatric populations are notoriously stubborn due to the proximity of the nail matrix and frequent self-inoculation [5]. Conventional interventions often fail or cause severe procedural trauma in young children [2, 4]. This case illustrates two vital clinical lessons in homeopathic practice: first, the profound reactive capacity of high potencies (Antimonium crudum 10M) in pediatric constitutional prescribing [3]; and second, the critical necessity of identifying and eliminating environmental obstacles to cure, such as chemical skin irritants that can mimic remedy failure or provoke a relapse [4].

The mechanism of action relies on shifting the patient's internal susceptibility while maintaining a neutral external environment [3]. The successful outcome following the removal of the specific soap and remedy repetition validates the dynamic interplay between constitutional prescribing and environmental management in chronic dermatological cases [4]. Further large-scale controlled trials are warranted to validate these findings across broader cohorts [5].

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