

Podiatric management of VIRAL WARTS with special reference to antihomotoxic medicine

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Warts of the feet, especially those that are plantar, are one of those pathologies that physicians find most difficult to treat. It has been postulated that this is because the bottom skin of the foot is so thick that the virus particles can interweave themselves into the fabric of the dense connective tissue of the skin or that the body simply does not recognize, for whatever reason, that there is an infection present.

Realizing that one is limited in the capacity to directly kill viruses, for years doctors have tried to create treatments based on developing ways to stimulate the body's own defense mechanisms. Besides, this is probably a more logical

approach. Such treatments include acids applied in various media, cantharone, formaldehyde, liquid nitrogen, etc. Used along with appropriate debridement procedures the results are generally effective. Surgical excision is also an option, yet not without potential negatives.

The accepted approach is a combination of the above plus additional considerations, such as treating the patient's environment and use of oral medications.

ENVIRONMENTAL TREATMENT:

It is important to use an insole that reduces the coefficient of friction on the skin. This is usually a "flat" insole. If an orthopedic correction is needed this insole can be placed over a functional orthotic. Spenco® is an example.

An antifungal spray should be used in the shoes each night and a shoe-tree then placed inside the shoe as it dries out from the day's foot perspiration. (The insole can be left inside the shoe.) Note: Clinically, I have often seen a concomitant fungal/yeast infection along with the wart.

Washing the socks or nylons with hot water, chlorine bleach and detergent (color-safe bleach can be used for colored items).

Spray the shower floor with an antiseptic like Lysol® spray, before and after the shower. Be certain to let this spray dry prior to showering, to prevent it from making the patient slip on the floor or to be caustic to the skin.



TOPICAL TREATMENT:

Euphorbium Sinus Relief / Euphorbium compositum drops applied directly to the wart, 10 drops, two times a day, followed by the doctor's topical treatment, i.e., an acid patch, etc. (Debridement is generally performed every two weeks.)

A topical cream with an acid component (such as lactic acid) is to be rubbed all over both feet two times a day in order to lower the pH of the skin.



ORAL TREATMENT:

General detoxification of the matrix is important for proper immune function of the body. Berberis-Homaccord, Nux vomica-Homaccord and Lymphomyosot/Lyphosot oral drops, each at 15 drops three times a day are to be utilized up to three bottles of each, depending on the results of the treatment. Dr. Alta Smit has recently revised the detoxification protocol and one may also wish to try this approach.*

Engystol tablets, one tablet three times a day or two tablets twice a day, generally for the duration of treatment.

Euphorbium Sinus Relief/Euphorbium compositum, Psorinoheel/Sorinoheel, Graphites-Homaccord and Galium-Heel oral drops, each at 15 drops three times a day, generally for the duration of treatment.

As treatment continues, Gripp-Heel and/or BHI Inflammation oral tablets may be added to this treatment regimen as indicated. (Same dosage as the other oral tablets.)

Oral Vitamin A pills, 20,000 units, once a day, for six weeks, followed by 10,000 units a day for two months. The dosage may then be reduced to 5,000 units daily.



OTHER TREATMENTS:

Tuja-Injeel oral vials and injection of Engystol medication directly into the wart have been proposed as additional treatments, for which, however, I have no experience.

Warts can be a significant challenge to any physician. However, with the integration of the homeopathic and allopathic approaches, one's success rate can be nicely increased.



* See proposed protocol on page 13, under

"Phase: Chronic recurrent infection: after acute infection to prevent further recurrences"