Plantar’s Punch

Sure, that podiatrist is pretty—but pricey! Let Nursie take a peek at that wicked wart on your footsie first.

August 1, 2000 By Greg Lugliani

Hi-ho, Nursie-O!
The big bug keeps me on my toes all right, but when I dig in my heels, I feel a pain in my left foot where a creepy-looking bump popped up. I’m on the verge of sterilizing steak knives for a little home surgery! What’s the scoop?

—Down at the Heel

Dear Heel:
Before you go plunging kitchen utensils into any part of your body, listen here: Kick off the pumps, drop the knife, grab a glass of Gewürztraminer and relax. That hard and horny growth (yeah, baby!) sounds like a plantar (not planter’s, as in peanuts) wart. Plantar, in Latin, means sole of the foot; wart means a pain in the ass—or wherever.

Plantar warts may resemble other footsie fandangos such as callouses or corns (thickened skin on the feet) but are distinguished by their yellow-gray or brown color and slightly raised, flat surfaces covering small blue-black spots. (Commonly called “seeds,” these spots are really the ends of clotted capillaries.) Because they grow in such a high-pressure area, plantar warts—which can crop up singly, in pairs (called “mother-daughter”) and in clusters (or, art aficionados, “mosaics”)—tend to grow upward and inward. And while they are often painful, not to mention tough on the eyes and rough on the tongue, fact is, Heelie, they’re harmless. Feel better?

But before rushing to a remedy recitation, here’s the smoking gun: Our old nemesis is HPV, or human papillomavirus, a clan of some 70 viruses, members of which cause genital warts and are associated with anal and cervical cancer (see “Smear Tactics”). The specific podiatric parasites you possess, Heelie, are probably HPV 1, 2 or 4. Unfortunately, these little buggers are ubiquitous, helping themselves to the hooves of one out of every 10 Americans while they incubate from one to 20 months. And, of course, dearie, they especially savor seropositive soles.

There’s a smorgasbord of wart-removal techniques, but some foot docs say the best treatment is the least aggressive, while others extol immediate extirpation, root and branch. A good opening shot? Over-the-counter wart weapons that contain 17 to 40 percent salicylic acid (Duofilm, Dr. Scholl’s Clear Away, Compound W, Freezone), applied directly to the offender. These are most

effective when used after soaking the afflicted foot to soften skin and swell the growth—just be sure to protect adjacent skin with petroleum jelly or nail polish before applying. (Diabetics and people with cardiovascular disorders should avoid salicylic acid–containing products.)

If sali don’t dance, hobble to doc for some serious salvos: burning with keratolytic (skin-loosening) chemicals or hot cautery; freezing with liquid nitrogen; zapping with a carbon-dioxide laser (most effective but least economical); or, for the intractable incursions, good ol’ hack ’n’ cut surgery (curettage for you Francophiles). Size, shape and location—not to mention medical plan—will, like so much in life, dictate what technique il dottore will deploy.

After all that, alternative approaches seem a walk in the park. Try applying the following directly to troublesome tissue twice a day: essential lemon oil (10 drops in cider vinegar), tea tree oil, dandelion stem juice, raw garlic or garlic oil, yellow cedar tincture, vitamin E or A, or (no joke) the enzymatically active interior fibers of a banana peel. Relief, if it arrives, should come in a few weeks.

Treatments may rid you of your wart, but none exfoliate HPV, making recurrences a possibility. In many cases, warts may disappear by themselves, but be warned: They’re contagious and can spread from wart-bearers to their foot-fixated friends or to the unshod who use the same pool or sauna. Slipping into flip-flops can spare you painful hours of feet in the air at doc’s later.

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