

## EndWarts

### What is EndWarts?

#### 1) Unique product <sup>1</sup>

EndWarts is a wart-removing solution which can be used for the treatment of warts and verrucas. It can be used in treatment for both adults and children.

EndWarts is an effective topical solution for self removal of warts on hands, feet, elbows and knees. The solution is absorbed directly into the wart and leaves no trace on the skin. EndWarts contains Formic Acid, which dries out the wart from the inside. The body then gently rejects the wart.

Applying EndWarts doesn't hurt and the solution may be used on thin skin. This makes EndWarts also suitable for diabetics or if you have many warts. EndWarts may also be used on young children.

#### 2) Unique results<sup>2</sup>

The active substance in EndWarts, Formic Acid, has been proven to be very effective against warts in several clinical studies. A clinical study 3, in which Formic Acid is used in the treatment, shows that 92% were wart-free within 12 treatments. On average, 4-5 treatments were needed. EndWarts is also effective for treating multiple warts.

#### 3) Easy to use<sup>1</sup>

EndWarts is easy to use. Treat the warts with a cotton bud dipped in the solution, once a week until the warts have disappeared. It is easy to regulate the amount of the EndWarts solution, depending on the size of the wart or the skin condition.

#### Precautions <sup>1</sup>

EndWarts is corrosive with an irritating and strong smell. It should not be consumed or inhaled. Keep out of sight and reach of children.

**Do not cover the treated wart (for eg. with a plaster). Only use EndWarts product on skin affected by warts or verrucas. Avoid contact with product on healthy skin.**

Do not overdose! Incorrect application or excessive dosage can cause pain and skin damage, see 4 in the leaflet: POSSIBLE SIDE EFFECTS.

- If you use too much or accidentally spill EndWarts on your skin, rinse immediately generously with cold water to reduce skin damage.
- If the solution gets into your eyes, rinse generously with lukewarm water for min. 15 minutes and seek medical attention.

Take particular care when treating areas of thin skin, for example on children and on top of the hand, see 3.1 in the leaflet: DOSAGE AND APPLICATION.

#### Treating Children <sup>1</sup>

An adult should always apply the treatment to children. Follow 3.1 in the leaflet: DOSAGE AND APPLICATION carefully as the solution is corrosive. Small children have soft, thin skin. Use very little EndWarts on children's warts. One dip in the solution is enough for several warts. The warts usually disappear after 2–3 treatments.

Children under the age of 4 years can be treated with EndWarts but always ensure that it actually is a wart and not any other kind of skin defect. Consult your General Practitioner or Pediatrician before treating. For children under 4 years, it is particularly important to reduce the dose. Treat less frequently, such as every second or third week.

- Always wipe off excess solution onto a tissue before you stroke the wart lightly a couple of times. Be careful not to touch the surrounding skin.
- If the child sucks his or her fingers where the wart is located, the hands may be washed after treatment since EndWarts penetrates immediately.
- If it burns or stings when treating, rinse the wart with cold water and do not apply any more solution. It has already penetrated into the wart.

## Treatment of people with diabetes <sup>1</sup>

Diabetics should only use EndWarts on warts on healthy skin (undamaged and unaffected by diabetic disease) and with extra care. In the event of problems, always consult your doctor/nurse or foot care specialist.

## Facts about Formic Acid

EndWarts contains Formic Acid, a nature-identical and biodegradable organic acid. Formic Acid in itself is corrosive, but in the treatment of warts, Formic Acid has a dehydrating effect.

Formic Acid is used in many ways - it can be found in body oils, horse hay, diluted in food aimed for newborn calves, and injections for rheumatics, etc.

(1) Product Information Leaflet

(2) F.M. van Haalen et al. British Journal of Dermatology 2009 161, pp 148-152

(3) M. Bhat et al. International Journal Dermatology 2001:40(6)