

Original article

Effectiveness of Individualized Homoeopathic remedies in the Treatment of Molluscum Contagiosum: A Case Series

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Abstract

Background and aims: Molluscum contagiosum (MC) is a common infectious dermatosis of viral origin predominantly seen in the pediatric age group and in immune-deficient individuals. Clinically, MC is characterized by the presence of firm, dome-shaped papules with shiny and umbilicated surfaces. The treatment of MC is highly controversial as it is a self-limiting disease with conventional treatments lacking sufficient evidence regarding their effectiveness and is known to cause pain, inconvenience, hypopigmentation, hyperpigmentation, and scarring. No treatment has led to certain complications including inflammation, pruritus, dermatitis, and secondary bacterial infection. Hence, there is a need to find gentler, holistic solutions for the treatment of MC. Homoeopathic treatments are based on the core principle of rapid, gentle, and permanent cures achieved in a holistic manner. A case series of MC is hereby presented, to demonstrate the effectiveness of Individualized homoeopathic remedies in the treatment of MC. **Methods:** Three cases of children with MC were treated with individualized Homeopathic medicines. Each case was followed up with clinical and photographic evidence and was reported according to the criteria set out in the HOM-CASE guidelines. The causal attribution of the Homeopathic treatment effect was assessed using the Modified Naranjo Criteria. **Results:** A marked improvement was observed in all three cases of MC with a complete disappearance of the eruptions without any recurrence. All cases improved within three months of treatment. The Modified Naranjo Criteria total score was +9/13 for each case, which indicates a positive causal attribution of homeopathy in relieving the symptoms of MC. **Conclusion:** This case series suggests a significant role of individualized homeopathic medicines in the treatment of Molluscum contagiosum by complete removal of external eruptions on the skin through internal medication.

Keywords: Molluscum contagiosum, Modified Naranjo criteria, Individualization, Constitutional remedy, Homoeopathy

Introduction

Molluscum contagiosum is one of the commonest skin conditions observed primarily in the pediatric age group and in the immune-compromised. It is caused by the Molluscum contagiosum virus and is transmitted either sexually or non-sexually by direct contact with infected skin. MC presents clinically as firm, pink, or skin-colored, dome-shaped papules. MC is found to be more prevalent in tropical areas. The estimated prevalence is found to be about 7 % in immune-competent children and up to 18% in adults with the human immunodeficiency virus (HIV) [1].

The diagnosis of MC is done based on clinical observations and patient history. A dermatoscopy is used to aid the diagnosis. Under dermatoscopy, lesions will appear as firm, dome-shaped pink, or skin-colored papules with a central umbilication. They may present in clusters or as a linear distribution. Children commonly present with lesions on the face, trunk, extremities, and axillary

area, whereas adults often present with lesions on the anogenital area, abdomen, and inner thighs due to sexual contact. Histopathology is sought in atypical cases of MC [2].

Molluscum lesions usually appear 2 to 6 weeks after exposure to the virus. The condition lasts from several months to a few years, with an average of about 1 year. The molluscum virus can spread from the affected person to others by direct skin-to-skin contact with the bumps, and to other areas of the patient's own skin (autoinoculation) by scratching or rubbing. It can also spread by contact with contaminated fomites (eg, towel, gym mat, and razor). Molluscum virus only affects the surface of the body and never spreads internally [3].

The need for treatment of MC is highly controversial as it is a self-limiting disease with a large number of conventional treatment alternatives available. There is insufficient evidence of which of the available treatment options is most effective. Leaving the lesions untreated has been found to be associated with certain complications including inflammation, pruritus, dermatitis, and secondary bacterial infection. Therefore, it has been universally agreed upon that patients with extensive disease, secondary complications, or aesthetic complaints require active treatment. The conventional treatment options include cryotherapy, curettage, pulse dye laser therapy, chemical treatments, immunomodulatory treatments, and antiviral treatments. Some of these treatments have been found to cause pain, inconvenience, hypopigmentation, hyperpigmentation, scarring, and nephrotoxicity [2].

Homoeopathic treatments are based on the core principle of rapid, gentle, permanent, and holistic cure, which can be explored as effective alternatives for the treatment of Molluscum contagiosum. The MC cases mentioned in this article were of long duration with a gradual increase in severity. Hence, required treatment.

As per the available Homoeopathic literature in Boericke repertory, 11 homeopathic medicines are suggested for the treatment of Molluscum contagiosum. Clarke suggests two, Kent mentions five medicines, and Douglas eight as the most important medicines for the treatment of M. contagiosum [4]. As per the previous studies on Molluscum contagiosum, the medicines found to be most effective in the treatment of MC are *Calcarea carbonica*, *Causticum*, *Lycopodium clavatum*, *Mercurius sulphuricum*, *Natrum muraticum*, *Natrum sulphuricum*, *Silicea*, *Sulphur*, *Thuja* and *Tuberculinum bovinum*.

Methods

The case series comprises three cases with a confirmed diagnosis and presentation of Molluscum contagiosum. All the patients attended consultations at Nishika Homoeo Clinic, 537, third block, HMT layout Vidyanarayapura, Bengaluru, India. The presence of pearly white, dome-shaped eruptions on the face was considered for the diagnosis of MC. A thorough case-taking of all the patients was conducted, following strict homeopathic principles. The presenting totality of symptoms, repertorial and miasmatic analysis, in consultation with homeopathic Materia Medica, formed the basis of prescription. The repertory used for Repertorisation was synthesis from Radar software. During the follow-up visit, patients were evaluated on the basis of the changes in the eruptions. The Modified Naranjo Criteria assessment tool was used to assess whether the clinical improvement observed could be causally attributed to the prescribed medicine or not. Consent was obtained from the parents (in the case of minors) with respect to the anonymous publication of these cases. The cases are reported as per the HOM-CASE guideline, which is an extension of the CARE guidelines.

Case Profiles

Case 1

Patient information: A school-going boy aged 6 years of Indian ethnicity

Main symptoms: The patient, aged about 6 years, presented to the clinic on February 4th, 2018 with eruptions over the face, pearly white in appearance for the past eight months, gradually increasing in number (figure 1, 2).



Figure 1 – Before Treatment



Figure 2 – During Treatment

Homeopathic generals: The patient was chilly, had craving for eggs, and increased thirst. The patient had profuse perspiration over the scalp mainly while sleeping. Mentally, the patient was of timid nature. There was no significant family history.

Treatment history: The patient had not taken any treatment previously.

Prescription: Based on the totality of the patient and after considering the repertory and Materia Medica, *Calcarea carbonicum* 200cH, one dose was prescribed to the patient (Figure 3). The reportorial results were *Calcarea carbonicum* and *Silicea*. As the boy was shy and not of an obstinate nature, *Calcarea carb* was prescribed.

Table 1 - Follow-up and Outcome.

Date	Symptoms	Prescription
07-03-2018	A slight reduction in the size of MC lesions	Placebo TID x one month
04-04-2018	Further reduction in the size of MC lesions observed	Placebo TID x one month
08-05-2018	Almost all the existing MC eruptions were observed to have resolved with no occurrence of new eruptions.	Placebo TID x one month
17-06-2018	No new MC eruptions	Placebo TID x one month
08-08 - 2018	No recurrence of previous lesions or occurrence of new MC eruptions.	Treatment stopped and the patient was asked to observe and report after six months

The patient was followed up every month, there was a reduction in the size of eruptions, and at the end of three months the eruptions disappeared completely (figure 4). The Modified Naranjo Criteria total score for this patient was +9/13, which suggests that *Calcarea carbonicum* can be attributed to the improvement of the patient. The patient was further followed up for 6 months without any recurrence of the complaints.

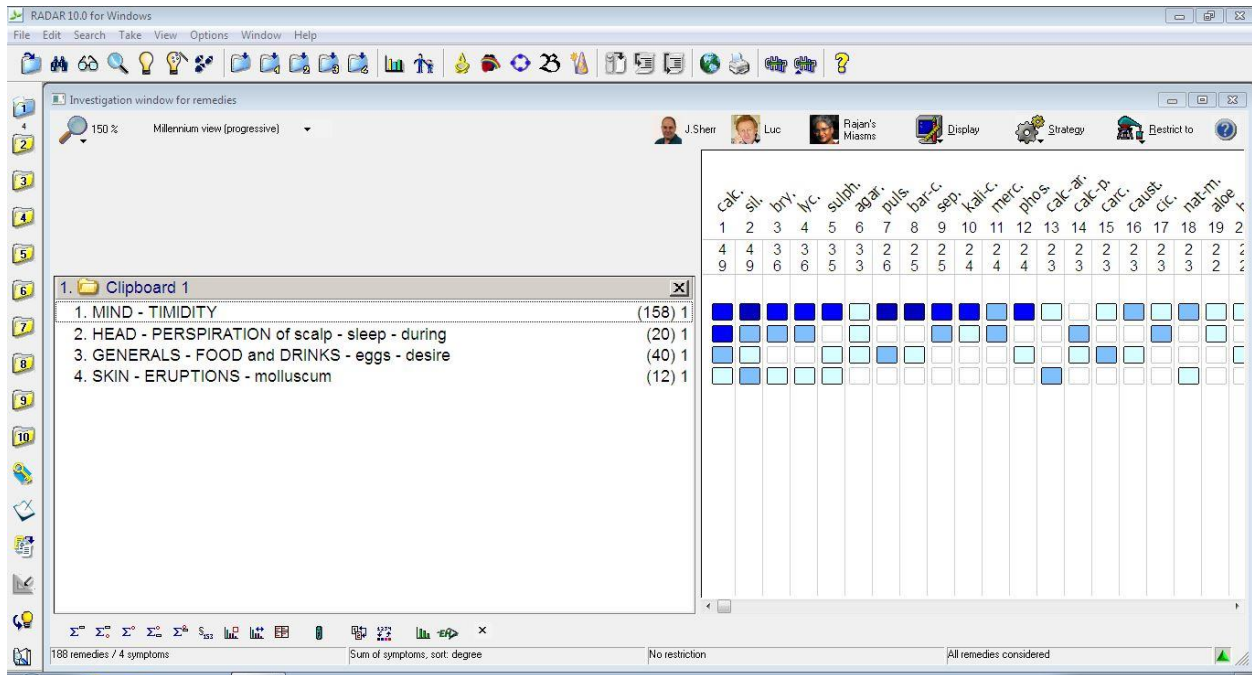


Figure 4 – After Treatment

Case 2

Patient information: A school-going girl aged around 8 years of Indian ethnicity

Main symptoms: A girl aged around 8 years presented to the clinic on March 11th, 2019 with eruptions (pearly white) around the mouth for the past 8 months, with a dermatological diagnosis of Molluscum contagiosum. She was advised of cauterisation (figure 5, 6).



Figure 5 – Before Treatment



Figure 6 – During Treatment

Homeopathic generals: Mentally, the patient was very introverted, hardly mingled with friends and guests, and prefer to stay alone. She was found to be very silent and of a quiet disposition. She was very good at academics and was competitive and usually stood first in class. She was a very sensitive child who couldn't bear to be scolded by her parents even slightly. She would feel very sad, weep and not talk to them for some time. She was a thermally hot patient with increased thirst and a strong aversion to vegetables.

Treatment history: The patient had not taken any treatment previously.

Prescription: The repertorial totality resulted in Nat Mur and Calc Carb. As Calcarea Carb is chilly and physically she was a thin child, it was ruled out. Based on the totality of the patient and after considering the repertory and Materia Medica, *Natrum muriaticum* 200cH, one dose was prescribed to the patient (figure 7).

	Nat-Mu	Calc.	ars.	Sulph.	Med.	Mc.	heil.	Phos.	Ign.	sil.	bry.	Caps.	Caust.	Mag.-C.	anac.	aur-m-h	bell.	Carb.	Cina.
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Figure 7 – prescription

Table 2 - Follow-up and outcome

Date	Symptoms	Prescription
16-04-2019	Reduction in size of the MC lesions observed	Placebo TID x one month
13-05-2019	Further reduction in the size of MC lesions observed	Placebo TID x one month
18-06-2019	Almost all the MC eruptions disappeared except for the faint discoloration	Placebo TID x one month
23-06 -2019	No new lesions of MC and no recurrence of the previous eruptions.	Patient was advised to stop medicine and observe for six months and get back if any new MC eruptions appear.

Follow up of the case was done every month, and a considerable reduction in size of the eruptions was observed. At the end of three months, no traces of eruptions were found. (Figure 8). The Modified Naranjo Criteria total score for this patient was +9/13, which suggests that *Natrum muriaticum* can be attributed to the improvement of the patient. The patient was further followed up for 6 months without any recurrence of the complaints.



Figure 8 – After treatment

Case 3

Patient information: A 4-year-old girl of Indian ethnicity

Main symptoms: A 4-year-old girl presented to the clinic on October 9th, 2019 with pearly white eruptions on the chin for the past 3 months. (Figure 9)

Homeopathic generals: Mentally, the patient was a very friendly child, would mingle easily with people, was very talkative, and posed lots of questions to me like “What is this?” by pointing towards the BP apparatus”, looking at Dr. Hahnemann’s photo “who is he” etc. She was very hyperactive and kept moving around in the clinic. As per the information gathered from her mother, she is very comfortable talking to new people, she talks a lot. Thermally she is hot and desires spicy food.

Treatment history: The patient had not taken any treatment previously.

Prescription: Based on the reportorial totality of the patient and after considering the Materia Medica, *Sulphur 200cH*, one dose was prescribed to the patient (Figure 10).



Figure 9 - Before Treatment



Figure 10 - After Treatment

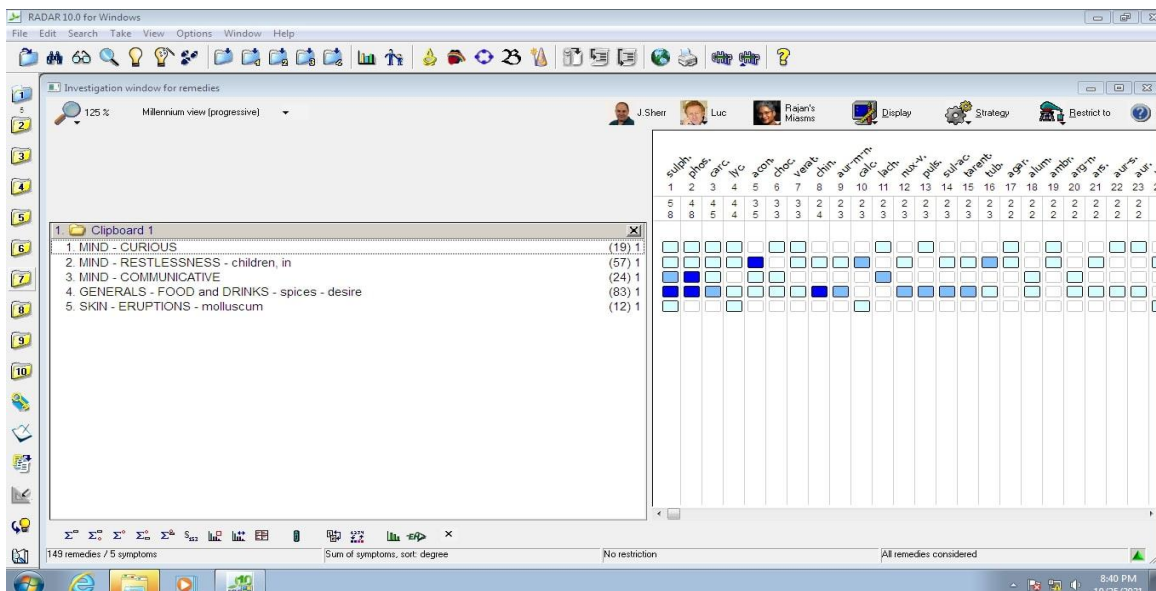


Figure 11- Prescription

Table 3 - Follow-up and Outcome.

Date	Symptoms	Prescription
18-11-2019	Lesions reduced in size	Placebo TID for one month
23-12-2019	Lesions much better, no new lesions observed	Placebo TID for one month
28-01-2020	All lesions dried up	Placebo TID for one month
15-02-2020	No new lesions	To observe for the next six months and get back if any new lesions of MC appear

This case also was followed up every month, the eruptions gradually dried up, and at the end of three months all the lesions resolved. (Figure 11) The Modified Naranjo Criteria total score for this patient was +9/13, which suggests that *Sulphur* can be attributed to the improvement of the patient. The patient was further followed up for 6 months without any recurrence of the complaints.

Discussion

Molluscum contagiosum is one of the commonest infectious dermatoses primarily affecting the paediatric age group and the immune-compromised. Though it is a self-limiting condition, it was found that there is a significant impact on quality of life in those with a greater number of lesions. Hence, an active treatment is required for those with extensive disease.

There are several treatment options for MC in conventional system of medicine including mechanical methods like cryotherapy, curettage, pulse dye laser therapy, chemical methods wherein there is the use of a topical agent to destroy the lesions by producing an inflammatory response, immunomodulatory treatments and anti-viral treatments. Some of these treatments are expensive whereas the others were found to cause significant pain, inconvenience, hypopigmentation, hyperpigmentation, scarring and nephrotoxicity.

In Homoeopathic literature, several medicines have been mentioned for the treatment of Molluscum contagiosum. The individualized homeopathic treatment has no side effects on account of the principle of minimal dose of medicine. In clinical studies, a case series consisting of 15 cases, has shown an effective result of Homoeopathy in the treatment of symptoms of MC. The homeopathic medicines most frequently found to have a positive outcome in the treatment of MC were *Natrum sulphuricum*, *Sulphur* and *Natrum muriaticum*. As presented in this case series also, *Sulphur*, *Natrum muriaticum* and *Calcarea carbonicum* have shown effective results in the treatment of MC.

The possible causal attribution of the changes in this case series were assessed by using the Modified Naranjo Criteria (Table 1). The total score for each of the three cases (+9), as per these criteria, is relatively close to the maximum of +13 and suggests positive causal attribution of the individualized homeopathic treatment to the clinical outcome.

Assessments by Modified Naranjo Criteria score

					Case 1	Case 2	Case 3
	Modified Naranjo Criteria	Yes	No	Not sure			
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2	+2	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-1	0	+1	+1	+1
3.	Was there an initial aggravation of symptoms?	0	0	0	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1	+1	+1
5.	Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1	+1	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms—from organs of more importance to those of less importance—from deeper to more superficial aspects of the individual—from the top downward.	+1	0	0	+1	+1	+1
7.	Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvements?	0	0	0	0	0	0
8.	Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1	+1	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2	+2	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0	0	0	0
	Total score (Maximum score= +13; Minimum score = -3)				+9	+9	+9

Conclusion

The positive effects presented in this case series shows the efficacy of homeopathic medicines in the treatment of MC and also demonstrated that recurrences could be prevented. Further, in future more pragmatic observational and randomized controlled trials can be planned.

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Conflicts of Interest: None declared

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