

## Molluscum Contagiosum: An Evidence-Based Case Report Successfully Treated with Individualised Homeopathic Medicine *Phosphorus*

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### ABSTRACT:

Molluscum Contagiosum (MC) is a viral cutaneous disorder that is more prevalent in children. Usually treatment is desired by patients owing to the associated social and cosmetic reasons and anxiety regarding the contagious nature of the disease. Homeopathy through its individualistic approach can provide a safe and alternative treatment option in contrast to the conventional mode of treatment having a varied side effect profile. In this case report, an 11-year-old diagnosed female child of MC presented with the complaints of multiple papular itching eruptions on the face and neck for the last 01 month. *Phosphorus* was prescribed on the basis of the totality of symptoms after a detailed homeopathic case taking and analysis, and evaluation of symptoms on repertorisation. The case was repertorised by synthesis repertory using RADAR software, within one month of the administration of medicine, the presenting multiple papular eruptions on the face and neck gradually disappeared. No relapse of lesions was observed during the subsequent follow-ups for the next 03 months. The improvement of the case was assessed by photographic evidences at baseline, during, and after treatment; the Children's Dermatology Life Quality Index (CDLQI) score during follow-ups, and possible causal attribution of the changes in the case using 'Modified Naranjo Criteria for Homeopathy Inventory'. The present case report shows the possible effectiveness of Individualised Homeopathy in the management of MC.

**KEYWORDS:** CDLQI score, Individualised Homeopathy, Molluscum Contagiosum, *Phosphorus*.

Received: 12.07.2022 Revised: 16.08.2022 Accepted: 25.09.2022 Published: 03.10.2022

### Quick Response code



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**INTRODUCTION:**

Molluscum Contagiosum (MC) is caused by a double-stranded DNA poxvirus called Molluscum Contagiosum virus (MCV), which brings about a benign self-limited papular eruption of multiple umbilicated cutaneous tumors.<sup>[1]</sup> MCV can be found worldwide with a higher distribution in the tropical areas with incidence estimated to be between 02% and 08%. The disease is more prevalent in children with lesions involving the face, trunk, and extremities.<sup>[2]</sup> Acquisition of the virus transmitted by direct contact with infected persons or contaminated objects and sources such as towels, sponges, swimming pools, public baths, tattoo instruments, gymnasium equipment, and equipment used in beauty salons.<sup>[3]</sup> The diagnosis of MC is based on clinical examination where the lesions seem firm, white to flesh-colored, dome-shaped, pearly papules, having a central umbilication from which one can express a cheesy material. The lesion is usually one millimeter to one centimeter in diameter.<sup>[1]</sup> Differential diagnosis includes warts, varicella, basal cell carcinoma, lichen planus, smallpox, and cutaneous cryptococcosis.<sup>[4]</sup> In conventional medicine, the available drugs include podophyllotoxin, imiquimod, sodium nitrite, myrtle leaf extract, phenol, salatac gel, potassium hydroxide, berdazimer sodium gel, and cantharidin<sup>[5]</sup> but the local adverse events of pains, erythema, itching are frequently reported.<sup>[6]</sup> MC lesions are generally self-limiting and may take 06 months to 05 years for lesions to disappear. Furthermore, patients with weakened immune systems have increased difficulty in the clearance of lesions; therefore, lesions typically persist for prolonged periods.<sup>[7]</sup>

Skin disease can impair the quality of life as well as have a marked impact on the health of patients. Dermatological conditions especially MC owing to the related

psychological, social and cosmetic implications can cause a considerable impact on the quality of life of patients. The Children's Dermatology Life Quality Index (CDLQI) designed to measure the health-related quality of life of children patients suffering from a skin disease was used in the present report for assessment of the improvement of the quality of life of the patient after homeopathic treatment. A previous study finding revealed that although in most children MC causes little problems, 10% of affected children experienced a very large impact on their quality of life (QoL), suggesting that further efforts are expanded to develop more effective management strategies for this condition. The score was validated for children from four to sixteen years of age in the study<sup>[8-9]</sup>

Long-continued conventional treatment, cost of medication, and side effects often lead the patient to search for alternative therapies. Homeopathy is the second most popular mode of treatment following conventional medicine.<sup>[10]</sup> Apart from this a few published studies, case reports,<sup>[11-12]</sup> case series,<sup>[13]</sup> and double-blind placebo-controlled clinical trials<sup>[14]</sup> highlighted the effectiveness of individualised homeopathic medicine in the treatment and control of MC. The present case report is addressed with the aim to strengthen and validate the role of individualised homeopathic medicines in MC and underlining a better and safer treatment options and management strategies for this common childhood cutaneous infection in terms of duration of treatment and frequent relapses. The reporting of this case adheres to the HOM-CASE-CARE guidelines.<sup>[15]</sup>

**CASE HISTORY:**

An 11-year-old female child girl, belonging to a middle socioeconomic family,

presented to the OPD of Madhav Homeopathic Medical College and Hospital, Abu Road, Sirohi, Rajasthan with complaints of multiple papular eruptions on face and neck for the last 01 month. All presenting eruptions were associated with itching which are aggravated at night and burning intermittently. (Figure 1-A and B)

**HISTORY OF PRESENT COMPLAINT:**

The patient was treated with conventional medications (including ointment lidocaine and cantharidin) for the eruptions for a month but no changes were seen and eruptions gradually started spreading in different parts of the face and neck.

**FAMILY HISTORY:** Her brother had a similar type of eruptions on the abdomen and took conventional treatment, and recovered completely.

**PAST HISTORY:** She had a history of Chickenpox at 6 years of age which recovered under conventional treatment. All milestones were achieved on time and she was fully vaccinated with no adverse effects.

**MENTAL GENERALS:**

She got easily angered and answered abruptly when her demands were not fulfilled. She was destructive in nature. Her father expressed that she broke things easily and inculcated this habit when the things were not given to her on demand. She was intelligent in her studies.

**PHYSICAL GENERALS:**

She drinks 4-5 lit/day (approx), and takes a small amount of water in every 15-20 minutes. She has a desire for salty things, with profuse sweat all over her body. The odor of sweat is offensive. Irregular bowel movements (frequency- 3-4 times/week), Stool were hard, and long and painful

inconstantly. The thermal reaction of the patient was chilly.

**LOCAL EXAMINATION OF SKIN :** (Figure 1-A and B)

**Location:** Upper lip, Neck

**Number and size of eruptions:** Around 50 to 66 in no, (Chin- around 50 in no of small eruptions, upper lip – 3 in no, Right neck-13 in no), 1-2 mm.

**Pattern of distribution and arrangement:** asymmetrical pattern.

**Character:** Papular firm, white to flesh-colored, dome-shaped, pearly papules, having a central umbilication from which one can express a cheesy material.

**Shape and Surface characteristics:** Round, dome-shaped and smooth.

Other Systemic examinations were normal. The definitive diagnosis of MC was based on characteristic manifestations, morphology and distribution of lesions, following the guidelines of ICD-10, code B08.1 [16]

**ANALYSIS OF THE CASE:**

As per the Kentian approach after analysis and evaluation, the totality of the case was erected giving due importance to the mental generals, physical generals and followed by characteristic particulars. "Violent anger, answers abruptly when her demands were not fulfilled, and destructive by nature" were important mental generals observed in this report. "Increased thirst; drinking small quantities of water, desire for salty things, and constipation with hard long stool, offensive odour, profuse perspiration over whole body" were important elicited physical generals in the case. Particular symptoms compromised "multiple eruptions on the face and neck with itching aggravation at night and burning intermittently, and disposition to take cold easily".

## REPERTORISATION AND REMEDIAL ANALYSIS:

The selection of remedy was based on repertorisation using Synthesis repertory, version 9.0 of RADAR software.<sup>[17]</sup> As the case presented with characteristics mental and physical generals so Kent's approach was used. The repertorisation chart is shown in [Figure 2] where the top five medicines were *Phosphorus*, *Sulphur*, *Arsenic album*, *Veratrum album*, and *Staphysagria*.

After taking careful and detailed history of the patient, general and local clinical examination, along with the reportorial result fetching the highest value on repertorisation and final consultation with Materia Medica, *Phosphorus* was selected. It covered the following rubrics—anger, irascibility violent; answers abruptly, shortly, curtly; destructive nature; and thirst small quantities for. Desire for salty things. Stool hard; Stool dog's like a. Perspiration, odour, offensive; Perspiration profuse. Tendency to take cold easily. The second top remedies the medicines next to *Phosphorus* in reportorial totality (*Sulphur*, *Arsenic album*) were hot remedies. After prescribing a single dose of *Phosphorus* 200C potency, significant improvement was seen. Multiple eruptions on the upper lip,

chin, and neck got reduced in size. Bowel movements got markedly better and the consistency of stool was semisolid. On follow-ups visits fortnightly, only Sac lac was prescribed as improvement ensued, and the rest of the eruptions disappeared, odor in sweat got improved on subsequent visits (Table 2). The clinical assessment of the case was being carried out every 07 days assessing the CDLQI score<sup>[15]</sup> during the follow-ups. The baseline score CDLQI score was 32 and post-treatment the score became 02 showing markedly improvement after administration of initial first dose. Individual curative response to homeopathic medicine was assessed through the Modified Naranjo Criteria for Homeopathy (MONARCH) Inventory. The total score was 07, suggesting a probable association between the medicine and the outcome (definite  $\geq 9$ ; probable 5–8; possible 1–4; and doubtful  $\leq 0$ ).<sup>[16]</sup>(Table 3) So this may show the causal relationship between prescribed homeopathic medicine and cure in this case.

## THERAPEUTIC INTERVENTION:

08<sup>th</sup> July 2021: *Phosphorus* 200/1 dose to be taken 4 pills empty stomach with clean tongue followed by 4 pills of *Saccharum Lactis* (Sac lac) 30/thrice in a day (tds) for 7 days.

**Table- 1: Analysis and evaluation of the case**

Mental generals	Physical generals	Particulars
Violent anger	Thirst increased, drink small quantity at short interval	Eruptions on face and neck
Answers abruptly	Constipation with hard long stool (dogs like)	Itching in eruptions, aggravation at night and burning intermittently
Destructive nature	Desire salty things	
	Perspiration profuse, offensive odour	
	Thermal reaction chilly	

**Table- 2: Timeline of patient response and medicine prescribed with its dose**

Date	Indications for prescription	CDLQI score	Prescription
First visit (15 July 2021)	Reduced in numbers and size of eruptions on face and neck, but burning persist < at night, Itching was less compare to earlier state. Number of eruptions- upper lip-03, chin-around 40 in no., right side of neck-11. Irregular bowel movements (frequency- 3- 4 times in a week), Stool is hard, long	26	<i>Sac lac</i> 30/thrice in a day (tds)/07 days
Second visit (22 July 2021)	Figure 3 (A and B), Eruptions on face and neck presents but reduced in size, Itching and burning reduced. Number of eruptions also reduced - upper lip-03, chin- around 30 in no., right side of neck-10 Bowel movement regular, stool consistency semisolid	19	<i>Sac lac</i> 30/tds/07 days
Third visit (29 July 2021)	Eruptions presents but reduced in size, No Itching but burning much reduced. Stool consistency was improved	10	<i>Sac lac</i> 30/tds/07 days
Fourth visit (09 Aug 2021)	Figure 4 (A and B), No eruptions seen and there was no complaint, patient was much better. Informed consent has been taken.	02	Nothing prescribed

TDS -Thrice in a day, CDLQI score - Children's Dermatology Life Quality Index.

**Table- 3: Assessment of the case according to MONARCH Inventory <sup>[18]</sup>**

Domains	Yes	No	N/A	Justification
1 Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2			MC eruptions were the main complaint which disappeared after treatment and did not reappear till date.
2 Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1			The complaints were persisting for 01 month but resolved within 1 month after medicine
3 Was there a homeopathic aggravation of symptoms?		0		Not observed
4 Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main	+1			Tendency to catch cold reduced

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	presenting complaint, improved or changed)?				
5	Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1			Overall well being improved as patient did not fall ill after treatment.
6A	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?		0		Not observed
6B	<i>Direction of cure:</i> did at least one of the following aspects apply to the order of improvement in symptoms: from organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?		0		Not observed
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0	Not observed
8	Are there alternative causes (i.e. other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)			0	Not observed
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2			Yes by photographs and CDLQI score
10	Did repeat dosing, if conducted, create similar clinical improvement?		0		Not observed
	Total score		07		





Figure 1: (A and B) baseline status (08 July 2021)

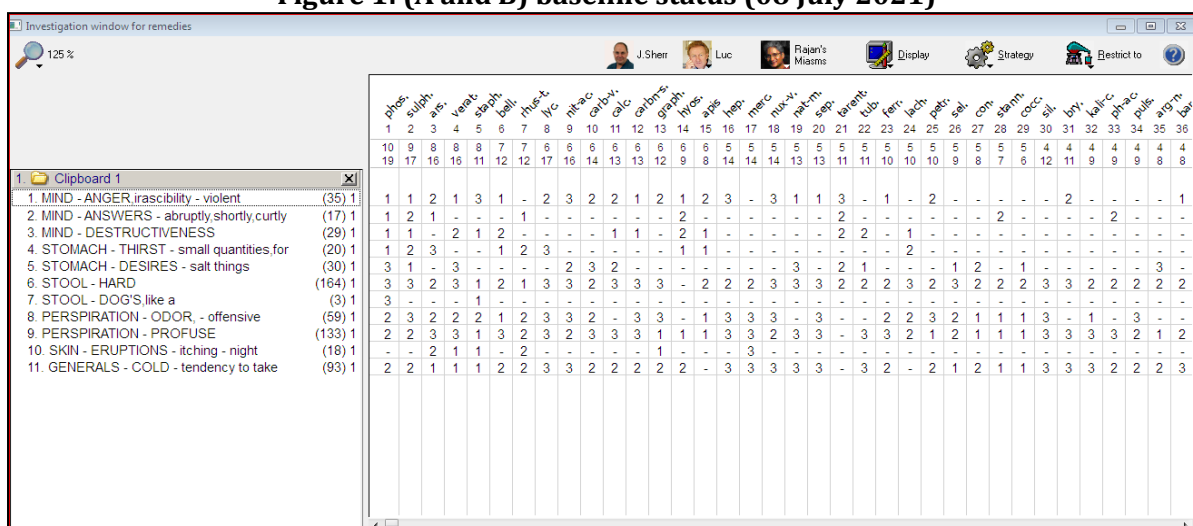


Figure 2: Repertorisation chart from synthesis repertory using RADAR software [17]



Figure 3: (A and B) during-treatment (22 July 2021)



**Figure- 4: (A and B) post-treatment (09 August 2021)**

#### **DISCUSSION:**

MC mainly affects children and adolescents and is rare in adults. It occurs worldwide, but seems much more frequent in geographic areas with warm climates. MC usually presents as single or multiple pimples filled with an oily substance. People may seek treatment for social and cosmetic reasons and because of concerns about spreading the disease to others. Treatment is intended to speed up the healing process. [5, 6, 19] High-quality (and thus more certain) evidence showed that topical 5% imiquimod is no better than placebo controlled at improving molluscum up to three months after the start of treatment. It also showed that 5% imiquimod differed little or not at all in the number of side effects compared to vehicle. However, moderate-quality evidence suggests that there are probably more application site reactions when using topical 5% imiquimod compared with vehicle. [6] The present case report accentuates the role of individualised homeopathy in the treatment of MC in terms of time taken for treatment and negligible side effect profile.

The clinical symptoms of multiple firm, white to flesh-colored, dome-shaped, pearly

papules, having a central umbilication with itching on exposed areas of face and neck resolved within 04 weeks of starting individualised homeopathic treatment in the disease and as an alternative treatment option to the conventional/standard mode of treatment where a longer time period is required for the resolution of symptoms and remissions of symptoms were quite common. Along with the main complaint, all other associated symptoms of the patient such as burning sensation, and irregular bowel movements improved markedly highlighting the importance of an individualistic and holistic approach in homeopathy as per principles laid down in Organon of Medicine and Homeopathic Philosophy (Aphorisms 83-104). [20] Remissions and relapses are commonly observed with a considerable impact on quality of life in MC patients. In the present case report no relapses of clinical symptoms and conditions is noticed within 03 months of homeopathic treatment. The quality of life as revealed from CDLQI score also improved during subsequent follow-ups. This may be considered of importance in cases of children with disease having social and cosmetic implications.



Several previously published studies showed that well-selected individualised homeopathic medicines prescribed on the basis of the totality of symptoms have been effective in dermatological disorders; and reducing the frequency of its recurrence.<sup>[21-25]</sup> In one case report of 44-year-old female patient treated with *Mercurius solubilis* 30C, the lesions completely resolved within four weeks and with no relapse was seen during follow-ups for 03 months.<sup>[9]</sup> In an another case report, 3 and ½ year-old female child diagnosed with MC was effectively treated by individualised homeopathic medicine *Calcarea carbonica* and showed stable improvement in the domain of signs and symptoms of MC with no remission by the end of 04 months treatment.<sup>[10]</sup> A case series of 03 cases of MC demonstrated significant improvement from single dose of *Dulcamara* 200C, *Tuberculinum* 1M and *Croton Tiglium* 200C.<sup>[11]</sup> In a double-blind placebo-control clinical trial conducted by CCRH *Calcarea carbonica* was found to be effective in 124 recruited cases of MC where all were given pre coded drugs (*Thuja*, *Ruta*, *Cal carb*, *Causticum*) and compared with placebo-control group.<sup>[12]</sup> The present case report comprehends and establish concurrence for the importance of holistic and individualistic approach through homeopathic constitutional medicines in treatment of MC as shown in past studies. The study will further add on the homeopathic therapeutics and management options in treatment of disease. The literature shows *Cal. carb*, *Nat. mur*, *Silicea*, *Thuja*, *Nat. sul*, *Sulphur*, *Dulcamara*, *Rhus. tox* are the commonly used medicines on the basis of therapeutics prescription as mentioned in first grade in Boericke's repertory<sup>[26]</sup> and Homoeopathy Childcare Therapeutics, Child types, Repertory.<sup>[27]</sup> A single dose of medicine *Phosphorus* was prescribed as per Law of Similia with 200C

potency based on individual susceptibility of the patient<sup>[28]</sup> and changes in the signs and symptoms were noted during the follow ups. No medicine is repeated as long as the improvement in symptoms of the patient continued.<sup>[20]</sup> The present case report is in line of congruence reflecting that "The natural history can be deduced from the time the lesions initially appear until the time of documented spontaneous resolution of the lesions".<sup>[29]</sup>

In previously conducted studies, none measured the impact of skin disease on QoL on children in MC which is important for its clinical management. In this outlined case report lesions counting 50 to 66 on different parts of the body at baseline with CDLQI score of 32 cited a greater impact on quality of life. This observation is very similar to an observation made in a prospective community cohort study.<sup>[30]</sup> The highlighted case report is also strengthened by a good quality of validated outcome measures of CDLQI score, Modified Naranjo Criteria score and photographs in an attempt to generate a greater evidence-based pool for individualised homeopathic treatment for MC in comparison to previously concluded studies where only limited outcome parameters were used.

The results of the present case report will enhance the knowledge of the homeopathic clinicians in standard treatment context for MC and the totality of symptoms which is an essence in homeopathic case taking as local maladies cannot arise or persist without internal cause.

Limitation of being a single case study, further pragmatic research approaches may be carried out on a large sample size for generalisation of data that may provide promising avenues in treatment of MC in public health domain. Future studies can be warranted for undertaking the clinical validation of homoeopathic medicine

*Phosphorous* and rigorous clinical trials with a greater sample size for exploring a valid, rational and coherent role of homoeopathy in MC.

**CONCLUSION:**

The present case report provides concrete evidence of the successful treatment of MC with individualised homeopathic medicine. This case highlights the importance of a holistic and alternative treatment approach in the MC wherein the individuality of a patient is considered for remedy selection, not just disease symptoms adhering to the ground principles of homoeopathy.

**LIMITATION OF STUDY:**

Further researches with more concrete designs like case series/clinical trials with bigger sample size are further warranted to confirm its scientific validation and generalization of results.

**DECLARATION OF PATIENT CONSENT:**

The authors certify that they have obtained written consent, duly signed by the patient's father (as patient is minor) and he has even given consent for the photographs and other clinical information to be reported in the journal. The father of the patient was made to understand that the name and initials of the patient will not be published and due efforts will be made to conceal the identity of the child.

**ACKNOWLEDGEMENT:**

With a profound sense of gratitude, the authors express their sincerest respect to patient who actively participated in this case report and for keeping patience throughout the follow ups. The authors are obliged especially to pharmacist for their selfless contribution to the case report.

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**CONFLICT OF INTEREST:** Author declares that there is no conflict of interest.

**GUARANTOR:** Corresponding author is guarantor of this article and its contents.

**SOURCE OF SUPPORT:** None

**HOW TO CITE THIS ARTICLE:**

Ram H, Singh A, Jangid P, Bhinda A. Molluscum Contagiosum: An Evidence-Based Case Report Successfully Treated with Individualised Homeopathic Medicine *Phosphorus* Int. J. AYUSH CaRe. 2022; 6(3):289-300.