

Role of Individualized homoeopathic medicine in the treatment of Molluscum Contagiosum - A Case Report

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ABSTRACT:

Molluscum contagiosum (MC) is a benign skin condition having peculiar pearly white or pink lesions. This contagious disease is more, common in children of low socioeconomic group. Conventionally, local removal of lesions is the primary choice of treatment, commonly cryotherapy. Homoeopathy with its individualistic approach can offer a safe and effective alternative treatment choice, in contrast to conventional treatment, which has a wide range of adverse effects. A male patient 29 years old, presented to outpatient department of National Institute of Homoeopathy, Kolkata with a complaint of multiple itchy papular eruptions with slight pain behind the left ear and lower back pain. Sulphur was prescribed on the basis of the totality of symptoms after a detailed homeopathic case-taking and repertorisation. The case was repertorised by using Kent's Repertory and the Homopath Classic computer software version 8.0, within one month of the administration of medicine, the presenting multiple papular eruptions behind the left ear disappeared. No relapse of lesions was observed during the subsequent follow-ups for the next 3 months. The improvement of the case was assessed by photographic evidence at baseline, during and after treatment. The rationale of this report reflects the effective management of molluscum contagiosum cases with individualized Homoeopathy.

KEYWORDS: Homoeopathy, Individualized Homoeopathy, Molluscum contagiosum, Sulphur.

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INTRODUCTION:

Molluscum contagiosum (MC) is a benign skin condition also called water warts. Skin lesions of MC are known as Mollusca, caused by the molluscum contagiosum virus. [1] Both sexual and non-sexual transmission can produce flesh-colored

lesions with a central umbilication, and hemispherical papules usually up to 5mm in diameter after an incubation period of 3-12 weeks. [2-3] Molluscum contagiosum most frequently affects children over one year of age, especially those with atopic dermatitis, and immunocompromised individuals,

particularly those due to HIV, steroid use, or lymphoproliferative diseases. [4] Large lesions are frequently numerous and may spread by auto-inoculation after being established in an individual. When acquired sexually, they are located on the genitalia, lower belly, and upper thighs. Diagnosis is made clinically or Electron microscopy is only used rarely when the diagnosis is not clear (1,3). Differential diagnosis includes chicken pox, warts, lichen planus, folliculitis, condyloma acuminatum, acne vulgaris, milia, and tumours like basal cell carcinoma. [5] Cryotherapy, Hyfrecaction, topical treatments of 0.15% podophyllotoxin cream, and central core expression are examples of aesthetic treatment regimens (1,3). Apart from this, a few published studies, case reports, [6-7] and double-blind placebo-controlled clinical trials, [8] highlighted the effectiveness of individualized homeopathic medicine in treating and managing MC.

CASE REPORT:

A 29-years-old male patient attended the NIH OPD on 02/09/2021 (OPD no-801279) with the main complaint of multiple papular eruptions with itching which are aggravated at night and slight pain behind the left ear for 8-10 months, that was spreading to the cheek and neck area and lower back pain for 3 years.

History of presenting complaint:

His complaint of dome shape multiple papular itchy eruptions had started gradually 8-10 months ago when he began to feel itching with slight pain behind the left ear, he took alternative medicines orally and as an external application applies ointments on eruptions but no relief. And lower back pain for 3 years, which started gradually after he had an accident 4 years ago, pain extended to the right leg which

was getting aggravated on motion and ameliorated by rest.

In past history, he once suffered from chickenpox at 8 years of age. Then 10 years back suffered from tinea cruris for which he applied ointment.

In family history, his grandmother (maternal) had hypertension, Sister had a similar type of eruptions on face.

In physical generals, his appetite was increased, can't tolerate hunger and preferred warm food. His thirst was less with 1 litre per day, more while eating food. The tongue was moist, clear, and indented with a red tip. He has a desire for sweets, meat, and, fried food, aversion to jackfruit and brinjal. Stool was satisfactory and offensive and urine clear. He has Sound sleep and lies on the right side. Thermal reaction was hot and had profuse perspiration on head. Palms and vertex were warm to the touch.

In mental generals, patient was irritable, and aggressive, and used to express his anger through violence. Hurried. Anxious about his health

Local Examination of Skin

Location: Behind the left ear spreading to the neck and cheek area.

No. of eruptions: 40-50 in no, (left ear-around 30 in no, left cheek - 10-12 in no, left side of neck - 13 in no).

Pattern of distribution and arrangement: Asymmetrical.

Character: Papular, white to flesh colored, dome-shaped, pearly papules, having a central umbilication.

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

Diagnostic Assessment:

This case was diagnosed as Molluscum contagiosum on the basis of clinical examination. This diagnosis comes under the specific ICD 11, code 1E76.

**Fig-1: Before Treatment****Fig-2: During Treatment****Fig-3: After Treatment****DISCUSSION:**

Homoeopathy is a system of medicine that embraces a holistic approach to the treatment of the sick. In Homoeopathy, detailed case-taking is done to elucidate the constitutional makeup of the patient and a single remedy is selected on the basis of the totality of symptoms.

Here a patient was suffering from itchy papular eruptions, after a detailed case taking Sulphur was prescribed. The treatment was continued for 12 weeks and the itchy papular eruptions were completely healed within 1 month of the treatment and the patient was showing signs of improvement since starting of the treatment and as mentioned in aphorism 245(5th edition) 'every perceptible progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes very repetition of the administration of any medicine'. so no other medicine was required. [10] This is the beauty of Homoeopathy that, if the selected medicine is a Similia then it can do wonders in a short time. Visual proof is presented here to support this result and progress of the treatment. However, a single case cannot draw a conclusive comment on the efficacy of Homoeopathic treatment of

Molluscum Contagiosum for which a large-scale randomised controlled trial is suggested and the information provided by this case report may also be useful for planning future case series development.

CONCLUSION:

Homoeopathy has done amazing work for those who are suffering from Molluscum contagiosum. Thus, this instance further demonstrates the efficacy of Homoeopathic medications in the treatment of Molluscum contagiosum. However, a more well-designed study with large sample size is warranted to strengthen the evidence to show the effectiveness of Homoeopathy in molluscum contagiosum. The current case report offers verifiable proof of MC's effective treatment with customized Homoeopathic medication.

Written consent of patient:

Informed consent was obtained from the patient.

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