

Molluscum Contagiosum treated with Individualized Homoeopathic Medicine: An Evidence-Based Case Study

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ABSTRACT:

Molluscum contagiosum, caused by a pox virus, is a common skin condition seen mainly in children. It appears as small, dome-shaped papules (2-5 mm) with a central indentation, often on the face, abdomen, thighs, and genitals. In adults, especially sexually active individuals, it can localize to the genital area, inner thighs, and pubic region, where it is considered a sexually transmitted infection. Remission typically occurs within 6 to 9 months. In modern medicine, cauterization is a commonly used treatment method for molluscum contagiosum. Cauterization can lead to a high risk of relapse, scarring, and significant distress due to pain and fear, especially if repeated. A 20-year-old male presented in OPD with Molluscum contagiosum on the suprapubic region and base of the penis for 1 month. He was treated with Thuja occidentalis 30 based on individual symptoms. The patient showed significant improvement, with complete disappearance of the skin lesions during treatment within 3 months. Assessment using modified Naranjo criteria indicated a positive response to the homeopathic medicine. Over the treatment patient was improved both in Dermatology Life Quality Index (DLQI) and disappearance of skin lesions. Individualized homeopathic medicine demonstrated effectiveness in treating molluscum contagiosum. Further case reports, case series, and randomized controlled trials are required to establish its effectiveness conclusively.

KEYWORDS: Homoeopathy, Molluscum contagiosum, Thuja occidentalis.

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INTRODUCTION:

Molluscum contagiosum, caused by a pox virus, manifests as small, dome-shaped

papules measuring 2-5 mm in diameter, typically with a central indentation.^[1,2] Initially, the lesions are firm, solid, and flesh-

colored but become soft, whitish, or pearly grey as they mature and may develop into suppuration. They primarily appear on the face, lower abdomen, upper thigh, and genitals. These lesions are self-inoculable and spread through direct skin-to-skin contact. In sexually active individuals, they may be limited to the penis, pubic area, and inner thighs, indicating a sexually transmitted infection.^[1,2] Swimming pools are a common source of transmission. The incubation period ranges from 3 to 12 weeks.^[3,4] Diagnosis is often straightforward due to the characteristic central dimpling of the dome-shaped lesions, and it can be confirmed through histological demonstration of cytoplasmic eosinophilic inclusions known as molluscum bodies.^[1,3] It has been estimated that time to remission is 6 to 9 months.^[2,4] There is no definitive treatment for molluscum contagiosum, but various physical ablation techniques are employed, such as mechanical removal, topical wart paint, chemical cautery, and cryotherapy.^[1] ^{2]} are used in treatment of molluscum contagiosum but in Homoeopathy the treatment is based on individualistic and holistic approach of the case.^[5,6,7] Although homoeopathy has been studied for numerous dermatological conditions, there is limited research specifically addressing its effectiveness in treating molluscum contagiosum. Most existing literature focuses on broader applications or alternative therapies for skin conditions, leaving a gap in detailed, evidence-based evaluations of homoeopathic treatments for this particular virus-induced infection. The scope of homoeopathy in treating molluscum contagiosum involves exploring individualized treatment approaches tailored to each patient's unique symptoms and overall health profile. This personalized method contrasts with conventional one-size-fits-all treatments and could offer new

insights into managing this common yet challenging condition. Furthermore, this study reports that individualized homoeopathic treatment led to recovery within 3 months, significantly faster than the typical remission period of 6 to 9 months usually observed with molluscum contagiosum.^[4]

Patient's Information:

A 20-year-old unmarried male from a middle-class background presented at the OPD of D. N. De Homoeopathic Medical College and Hospital with complaints of multiple small, umbilicated, painless, slowly progressing, non-discharging white eruptions on the suprapubic region and base of the penis for the past month. His medical history revealed a childhood bout of chickenpox and a previous dog bite with vaccination. Further inquiry noted a family history of rheumatism and bronchial asthma. The patient appeared lean, thin, and emaciated, with a dark and oily complexion. There were no signs of anemia, cyanosis, clubbing, jaundice, lymph node engorgement, or palpable lymph vessels.

Clinical Findings:

The patient presented with multiple soft, non-tender, umbilicated, white swellings on the suprapubic region and base of the penis. General symptoms included a good appetite with cravings for cold food, drinks, salt, and meat, but intolerance to onion and tea. Bowel movements were regular, and there was a slight whitish coating on the tongue. The patient experienced a tendency to catch cold easily, along with a sensation of coldness throughout the body. There was profuse perspiration, sound sleep, and dreams of falling.

Diagnostic Assessment:

Based on the physical examination findings, the diagnosis of Molluscum contagiosum is suggested.

Analysis of the case and repertorization:

After analysis and evaluation of the symptoms, the totality of symptoms was constructed which were as follows:

- Chilly patient.
- Easily catches cold
- Desire for meat, salt things.
- Desire for cold food and cold drinks.
- There is intolerance of onion and tea.
- Perspiration profuse.
- Sleep good with dream of falling.

The case was repertorized with the help of 'Homopath Zomeo 3.0 Software' [8] using Kent's repertory. The reportorial results are shown in Figure 1.

Therapeutic Intervention with follow-ups and outcome:

Based on totality of symptoms, individualization, miasmatic analysis, repertorization and Materia Medica

consultation, Thuja occidentalis 30, a single dose was administered. Clinical evaluation and follow up of the patient were done monthly or as per requirement for the next 3 months. During follow ups repetition of doses and changes of potency (if applicable) were done as per homoeopathic guidelines. The detailed follow-up is given in Table 1.

Outcome assessment:

It was done during onset of the treatment and every follow-up. (Table1) The primary outcome was clinical evaluation of the case and secondary outcome was Dermatology Life Quality Index (DLQI) [9] which was 18 at baseline and became 0 at the end of 3rd month. Completion of the Modified NARAnjo Criteria for Homeopathy (MONARCH) [10] inventory was performed and the score was +9 points on the scale of – 6 to +13. (Table 2)

Table 1: Follow-ups and Outcomes:

Date	Medicine with potency	Justifications
Baseline 21.03.2018	Thuja occidentalis 30/ 2 doses OD for 2 days. Placebo 200/ 30 doses OD for 30 days. (Figure 2)	Justification: Chilly Patient. Easily catches cold. Desire cold food and drinks. Intolerance onion. Dream of falling. H/O dog bite with vaccination DLQI Score- 18
1 st Follow-up 25.04.2018	Placebo 200/30 doses OD for 30 days. (Figure 3)	Justification: Skin lesions gradually disappeared. Patient is improving. DLQI Score- 13
2 nd Follow-up 16.05.2018	Thuja occidentalis 30/2doses OD for 2 days. Placebo 200/ 30 days OD for 30 days. (Figure 4)	Justification: Eruption disappears but one new eruption appears. Previous complaints reappear. As per rule of repetition. DLQI Score- 5
3 rd Follow-up 13.06.2018	Placebo 200/ 30 days OD for 30 days. (Figure 5)	Justification: All eruptions were disappeared. DLQI Score- 0

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH):

Domains	MONARCH	Answers of the patient	Scores
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	Yes	+1
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+1
5.	Did over all well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	Yes	+1
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure	0
	(B) Direction of cure: did at least one 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 downwards?	Not sure	0
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?	Not sure	0
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)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0
Total score: +9			
Note: Maximum score +13, minimum score -6			

Remedy	Phos	Thuj	Lyc	Nat-m	Merc
Totality	16	15	15	14	14
Symptoms Covered	6	8	6	7	6
[Kent] [Generalities]Heat:Vital,lack of:	3	2	2	2	2
[Kent] [Generalities]Cold:Tendency to take:	2	0	3	3	3
[Kent] [Stomach]Desires:Meat:	0	0	0	1	1
[Kent] [Stomach]Desires:Salt things:	3	1	0	3	0
[Kent] [Stomach]Desires:Cold drinks:	3	2	2	1	3
[Kent] [Stomach]Desires:Cold:Food:	3	2	2	1	0
[Kent] [Perspiration]Profuse:	2	2	3	3	3
[Kent] [Sleep]Dreams:Falling:Of:	0	3	0	0	2
[Kent] [Generalities]Food:Onions:Agg:	0	1	3	0	0
[Kent] [Generalities]Food:Tea:Agg:	0	2	0	0	0

Figure 1: Repertorization by 'Homopath Zomeo 3.0 Software'.



Figure-2: Baseline



Figure-3: Follow-up 1



Figure-4: Follow-up 2



Figure-5: follow-up 3

DISCUSSION:

Molluscum contagiosum presents as single or multiple dome-shaped, waxy papules 2-5 mm in diameter that are umbilicated. It has been estimated that time to remission is 6 to 9 months.^[1,4] In modern medicine the method of cauterization^[1, 2] is used in treatment of molluscum contagiosum. In skin lesions, Homoeopathy is believed to be effective.^[11] Few documented evidences are available regarding the effectiveness of homoeopathic intervention in case of molluscum contagiosum.^[12,13,14,15,16] In a case series of Rajendran ES^[12], among 30 cases 15 cases had full resolution and 12 cases were improved. The most frequently prescribed medicines with positive outcomes were Natrum sulphuricum, Sulphur and Natrum muriaticum^[12]. In another study three cases of children with Molluscum contagiosum were treated with individualized Homeopathic medicines. A marked improvement was observed in all three cases with a complete disappearance of the eruptions without any recurrence.^[13]

In another published case report a female patient of 44-years presented with molluscum contagiosum and Mercurius solubilis 30 was prescribed and patient recovered within 4weeks^[14]. In another case series total 100 patient of molluscum contagiosum were treated. Out of that 90

patients were given single homoeopathic medicine Dulcamara 30 and 10 were given placebo. All the patients were followed for 2 years. Out of one hundred cases, 90 cases showed remission within 15days, and most of the cases cured within 2- 3months. No remission was noted in the control group within 3 months^[15]. In another case report of a male patient having molluscum contagiosum was treated with Silicea 200 with recovery of patient.^[16] In this case report, a 20 year old male person with molluscum contagiosum was treated with Thuja occidentalis 30 and recovery ensured within 3 months from the date of administration of medicine. The main advantage of this case is choice of medicine which followed strict homoeopathic principle of individuality and symptom similarity along with proper reportorial analysis. More over this case recovered within 3 months which is speedier than the spontaneous resolution time i.e. 6 to 9 months^[2,4]. As a standalone case though it proved the effectiveness of individualized homoeopathic medicine in case of molluscum contagiosum but it is not enough evidence to make any conclusion. More evidence-based case reports and case series are needed. Randomized controlled trial with proper methodological rigor is needed.

CONCLUSION:

This case report highlights homoeopathic treatment as a promising complementary and alternative medicine (CAM) therapy, emphasizing the importance of individualized treatment and repertorization in homeopathic prescriptions. Additionally, this case demonstrates the positive impact of individualized homoeopathy in resolving molluscum contagiosum within the recommended time frame. Randomized control trial is suggested with proper methodological rigor to establish efficacy of homoeopathy.

Limitation of study:

A study on individualized homoeopathic medicine for a single case of molluscum contagiosum with positive outcomes may face several limitations. Firstly, the results cannot be generalized due to the study's singular focus on one patient, making it difficult to determine the efficacy of the treatment for a broader population. The absence of a control group and randomization further complicates the ability to attribute improvements solely to the homeopathic intervention rather than other factors or natural disease progression. Additionally, the subjective nature of homeopathic treatment and the variability in individual responses could influence outcomes, introducing biases. Without replication and larger sample sizes, the findings remain anecdotal and may not offer robust evidence for the effectiveness of individualized homeopathic approaches in treating molluscum contagiosum.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent for using clinical information reporting in the journal. The patient understands that his name and

initial will not be published and due effort will be made to conceal the identity.

Conflict of interest: Author declares that there is no conflict of interest.

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