



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(2): 17-20

Received: 12-02-2024

Accepted: 13-03-2024

Dr. Santosh Kumar Tamang

Research Officer (H), S-2,
CRU (T), Gangtok, CCRH,
Sikkim, India

Dr. Shankha Subhra Patra

BHMS, Junior Research
Fellow, CRU (T), Gangtok,
CCRH, Sikkim, India

Dr. Angmu Dukpa

BHMS, Junior Research
Fellow (Ex), CRU (T),
Gangtok, CCRH, Sikkim,
India

Corresponding Author:

Dr. Santosh Kumar Tamang

Research Officer (H), S-2,
CRU (T), Gangtok, CCRH,
Sikkim, India

Molluscum contagiosum treated with Bromium 30C Homoeopathic medicine using Boericke's repertory as a reference: An evidence-based case report

Dr. Santosh Kumar Tamang, Dr. Shankha Subhra Patra and Dr. Angmu Dukpa

DOI: <https://doi.org/10.33545/26164485.2024.v8.i2a.1114>

Abstract

Molluscum contagiosum (MC) is an infection caused by an antigenically different type of poxvirus called Molluscipox virus. It is also called water warts and its skin lesion is also known as Mollusca, this is prevailing in children but adults are also affected. This is a self-limiting disease but takes 6-9 month to cure. In this case a 04 years old boy suffering from molluscum contagiosum since 15 days, treated with individualized homoeopathic medicine Bromium 30C which is mention in Boericke's repertory and take cure within 02 months of treatment. The case was documented photographically at the onset and the end of the treatment. Homoeopathic medicines which were mentioned in Boericke's repertory may be effective for the treatment of molluscum contagiosum. Modified Naranjo criteria: Total score 8.

Keywords: Molluscum contagiosum, bromium 30C, individualized homoeopathic medicine, boericke's repertory, modified naranjo criteria

Introduction

MC or water warts is a communicable viral disease found in day to day medical practice. This disease caused by an antigenically different type of pox virus called molluscum contagiosum virus (MCV) [14]. It is a self-limiting disease, takes 6-9 month to cure naturally [14]. The children age group about 2-5 years are more susceptible than adult [14]. Diagnosis was done by its peculiar skin lesion that is also known as Mollusca. Lesions are firm, white to flesh-colored, dome-shaped, pearly papules, having a central umbilication from which one can express a cheesy material and usually one millimeter to one centimeter in diameter [14]. In children, mollusca are located on the face, trunk, limbs, and axillary areas but palms and soles are not involved [14]. MC can transmit through direct and indirect process. If Mollusca seen in anogenital area, it may be transfer from sexual contamination and it may infect immuno-compromised patient. Incubation period ranges from two weeks to six months [14]. Most of the patient came to treat MC for cosmetic value, social stigma, or they are more concern about contamination of MC. The Differential diagnosis of MC includes Keratoacanthoma, Lichen planus, Epidermal cyst, Pyoderma, Verruca vulgaris, Folliculitis, Cutaneous fungal disorders like histoplasmosis and sporotrichosis, Basal cell cancer, Condyloma acuminatum, Varicella-zoster [14].

Conventional treatment of MC includes physical removal of Mollusca, use of ointment. By the help of cryotherapy mollusca can be removed locally but it is very painful. A safe alternative way to physical removal is use of cimetidine in children who fear pain, but a recent meta-analysis did not show any difference with cimetidine [1]. So, homoeopathy can be a better option than the common conventional way of treatment

Homoeopathy has always shows an effective result in treatment of skin diseases like Atopic dermatitis [3], Eczema [7], Lichen planus [4], Seborrheic dermatitis [8], Melasma [5], Rosacea [9], Dermatitis [6], and Verruca vulgaris [10]. Homoeopathy plays safe and significant role in striking the infection caused by MCV as evident in case report. In literature, Boericke's repertory mention several Homoeopathic medicines for Molluscum contagiosum i.e. Bromium, Bryonia alba, Calcarea carbonica, Calcarea arsenicum, Kali iodatum, Lycopodium clavatum, Mercurius solubilis, Natrum muriaticum, Silicea terra, Sulphur, and Tuberculinum bovinum.

However, a very few case study and series are present about the MC in Homoeopathy in reference to Boericke's repertory. This case report shows an effective result of Homoeopathic Medicine which are considered in Boericke's repertory for MC.

Patient information

A boy aged 04 years old visited outpatient department with his mother on May 24, 2022 at CRU(T) for Homoeopathy, Gangtok with a complain of small dome shaped eruption on face for 15 days and cough with expectoration from 2 days. The patient took allopathic medicine for 10 days but no significant improvement notice. There is no suggestive finding in family history.

Clinical findings

The boy presenting with small papules with dimpling eruption on face and neck (Picture 1) since 15 days without itching. The eruption was about 1- 3 mm in diameter. The boy also complained of cough with slight expectoration from last 2 days which aggravated in warm room and warm weather, ameliorated by walking. The boy was lean and thin in appearance. He has less appetite and tongue was clean and moist. He drinks small quantity of water about 2-3 glasses/day. During the case taking his mother said that he had a particular desire of sour fruits but when he take sour fruits it causes loose stool. He passes stool clearly and regularly but in urination a strong odor and dark color noticed by his mother. He had a peculiar sweating only in palm and hand with coldness of the feet was noticed by the patient party at night. Thermal relation of this patient is chilly. The diagnosis was made by clinical presentation.

The following characteristic symptoms ware consider for prescription:

1. Papules with dimpling eruption on face and neck.
2. Cough with slight expectoration < warm room, warm weather > walking.
3. Coldness of feet.
4. Appearance –lean and thin.
5. Desire – sour fruits but it causes loose stool.
6. Urine – Dark color.
7. Sweat- on palm and hands.

Therapeutic intervention

The prescription was done based on constitution and by the help of Boericke's repertory. In Boericke's repertory, Bromium is 1st graded medicine in case of MC (Picture-2). In this case, the symptomatology is mostly indicated to bromium. So, after consulting with various materia medica [16-20], Bromium 30C, BD for 2 days with phytum for next 15 days was prescribed. The Modified Naranjo Criteria (MONARC) was used for assessing the improvement to the homoeopathic medicine and total score was 8 (Table no. 1)

Follow up and outcome

On subsequent follow up phytum was prescribed on the assessment of improvement of MC lesion as shown in table no. 2. Finally, the lesions are disappeared and other

respiratory complaints within 02 months with Bromium 30C (Picture 3). The reappearance of the symptoms was not reported after 05 months of treatment.

Discussions

Molluscum contagiosum is a medical concern in day to day clinical practice. It is also called water warts caused by MCV. People frequently go for the treatment of MC mainly due to cosmetic reason and to avoid social stigma or because they have the concern of transmission to other individual. It is a self-limiting disease but takes several months to cure. Conventional treatment of MC includes physical removal of mollusca, use of ointment. By the help of cryotherapy mollusca can be removed locally but it is very painful. A safe alternative way to physical removal is use of cimetidine in children who fear pain, but a recent meta-analysis did not show any difference with cimetidine. So, Homoeopathy can be a better option than the common conventional way of treatment. In this case after careful recording of the present complains, medical history with Boericke's repertory reference, medicine was prescribed. In the Boericke's repertory, Bromium is 1st graded medicine for MC. After prescription of Bromium 30C/4 dose/ BD for 2 days, slight aggravation of respiratory symptoms was noticed by parents, which proved the correct selection of the medicine. There was a marked improvement in main complains and general symptoms were noticed in 20-30 days after taking the prescribed medicine. In this case we treated MC with homoeopathic medicine for not only relief the sign and symptom but also assured no recurrence was reported for more than 3 months of follow up. This case shows effective role of homoeopathic medicine which were mentioned in Boericke's repertory.



Fig 1: (Before Treatment)

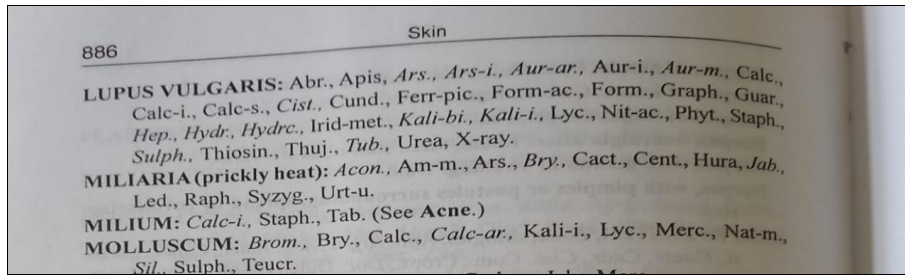


Fig 2: Boericke’s new manual of homeopathic materia medica with repertory B. Jain, publication third revised and augmented edition based on 9th edition page no. 886.



Fig 3: (After Treatment)

Table 1: Modified Naranjo Criteria: Total Score 8

Domains	Yes	No	Not sure
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?	+1		
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?		0	
5. Did over all well-being improve? (Suggest using validated scale)	+1		
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B. 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 downwards?		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?		0	
8. Are there alternate causes (Other than the medicine) that-with a high probability-could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	

Table 2: Follow Up

Date	Symptoms	Prescribed Medicine with potency and dose
24 May 2022	Papules with dimpling on face and neck, cough with slight expectoration	Bromium 30 /4 dose/ BD for 2 days Phytum 500/ 15 dose/ OD for 15 days
13 June 2022	Improving, after slight aggravation of respiratory complaints, cough and expectoration decrease. Size of Lesion of MC slightly decreases. Other general symptoms are same as before.	Phytum 500/ 15 dose/ OD for 15 days
28 June 2022	Much improvement occurs. No cough and expectoration. Size of MC markedly decreased. Color of urine becomes normal.	Phytum 500/ 30 dose/ OD for 30 days
29 July 2022	Total disappearance of MC lesion from face and neck. All other general symptoms are normal.	Phytum 500/ 30 dose/ OD for 30 days

29 Aug 2022	No reappearance of the symptoms	Phytum 500/ 60 dose/ OD for 60 days
27 September 2022	No reappearance of the symptoms	Patient was advised to come OPD if any other complains occurs.

Abbreviation: OD-Once daily, BD- Twice a day, OPD- Out patient department, Phytum 500-Placebo, MC- Molluscum contagiosum.

Conclusion

The presented case report is an evidence of the successful treatment of MC and restoration of the physical and mental health of both patient and patient party by the help of individualized homoeopathic remedy. The Boericke's repertory is much helpful in the treatment of molluscum contagiosum. In future the clinical studies and literature review may be require to establish effectiveness of medicine mentioned in Boericke's repertory for the treatment of MC homeopathically.

Declaration of parent assent

We certified that both the parents had given their consent to provide their child's image and clinical information to be published in journal. We assure to the parents that the personal details of their child will not be disclosed in public domain.

Financial support and sponsorship: Nil

Conflicts of interest: None declared.

Reference

- Dutta A, Ghosh S, Dogra S, Mukherje C. Response of Molluscum Contagiosum to Homoeopathic Treatment: Report of Three Cases. *Homoeopathic Link*. 2020;32(4):230-234.
- Rajendran ES. Molluscum contagiosum: A case series. *Homeopathy*. 2002;91(04):255-259.
- Parveen S. Homoeopathic treatment in a case of co-morbid atopic dermatitis and depressive disorder. *Indian J Res Homoeopath*. 2016;10 (1):75-82.
- Nwabudike LC, Miulescu M, Tatu AL. Case series of an alternative therapy for generalised lichen planus: Four case studies. *Exp Ther Med*. 2019;18(2):943-8.
- Nwabudike LC. Melasma and homeopathy. *Homeopath Links*. 2012;25(2):99-101.
- Nwabudike LC. Homeopathy in the treatment of dermatitis herpetiformis a case presentation. *Homeopath Links*. 2015;28(1):44-6.
- Signore RJ. Classic homeopathic medicine and the treatment of eczema. *Cosm Derm J*. 2011;24(9):420-5.
- Nagateja C, Padmasree G, Madhuri BJ, Sailaja K. An overview on seborrheic dermatitis and its treatment (Allopathy and homeopathy). *Int J Adv Med*. 2020;7(9):1433-40.
- Nwabudike LC. Rosacea and homeopathy. *Proc Rom Acad Series B*. 2012;14(3):207-11.
- Joseph R, Pulimood SA, Abraham P, John GT. Successful treatment of verruca vulgaris with Thuja occidentalis in a renal allograft recipient. *Indian J Nephrology*. 2013;23(5):362-4.
- Lamba CD, Gupta VK, Van Haselen R, Rutten L, Mahajan N, Molla AM, *et al*. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy*. 2020;109(4):191-7.
- Rush J, Dinulos JG. Childhood skin and soft tissue

infections: new discoveries and guidelines regarding the management of bacterial soft tissue infections, molluscum contagiosum, and warts. *Curr Opin Pediatr*. 2016;28(02):250-257.

- https://en.wikipedia.org/wiki/Molluscum_contagiosum
- Badri T, Gandhi GR. Molluscum contagiosum [Internet]. Statpearls-NCBI bookshelve; c2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441898/>
- Boericke OE. *Clinical Repertory and Therapeutic Index of Homoeopathic Materia medica*. 9th edition. New Delhi: B. Jain Publishers; c2010.
- Allen HC. *Allen's keynotes and characteristics with comparisons: With comparisons of some of the leading remedies of the materia medica with bowel nosodes*. 8th edition. New Delhi: B. Jain Publisher; c2018.
- Boericke W. *New manual of Homoeopathic materia medica and repertory with relationship of remedies: Including Indian drugs, nosodes uncommon, rare remedies, mother tinctures, relationship, sides of the body, drug affinities and list of abbreviation*: 3rd Edition. New Delhi: B Jain Publishers; c2022.
- Phatak SR. *Materia medica of homoeopathic medicines*. 2nd edition revised and enlarged. New Delhi: B. Jain Publishers; c1999.
- Clarke JH. *Dictionary of Practical Materia Medica*. Reprint edition. New Delhi: B. Jain Publishers; c2009.
- Kent JT. *Lectures on homoeopathic materia medica: Together with Kent's New Remedies Incorporated and Arranged in One Alphabetical Order*. 2nd rearranged edition. New Delhi: B. Jain Publishers; c2009.

How to Cite This Article

Tamang SK, Patra SS, Dukpa A. Molluscum contagiosum treated with Bromium 30C Homoeopathic medicine using Boericke's repertory as a reference - An evidence-based case report. *International Journal of Homoeopathic Sciences*. 2024; 8(2): 17-20.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.