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Molluscum contagiosum and homoeopathy: Repertorial rubrics, therapeutic insights, and review of existing research

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Abstract

Molluscum Contagiosum (MC) is a viral infection of skin which is caused double stranded DNA pox virus. It is most common in children over 1 year of age, immunocompromised patients, sexually active adults. It appears clinically as pearly, skin- coloured, smooth, dome- shaped papules that vary in size from 1 to 5 mm. The diagnosis is generally made on the basis of Physical examination, yet Dermascopy and RCM are useful investigations. It is advised not to scratch or rub the lesions: besides, patient should not share towels, tub, or bath utensils to prevent the spread of MCV. It is a self-limited disease, with an average duration of 6-9 months. Conventional treatment offers cryotherapy, curettage, chemical cauterization, immunotherapy, and antiviral drugs but it may manifest again. Homoeopathy, being a holistic approach offers individualized treatment by the totality of symptoms using Materia Medica and Repertories. Previous case series on Molluscum shows positive effects on patients by reducing number of lesions, preventing recurrence though larger controlled studies are required for validation.

Keywords: Homeopathy, molluscum contagiosum, poxvirus infection, immunocompromised patients

Introduction

Molluscum Contagiosum is caused by a Pox virus skin infection. It is most common in children over the age of 1 year, particularly those with atopic dermatitis. ¹ It is more in males than in females ^[2]. It also occurs frequently in immunocompromised patients, including those with HIV ^[1]. Discrete, pearly, skin- coloured, smooth, dome- shaped papules vary in size from 1 to 5 mm. They typically have a central umbilication from which a plug of cheesy material can be expressed. The poxvirus that causes molluscum contagiosum is a large double- stranded DNA virus that replicates in the cytoplasm of host epithelial cells. Type 1 virus causes most infections. The disease is acquired by direct contact with an infected person or from fomites, towels and is spread by autoinoculation. The incubation period is estimated to be 2 weeks or longer ^[3].

Epidemiology

In 2010, there were about 122 million cases globally. (The prevalence of molluscum contagiosum is estimated to be around 8000 cases per 100,000 annually) ^[4]. As per WHO sources, India has an average of 1 million cases per year. Outbreaks have been reported commonly among children and young adults, who are sexually active ^[5].

Etiology

Molluscum contagiosum (MC) was first described in 1811 by Bateman. It is a contagious viral skin infection caused by a large double-stranded DNA virus, the molluscum contagiosum virus (MCV), which is a member of the Poxviridae family. This family also includes smallpox; however, with the eradication of smallpox, the MCV became the most common pox viral pathogen among humans. There are four known subtypes of the MCV (MCV-1, MCV-2, MCV-3 and MCV-4), identifiable by restriction fragment length polymorphisms of their genomes. They all have the same clinical presentation and can be localized in any part of the body. The MCV can be found worldwide, although it is usually more common in warm and moist climates and among populations with relatively poor personal hygiene ^[6].

Types

Molluscum Contagiosum (MC) typically presents as one main clinical type, characterized by small, dome-shaped papules with central umbilication. However, variations in the clinical presentation of MC may occur, leading to different types or subtypes. The classification of MC types is based on various factors such as lesion morphology, distribution, and associated features. The main types of MC include [6,7].

Classical molluscum contagiosum: Characterized by the presence of discrete, dome-shaped papules with central umbilication. Lesions are typically 2-5 millimetres in diameter. Commonly observed in children, particularly on the face, trunk, and extremities.

Giant molluscum contagiosum: Eruptions larger-than-usual lesions of molluscum contagiosum, often exceeding 1 cm in diameter.

Atypical molluscum contagiosum: Represents uncommon or variant presentations of Molluscum contagiosum that deviate from the classical morphology.

Genital molluscum contagiosum: Molluscum contagiosum lesions localized to the genital area, including the penis, vulva, scrotum, perineum, and groin.

Eyelid molluscum contagiosum: This Involves Molluscum contagiosum lesions localized to the eyelids or periocular area. this may present with distinctive clinical features such as blepharitis, conjunctivitis, or eyelid edema.

Clinical manifestations

Signs and symptoms of Molluscum contagiosum include:

- Skin- coloured, smooth, dome- shaped, pearly papules³
- Tiny lumps that are usually less than 1/4 inch (1-5mm) in diameter³
- Central umbilication of papule [3]
- Papules can emerge anywhere on the body, they have a predilection for sites such as the face, eyelids, neck, axillae, and thighs [3]
- The involvement of the mucosal areas, such as the genital and oral mucosal regions is rare. There is even one case report of an intraocular MC lesion appearing after a corneoscleral laceration [6]
- They may be found in clusters on the genitals or in the groin of adolescents and may be associated with other venereal diseases in sexually active individuals.
- The duration of the lesion is variable, but in most cases, they are self limiting in a period of 6 to 9 months: however some cases may persist for more than 3 or 4 years. It has described a phenomenon called “beginning of the end” (BOTE) sign which refers to clinical erythema and swelling of an MC infection rather than a bacterial superinfection.
- In immunosuppressed patients, such as those infected with HIV, lesions may be extensive, located in atypical sites, greater than 1 cm in diameter (giant MC) or refractory to treatment [8].

Investigations

A medical professional will conduct a physical examination and gather detailed information about your symptoms to establish a diagnosis of molluscum contagiosum infection. A comprehensive medical history will be reviewed as part of the assessment. The diagnosis is primarily made based on the distinctive clinical appearance of the skin lesions or papules.

Dermascopy, a useful clinical tool in the diagnosis of MC, which is widely available tool that enables to observe structures not seen by the naked eye with a 10X magnification. MC displays characteristic findings under the dermatoscope: A central pore or umbilication, polylobular white to yellow amorphous structures, and peripheral crown vessels. They can also have rosettes when seen under polarized light [8].

Other emerging diagnostic modalities that may aid in the diagnosis of MC include Reflectance Confocal Microscopy (RCM). Under RCM they appear as round, well-circumscribed lesions, with central round to cystic areas filled with bright refractile material [8].

Differential diagnosis-

The differential diagnosis of molluscum contagiosum includes

- Trichoepithelioma
- Epidermal Cyst
- Milia Eruptions
- Basal Cell Carcinoma
- Ectopic Sebaceous Glands
- Syringoma
- Hidrocystoma
- Keratoacanthoma
- Juvenile Xantho Granulomas
- Warty Dyskeratoma

In individuals with AIDS, cryptococcosis may be indistinguishable clinically from molluscum contagiosum³

Conventional treatment

For all patients, general measures are recommended to prevent the spread of MCV. It should be advised not to scratch or rub the lesions: besides, patient should not share towels, tub, or bath utensils.

Molluscum contagiosum is a self-limited disease, with an average duration of 6-9 months. However, lesions can persist for years, spreading to distant sites and potentially transmitting to others. Affected patients should be advised to avoid shared baths and towels until the infection is clear. In cases of atopic dermatitis or immunodeficiency, infection may rapidly spread, leading to the development of hundreds of lesions in children. Immunotherapy with either Candida or Trichophyton antigen is the most commonly used treatment [2,3].

Cryotherapy is an effective treatment. It can be applied with cotton-tipped swab or by portable sprayers, 1 or 2 cycles of 10 to 20 seconds are typically used [9].

Curettage is also an effective method and involves the physical removal of lesions [9]. After curettage, topical povidone iodine can be applied.

Another useful mechanical method is pulse dye laser therapy, which due to costs and limited availability is suggested to be left for refractory cases [8].

Chemical treatments help the skin get rid of bumps by gently irritating them so the body can clear them out. Chemicals that are mostly used are- Cantharidin, Potassium hydroxide, podophyllotoxin, salicylic acid, glycolic acid [8]. Antiviral drugs are also used in immunocompromised patients [2].

Homoeopathic approach

Homoeopathy a holistic approach where man is considered

as a whole and treated from within outwards and thus reduces the incidence of recurrency thereby providing a complete cure of the disease. In homoeopathy, the skin affections are considered as the external manifestation of internal derangement of vital force.

Homoeopathic remedies are prescribed on the principle that 'like cures like'. Health is the balanced condition of the man in which his bodily functions are carried out in ease without any discomfort.

Dr. Hahnemann defined disease as "abnormal altered state of health" in which the self-acting vital force is primarily deranged by the morbid dynamic influence inimical to the life subsequently causing disagreeable sensations and functions are exfoliated outwardly through morbid signs and symptoms, totality of which constitutes the disease^[10].

Thus, in order to restore the sick person to health, an individualized remedy has to be prescribed which includes a detailed case history, analysis at both the psychic (mental) as well as the somatic (physical) level.

Dr. Farokh. J. Master said- Molluscum Contagiosum being a viral infection, indicates the presence of 'Tubercular Miasm' hence drugs like bacillinum, tuberculinum should be used intercurrently. He strongly advised not to recommend the patient any local application for the treatment of molluscum contagiosum as it is against the basic principle of homoeopathy and since the cause lies within, it is futile to cure the disease externally^[11].

Well known repertories with rubrics for molluscum contagiosum

1. **Boericke W - Pocket manual of homoeopathic materia medica with Indian medicine and repertory**^[12]
 - **Chapter:** Skin
 - **Rubric:** Molluscum
 - **Medicines:** Brom. bry. calc. Calc-ar. Kali-i. lyc. merc. merc-sul. nat-m. sulph. teucr.
2. **Schroyens F- Synthesis repertorium homeopathicum syntheticum 9.0**^[13]
 - **Chapter:** Skin
 - **Rubric:** Eruptions
 - **Subrubric:** Molluscum- contagiosum; molluscum
 - **Medicines:** Brom. bry. calc. carc. kali-i. lyc. Merc. nat-m. phos. sep. sil. sulfa. sulph. thuj.
3. **Murphy R - Homoeopathic medical repertory**^[14]
 - **Chapter:** Diseases
 - **Rubric:** Molluscum Contagiosum
 - **Medicines:** Brom. bry. calc. Calc-ar. kali-i. lyc. merc. merc-sul. Nat-m. Sil. sulph. teucr. Thuj.
4. **Van Zandvoort - Complete repertory**^[15]
 - **Chapter:** Skin
 - **Rubric:** Eruptions
 - **Subrubric:** Molluscum – contagiosum; molluscum
 - **Medicines:** BROM. bry. calc. CALC-AR. carc. germ-met. Jug-c. kali-i. lepr. Lyc. merc. nat-m. sacch-a. sil. SULPH. Teucr. THUJ.
5. **Clarke JH - A clinical repertory to the dictionary of materia medica**^[16]
 - **Chapter:** Clinical

- **Rubric:** Molluscum
- **Medicines:** Sul.
- **Subrubric:** Molluscum Contagiosum
- **Medicines:** Calc. sil

6. S K Tiwari - Homoeopathy childcare therapeutics, child types, repertory

^[17]

- **Rubric:** Molluscum Contagiosum
- **Medicines:** Ambr, ARS, calc, calc-p, caust, con, dulc, graph, hep, kali-i, lyc, MERC, NAT-M, nit-ac, phos-ac, phos, PULS, rhus-t, SIL, staph, SULPH

Homoeopathic therapeutic medicines

1. **Thuja occidentalis:** Warty growths, skin lesions that are painful and may bleed easily. Lesions can be multiple and clustered. Best suitable for individuals who tend to have oily skin, with history of warts or other skin growths. Often indicated when lesions are primarily on covered parts of the body^[12].
2. **Sulphur:** Dirty, filthy people, prone to skin affections, complaints that relapse, general offensive character of discharge, pimply eruptions, pustules, especially in folds. Skin affections after local medication. Ideal for individuals who are warm blooded, often seeking cool environments, and have a tendency for skin eruptions and itching. Agg- heat, bathing
Amel- cold applications, open air^[12].
3. **Bromium:** It seems to affect especially scroufulous children with enlarged glands, acne, pustules, boils on arm and face, gland stony hard especially on lower jaw. The sensation of cobweb on face^[12].
4. **Calcarea carbonicum:** Eruptions are red elevated spots of the size of a pea and larger, mostly on cheeks and elbows, with great heat, much thirst, and little appetite. Great weakness of memory and of conception with difficulty in thinking. Glands swollen. Better cold air. Apprehensive; worse towards evening; children craves eggs and eat dirt and other indigestible things^[12].
5. **Dulcamara:** Dryness and heat of skin. Thick, brown - yellow crusts, bleeding when scratched. Hot days and cold nights towards the close of summer are especially favorable to the action of dulcamara. Worse, from cold in general, damp, rainy weather^[12].
6. **Lycopodium:** Mild temperaments of lymphatic constitution, skin shows yellowish spots, earthy complexion uric acid diathesis. Copper coloured eruption on face, skin become thick indurated. Abscesses beneath skin^[12].
7. **Mercuris:** It's very often indicated in almost constantly moist. persistent dryness of the skin contraindicates mercuris. Excessive odorous viscid perspiration; worse, night. syphilitic pustules on face. Vesicular and pustular eruptions. Itching, worse from warmth of bed. Yellowish- brown crusts, considerable suppuration^[12].
8. **Natrum muraticum:** Earthy complexion, greasy, eruptions on behind ears worse eating salt. Lesions cracked, and may bleed when scratched. Often accompanied by dry skin and a tendency for cold sores. Warts on palms of hands. Crusty eruptions in bend of limbs, margin of scalp, behind ears^[12].

Research related to molluscum contagiosum treated with homoeopathy

This case series reports on three Molluscum contagiosum patients treated with individualized homoeopathic medicines in North Delhi. All showed reduced lesions and symptoms within 2–6 months. The authors suggest homoeopathy may help manage the condition larger, high-quality trials are needed to confirm effectiveness^[5].

This case series reports three children with Molluscum contagiosum treated with individualized homeopathic medicines. All showed complete disappearance of lesions within three months, with no recurrence. Each case scored +9/13 on the Modified Naranjo Criteria, showing a positive treatment effect. The findings suggest that individualized homoeopathy may help in managing Molluscum contagiosum^[18].

Conclusion

The available literature, repertorial rubrics and clinical experiences reviewed in this article indicate that homoeopathy offers a promising treatment of molluscum contagiosum. Selection of individualized remedy by totality of symptoms and repertorial rubrics has given positive clinical outcomes across case series. Although large-scale controlled trials are limited, existing evidence suggests that homoeopathic treatment can support decrease in number of lesions, prevent recurrence, and improve overall patient comfort. Further well-designed research is needed to strengthen the scientific basis, but current findings affirm homoeopathy's potential as a safe, holistic, and effective modality in the management of molluscum contagiosum.

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