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## Molluscum contagiosum treated with individualized homoeopathic medicine: A case report

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### Abstract

Molluscum contagiosum is infectious, benign skin condition. Typically present with umbilicated papule. A 15-year-old male patient presented popular eruption on neck with itching. After clinical examination and characteristic umbilicated papule, it was diagnosed as case of molluscum contagiosum. On the basis of presentation and characteristic symptoms, the patient was treated with individualized homoeopathic medicine. After a span of 4 months the papules were found to be disappeared. Rationale of this particular case is to show the better outcome of molluscum contagiosum with individualized homoeopathic medicines.

**Keywords:** Individualized homoeopathic medicine, molluscum contagiosum, case report

### Introduction

Molluscum contagiosum, also called water warts, is a benign condition of the skin [1, 2]. Molluscum contagiosum is a common infection of the skin is caused by molluscum contagiosum virus (MCV), which is a double-stranded DNA poxvirus of genus Molluscipoxvirus [3]. The person of 0-14 years of age group are affected most with incidence as high as 12-14 per 1000 children [4], while considering the prevalence of molluscum contagiosum in general it ranges from 5.1-11.5 % in children [5]. Main mode of transmission of molluscum contagiosum lesions are direct skin-to-skin (including sexual) or indirect (towels, underclothes, toys, razor, tattoo supplies) contact [6]. In addition to this, Molluscum contagiosum may also spread by autoinoculation to normal skin after Mollusca scraping by the patients [7]. Other mode of spread are from sharing swimming pools and other wet environments is possible but not fully backed by evidence [8]. In order to diagnose the molluscum contagiosum, a clinical examination is needed, with characteristic umbilicated papule it is not difficult to diagnosed [9]. Syringoma, Closed Comedones (whiteheads), and Warts (including anogenital ones) are the common differential diagnosis of molluscum contagiosum in children [10]. In the cases where diagnosis is difficult, dermoscopy, reflectance confocal microscopy, and histopathology, are useful tools [1]. In conventional medicine, Molluscum papule can be removed mechanically (using small skin curette, which can be incised with the needle or with a comedones extractor) or chemically (e.g. cantharidin, potassium hydroxide, podophyllotoxins etc.) [10, 11].

Most molluscum contagiosum lesions in non-compromised persons resolve spontaneously within an average duration of six to 12 months. However, the course of molluscum contagiosum may take as long as four years [1, 12].

### Case Presentation

Male patient, SM, 15 years of age, came to our OPD, in NIH, Salt Lake on 16.01.2019. SM presented with papular eruption over the neck for 1 month, which was itchy and painless. For that, the patient had not taken any treatment. (Fig. 1 and fig. 2)

### Past history

Dog bite one year ago for which he had vaccinated, chickenpox in childhood.

### Physical generals

The patient was tall, thin and of dark complexion. Thermal reaction of the patient was hot. His appetite was good but cannot tolerate hunger. He has a desire for eggs, sour, onions, cold food and drinks, and aversion to sweets. His thirst was decreased and he drinks 1-2 liters of

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water per day. The sleep of the patient was sound and dreams of falling from height. The stool was satisfactory and urine was clear without any complaints. The tongue of the patient was moist and slightly coated.

### Mental generals

Tensed and feels low about his look due to eruptions.

### Physical examination

On examination, papular umbilicated eruption was noted, which were on the left side of the neck, up to face and small papule can be seen on the right side of the neck.

### Diagnosis

Mollusum contagiosum, the diagnosis was made on

physical examination and peculiar history.

### Characteristics

Sad and concerned about cosmetic appearance

Thermal reaction- hot

Desire- egg, sour, onions, cold food and drink

Dreams- falling from height

Appetite- cannot tolerate hunger

Aversion- sweets

Tongue- moist and slightly coated.

### Repertorisation

After appropriate evaluation of symptoms, repertorisation was done by Homopath firefly repertory software with using Kent's repertory<sup>[5]</sup> (figure-1).

Remedy Name	Phos	Sulph	Calc	Thuja	Zinc
Totality / Symptom Covered	11 / 6	11 / 5	9 / 4	9 / 4	8 / 5
[Kent] [Mind]Sadness,mental depression: (249)	2	3	3	3	3
[Kent] [Sleep]Dreams:Falling :From high places: (24)	1	2		3	1
[Kent] [Stomach]Desires:Eggs: (4)			2		
[Kent] [Stomach]Desires:Cold :Food: (14)	3			2	1
[Kent] [Stomach]Desires:Onions,raw: (2)					
[Kent] [Stomach]Desires:Sour,acids,etc.: (77)	2	2	2	1	
[Kent] [Stomach]Aversion:Sweets: (12)	2	2			2
[Kent] [Skin]Eruptions:Papular: (24)	1	2	2		1

Fig 1: Symptoms, repertorisation was done by Homopath firefly repertory software with using Kent's repertory

### Selection of remedy and follow ups

After repertorising (Using homopath firefly software) the case and subsequently referring to Materia medica the final remedy selected was *Thuja occidentalis*. Accordingly, the

patient was prescribed *Thuja occidentalis* 200C 1 dose O.D. for 1 day, followed by a placebo and the patient was asked to report after 1 month. Further follow-ups are summarized in table-1.

Table 1: Medicine prescribed and follow-up records.

Date	Observation and result	Medicine and potency
16.01.2019	-	1. <i>Thuja occidentalis</i> 200C 1 dose. 2. Placebo for 30 days
13.02.2019	General condition of the patient is better, eruption dried up for 15 days then comes to stand still.	1. <i>Thuja occidentalis</i> 1000C 1 dose for one day. 2. Placebo for 30 days
15.03.2019	Few more eruptions dried up	1. PLACEBO
16.04.2019	Improvement continues	1. PLACEBO

### Discussion

The typical mollusum lesion is pink colored or skin-colored, umbilicated papule containing a greyish central plug. There may be one or many lesions. The face and genital regions are commonly involved<sup>[8]</sup>. In the majority of patients, mollusum contagiosum resolves without any residual scars. The disorder is benign and spontaneous resolution is the usual outcome, but it may take 12-24 months. Mollusum contagiosum causes mainly cosmetic concerns. In some individuals, the lesions may persist for 3-5 years and maybe disfiguring<sup>[1]</sup>. But in this case of

mollusum contagiosum, the complete recovery was noted in 4 months span (figure-2 to figure-5). Characteristic symptoms were noted after detail case taking as per Dr. Hahnemann's Organon of Medicine<sup>[13]</sup>, followed by analysis and repertorisation of the case with the help of Kent's repertory (using homopath firefly software)<sup>[14]</sup>, which gives a list of nearly suggestive medicines but with characteristic features, totality and with history of the case, *Thuja Occidentalis* was selected and follow-ups were done according to Dr. Kent's advise on second prescription and follow-ups<sup>[15]</sup>.



**Conflict of interest:** There is no conflict of interest.

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