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. cantharadin, 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
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
Molluscum 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 Hompath firefly repertory software with using kent’s repertory (5) (figure-1).

Fig 1: Symptoms, repertorisation was done by Hompath firefly repertory software with using kent’s repertory

Selection of remedy and follow ups
After repertorising (Using hompath 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. Thuja occidentalis 200C 1 dose. |
| 13.02.2019   | General condition of the patient is better, eruption dried up for 15 days then comes to stand still. | 2. Placebo for 30 days |
| 15.03.2019   | Few more eruptions dried up | 1. Thuja occidentalis 1000C 1 dose for one day. |
| 16.04.2019   | Improvement continues | 2. Placebo for 30 days |
| 16.04.2019   | 1. PLACEBO             |                                    |

Discussion
The typical molluscum 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 [8]. In the majority
of patients, molluscum contagiosum resolves without any
residual scars. The disorder is benign and spontaneous
resolution is the usual outcome, but it may take 12-24
months. Molluscum contagiosum causes mainly cosmetic
concerns. In some individuals, the lesions may persist for 3-
5 years and maybe disfiguring [1]. But in this case of
molluscum 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 [13], followed by
analysis and repertorisation of the case with the help of
Kent’s repertory (using hompath firefly software) [14],
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 [15].
### Conflict of interest:
There is no conflict of interest.

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