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## Homoeopathic treatment of molluscum contagiosum: A case report

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### Abstract

**Introduction:** The prevalence of molluscum contagiosum is estimated to be around 8000 cases per 100,000 annually. Molluscum contagiosum is a common disease that tends to affect children and immunocompromised adults. Most cases of molluscum contagiosum will clear up naturally within two years (usually within nine months). So long as the skin growths are present, there is a possibility of transmitting the infection to another person. When the growths are gone, the possibility of spreading the infection is ended, so a treatment approach which could cure the disease in a shorter period of time compared to its mean duration of course is always warranted.

**Case report:** We present a case of 7 years old female child suffering from multiple dome – shaped, dimpled centre, pearly eruptions on face for 15 days. The patient was diagnosed by carefully observing the appearance of her lesions, which were flesh-coloured, dome-shaped, and pearly in appearance, 1–5 mm in diameter, with a dimple in centre. So, depending on the totality of symptoms of the patient, she was prescribed with Bacillinum 200/3 doses and asked to report after 1 month. The patient attended the OPD after 1 month and there was complete disappearance of the eruptions on her face.

**Conclusion:** Homoeopathy is a system of medicine where we treat the patient as a whole and not the disease and this case is a simple demonstration of the fact that homoeopathy can be very effective in the treatment of viral infections such as Molluscum Contagiosum in a shorter period of time compared to the conventional modern mode of treatment.

**Keywords:** Molluscum contagiosum, bacillinum, homoeopathy, totality of symptom

### Introduction

Molluscum contagiosum (MC), sometimes called water warts, is a viral infection of the skin that results in small raised pink lesions with a dimple in the centre <sup>[1]</sup>. They may become itchy or sore, and occur singularly or in groups <sup>[1]</sup>. Any area of the skin may be affected, with abdomen, legs, arms, neck, genital area, and face being the most common <sup>[1]</sup>. Onset of the lesions is around seven weeks after infection <sup>[2]</sup>.

The infection is caused by a poxvirus called the *molluscum contagiosum virus* (MCV) <sup>[1]</sup>. The virus is spread either by direct contact, including sexual activity, or via contaminated objects such as towels <sup>[3]</sup>. Risk factors include a weak immune system, atopic dermatitis, and crowded living conditions <sup>[3]</sup>. Following one infection, it is possible to get re-infected <sup>[4]</sup>.

Approximately 122 million people globally were affected by molluscum contagiosum as of 2010 (1.8% of the population) <sup>[5]</sup>. It is more common in children between the ages of one and ten years old <sup>[2]</sup>.

Molluscum contagiosum lesions are flesh-coloured, dome-shaped, and pearly in appearance. They are often 1–5 mm in diameter, with a dimpled centre <sup>[6]</sup>. Molluscum lesions are most commonly found on the face, arms, legs, torso, and armpits in children. These lesions are generally not painful, but they may itch or become irritated. Picking or scratching the bumps may lead to a spread of the viral infection responsible for molluscum contagiosum, an additional bacterial infection, and scarring <sup>[3, 7]</sup>. In some cases, eczema develops around the lesions <sup>[8]</sup>.

Individual molluscum lesions may go away on their own within two months and generally clear completely without treatment or scarring in six to twelve months <sup>[3]</sup>. Mean durations for an outbreak are variously reported from eight <sup>[9]</sup> to about 18 months <sup>[10]</sup>, but durations are reported as widely as six months to five years, lasting longer in immunosuppressed individuals <sup>[10]</sup>.

### Case Report

A 7 years old female child (REGD. NO. 825878) came to NIH OPD with multiple dome – shaped, dimpled centre eruptions on face, which were pearly in appearance. The patient was having the complaints for 15 days. The patient complaint of mild itching of eruptions, but there was no burning. She has a tendency to catch cold easily, whenever exposed to cold wind or from checked perspiration and a history of recurrent tonsillitis. Her mother is having thyroid related troubles and respiratory distress. Her father is also troubling from asthma and her elder sister had TB.

### Physical General

The appearance of patient was lean, thin and narrow chested. She had increased appetite and faints usually when her hunger is not satisfied. The patient had increased thirst and used to drink small quantities of water frequently. Her tongue was dirty, coated white at the base. According to her parents, the child has an excessive desire for salts which she will eat it alone from the dish. The patient also has a strong desire for meat, cold drinks and ice creams but she tend to suffer from common cold and chest affections often after taking cold food or drink. She has an intolerance to milk which brings on diarrhoea. The stool was of mucoid in nature and very offensive. The colour of the urine was clear and there was no burning or any difficulty in passing urine. Her sleep is sound. Thermally, the patient was hot and she

had the tendency to catch cold easily.

### Mental General

The patient was very impulsive and irritable. According to her parents, she likes to stay alone and does not want to play with other children. Whenever she gets angry, has a tendency to throw things. She seems to get frightened very easily and has a strong fear for dogs.

### Diagnosis

Diagnosis of Molluscum contagiosum is made typically based on the appearance of the lesions, as the virus cannot routinely be cultured [3]. The patient was diagnosed by carefully observing the appearance of her lesions, which were flesh-coloured, dome-shaped, and pearly in appearance, 1-5 mm in diameter, with a dimple in centre.

[ICD – 10 Code of Molluscum Contagiosum – B08.1]

The diagnosis of Molluscum Contagiosum can be confirmed by excisional biopsy. But in this case histological examination was not done because of the financial condition of the patient.

Histologically, molluscum contagiosum is characterized by *molluscum bodies* (also known as Henderson-Paterson bodies) in the epidermis, above the *stratum basale*, which consist of cells with abundant large granular eosinophilic cytoplasmic inclusion bodies (accumulated virions) and a small nucleus that has been pushed to the periphery [11].



### Selection of remedy and results

The patient attended the OPD on 7<sup>th</sup> December 2021 with her complaints and considering her totality of symptoms and strong tubercular family and personal history, she was prescribed with Bacillinum 200/3 doses along with phytum 30/ 1 drachm. The 3 doses of Bacillinum were given in sac lac and was asked to take in the morning in empty stomach for 3 consecutive days. The symptoms favouring for the prescription of Bacillinum were

- Tubercular diathesis,
- Strong family history of chest and respiratory troubles,
- Her tendency to catch cold very easily,
- She had increased appetite and faints usually when her hunger is not satisfied
- Her excessive desire for salts, which she usually eat it alone from the dish.

- Her strong desire for meat, cold drinks and ice creams
- She has an intolerance to milk which brings on diarrhoea
- Thermally, she was a hot patient
- The patient was very impulsive and irritable
- She likes to stay alone and does not want to play with other children
- She seems to get frightened very easily and has a strong fear for dogs.

The above symptoms strongly suggest that the child belonged to tubercular miasm, but her thermal reaction was hot. So, depending on that the patient was prescribed with Bacillinum 200 and asked to report after 1 month. The patient attended the OPD on 4<sup>th</sup> January 2022 and there was complete disappearance of the eruptions on her face.



### Discussion

Homoeopathy is a system of medicine where we treat the patient as a whole, without giving sole importance to any particular or local symptoms. In this case, the patient was suffering from Molluscum Contagiosum, a type of viral skin infection. This viral infection has a mean duration of 8 to 18 months. But in this case, after thoroughly assessing the symptom totality of the patient a suitable homoeopathic similimum was prescribed and the patient was cured of her infection within a span of 1 month. So, this case signifies the utility of homoeopathic holistic treatment in viral infection cases such as Molluscum Contagiosum.

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### Author's Contribution

Not available

### Conflict of Interest

Not available

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