



ROLE OF HOMOEOPATHY IN MOLLUSCUM CONTAGIOSUM

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Abstract: Molluscum contagiosum (MC) is a common, contagious viral skin infection caused by molluscum contagiosum virus (MCV) which is a virus of the Poxviridae family. It presents as firm rounded papules, pink or skin-colored, with a shiny and umbilicated surface. This article deals with an overview of Molluscum contagiosum (MC), focusing upon its various aspects along with Homoeopathic management of the same.

Keywords: Molluscum contagiosum (MC), molluscum contagiosum virus (MCV), Homoeopathy.

Introduction: Molluscum contagiosum (MC) is a self-limited infectious dermatosis, frequent in the pediatric population, sexually active adults, and immunocompromised individuals. It is caused by molluscum contagiosum virus (MCV) which is a virus of the Poxviridae family and transmitted mainly by direct contact with infected skin. It is clinically characterized by umbilicated pink or skin-colored papules¹. Molluscum contagiosum, also called water warts, is a benign condition of the skin. The skin lesions of molluscum contagiosum are called mollusca².

MC occurs worldwide and is more frequent in children but can also affect adolescents and adults. It typically affects children between 2-5 years old, being rare under the age of 1 year. There are no gender differences. MC overall prevalence in children is of 8.28% and showed a higher frequency in geographical areas with warm climates².

Etiology^{1, 3} - MC is caused by molluscum contagiosum virus (MCV), a double-strand DNA virus which belongs to the Poxviridae family; humans are MCV only host. Risk factor of MCV transmission.

- Direct contact with infected skin, which can be sexual, non-sexual, or autoinoculation.
- Contaminated fomites like bath sponges or towels. It has been associated with the use of the swimming pool.
- Patients with Atopic dermatitis (AD) have found an increased risk of MC.

Site^{1, 3} -

- In children- the trunk, extremities, intertriginous regions, genitals, and face.

- In adults-lower abdomen, thighs, genitals, and perianal area, most of the cases transmitted by sexual contact.

Pathophysiology²- The incubation period ranges from two weeks to six months. Molluscum contagiosum virus infects only keratinocytes, and skin lesions are limited to the epidermis and do not have systemic dissemination. Molluscum contagiosum virus produces proteins inhibiting human antiviral immunity, thus preventing the development of innate immunity response, and contributing to the persistence of skin lesions.

Clinical manifestations²

- Firm rounded papules from 2 to 5 mm.
- Pearly white or pink papules with well-defined depressed centres known as *umbilication*.
- Lesions may be single, multiple or clustered.
- Pruritus may be present.

Diagnosis^{1, 2}- The diagnosis of MC is clinically based on the distinguishing characteristics of the lesions. In case diagnosis is difficult, dermoscopy, reflectance confocal microscopy, and histopathology useful.

Differential Diagnosis-

- Keratoacanthoma.
- Lichen planus
- Epidermal cyst.
- Pyoderma.
- Verruca vulgaris.
- Folliculitis.
- Cutaneous fungal disorders like histoplasmosis and sporotrichosis.
- Basal cell cancer

REPERTORIAL APPROACH:

1. MURPHY R-HOMOEOPATHIC MEDICAL REPERTORY

Diseases-MOLLUSCUM contagiosum :*Brom. bry. calc. Calc-ar. kali-i. lyc. merc. merc-sul. Nat-m. Sil. sulph. teucr. Thuj.*

2. BOERICKE W-POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA WITH INDIAN MEDICINE AND REPERTORY

Skin-molluscum : *Brom. bry. calc. Calc-ar. kali-i. lyc. merc. merc-sul. nat-m. sil. sulph. teucr.*

3. SHROYENS F-SYNTHESIS REPERTORY TREASURE EDITION

SKIN-ERUPTIONS-molluscum-contagiosum;molluscum :*calc. carc. Kali-i. lyc. Merc. phos. sep. sil. sulph. Thuj.*

4. VAN ZANDVOORT-COMPLETE REPERTORY

SKIN-ERUPTIONS-molluscum-contagiosum;molluscum : **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

Clinical-molluscum-molluscum contagiosum :*Calc.sil*

HOMOEOPATHIC INDICATIONS^{4,5}:

BROMIUM – Eruptions on arms and face, pustular with aggravation in evening till midnight; in warm room.

CALCAREA CARB – Prescribed in people having unhealthy readily ulcerating flaccid skin having swollen glands. Symptoms better in cold air. Indicated in children who crave egg, eat dirt and other indigestible things.

CAUSTICUM – Skin may be dirty, white, sallow and prone to intertrigo. Eruptions in fold of skin, bleeding and easily ulcerating on tips of fingers, nose, lids, brows. Itching and soreness of fold of skin. Delayed milestones that learn slow to walk.

DULCAMARA - Eruptions scaly, thick, crusty, moist, bleeding. Thick crusty eruptions all over body. Pruritus.

KALI IOD – Small eruptions aggravated from covering, intense heat of body. Tendency to oedematous swellings of eyelids, mouth, uvula etc.

LYCOPodium – Skin is thick and indurated. Violent itching. The secretions are offensive and symptoms worse in warmth.

NATRUM MUR - Oily, dry, harsh yellow unhealthy skin. Dry eruptions on margins of hairy scalp and bends of joints with itching and burning. Crusty eruptions in bends of limbs, margin of scalp, behind ears.

RANUNCULUS BULBOSUS - Vesicular and pustular eruption. Burning and intense itching. Worse contact. Hard excrescences. Itching in palms. Blister like eruption in palms.

SILICEA - Every little injury suppurates. Delicate pale waxy skin. Rose colored blotches, umbilicated eruptions with offensive pus. Eruptions itch only in daytime and evening. Patient chilly and want plenty of warm clothing. Rachitic children with large head, open fontanels and sutures, distended abdomen.

SULPHUR - Indicated in all sorts of skin eruptions vesicular, pustular etc especially in those who have been treated by medicated soaps and washes and suppressed by ointment and local medication. Dirty filthy look of skin with filthy odour. Dry scaly unhealthy skin. Aggravation warmth of bed, covering, night. Amelioration open air, uncovering.

THUJA - Eruptions on covered parts and worse after scratching. Left sided affection, chilly patient. Perspiration sweetish and strong. Eruption on anogenital region.

DISCUSSION AND CONCLUSION: MC is a frequent reason for consultation in dermatology. There are multiple treatment alternatives with variable efficacy; risks and benefits should be balanced and discussed on a patient-by-patient basis. From homoeopathic point of view, prescription is based on totality of patient's symptoms but many times due to paucity of symptoms, the prescription is based considering location, modality and medicines significantly treat the ailment.

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