

**EARLY REMISSION OF MOLLUSCUM CONTAGIOSUM UNDER
HOMEOPATHIC TREATMENT: AN OBSERVATION IN 100 CASES****Swami Shraddhamayananda* and Ashok Kumar Pradhan**

Ramakrishna Mission Medical Unit, Belur Math, Howrah, West Bengal, India.

Article Received on
20 April 2015,Revised on 20 May 2015,
Accepted on 06 June 2015.***Correspondence for****Author****Swami****Shraddhamayananda**Ramakrishna Mission
Medical Unit, Belur Math,
Howrah, West Bengal,
India.**Abstract**

Molluscum contagiosum(MC) is a virus (MCV) belonging to Poxvirus group of DNA viruses, commonly affecting the skin. There are four distinct subtypes of MCV, but mainly MCV 1 is responsible for MC. It is a self limiting disease characterized by classical transparent umbilicated skin lesion, with characteristic intracytoplasmic inclusion bodies. As spontaneous resolution takes place within 18 -24 months, and no single conventional treatment is convincingly known to induce early resolution, and also they are more or less painful techniques. So the standard medical advice is to wait for spontaneous resolution. Because of contagious nature, parents become anxious particularly when it spreads to other children. Due to this, parents often feel to treat such cases if there is no danger in the treatment procedures. In our

clinic 100 such MC patients were treated with single homeopathic medicine, along with a control group of 10 cases treated only with placebo containing the vehicle of the original medicine. All the patients were followed for 2 years. Out of one hundred cases, 90 cases showed remission within 15 days, and most of the cases cured within 2-3 months. Only single oral medicine (Dulcamara) was used orally without any local application. No remission was noted in the control group within 3 months, and after this little improvement was seen in 4 cases after 6 months, while 2 cases were cured after 18 months. The result of this study was encouraging. It is not only helpful to control the spread of the disease within short time but also indicating a definite role of homeopathic medicine in MC.

KEY WORDS: Molluscum Contagiosum, Dulcamara, Homeopathy.

INTRODUCTION

Molluscum contagiosum (MC), a self limiting viral skin disease caused by Molluscum contagiosum virus (MCV), a DNA poxvirus. There are four distinct subtypes of MCV but mainly MCV 1 is responsible for MC. It is a common skin infection of children, but also affects the adults. In adults it is often spread by sexual contact, mainly who are immunocompromised. It is usually spread by direct contact or transmitted through skin to skin contact, sharing a bath, use of school benches, school swimming pool and athletes sharing gymnasium equipments. Autoinoculation especially in children is not rare. It is a global disease commonly seen in children (> 80%) below the age of 15 years, with maximum incidence in nursery children below the age of 5 years. Incubation period is 2 – 8 weeks, but varies in some cases one week to six months.^[1]

The lesions (usually 2-5 mm in diameter) are asymptomatic, firm, smooth, umbilicated, pearly white, multiple or single papules which is commonly seen on face, arms, hands, lips, rectum, chest and abdomen but can be located anywhere of the body.

The prevalence of MC is uncertain. A large UK general practice-based study^[2] reported the overall annual incidence of new cases of MC as 261/100,000 population. The annual incidence of such cases in children aged less than 15 years was 1,265/100,000.

Over 80% of reported cases occurred in children aged under 15 years, with the maximum incidence in pre-school children aged 1-4 years. In a general practice population of 10,000 people, about 24 new cases of MC would present each year. In conventional method there is no convincingly effective single treatment for MC which was also noted in a Cochrane review, which suggested that although many treatment strategies are used, there is not a solid evidence base yet for any of them.^[3] A long list of different available therapies were considered in the study : cryotherapy with liquid nitrogen, .benzoyl peroxide cream. (There is limited evidence of efficacy in the Cochrane review.), sodium nitrate co-applied with salicylic acid (There is limited evidence of efficacy in the Cochrane review.), potassium hydroxide, 5 or 10% topical solutions (There is no statistical significance to benefit in the Cochrane review. Commercial over-the-counter preparations are available), iodine preparations, .hydrogen peroxide 1% cream, imiquimod 5% cream (No convincing benefit was found in healthy individuals in the Cochrane review, but this has been used in immunocompromised people),and pulsed dye laser.

The homeopathic medicines are well known not to produce any side effects and a pilot study done earlier by the Author showed beneficial effects after such treatment. This extended study was done following these backgrounds to contain spread of the disease and to ameliorate unnecessary tension and anxiety among parents of the affected children. This ongoing study (2009 through 2014) has shown very convincing result by single oral homeopathic medicine without any side effect which is very much convenient to the patients.

MATERIALS AND METHODS

Total 100 patients were enrolled in this study. There were also 10 control cases in this study those were given placebo and followed 2 years to see if there was any change. Most of them aged between 5 to 15 yrs (81%), their mean age was 8 yrs. Beyond 15 yrs of age there were 14 patients (14% of total patients). Lesions on different sites in all the patients according their age groups are given in the Table. All the cases were diagnosed, categorized and followed up by our Dermatologist of the institution. The patients were enrolled after taking consent from the patients or from their parents. Permission of this study was also taken from Ethical Committee of the Institute.

Homoeopathic medicines and treatment: The same medicine was given to all the patients except in the control group where only lactose pills were given which appears similar to the medicines and lactose was the vehicle of these medicines. The medicine was purchased from reputed homeopathic medicine shop (HAPCO) in Kolkata. In the placebo group there were 5 males and 5 females. Random selection was done of both sexes, of different casts and ages. Medicines were given as 4 pills (one dose) daily for 15 days then one dose in 15 days intervals. Only single oral homeopathic medicine (Dulcammara) was used without any local application.

RESULTS AND DISCUSSION

Earliest positive response was seen in majority number cases within a month and 92 patients were cured within 2-4 months. Delayed response was noticed in 8 cases after 6-8 months of treatment. After two years follow up, we have seen relapse in three cases. In placebo cases, after 6 months follow- up, out of 10 patients no change occurred in 6 patients, but in 4 cases few lesions were eroded and inflamed, in 2 cases lesions were disappeared after 18 months and the remaining 4 patients discontinued treatment after second visit(1 month). Pictures of two such patients are given in Fig.1-6. In a recent study, it was found that MC lesions usually completely resolved in about 50% cases within 12 months and in 70% cases within

18 months and it was observed that conventional treatments could not shorten the time to resolution.^[4] This study indicated a definite role of homeopathic medicines in the early resolution of MC. The real mechanism of action of these homeopathic medicines is very difficult to explain and there is no definite explanation of the mechanism of action of these medicines so far. Thus possible attempts should be made in future studies to find out the real mechanism of these medicines.

Table: Sites of different lesions according to different age groups

Age groups (% of total patients)	Sites of lesions			
	Face	Hands and legs	Abdomen	Chest and Neck
	Number of cases (%)			
<5 years (5%)	5 (100)			
5-10 years (51%)	30 (58.82)	10(19.61)	6 (11.76)	5(9.80)
11-15 years (30%)	20 (66.66)	5 (16.66)		5 (16.66)
>15 years(14%)	4 (28.57)	5(35.71)		5 (35.71)



Fig.1: MC on the face, pretreatment picture, AM, F, 8 years age, picture taken on 26 Feb 2015.



Fig.2 : MC on the face, ongoing treatment picture, AM, F, 8 years age, picture taken on 23 Mar 2015.



Fig.3 : MC on the face, ongoing treatment picture, AM, F, 8 years age, picture taken on 01 May 2015.



Fig.4 : MC on the forearm, pretreatment picture, GM, F, 16 years age, picture taken on 15 Oct 2012.



Fig.5 : MC on the forearm, ongoing treatment picture, GM, F, 16 years age, picture taken on 26 Oct 2012.



Fig.6: MC on the forearm, ongoing treatment picture, GM, F, 16 years age, picture taken on 15 Dec 2012.

REFERENCES

1. Molluscum contagiosum, Public Health England.
<http://www.patient.co.uk/doctor/molluscum-contagiosum-pro>
2. Pannell R S, Fleming DM, Cross KW, the incidence of molluscum contagiosum, scabies and lichen planus, *Epidemiol Infect*, 2005; 133(6): 985-91.
3. Van der Wouden J C, van der Sande R, van Suijlekom-Smit L W et al, Interventions for cutaneous molluscum contagiosum, *Cochrane Database, Syst Rev*, 2009; 7(4): CD004767.
4. Basdaq H, Rainer BM, Cohen B A, Molluscum contagiosum: to treat or not to treat? Experience with 170 children in an outpatient clinic setting in the northeastern United States. *Pediatr Dermatol*, 2015; 32(3): 353-7.