

Case Report

Individualized Homoeopathic Management of Genital Molluscum Contagiosum: Case reports

Kirti Mutreja¹, Hariharan Mani²

From, ¹Consultant Homoeopathic Physician & Psychiatrist, Department of Homeopathy, ²Clinical Research Co-Ordinator, Department of Medical Research, Bhaktivedanta Hospital and Research Institute, Mira Road, Maharashtra, India

ABSTRACT

Molluscum contagiosum is a benign viral cutaneous infection frequently encountered in sexually active individuals and also in children. These lesions are confined to the trunk, face, axilla and extremities in children, whereas in adults, they are localised to the genital area, inner thigh, lower abdomen and perianal skin. This condition is self-limiting, lasting for months to years, presenting with discomfort, cosmetic issues, and risk of secondary infection. Conventional treatments are frequently invasive, painful or ineffective in some cases. This report presents two cases of molluscum contagiosum successfully treated with individualised homoeopathic medicines (Natum muriaticum and Tarentula hispanica). Patients were cured within three months and followed up to one year with no recurrence or adverse side effects, suggesting that homoeopathic intervention can be used as an effective and safe treatment option for molluscum contagiosum.

Key words: Molluscum Contagiosum; Homeopathy; Skin Diseases; Virus Diseases; Spider Venoms

Molluscum contagiosum (MC) is a self-limiting infectious skin disease that affects children, sexually active young adults, and individuals with immunocompromised states [1]. MC lesions consist of firm, white to flesh-coloured, dome-shaped, pearly papules with a central umbilication from which a cheesy material can be pressed out in some cases. These lesions' diameter varies from one millimetre to one centimetre [2]. These lesions most commonly appear on the face, lower abdomen, upper thighs, and genital region. Being self-inoculable, they can spread through direct skin-to-skin contact or autoinoculation. In sexually active individuals, the lesion is often confined to the penis, pubic area, and inner thighs, suggesting transmission through sexual contact, thereby classifying it as a sexually transmitted infection (STI) in such cases [3].

MC is caused by the molluscum contagiosum virus (MCV), a double-stranded DNA poxvirus. Humans are the sole known host of this virus. Besides skin-to-skin contact, MCV can also be transmitted through fomites such as bath sponges, towels and other personal belongings, making it highly transmissible [1].

MC is a self-limiting illness that usually clears spontaneously within 6 to 9 months but can stay for years in many patients [2]. The overall prevalence of molluscum contagiosum in children varies from 5.1% to 11.5% [4], with

children aged from 2 to 5 years being prone to infection than adults [2]. These lesions are usually painless but occasionally cause itching or irritation. However, picking or scratching them may spread the molluscum contagiosum virus to other parts of the body, increase the risk of secondary bacterial infections, and potentially lead to scarring [5].

Often, conventional treatment for MC include invasive methods or topical applications focus on physically removing the lesion. Cryotherapy is commonly used for localised removal, but it is often painful. As an alternative, cimetidine has been considered a safer option, particularly for children who are sensitive to pain. However, a recent meta-analysis found no significant difference in efficacy with cimetidine [6]. So, homeopathy can be an alternative effective treatment option besides the common conventional way of treatment.

The available conventional treatment modalities for molluscum contagiosum are mainly invasive, including surgical excision, cauterisation, or exfoliating topical applications. These approaches have three major drawbacks. Firstly, bursting of the molluscum during such procedures may lead to viral spread to surrounding tissues, resulting in auto-inoculation and necessitating repeated sessions. Secondly, these treatments often cause disfigurement and scarring. Finally, they do not ensure prevention of recurrence or offer a long-term solution, as there are chances of recurrences after conventional therapy.

Access this article online

Received – 20th May 2025

Initial Review – 30th May 2025

Accepted – 21st June 2025

Quick response code



Correspondence to: Dr. Kirti Mutreja, Department of Homeopathy, Bhaktivedanta Hospital and Research Institute, Mira Road, Maharashtra, India

Email: kirti.m@bhaktivedantahospital.com

Hence, there is a need to identify and validate non-invasive therapies that can gently and effectively cure this condition. Homeopathic treatment has shown significant promise in managing molluscum and other viral skin conditions. We present these case reports to demonstrate the role of individualised classical homeopathy. In the cases reported here, complete recovery was observed within 2-3 months with no scarring, and follow-up revealed no relapse. Based on these outcomes and supporting literature, we observe a remarkable role of homeopathy in the treatment of molluscum and other viral dermatological conditions.

CASE PRESENTATION

Case 1: A 9-year-old girl presented with multiple lesions on her groins and inner thighs for the last two months. The lesions were diagnosed as molluscum contagiosum, which presented as pearly, umbilicated papules. The child experienced occasional itching and frequent scratching, which was more at night and in heat, especially the heat of bed at night. Scratching with her long nails frequently led to bleeding and worsening of the lesions (Fig. 1).



Fig 1. Genital Molluscum Contagiosum – Before Treatment

Besides the skin complaint, the temperamental features of the child were also noted. She is a confident, irritable, and short-tempered child who often reacts emotionally out of proportion to the situation. Extroverted, social, bright, yet egoistic and selfish, she cannot tolerate correction, teasing, or being bossed and responds impulsively with verbal aggression, sometimes using rude language. Sensitive to noise, she is also active and curious, with many hobbies, especially dancing and crafts. Her mature conversations reveal thoughtful views, seeing society as judgmental and mean, and she believes in retaliating against cruelty. She identifies with the lion, admiring its intelligence, strength, and strategic unpredictability. Despite her dominating nature, she harbours deep fears of insects, snakes, fire, darkness, and ghosts, and prefers quiet, peaceful natural settings like forests.

A detailed repertorisation was done considering all her mental and physical symptoms, which pointed towards the

homeopathic remedy *Tarentula hispanica* (Figure 2). *Tarentula hispanica* 200 was administered twice daily for two consecutive days and repeated in the same dosage for two days in the following month.

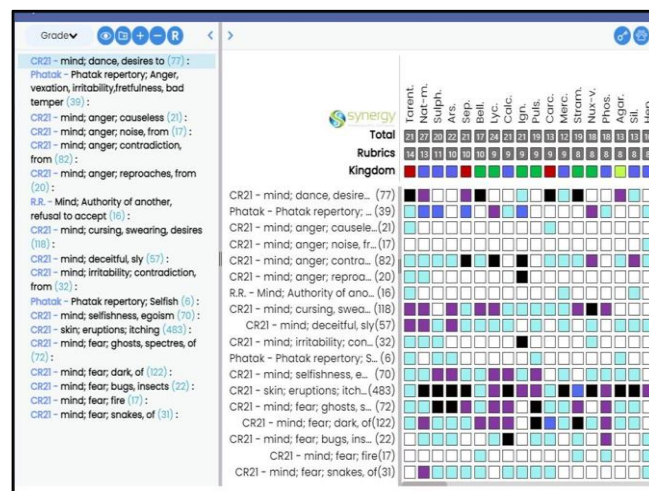


Figure 2: Repertorization chart of Case 1

Tarentula Hispanica is prepared from the poison of the Spanish spider, *Lycosa tarentula* and has been proven to be an excellent remedy for various skin diseases, especially allergic skin reactions. Dr Nunez is the chief authority in homeopathy on the action of the *tarentula* poison and preparation of an ultra-dilution and potentized medicine from it. He initiated the proving of the homeopathic medicine prepared from the *Tarentula* spider poison and collected much information bearing on the action of the poison from instances of persons accidentally bitten by the *Tarentula* spider. Since then, there have been many clinical studies proving *Tarentula*, which have confirmed and verified its efficacy in treating different skin eruptions, asthma, allergy, chorea, epilepsy, behaviour disorders, Oppositional defiant disorders, tonsillitis, etc [7].

In order to treat the patient holistically, the homeopathic selection of a remedy is based on physical symptoms as well as a comprehensive understanding of the patient's mental, emotional, and behavioural characteristics. The emphasis on this child's psychological traits, such as impulsivity, aggression, strong ego, and fears, was crucial in individualising the remedy. These features guided the selection of *tarentula hispanica*, known to correspond to such patterns, thereby addressing the patient holistically. While the primary aim was to resolve the dermatological condition, the remedy also brought a general calming effect on her behaviour over time.

Within one month of the start of treatment, the molluscum lesions started decreasing in size and completely resolved within two months without leaving any residual scarring. A year follow-up was done on the patient, where no recurrence was seen (Figs. 3 and 4).



Figs. 3 and 4. Reduction in Genital Molluscum Contagiosum Lesions Following Treatment

Case 2: A 30-year-old female presented with genital lesions for the last 3 months, diagnosed as Molluscum contagiosum. Itching and redness were associated with the lesions, especially around and in the Mollusca, and the itching was more severe during the day. The patient also gave a history of Tinea corporis over the mons pubis and eczema on the dorsum of the right foot (Figs. 5 and 6).



Fig 5 & 6. Genital Molluscum Contagiosum – Before Treatment

On general examination, she had a poor appetite. She complained of unsatisfactory bowel movements with a tendency to constipation. She was found to be hot thermally with increased sweating. She was anxious about the fact that, due to the MC, they were advised complete abstinence. After three months of conventional treatment, the lesions did not subside, and that increased her anxiety. She was fearful and apprehensive that if it did not recover, she would lose her relationship with her husband. Considering the constitutional and particular symptoms, a detailed repertorisation was carried out, which helped in the selection of Natrum Muriaticum as the most suitable remedy (Figure 7). Natrum Muriaticum 200 was prescribed at bedtime for two consecutive days.

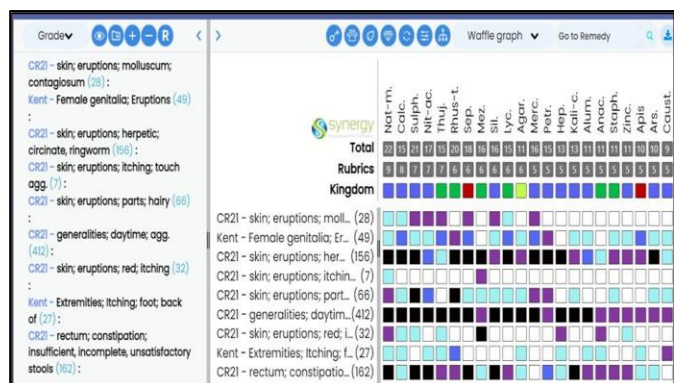


Figure 7: Repertorisation Chart of Case 2

On the first follow-up, there was a marked decrease in the redness of the mollusca. Lesions within the vagina were healing, mollusca on thighs were dehydrating, and labia ones had decreased in size but persisted. A placebo was administered at this point. Second follow-up revealed that the lesions had decreased a little more in size, but the patient was complaining of severe itching. On the basis of the changing symptom picture, *Bacillinum 200* was given as a single dose as an intercurrent and another two-day course of *Natrum Muriaticum 200* at night was given.

Natrum Muriaticum is a homeopathic remedy prepared from Sodium chloride, i.e., common salt by techniques of trituration as well as succussion. Its initial provings were taken up by Dr Watzke of Vienna and reported by Dr A McNeil of San Francisco in his book “The Homoeopathic Physician” and “The Provings of Natrum Muriaticum” in 1890. Many more clinical studies have demonstrated the effective role of Natrum Muriaticum in anaemic patients, emaciated weak constitutions, skin diseases, depression, PTSD, headaches, intermittent fevers, constipation, etc [8].

The last follow-up showed complete resolution of all molluscum lesions, and the patient had no active complaints. Placebo was continued at this stage (Figs. 8 and 9).



Figs. 8 and 9. Genital Molluscum Contagiosum lesion – after Treatment

DISCUSSION

The typical molluscum lesion is a pearly, pinkish or skin coloured umbilicated papule containing a greyish central plug. The face and genital regions are commonly involved [9]. Molluscum contagiosum manifests as single or multiple dome-shaped waxy papules 2-5 mm in size [3]. MCV is spread either through direct contact with an infected individual or indirectly through infected fomites. The virus is also spread through sexual contact or by self-inoculation or traumatic inoculation, like that which occurs with tattoos [10]. People may seek treatment for social and cosmetic reasons, as well as concerns about potentially spreading the disease to others. Treatments are intended to speed up the healing process [11]. Surgical excision of the individual lesion can cause scarring [12].

In contemporary medicine, the process of cauterization is used for the treatment of molluscum contagiosum [3]. High-quality evidence indicates that topical 5% imiquimod is no more effective than placebo in improving molluscum contagiosum within three

months of initiating treatment. Furthermore, it shows little to no difference in the overall incidence of side effects between imiquimod and its vehicle. However, moderate-quality evidence suggests that topical 5% imiquimod likely causes a higher frequency of application site reactions compared to the vehicle [9].

More than two or large lesions are also managed using antiviral medications like cidofovir, which are used topically or intralesional injections [13]. Contact immunotherapy by diphencyprone can bring about complete or partial regression of generalised MC among some HIV patients [14]. Conventional treatment options for molluscum contagiosum (e.g. cryotherapy, curettage, laser ablation and topical agents like imiquimod or trichloroacetic acid) often pose significant limitations. These methods are frequently invasive and painful, particularly unsuitable for lesion in sensitive areas such as genital regions or for use in paediatric patients. Adverse effects such as post-treatment scarring, pigmentation changes, local inflammation and risk of secondary bacterial infections are commonly seen. Recurrence is another drawback with conventional therapies and topical antivirals or immunotherapy.

Considering these limitations, many patients either do not respond to conventional therapy or look for a safer non-invasive therapeutic option. Homeopathic treatment can provide a gentle, rapid, safe and non-invasive solution to the problem of MC as demonstrated in the above case reports. Homeopathy has a holistic and individualized approach that takes into account both physical symptoms as well as psychological, constitutional aspects of the patient and thus can eradicate the disease and its tendency for recurrence. Other reports and case series on homeopathic treatment of MC have demonstrated similar findings. A case report of 3 cases of MC showed remarkable improvement with single doses of *dulcamara 200c*, *tuberculinum 1M* and *croton tiglium 200C* respectively [15].

In one of the case series, out of 30 cases of MC treated with homeopathic medicines, 15 cases were fully cured and 12 cases improved. Most prescribed medicines with good results were *Natrum Sulphuricum*, sulphur, and *Natrum muriaticum* [16]. In another research, three cases of children with molluscum contagiosum were treated with homeopathic individualized medicines. In all three cases, a significant improvement was seen with the complete disappearance of eruptions without any relapse [17]. Another case report published a case of 44-year-old female patient presented with MC cured with *mercurius solubilis 30* within 4 weeks [9]. A case report of a 3½-year-old female child with diagnosis of MC showed successful dissolution of MC with individualized homeopathic medicine *Calcarea carbonica* and presented stable improvement and no recurrence after months homeopathic treatment [18].

CONCLUSION

The frequent dermatological condition of Molluscum contagiosum can be treated conventionally and with

homeopathy too. But the conventional treatment of cauterization is invasive and may lead to disfiguring and scarring. Also, there are numerous instances of recurrence reported after surgeries or other conventional treatments. These case reports demonstrate the role of homeopathy in the treatment of MC for immediate relief as well as long term prevention of recurrence. In the case reports presented here, we found patients were administered classical individualised homeopathy and a complete recovery was seen within 3 months with no scarring. The cases were followed up and no relapse was seen or reported. Based on the current work and other observations mentioned above, we see a remarkable role of homeopathy in the cure of Molluscum and other viral and dermatological conditions. Additional research on bigger populations should be performed to render the use of the gentle, non-toxic, individualised homeopathic treatment more and more universal in these and related conditions.

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How to cite this article: Mutreja K, Mani H. Individualized Homoeopathic Management of Genital Molluscum Contagiosum: Case reports. Indian J Integr Med. 2025; 5(3):214-218.

Funding: None;

Conflicts of Interest: None Stated