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## HOMOEOPATHY IN THE TREATMENT OF MOLLUSCUM CONTAGIOSUM – A CASE SERIES

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### ABSTRACT

**Background:** Molluscum contagiosum (MC) is a benign viral skin infection caused by the poxvirus, characterized by small, waxy, dome-shaped papules with a central indentation. It spreads through direct skin-to-skin contact or autoinoculation, and is common in children, sexually active young adults, and immunocompromised individuals. The infection can cause complications like secondary bacterial infections or cellulitis in those with weakened immune systems. Traditional treatments, such as cryotherapy or topical agents, can be painful and lead to scarring, with frequent recurrences, particularly in vulnerable populations. Scientific evidence supporting homeopathy for MC remains limited but a few case reports offer valuable insights into the potential role of homeopathy in managing this skin condition.

**Case summary:** The present case series comprises of three patients with Molluscum contagiosum lesions who attended the homoeopathic outpatient department at Babu Jagjivan Ram Memorial Hospital (BJRM hospital), E-block of Jahangir Puri in North Delhi. Each case was followed up with clinical observation and reported according to the criteria of the HOM-CASE guidelines. Assessment of homoeopathic treatment and its effect was carried out using the MONARCH criteria. Improvement in all three cases was evident from the reduction in number of lesions and associated symptoms within 2–6 months of treatment. **Conclusion:** This case series highlight the usefulness of individualized homoeopathic medicines in MC and a further high-quality clinical trial with larger sample size is needed to determine the effectiveness of individualized homoeopathic treatment in managing Molluscum contagiosum.

**Keywords:** Molluscum contagiosum (MC), Homoeopathic medicine.

## INTRODUCTION:

Molluscum contagiosum (MC) a common viral skin infection, occurs worldwide but seems to be more frequent in warm, humid regions where the climatic conditions favor the growth of the virus. In 2010, there were about 122 million cases globally. (The prevalence of molluscum contagiosum is estimated to be around 8000 cases per 100,000 annually).<sup>1</sup> Data on the prevalence of MC is limited. As per WHO sources, India has an average of 1 million cases per year. Outbreaks have been reported commonly among children and young adults, who are sexually active. In adolescents and adults, MC could occur either as a sexually transmitted disease or in relation to contact sports.<sup>2</sup> With the advent of new population of immunocompromised individuals, it has emerged as a difficult clinical challenge. It is more common in immunosuppressed patients; in the 1980s, the number of reported cases of MC increased, apparently associated with the onset of the acquired immune deficiency virus (HIV) epidemic.<sup>3</sup> It is estimated that in HIV patients the prevalence is close to 20%<sup>4</sup> and is commonly diagnosed in children between 2-5 years old (being rare under the age of 1 year) and in teenagers and adults aged 13-30 years and also in immuno-compromised persons. Gender predominance is not noted.<sup>5</sup> It occurs worldwide and in all races. In adolescents and adults, MC could occur either as a sexually transmitted disease or in relation to contact sports.<sup>6</sup> It is more common in immuno-suppressed patients, apparently associated with the onset of the acquired immune deficiency virus (HIV). Besides HIV, MC may be associated with iatrogenic immunosuppression or primary immunodeficiencies (eg- DOCK8 immunodeficiency syndrome).<sup>7</sup> Reports show that prevalence rates of molluscum contagiosum are definitely on the rise. This is especially evident in the UK, where a 50% increase has been observed between 1998 and 2008, and the trend continues even in this decade. Furthermore, in Australia a seroprevalence of 23% has been documented, and as many as 20% of female sex workers from India are affected by this viral disease. In the United States, it is estimated that the prevalence in children is less than 5%. Regarding seroprevalence, the findings are variable in different populations. An Australian study using enzyme-linked immunosorbent assay (ELISA) revealed an overall seropositivity rate for MCV of 23% in children and adults. A seroprevalence of 14.8% in German children and adults between 0 and 40 years was found. Regional outbreaks are particularly important for the spread of the disease.<sup>8</sup>

Molluscum contagiosum (MC) is a benign viral infection, caused by a pox virus, characterized by skin lesions which are of single or (more often) multiple, rounded, dome-shaped, pink, waxy papules that are 2-5 mm (rarely up to 1.5 cm in the case of a giant molluscum) in diameter. The papules are umbilicated and contain a caseous plug.<sup>9</sup> Molluscum contagiosum is a common medical condition, which may sometimes develop complications such as secondary bacterial infection, chronic conjunctivitis, punctuate keratitis in few patients. MC are quite contagious in nature, which spread through skin-to-skin contact. Autoinoculation is the most common way of transmission.<sup>10,11</sup> It may even lead to life threatening condition like cellulitis in immunocompromised individuals. Hence treatment is needed to prevent such complications. Conventional mode of treatment includes external applications like creams, cryosurgery and curettage which are very painful and may also lead to side effects of infection and scarring.<sup>12</sup> Further these procedures have to be done repeatedly as there is chance of recurrences of infection by pox virus, Molluscum contagiosum virus. These methods of treatment cannot be applied to children, as they are very much painful.

In this scenario, comes the role of Homoeopathy-a holistic approach where man is considered as a whole and treated from within outwards and thus reduces the incidence of recurrent attacks thereby providing a complete cure of the disease. In homoeopathy, the skin affections are considered as the external manifestation of internal derangement of vital force. Homeopathic remedies are prescribed on the principle that 'like cures like', in a tiny dilution. Health is the balanced condition of the man in which his bodily functions are carried out in ease without any discomfort. Dr. Hahnemann defined disease as "an abnormally altered state of health" in which the self-acting vital force is primarily deranged by the morbid dynamic influence inimical to life subsequently causing disagreeable sensations and functions are exfoliated outwardly through morbid signs and symptoms, totality of which constitutes the disease.<sup>13</sup> In disease, there is a sense of discomfort because the expression of the vital force is changed according to the degree of distribution.<sup>14</sup> Thus, in order to restore the sick person to health, an individualized remedy has to be prescribed which includes a detailed case analysis at both the psychic level as well as the somatic level. Dr. Fisher states regarding Molluscum contagiosum as – The ailment seem to be wholly local and not to demand constitutional measures. But it will doubtless be beneficial, however in most cases, to prescribe the proper constitutional remedy if treatment be demanded by the child's general condition.<sup>15</sup> Dr. Farokh. J. Master said - Molluscum contagiosum being a viral infection, indicates the presence of 'Tubercular miasm' hence drugs like Bacillinum, Tuberculinum

should be used intercurrently. He strongly advised not to recommend the patient any local application for the treatment of Molluscum as it is against the basic principle of Homoeopathy and since the cause lies within, it is futile to cure the disease externally.<sup>16</sup> In this way, Homoeopathy with its unique principle and a wide range of remedies has a better role in the treatment of Molluscum contagiosum.

## **MATERIALS AND METHODS**

This case series comprises of three patients with Molluscum contagiosum lesions who attended the homoeopathic outpatient department at Babu Jagjivan Ram Memorial Hospital (BJRM hospital), E-block of Jahangir Puri in North Delhi. Each case was carefully evaluated using classical homoeopathic principles. A detailed case taking was done to extract the totality of symptoms, which included not only the local skin manifestations, but also the patient's mental, emotional, and general physical characteristics. Based on the individual's totality, homoeopathic prescription was given in accordance with the law of similia. In all three cases, the indicated remedies were administered in suitable potency and dose as per the requirement in each individual case. Subsequently, follow-ups were conducted at regular interval of 30 days to assess the clinical progress, observe remedy action, and make necessary adjustments in management. The cases are reported according to the criteria set out in the HOM-CASE guidelines.<sup>17</sup>

## **CASE REPORTS**

### **Case 1:**

#### Patient Information:

A 2-year-old male child was brought to the OPD with small brownish eruptions around the mouth and chin predominantly over left side since 4 months. Initially small in size, the lesions gradually increased in size and number, reaching a total of seven by the time of consultation. The eruptions began insidiously and were initially asymptomatic but later showed a tendency to grow slowly and become prominent. There was no history of major illnesses or allergies but history of delayed teething, delayed learning of walk and talking skill was said by the parent during the case taking. The parents of the child had no specific health issue but there is history of hemorrhoids in paternal grandfather. On further case taking, the physical generals were as – the appetite is diminished but has a strong desire for cold things like cold water and ice-creams. The bowel habit is constipated, once in two days with hard stools and

has profuse sweating all over head during sleep. The abdomen of the child is bloated and has then habit of eating unusual items like chalk, dust etc. The child is irritable in nature as said by the attendants



**Figure 1.** 2-year-old male child with eruptions over the chin predominantly on left side

#### Clinical Findings and Diagnostic Assessment:

On clinical examination, the lesions had a characteristic central umbilication but there was no itching or pain. No discharge, ulceration, or secondary infection was observed. The appearance and distribution of lesions were cosmetically disturbing to the parent. There was no abnormality in routine blood examination reports.

#### Therapeutic Intervention

The characteristic symptoms considered for repertorization are given in Figure 2 and as per totality of symptoms and repertorization Calcarea carb, Lycopodium and Silicea were the top list of remedies. But considering the intensity of the symptom, Calcarea carb was selected and given in 30 potency. (Low potency was selected considering the age of the patient.)

		calc.	lyc.	sil.	merc.	cham.	sep.	kali-c.	thuj.	podo.	verat.	rua	kali-s.	bry.	sulph.	bell.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		16	16	16	16	16	16	16	16	16	16	14	14	13	13	13
		38	36	36	32	30	29	28	25	24	24	23	22	31	30	27
1. MIND - IRRITABILITY	(645) 2	3	3	3	2	3	3	3	3	1	2	2	3	3	3	3
2. TEETH - DENTITION - difficult	(101) 2	3	2	3	2	3	1	2	1	2	2		2	3	2	2
3. STOMACH - APPETITE - diminished	(308) 3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
4. STOOL - HARD	(355) 2	3	3	3	2	1	3	2	1	2	3	2	2	3	3	2
5. RECTUM - CONSTIPATION - difficult stool	(230) 1	2	2	3	2	1	3	2	3	2	1	3	3	3	3	1
6. HEAD - PERSPIRATION OF SCALP - sleep - during	(22) 3	3	2	2	2	2	2	1	1	2	1	1	1	2		
7. SKIN - ERYSIPELAS	(173) 3	2	2	2	3	2	1	2	2	1	1	2	1	2	2	3

**Figure 2.** Repertorization chart for case 1

**Follow-up:**

The patient was asked to bring for follow-up every 30 days to assess the outcome and after 4 months of treatment, the lesion was completely reduced and the general well-being of the child was improved. The Modified Naranjo Criteria score was +9/13 given in table 1. The child was followed up for next 2 months but no recurrence was observed.

Date	Symptoms	Prescription
10.08.2022 (baseline)	8 MC lesions, small in size were present	Calc. carb 30
15.09.2022	5 lesions were seen around the mouth and chin	Placebo 30
18.10.2022	No improvement was noticed	Placebo 30
19.11.2022	2 lesions remained over chin	Placebo 30
21.12.2022	All MC lesions disappeared	Placebo 30
09.01.2023	No new lesions were noticed	Placebo 30
10.02.2023	All lesions disappeared and no recurrences	Placebo 30

**Case 2:****Patient Information:**

A 18 years old female student came with complaint of eruptions over forehead and on right upper cheek near the eye from last 2 months. She was apparently healthy 2 months ago, where she had a bath at nearby pond due to religious ritual. Later she developed coryza and flue like symptoms in the evening for which she did not use any medication. The common cold symptoms subsided gradually in two- three days after which she developed small lesion, first on her forehead and later spread on to her right cheek. On history taking, it was noted that the similar type of eruptions were present of the forearm of her younger brother. She is the eldest child in the family and has completed her primary education. She has H/O of sinusitis since her childhood. The father of the patient has been under medication for hypertension and her mother is apparently healthy. She attained menarche at 12yrs of age and had 5/32 days of menstrual cycle. She had a decreased appetite with pain in stomach occasionally which aggravates after eating. The tongue is slightly yellowish coated and in spite of reduced appetite, she is fond of spicy street food. The patient frequently

experiences episodes of coryza, characterized **by pain** at the root of nose and post nasal discharge and recurrent colds. She had profuse sweating and reported sound sleep for an average of 8 hours per night. She feels uncomfortable during summer season and hot climate aggravates her coryza. No other complaints were expressed.

#### Clinical Findings and Diagnostic Assessment:

On examination, the lesion was smooth and flesh-colored. There was no discharge, ulceration, or secondary infection but the patient experienced slight itching around the lesions, which had a characteristic central umbilication. No biopsy and histopathological analysis was performed for the lesion rather it was diagnosed as Molluscum clinically.



**Figure 3.** Eruptions over forehead and right temporal region (before treatment)

#### Therapeutic Intervention:

The characteristic symptoms in this case were considered for repertorization and given in Figure 4. The remedies Kali.bich, Ars.alb., China and Calc. carb covered the totality of symptoms. Among these, Kali. Bich 200 was prescribed to the patient considering the repertorization.

Symptoms	Kali.bich	Ars.alb.	China	Calc.carb	Calc.phos	Kali.c	Lach	Nat.m	Phos	Silic	Merc	Phos.c	Caus	Alum	Lyc	Merc.c	Sep
1. NOSE - PAIN - Root (145)	3	2	2	1	2	1	2	1	2	2	2	2	1	2	1	2	2
2. NOSE - DISCHARGE - Posterior nares (145)	3	1	1	2	1	1	1	1	3	2	1	2	1	1	1	1	1
3. STOMACH - APPETITE - diminished (308)	1	1	1	1	1	2	1	2	1	1	1	1	2	3	2	1	1
4. STOMACH - PAIN - eating - after - egg - soon aft... (14)	2	1	1	1	1	2	1	2	1								
5. GENERALS - FOOD AND DRINKS - cold drink, cold w... (276)	1	3	3	2	1	1			1	3	2	3	2	2	2	3	2
6. SKIN - ERUPTIONS - vesicular (219)	2	3	2	2	1	1	2	3	3	3	2	3	3	1	2	2	2

**Figure 4.** Repertorization chart for case 2

**Follow-up:**

After an initial prescription, the patient was follow-up subsequently for 4 months for second prescription, if needed. After a follow-up of 45 days, the lesions disappeared after an initial response of being reduced in size. The case was later scrutinized for any reappearance of lesions, but found to be none.

Date	Symptoms	Prescription
09.07.22 (baseline)	5 MC lesions were present	Kali. bich. 200
19.08.2022	Lesions reduced in size and number – 3 were present	Rubrum met. 200
28.09.2022	All lesions disappeared.	Rubrum met. 200
28.10.2022	No recurrences were observed	Rubrum met. 200
30.11.2022	No new lesions or reappearance of old lesions were noticed	Rubrum met. 200

The MONARCH scale was assessed at the end of 4 months and it came positive with a score of +10, indicating a positive outcome. (given in Table 1)

**Case 3:****Patient Information:**

A 14 year old male child, studying in class IX in a private school, was brought to the OPD, with complaint of frequent headache since 6 months. On examination, painless eruptions over forehead were seen since 8 months. The eruptions were initially very tiny 6 months ago but they slightly grew in size and number. There was no pain but the patient felt uncomfortable while perspiration. His primary complaint of headache gets aggravated while reading, for which the child is unable to concentrate on his studies. The patient experienced no pain or sensitivity on palpitation of forehead and there was no H/O any injury or fall. The child was also taken to the ophthalmic OPD four days ago for vision test to rule out for eye sight but his vision is good in both the eyes. On history taking, it was noted that the child suffered from typhoid 3 years ago and no other major health problems were detected so far. The mother of the child had thyroid dysfunction and is under medication. His father occasionally take conventional medicine for gastric trouble. His younger sibling is apparently healthy and had



no major complaints. Further detailed case history revealed that the child gets easily angered at home, rest he is good at school. He has desire to eat salty things but has no thirst. He perspires heavily and has lean built. The patient is intolerable to hot climate.

#### Clinical Findings and Diagnostic Assessment:

Multiple smooth, round, pearly, dome-shaped lesions were found on the skin of forehead which had umbilication at its centre and was diagnosed clinically as Molluscum contagiosum. All routine haematological parameters were found to be normal. The lesions were painless and had neither itching nor redness and there was no secondary infection.



(Before treatment)



(After treatment)

**Figure 5:** Skin lesions in 14 yr old boy over forehead

#### Therapeutic Intervention:

The repertorization sheet considering the peculiar symptoms in this patient is given below in figure 6. As per repertorization, Natrum mur. 200 was prescribed to the patient. Though the primary complaint in this patient was not MC lesion, owing to their unawareness, the individualized homoeopathic medicine reduced the molluscum lesions too apart from the primary complaint. The outcome measure of Modified Naranjo Criteria was considered and details were given in table 1.

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. MIND - ANGER	16	16	16	16	16	14	14	14	14	14	14	14	14
2. HEAD - PAIN - daytime	43	34	31	29	25	28	27	24	22	20	17	17	14
3. HEAD - PAIN - reading - agg.	3	3	3	2	2	3	2	3	3	3	2	2	1
4. GENERALS - FOOD AND DRINKS - salt - desire	2	1	2	1	1	1	1	1	1	1	1	1	1
5. FACE - ERUPTIONS - Forehead	3	2	1	2	1	1	1	1	1	1	1	1	1
6. STOMACH - THIRSTLESS	1	1	1	2	2	2	2	1	1	1	1	1	1
7. PERSPIRATION - PROFUSE	1	2	1	1	1	2	1	1	2	1	1	1	1

**Figure 6.** Repertorization chart for case 3

**Follow-up:**

Homoeopathic medicine Nat. mur. 200 was given and a regular monthly follow-up was done. The patient was re-evaluated after 5 months and no signs of recurrence of MC lesions were observed.

Date	Symptoms	Prescription
10.04.2022(baseline)	Headache with 8 MC lesions over forehead	Natrum mur. 200
09.05.2022	Slight relief in pain in head on reading. 5 MC lesions were present and even reduced in size	SL 200
08.06.2022	No complaint of headache on reading. 2 MC lesions were present	SL 200
28.07.2022	MC eruptions disappeared	SL 200
26.08.2022	MC eruptions disappeared and no recurrence	SL 200
30.09.2022	No new lesions of MC and no recurrence of the previous eruptions.	SL 200

**OUTCOME MEASURE:****Table 1. Modified Naranjo Criteria for Homoeopathy (MONARCH)**

S.	Domains	case 1			case 2			case 3		
		Yes	No	Not sure	Yes	No	Not sure	Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the Homeopathic medicine was prescribed?	+2			+2			+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1			+1			+1		
3.	Was there an initial aggravation of symptoms?	0			+1			0		

4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to main complaint, improved or changed)?	+2			+1			+2		
5.	Did overall well-being improve? (mention about changes in physical, emotional and behavioral elements)	+1			+2			+2		
6. A.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0			0			0	
6.B	Direction of cure: Did at least two of the following aspects apply to the order of Improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?			0			0			0
7.	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms previously thought to have resolved) reappear temporarily during improvement?		0			0			0	
8.	Are there alternate causes (other than the medicine) that, with a high probability— Could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		0			0			0	
9.	Was the health improvement confirmed by any objective evidence? (e.g. laboratory test, clinical observation, etc.)	+2			+2			+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1			+1			+1		
Total score		+9			+10			+10		

A total score of +9/13 in case 1, +10/13 in case 2 and case 3 was obtained, indicating a positive causal relationship between the homoeopathic intervention and symptomatic improvement of Molluscum contagiosum.

## DISCUSSION:

Molluscum contagiosum being a benign viral infection, commonly affects young children and adults. These lesions are transmitted through direct skin-to-skin contact and are considered contagious. Scratching or picking the papules or nodules can lead to secondary bacterial infection or can cause scarring. Scratching or picking the papules or nodules and can also cause the spread of the virus to the neighboring skin in a process called as autoinoculation. Children usually develop widespread cluster of lesion due to autoinoculation. Diagnosis is usually made clinically and is supported by histopathological examination of the biopsied lesion. Treatment is indicated for multiple lesions and for cosmetic reasons. The conventional system of medicine has a limited scope and is more of suppressive in nature.

Homoeopathic literature – Materia medica and Repertory – show evidence regarding Molluscum contagiosum and several homeopathic medicines like Arsenic album, Bromium, Calcareo carbonicum, Sulphur, Silicea terra, Natrum muriaticum, Mercurius solubilis, Kali bichromicum, Kali bromatum, Hepar sulphuricum, Iodum, Thuja occidentalis etc. are found to be effective in such cases. Despite the naming of clinical condition, a symptomatic individualized treatment in every patient causes cure. Homoeopathic physicians treat dermatological conditions primarily based on their clinical presentations, with laboratory investigations used as supportive evidence. This case series provides another documentary evidence regarding the role of individualized homoeopathic medicines in the treatment of Molluscum contagiosum and the remedies - *Calcareo carbonicum*, *Kali bichromicum* and *Natrum muriaticum* remedies were prescribed as per repertorization, obtained from the portrait of disease in each case.

## CONCLUSION:

The complete disappearance of the Molluscum contagiosum (MC) lesions and absence of recurrence in each of the above cases indicate that individualized homoeopathic treatment is effective for this condition. Apart from the resolution of lesions, the patient's general well-being also improved and a score of +9 and +10 on the MONARCH criteria in these cases demonstrate a positive correlation between homeopathic medicines and the treatment of

Molluscum contagiosum. A future randomized controlled trial with a large sample size can provide stronger evidence to support this clinical finding within the medical community.

#### **PATIENT INFORMED CONSENT:**

The consent of the patient and the consent of the guardian for patients under 18 years of age were obtained, for the use of medical images and other clinical information to be reported anonymously in an academic journal. They understand that their name and other personal information will not be published, and all reasonable efforts were made to conceal their identity.

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