

**AYURVEDIC MANAGEMENT OF MOLLUSCUM CONTAGIOSUM (AJAGALLIKA): A
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ABSTRACT

Background: Molluscum contagiosum is a chronic viral skin infection characterized by dome-shaped, painless papules with a smooth surface and central umbilication. In Ayurveda, this condition is correlated with Ajagallika, which predominantly occurs due to Kapha-Vata vitiation with involvement of Tvak and Rasa Dhatus. Modern treatment approaches offer symptomatic clearance but are commonly associated with relapse due to limited impact on systemic immunity and underlying pathology. **Objective:** To evaluate the clinical effectiveness of an integrated Ayurvedic treatment protocol in a chronic case of Molluscum contagiosum (Ajagallika) with emphasis on Dosha-based pathophysiology and immune modulation. **Methods:** A 20-year-old female with a 1.5-year history of multiple molluscum lesions previously treated with cryotherapy and Thuja was managed using internal herbal medications like Bhoomi Amla Swaras, Changeri capsules, and external applications of AF-7 Bar and AF-7 Cream, along with individualized dietary regulation and hygiene counseling. Clinical parameters, including itching, lesion texture, spread, and associated gastrointestinal symptoms, were assessed over the treatment period. **Results:** Progressive improvement was observed with a reduction in itching, softening of papular lesions, decreased lesion spread, and better digestive function. No adverse effects were noted. Overall clinical response indicated effective Kapha-Vata modulation, enhanced local skin immunity, and symptomatic relief beyond temporary lesion removal. **Conclusion:** The findings suggest that Ayurvedic management based on Kapha-Vata Shaman, immune enhancement, and Agni correction may provide benefit in chronic Molluscum contagiosum, especially where other treatment procedures fail to prevent recurrence. Further systematic studies are needed to substantiate these observations.

KEYWORDS: In Ayurveda, this condition is correlated with Ajagallika, which predominantly occurs due to Kapha-Vata vitiation with involvement of Tvak and Rasa Dhatus.

1. INTRODUCTION

Molluscum contagiosum is a common viral cutaneous infection caused by a DNA poxvirus presenting with smooth, dome-shaped papules with central umbilication, frequently persistent in young adults due to friction, skin barrier vulnerability, and recurrent autoinoculation, and although modern interventions such as cryotherapy, curettage, and topical immunomodulators mainly target visible lesions, clinical recurrence suggests underlying immune susceptibility and inadequate systemic control. In Ayurveda, the condition closely correlates with Ajagallika, classified under Kshudra Roga, characterized by smooth, skin-colored, painless papules with a central raised point, attributed predominantly to Kapha-Vata

vitiation, where Kapha produces Ghana, Snigdha, and Sthira properties manifesting as firm, elevated lesions, while Vata contributes to Kandu and chronicity through Ruksha and Laghu qualities. Although classical discussion of Ajagallika appears within Bala chikitsa (pediatrics), this reflects typical susceptibility rather than age limitation, since correlation in adults is based on clinical features, dosha involvement, and Samprapti (pathology) rather than chronological age. The involvement of Shveta-Varna Tvak indicates superficial Tvak-Gata pathology with Kapha accumulation and Strotodushti in the form of Sanga (obstruction). Ayurvedic pathology further highlights Rasa-dhatu involvement and links persistent skin eruptions to

disturbances of Agni and Ama, suggesting that unresolved metabolic toxins (Ama) weaken local Vyadhikshamatva and sustain chronic viral expression. Consequently, Ayurvedic management emphasizes Kapha-Vata Shamana, Kleda-Soshana, Krimighna and antiviral actions, modulation of systemic and cutaneous immunity, and correction of Agni alongside dietary regulation. This offers a comprehensive therapeutic framework that aims not only at visible regression but also at long-term disease control, recurrence prevention, and restoration of cutaneous and systemic homeostasis.

2. CASE PRESENTATION

A 20-year-old female patient presented with a chronic history of multiple smooth, dome-shaped papular skin lesions distributed over the inner thighs and gluteal region, associated with mild itching and intermittent local irritation. The condition had persisted for approximately one and a half years, with a gradual increase in the number of lesions despite previous treatment attempts, including cryotherapy and topical Thuja, which provided only temporary cosmetic clearance without preventing recurrence. The patient additionally reported gastrointestinal disturbances such as indigestion and acidity, which were longstanding and tended to worsen after consuming heavy, oily, or difficult-to-digest foods. No systemic complaints such as fever, weight loss, or generalized skin involvement were noted. On Ayurvedic evaluation, her constitution (Prakriti) appeared Kapha-predominant with Vata involvement, and the disease process was understood as Kapha-Vata Prakopa localized in the Shveta-Varna Tvak, leading to Ghana, Snigdha, Sthira papular formations (due to Kapha) and itching or irritation (due to Vata). The presence of chronicity, local immune susceptibility, and digestive impairment suggested deeper involvement of Rasa Dhatu, Strotodushti in the form of Sanga, and Agni-Ama contribution sustaining the lesions. Considering the classical resemblance of the patient's lesion morphology and symptomatology to descriptions of Ajagallika in Ayurvedic texts, and after correlation with modern clinical features of *Molluscum contagiosum*, the patient was enrolled for Ayurvedic management at the Institute of Applied Food Allergy (IAFA), India.

2.1 Patient Details

Age / Sex: 20 years / Female

Date of First Consultation: 19th August 2022

Duration of Illness: 1.5 years

Past Treatment: Cryotherapy and Thuja application (partial, temporary relief)

Associated Complaints: Indigestion, acidity

2.2 Chief Complaints

- Multiple painless, waxy papules over thighs and buttocks
- Mild itching around the lesions
- Occasional irritation on rubbing or sweating
- Chronic indigestion and acidity

2.3 Family History

No family history of viral skin conditions, chronic dermatitis, allergies, or immunodeficiency was reported.

2.4 Final Diagnosis

Modern Diagnosis: *Molluscum Contagiosum*

Ayurvedic Diagnosis: Ajagallika- Kshudra Roga involving Kapha-Vata dosha with Tvak and Rasa Dhatu involvement

Correlation was established between the classic symptoms of Ajagallika that present as smooth, skin-colored, painless nodules with central elevation, Kapha-induced firmness, and Vata-induced itching, and the patient's presenting lesions, which matched these features closely. The location over superficial skin layers, chronicity, Kapha-Vata predominance, and associated digestive impairment further supported the Ayurvedic diagnosis.

3. MATERIALS AND METHODS

3.1 Intervention Protocol

Ayurvedic treatment was initiated at the Institute of Applied Food Allergy (IAFA), India, following the patient's first consultation on 19th August 2022. The clinical objective was to address the Kapha-Vata dominant pathogenesis of Ajagallika, enhance local cutaneous immunity, correct underlying digestive impairment, and minimize recurrence. The protocol combined external and internal Ayurvedic treatment, each selected based on lesion morphology, chronicity, and associated gastrointestinal disturbances. External applications were aimed at reducing Kapha-induced papular solidity, drying excessive Kleda, and providing antimicrobial protection, while internal medications targeted Agni correction, Ama clearance, Rasa Dhatu purification, and improvement of systemic Vyadhikshamatva. Dietary and lifestyle instructions were provided concurrently to prevent further Kapha accumulation and to support digestive balance.

3.2 Ayurvedic Diagnostic Framework

A comprehensive Ayurvedic assessment was performed to identify the specific Dosha-Dushya involvement and the disease pathway (Samprapti). The lesion characteristics are dome-shaped, smooth, painless papules with mild itching, aligned closely with descriptions of Ajagallika. This, along with evidence of Kapha stagnation, Vata irritation, and Rasa-Dhatu compromise, guided the diagnostic conclusion.

Table 1: Ayurvedic Diagnostic Analysis (Samprapti Ghataka).

Samprapti Ghataka	Interpretation
Dosha	Kapha-Vata predominance
Dushya	Tvak and Rasa Dhatu
Strotas	Rasavaha Strotas
Strotodushti	Sanga (obstruction), Kleda accumulation
Vyaktasthana	Thighs and inner gluteal region
Roga Marga	Bahya Roga Marga (superficial tissue level)
Adhishthana	Sveta-Varna Tvak (superficial skin layer)

3.3 Ayurvedic Treatment Protocol

The treatment plan combined external therapy for direct lesion-level action with internal treatment for systemic correction.

External Therapy

- IAFA AF-7 Bar: Used during bathing for cleansing, antimicrobial support, reduction of Kleda, and preparation of the lesion surface for further topical care.
- IAFA AF-7 Cream: Formulated with Haridra, Daruharidra, Nimba, Tulsi, and Chakramarda to provide Krimighna, Kapha-Vata pacifying, and anti-inflammatory action.

Internal therapy

- Bhoomi Amla Swaras, 20 ml twice daily before meals, supports Agni Deepana, Rasa-Dhatu clarification, and exerts hepatoprotective and antiviral activity.
- Changeri Capsules, 1 capsule twice daily, traditionally indicated for viral warts and superficial skin infections, contributing to immune support and lesion control.

3.4 Treatment Phases and Objectives

Treatment was structured into phased objectives, allowing progressive correction of tissue-level pathology, symptom reduction, and immune stabilization.

Table 2: Phased Ayurvedic Treatment Strategy.

Phase	Timeline	Therapeutic Focus	Observed Response
Phase 1- Initial Management Phase	Week 1	Kleda reduction, Krimighna activity, Vata pacification	Decrease in itching, mild drying of lesions
Phase 2- Stabilization Phase	Weeks 2-4	Preventing new lesions, enhancing local immunity, and digestive correction	Reduced spread, improved digestive comfort, and softening of earlier lesions
Phase 3- Early Recovery Phase	Week 4 onward	Strengthening Rasa Dhatu, normalizing skin texture	Gradual regression of papules, no adverse reactions

3.5 Monitoring and Evaluation Protocol

Clinical evaluation was performed using a combination of visual inspection, patient feedback, and symptom

scoring. Key outcome parameters included lesion count, lesion spread, itching intensity, texture changes, and associated digestive symptoms.

Table 3: Clinical Monitoring Parameters.

Parameter	Assessment Method
Lesion count and distribution	Visual examination
Itching severity	Visual Analog Scale (VAS 0–10)
Lesion texture	Assessment of softness, dryness, and umbilication
Appearance of new lesions	Weekly follow-up evaluation
Digestive symptoms	Patient-reported improvements
Tolerability and safety	Monitor for adverse reactions

3.6 Dietary and Lifestyle Measures

Dietary and lifestyle regulation was included to support Agni, reduce Kapha-Vata aggravation, and prevent recurrence of lesions. The patient was advised to follow a light, easy-to-digest vegetarian diet with emphasis on warm meals, adequate hydration, and proper hygiene of the affected region. Pathya measures included maintaining cleanliness of the lesion site, consuming low-carbohydrate and easily digestible foods, and avoiding behaviors that increase moisture or Kapha accumulation. Apathya, such as day sleep, close contact

with affected individuals, application of caustic chemicals on lesions, and intake of acidic foods (Vidahi Ahara), oily, spicy, deep-fried foods, Masha, and non-vegetarian items were restricted. These measures were intended to minimize Kleda, prevent autoinoculation, support digestive function, and enhance local immune response.

4. RESULTS

At baseline, the patient presented multiple dome-shaped, smooth papules over the thighs and gluteal region with

mild itching and digestive disturbances. After initiating Ayurvedic therapy, i.e., AF-7 external applications and internal medicines such as Bhoomi Amla Swaras and Changeri capsules, steady improvement was documented over four weeks. Lesions began drying and softening within the first week, with a marked reduction in itching.

No new pupils appeared from week 2 onward. By week 4, existing lesions showed flattening, reduction in umbilication prominence, and improved skin comfort. Digestive symptoms also significantly improved, indicating systemic response. No adverse reactions were reported.

4.1 Clinical Response Table

Parameter	Baseline	Week 2	Week 4	Outcome
Itching (VAS 0–10)	5	2	1	Marked reduction
Lesion texture	Firm, raised, smooth	Softer, slight drying	Noticeably flatter, reduced firmness	Continued regression
New lesions	Present	None	None	Spread controlled
Irritation from friction	Present	Mild	Minimal	Improved comfort
Digestive symptoms	Indigestion, acidity	Improved	Significantly improved	Stable digestion
Tolerability	—	Well tolerated	Well tolerated	No adverse effects

4.2 Graphical Representation of Progress

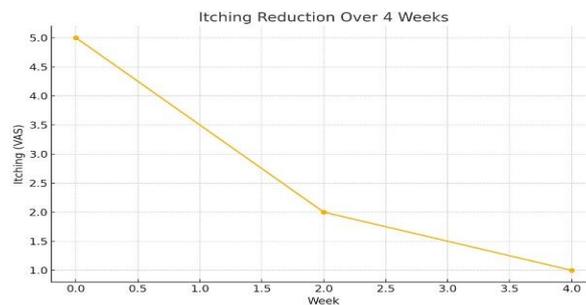


Figure 1: Itching reduction over 4 weeks.



Figure 2: Lesion Texture Improvement Over 4 Weeks.

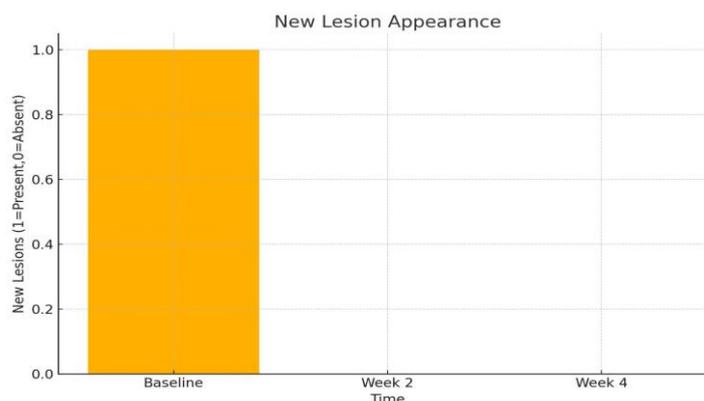


Figure 3: New Lesion Appearance.

5. DISCUSSION

Molluscum contagiosum represents a chronic viral dermatological condition marked by dome-shaped papules with central umbilication and persistent viral colonization. In Ayurveda, the clinical features correspond closely to Ajagallika, a Kshudra Roga involving Kapha-Vata vitiation. Chronicity, recurrence after procedures such as cryotherapy, and association with low digestive fire make this an ideal condition for treatment with Ayurveda. The present case demonstrates how integrated Ayurveda therapy, local and systemic, successfully alters disease by targeting both Dosha imbalance and underlying immune dysfunction.

5.1 Ayurvedic Pathophysiological Understanding

Ajagallika rises primarily from Kapha-Vata vitiation. Kapha, with its Ghana, Snigdha, and Sthira attributes, produces firm, smooth, elevated lesions, and Vata introduces Rukshata and Kandu, explaining mild itching and chronicity. The patient's digestive disturbances, i.e., acidity and indigestion, indicated Agni Mandya, leading to Ama formation. Ama obstructs microchannels, i.e., Srotodushti Sanga, weakens local immunity, i.e., Vyadhikshamatva. Thus, the core Ayurvedic pathology involved Kapha stagnation, which led to papular elevation, Vata aggravation leads to itching, dryness, recurrence, Ama accumulation leads to impaired

immunity, lesion persistence, and Rasa-Tvak Dushti reduced tissue resilience.

5.2 Ayurvedic Therapeutic for Molluscum contagiosum

The therapeutic objective was Samprapti Vighatana, i.e., breaking the pathogenesis through Kapha-Vata Shamana, Ama Pachana, Tvak Shodhana, and immune strengthening. External therapies used are AF-7 Bar and AF-7 Cream, which contain Lodhra, Nimba, Haridra, Daruharidra, Chakramarda, etc. These herbs possess Krimighna (antiviral, antimicrobial), Kleda-shoshana (reducing moisture that sustains lesions), Shothahara (anti-inflammatory), Tvak-shodhana, Ropana (skin cleansing and healing) properties, which directly help to reduce Kapha and prevent surface-level viral replication. Internal Therapy includes Bhoomi Amla Swaras, improved Agni (digestive power), purified Rasa Dhatu, reduced inflammation, and supported liver-mediated detoxification, i.e., critical for chronic skin disorders and Changeri Capsules, which enhanced immune tolerance and reduced wart-like dermal manifestations. Collectively, these internal medicines treat the root causes, i.e., Agni disturbance, Ama, and immune weakness. Dietary advice emphasized avoiding acidic foods, oily items, and day sleep while maintaining personal hygiene. These measures controlled Kapha and prevented autoinoculation.

5.3 Samprapti Vighatana (Reversal of Pathogenesis)

Samprapti (pathogenesis) Component	Pathology	Ayurvedic therapy used
Kapha Prakopa	Papular elevation, solidity	AF-7 herbs with Kashaya, Tikta Rasa reduce Kapha and dry lesions
Vata Anubandha	Itching, persistence	Bhoomi Amla and topical herbs pacify Vata and restore lubrication
Ama Sanchaya	Obstruction, reduced immunity	Bhoomi Amla and Changeri improve Agni and remove Ama
Srotodushti (Sanga)	Blocked microchannels	External cleansing and internal treatment help in Kleda- Shoshana and reopen pathways
Rasa- Tvak Dushti	Poor tissue response	Swaras rejuvenates Rasa and improves skin immunity

5.4 Formulations or herbs used in Molluscum contagiosum with their composition, Ayurvedic and modern Pharmacological Relevance

5.4.1 IAFA AF-7 Bar: It is a polyherbal topical formulation developed for chronic infective and Kapha-dominant skin disorders. The formulation comprises Lodhra (*Symplocos racemosa*), Madhuka (*Glycyrrhiza glabra*), Nimba (*Azadirachta indica*), Asana (*Pterocarpus marsupium*), Daruharidra (*Berberis aristata*), Shirisha (*Albizia lebbek*), Chakramarda (*Cassia tora*), Rakta Chandana (*Pterocarpus santalinus*), and coconut oil (*Cocos nucifera*). From an Ayurvedic perspective, these ingredients collectively exert Krimighna, Kandughna, Kleda-Soshana, and Tvak-Shodhana actions, thereby reducing microbial burden, moisture retention, and Kapha accumulation at the skin

surface. Lodhra and Rakta Chandana provide astringent and anti-inflammatory effects, while Nimba, Daruharidra, and Chakramarda are classically indicated in infectious and pruritic dermatoses. Coconut oil serves as a mild emollient, supporting skin barrier integrity without aggravating Kapha. Modern pharmacological studies have demonstrated antimicrobial, antiviral, anti-inflammatory, and antipruritic activities for several of these herbs, supporting the formulation's role in managing chronic viral skin conditions.

5.4.2 IAFA AF-7 Cream: This cream has local Anti-inflammatory and Antiviral Action. IAFA AF-7 Cream is a topical formulation designed for sustained application to active lesions. It contains Haridra (*Curcuma longa*), Daruharidra (*Berberis aristata*), Nimba (*Azadirachta*

indica), Shirisha (*Albizia lebbek*), Tulsi (*Ocimum sanctum*), Shigru (*Moringa oleifera*), Senna (*Cassia angustifolia*), Chakramarda (*Cassia tora*), and a coconut oil-based cream vehicle. As per Ayurvedic classics, the herbs present in this formulation exhibit Krimighna, Shothahara, Kandughna, and Kapha Vata Shamaka properties, contributing to the reduction of inflammation, itching, and lesion progression. Haridra and Daruharidra support Ropana (tissue repair), while Nimba and Chakramarda reduce microbial and viral activity. Tulsi and Shigru enhance local immune response and tissue resilience. Modern pharmacological evidence attributes anti-inflammatory, antiviral, antibacterial, antioxidant, and wound-healing effects to these herbs, further validating their relevance in viral and inflammatory skin disorders.

5.4.3 Bhoomi Amla Swaras (*Phyllanthus niruri*): This swaras is used for systemic detoxification and immune support. Bhoomi Amla Swaras, prepared by *Phyllanthus niruri*, was administered as an internal medicine to correct systemic contributors to chronic skin pathology. In Ayurveda, Bhoomi Amla is described as Rakta Shodhaka, Daha Shamaka, Ama Pachaka, and Agni-Deepaka, making it particularly useful in skin disorders associated with impaired digestion and inflammatory tendencies. Bhoomi Amla Swaras helps in correcting Agni dysfunction, reducing Ama (toxins), and improving Rasa Dhatu quality, thereby strengthening cutaneous immunity. As per recent research, *Phyllanthus niruri* has demonstrated hepatoprotective, antiviral, anti-inflammatory, and antioxidant properties, supporting its use in chronic viral and immune-mediated conditions.

5.4.4 Changeri Capsule (*Oxalis corniculata*): These capsules help to support immunomodulation and digestive correction. Changeri capsules contain *Oxalis corniculata* extract, traditionally indicated in Ayurveda for dermatological and infectious conditions. Changeri possesses Kustha Ghana, Kandughna, Deepana-Pachana, and Rakta-Prasadana actions, making it beneficial in superficial skin infections and chronic papular lesions. In this case, its role was to support immune regulation, reduce lesion chronicity, and assist in digestive correction. By improving Agni and minimizing Ama (toxin) accumulation, Changeri enhances tissue responsiveness and resistance to recurrent viral activity. Modern pharmacological studies report anti-inflammatory, antioxidant, antiviral, and immunomodulatory effects of *Oxalis corniculata*, which suggests its supportive role in chronic skin infections.

6. CONCLUSION

This case shows that *Molluscum contagiosum* can be effectively understood and managed through the Ayurvedic concept of Ajagallika, especially in chronic and recurrent cases where lesion-based treatments alone may not be sufficient. The combined use of topical applications, internal Ayurvedic medicines, and dietary regulation led to a reduction in itching, stabilization of

existing lesions, prevention of new lesion formation, and improvement in digestion, indicating better local and systemic balance.

As this is a single case, the observations are limited by the lack of long-term follow-up and objective laboratory confirmation, and the results cannot be generalized. However, the positive clinical response suggests that Ayurvedic treatment may be a useful approach in chronic *Molluscum contagiosum*, and further well-designed clinical studies are required to confirm these findings and evaluate long-term outcomes.

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