



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 570-572
Received: 21-06-2025
Accepted: 25-07-2025

Dr. Roshani Shirwaikar
Professor, Department of
Homoeopathic Pharmacy, Shri
Kamaxidevi Homoeopathic
Medical College and Hospital,
Shiroda, Goa, India

Dr. Kautuk Bhatikar
Assistant professor,
Department of Preventive and
Social Medicine, Shri
Kamaxidevi Homoeopathic
Medical College and Hospital,
Shiroda, Goa, India

Dr. Safira Da Costa
Assistant Professor,
Department of Homoeopathic
Materia Medica, Shri
Kamaxidevi Homoeopathic
Medical College and Hospital,
Shiroda, Goa, India

Corresponding Author:
Dr. Roshani Shirwaikar
Professor, Department of
Homoeopathic Pharmacy, Shri
Kamaxidevi Homoeopathic
Medical College and Hospital,
Shiroda, Goa, India

Homoeopathic management of chronic paronychia in a diabetic elderly female with multiple comorbidities: A case report

Roshani Shirwaikar, Kautuk Bhatikar and Safira Da Costa

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i3.I.1707>

Abstract

Paronychia, an inflammation of the periungual tissues, can present acutely or chronically and is often complicated in diabetic individuals due to impaired immunity and delayed wound healing. This case study demonstrates the successful homoeopathic management of chronic paronychia in a 77-year-old woman with type 2 diabetes mellitus, hypertension, and a history of coronary artery bypass graft (CABG) surgery. Individualized homoeopathic treatment led to remarkable improvement without the need for surgical intervention or antibiotics, highlighting the efficacy of classical homoeopathy in geriatric patients with chronic infections and systemic complications.

Keywords: Paronychia, CABG, diabetes mellitus, homoeopathy, geriatrics, case report, individualized remedy

Introduction

Paronychia is an inflammatory condition affecting the soft tissues around the fingernails or toenails, often caused by bacterial or fungal infection. In chronic cases, especially among diabetics, the condition may persist or recur, increasing the risk of cellulitis or abscess formation. Homoeopathy, through individualized prescribing, offers a gentle, non-invasive, and curative approach to such cases, even in patients with multiple comorbidities. This case report illustrates the potential of homoeopathy in the treatment of chronic paronychia in a high-risk elderly patient.

Case report

Patient Information

- **Name:** ABC
- **Age/Gender:** 77 years / Female
- **Marital Status:** Widow
- **Date of First Consultation:** 10/01/2025

Chief Complaints

Painful swelling and discharge from the right thumb nail fold for 1 month. The nail was discolored, the surrounding tissue was red, indurated, and tender to touch. There was difficulty in using her hand for routine activities

Past History

Known case of type 2 diabetes mellitus (25 years), hypertension (20 years), and post-CABG surgery (2017).

Treatment History

Oral antibiotics and topical antiseptics were used with temporary relief; however, symptoms recurred within a week.

Personal History

- **Diet:** Non-vegetarian
- **Appetite:** Good.

- **Thirst:** 2-3 liters/day.
- **Bowel Movements:** 1-2 times/day, satisfactory.
- **Urine:** 6-7 times/day, normal.
- **Sleep:** Peaceful
- **Thermal Reaction:** Chilly

Clinical Examination

- **Vitals:** Stable; BP: 134/84 mmHg; RBS: 186 mg/dL

Local findings

- Erythema, edema, and purulent discharge at the lateral nail fold of the right thumb
- Nail dystrophy with partial detachment
- No systemic signs of sepsis.

Investigations

- **CBC:** Mild leukocytosis
- **HbA1c:** 8.1%
- **Pus culture:** *Staphylococcus aureus* sensitive to amoxicillin-clavulanate
- **Diagnosis:** Chronic Paronychia (Right Thumb)

Homoeopathic Management

An individualized case-taking was conducted focusing on mental, general, and physical particulars. The patient had a strong desire for cleanliness, was irritable on trivial matters, chilly, and had long-standing constipation. She expressed a history of suppressed eruptions in the past.

Totality of Symptoms

- Recurrent paronychia
- Suppuration tendency
- History of suppressed eruptions
- Constipation with ineffectual urging
- Chilly patient
- Irritability and desire for cleanliness

Remedy Selected

Silicea 200C, one dose, followed by placebo. Silicea was selected for its affinity in chronic suppurative conditions, especially in individuals with sluggish healing and offensive discharges.



Fig 1: Before treatment

Follow-up and Outcome

Patient got better with just one dose of Silicea 200C within 1 week, the condition did not recur for the next 3 months.



Fig 2: Follow-up after 1 week

Discussion

This case reflects the homoeopathic principle of treating the patient as a whole rather than the disease in isolation. Despite being an elderly patient with compromised immunity due to diabetes and cardiovascular disease, she responded positively to an individualized homoeopathic remedy. Silicea facilitated proper suppuration, expelled the toxins naturally, and promoted healthy nail regrowth. Conventional management often includes antibiotics or surgical drainage; however, in this case, no allopathic drugs or invasive procedures were necessary.

Conclusion

Homoeopathy proved to be effective in managing chronic paronychia in a high-risk diabetic patient, providing long-term relief without side effects. This case highlights the importance of individualized remedy selection in achieving successful outcomes in chronic and recurrent infections.

Declaration

Patients consent was obtained for the use of clinical data and images in this report.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Shirwaikar R, Bhatikar K, Costa SD. Homoeopathic management of chronic paronychia in a diabetic elderly female with multiple comorbidities: A case report. International Journal of Homoeopathic Sciences. 2025;9(3):570-572.

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