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## Effectiveness of homoeopathic medicine in treatment of paronychia: A case report

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### Abstract

Paronychia is inflammation of the fingers or toes in one or more of the three nail folds. Acute Paronychia is the most common hand infection occurs in the subcuticular area under the eponychium. Minor injury to the finger is common cause. Those who bite their nails and those who suck their thumb are susceptible to this infection. It is also commonly noted along with diabetes, psoriasis and other autoimmune disorders. Suppuration occurs very rapidly which tracks around the skin margin and spreads under the nail causing hang nails or floating nails. Severe throbbing pain and tenderness. Nail on touch is very tender. Organisms involved in acute paronychia are Staphylococcus aureus and Streptococcus pyogen. Chronic Paronychia is due to fungal infection Moniliasis or Candida albicans infection. Commonly seen in females then males by a ratio of three to one. Middle-aged females are at the highest risk of infection. Nail is diseased with ridges and pigmentation. Itching in the nail bed, recurrent pain and discharge. Common irritants include acids, alkalis, and other chemicals used by housekeepers, dishwashers, bartenders, florists, bakers, and swimmers. Homoeopathy plays a major role in treating and curing Paronychia from the root. Individualised Homoeopathic medicines based on symptom similarity are found to be more effective than conventional medicine. Homoeopathy cures the disease by raising the immune power against that disease and prevent the recurrence.

**Keywords:** Paronychia, homoeopathy, Hepar sulph, hang nails, floating nails, swollen nail

### Introduction

Paronychia are one of the most frequent causes of consultation for hand infections <sup>[1]</sup>. It may be acute (lasting for less than six weeks) or chronic (lasting for six weeks or longer) <sup>[2]</sup>. Untreated in a timely manner, it can escalate to abscess formation, intensifying pain and swelling, with an increased risk of systemic infections if bacteria enter the bloodstream <sup>[3, 4]</sup>. Severe cases may suffer systemic symptoms like fever and malaise, while chronic paronychia can cause lasting changes in the nail fold structure, affecting both appearance and function <sup>[5, 6]</sup>.

### Etiology

Acute paronychia causative organisms are Staphylococcus aureus and Streptococcus pyogen <sup>[7]</sup>. Occurs due to trimming of the nail or ingrowing nail. Infection which is subcuticular starts in the lateral sulcus and spreads around <sup>[8]</sup>. Chronic Paronychia - Due to fungal infection Moniliasis or due to Candida infection <sup>[9]</sup>.

### Epidemiology

In recent years, the incidence of paronychia has exhibited some new trends. With the improvement of personal hygiene awareness, people are increasingly prioritizing the cleanliness and care of their hands and feet, which may theoretically contribute to a reduced incidence of paronychia. However, the shifts in modern lifestyles also bring forth new challenges. Daily habits like frequent exposure to detergents, chemicals and hairdressing can potentially damage the skin's natural barrier, thus elevating the risk of developing paronychia <sup>[10, 11]</sup>.

### Clinical Presentation

Severe throbbing pain and tenderness. Nail on touch is very tender.  
Pus is sent for culture and sensitivity  
If there is floating nail, then the nail is dead and it has to be removed.

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Chronic paronychia - Common in females. Nail is diseased with ridges and pigmentation. Itching in the nail bed, recurrent pain, discharge. Secondary bacterial infection may supervene<sup>[7]</sup>.

### Diagnosis

Culture of Scrapings for fungus and other causative agents.

### Prevention

General management - If there is inflammation with no definite abscess, treatment can include warm soaks with water or antiseptic solutions. Warm soaks should be for 10 to 15 minutes, multiple times a day<sup>[12]</sup>.

Treatment Approach -Incision and drainage (I&D) with removal of the nail when infection extends deep into the nail plate. Chronic paronychia is sometimes associated with underlying Osteomyelitis or fungal organism<sup>[13]</sup>. The blood sugar level should be kept under control in case of Diabetes Mellitus<sup>[14]</sup>.

### A case report

#### Preliminary data

- **Name** - XYZ
- **Age**: 15Years
- **Sex**: Male
- **Education**: Inter 1<sup>st</sup> year
- **Occupation**: Student
- **Religion**: Hindu
- **Socio-economic status**: Middle class
- **Marital status**: Unmarried
- **Address**: Ibrahimpatnam

#### Complaints

C/o swelling and suppuration around the skin margin of his right big toe from 15 days. Pain underneath the right great toe and discoloration in the borders and corners of big toe.

#### Details of presenting complaints

History of trauma to the right big toe while cutting the nails. Patient says he started getting pain, slight bleeding. Took allopathic treatment for 15 days but no relief from treatment collection of pus and recurrent abscess at the base of the nail of the great toe since the trauma.

- **Duration** - 15 days
- **Onset**: Insidious & gradually progressive
- **Location**: Right big toe
- **Character**: Redness, swelling, pus present.
- **Modalities**: Sensitive to slightest touch. No ameliorating factor
- **Past history** - History of lung infection

#### Family history

Father: HTN

Mother: Nothing specific

Paternal grandfather -Type II DM

Paternal Grandmother - Type II DM

Maternal Grandfather - Died due to Liver cancer

Maternal Grandmother - Osteoarthritis

#### Personal history

- **Diet**: Non Vegetarian
- **Appetite**: Good
- **Thirst**: 2-3 liters/day

- **Desire**: Sweet and sour food.
- **Aversion**: Nothing specific
- **Urination**: Normal (4-5 times/day)
- **Stool**: Once daily, satisfactory
- **Perspiration**: Normal
- **Sleep**: Normal but now due to pain disturbed
- **Thermals**: Chilly pt.

#### Life space investigation

The patient was born & brought up in Ibrahimpatnam, Hyderabad. He has completed his higher secondary school examination in Ibrahimpatnam & now studying higher secondary education in Ibrahimpatnam. Patient is irritable and doesn't make friends easily. He is very sensitive & emotional. Complaints started after injury to the foot. He is reserved & doesn't want to express his feelings & anxious about his disease.

#### Mentals

Irritable

Consolation <

Reserved.

Obstinate.

#### General physical examination

Built & nourishment: Well built & nourished.

Weight: 56kg

Height: 5.4ft

#### Vital signs

BP: 120/80mmHg

PR: 78bpm.

RR: 16cpm.

Temp: 98.6 F

#### Systemic examination

CVS: NAD

CNS: Conscious & oriented to time, place & person.

RS : No added sounds.

GIT: NAD.

Inspection

Location: Right big toe

No. of lesion: single

Shape of lesion: Irregular in shape

Margins: well defined, active, elevated borders.

Pus at the edges

Surface changes: Scaly surface esp., at margins.

Palpation: No local rise temperature.

Provisional diagnosis: Paronychia

#### Analysis of symptoms

##### Mental generals

- Obstinate
- Reserved
- Irritable

##### Physical generals

Desires - Sour<sup>+++</sup> & sweet

Sleep -Disturbed

##### Particulars

Suppuration at the base of the skin of his right big toe. Pain underneath the right great toe and discoloration in the

borders and corners of big toe. Nail on touch is very tender.

### Evaluation of symptoms

#### Mental generals

- Obstinate
- Reserved
- Irritable

#### Physical generals

Desire- spicy & fried food  
Sleep disturbed due to itching  
Thermals: Chilly patient.

**Particulars:** Swelling and redness in his right big toe from 15 days. Pain underneath the right great toe and discoloration in the borders and corners of big toe.

**Miasmatic background:** Psoro-sycosis.

#### Totality of symptoms

- Irritable
- Obstinate
- Reserved
- Desires sour and sweet
- Sleep disturbed due to pain
- Chilly patient.
- suppuration at the base of nail of right toe
- Pain underneath the right great toe and discoloration in the borders and corners of big toe.

### Homoeopathic Medicinal management, Follow up and Outcome

#### Selection of medicine

Repertorisation was done using Zomeo Pro (Acut + Tempraz)/Homopath11 (Complete Repertory) giving priority to mental general then physical general then particular symptoms.

After repertorisation, the main remedies that can be considered are Sulphur (23/6), Hepar Sulph (22/6), Arsenic album (21/6), Calcarea carb (21/6). Symptoms like desire for sour food more, obstinate, irritability, sensitive to touch, chilly patient are strong indications for Hepar sulph. After consulting homoeopathic materia medica Hepar sulph was prescribed in centesimal scale.

Hepar sulph 200/ 3 doses, once daily for 3 days followed by sac lac. The patient was advised to take the medicine in the morning on an empty stomach followed by placebo for 1 week. He was asked for a regular follow up (Table1) at an interval of 1 week.

#### After thorough analysis of the case following rubrics are taken for repertorisation

Mind - Obstinate -Headstrong

Mind - Irritability

Generalities - Food and Drinks - Sour, desire

Generalities - Food and Drinks - Sweet, desire

Extremities - Felon, Onychia, paronychia

#### Repertorisation

Case Repertorisation sheet is attached below:

Remedy Name	Sulph	Hep	Ars	Calc	Lyc	Phos	Am-c	Nat-m
[Complete] [Extremities]Felon, onychia, paronychia: (149)	4	4	4	3	4	4	4	3
[Complete] [Mind]Irritability: (829)	4	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Sour, acid:Desires: (185)	4	4	4	3	1	4	1	4
[Complete] [Generalities]Food and drinks:Sweets:Desires: (300)	4	3	2	3	4	3	4	2
[Complete] [Mind]Obstinate, headstrong: (221)	3	3	3	4	4	2	3	3
[Complete] [Generalities]Cold:Agg.: (770)	4	4	4	4	4	4	4	4

Table 1: Time line and Follow up:

Date	Indications for prescription	Medicine with doses and repetition
1/5/2023	Pus at the base of the nail, swollen, Pain sensitive to touch	Hepar sulph 200/3 doses, once in a day for 3 days followed by placebo for 1 week
8/5/2023	Abscess burst, Pus drained out. Pain reduced. Patient is feeling better	Hepar sulph 200/3 doses, once in a day followed by sac lac for 2 weeks
24/5/2023	Patient's condition improved. There was no further recurrence of abscess around the nail of the right big toe.	Sac lac 200/ 6 pills once daily for 1 month
20/6/2023	No pain, no pus, No recurrence of pain	Sac lac continued

## Clinical Images



**Fig 1:** Before treatment



**Fig 2:** During treatment



**Fig 3:** After treatment

## Discussion

Thus with proper diagnosis and correct medication Acute paronychia gets healed in few days and Chronic Paronychia in few months. Proper selection of remedy and timely treatment not only halts the progress of the disease but also restores the nail and prevents the spread of infection to the neighbouring area and to the underlying tendons. Thus it clearly shows that individualised Homoeopathic medicine plays a vital role in curing skin disorders.

## Conclusion

Thus individualisation plays pivot role in Homoeopathy.

Individualized homeopathic medicine guided by totality of symptoms and proper miasmatic analysis, can successfully manage Paronychia without further recurrence. Hepar Sulph 200C proved to be an effective remedy for curing paronychia, demonstrating the importance of Hahnemannian principles in modern clinical practice. Thus Homoeopathy not only found to be effective in treating Paronychia but also prevents surgical interventions.

**Conflict of Interest:** Not available.

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