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Successful management of tinea unguium a case report: A individualistic approach

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Abstract

A common fungal nail illness that affects both fingernails and toenails is called tinea unguium (onychomycosis). We describe a 32-year-old man who had thickness and discolouration of her toenails for four months. The patient was treated with homeopathic remedies. Even in young adults without traditional risk factors, the instance emphasizes the value of early diagnosis and customized treatment.

Keywords: Onychomycosis, tinea unguium toenail fungal infection, case report, homeopathy, nail disorders

Introduction

Onychomycosis Due to its poor response to therapy and high recurrent rates, onychomycosis accounts for almost half of all nail illnesses worldwide and is a significant burden. Although yeasts and non-dermatophyte molds also play a role, dermatophytes like *Trichophyton rubrum* and *T. mentagrophytes* are the most common cause. Clinical manifestations include nail thickening, onycholysis, subungual debris, and discolouration. Onychomycosis can affect young, healthy people, however it is more common in older folks or patients with comorbidities. To stop the progression, early detection and efficient therapy are crucial. Based on personalized remedy selection, homeopathic treatment may help with nail recovery, symptom relief, and functional enhancement. The condition can present in different forms, including:

Distal Subungual Onychomycosis (DSO)

This is the most common form, characterized by the fungal infection starting at the nail's tip and spreading down towards the cuticle. The nail becomes discolored, thickened, and brittle.

White Superficial Onychomycosis (WSO)

In this type, the infection appears as white spots or patches on the nail's surface. The affected area may become soft and brittle.

Proximal Subungual Onychomycosis (PSO)

This typically begins at the cuticle and progresses towards the tip of the nail. It is more commonly seen in individuals with compromised immune systems.

Candida onychomycosis

This is caused by yeast (*Candida*) and often occurs in people who frequently immerse their hands in water, leading to nail plate separation and white or yellow discoloration.

Common homeopathic remedies for onychomycosis

Graphites: The nails appear thick, black, and rough. A thin sticky discharge may be secreted by the affected toenail. The nail looks crippled and deformed. Sometimes this condition can be painful as the root gets inflamed. A graphites patient suffers from offensive foot sweat which aggravates the fungal infection. The skin is also prone to develop cracks and fissures

Sulphur: Dry, scaly, skin. Itching, burning; worse scratching and washing. Excoriation, especially in folds. Skin affections after local medication. Pruritus, especially from warmth, often recurs in spring-time, in damp weather. Worse, at rest, warmth in bed, washing, bathing, 11 am, night. Better, dry, warm weather.

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Thuja: This is a wonderful remedy for many problems arising from cold damp weather and working in wet conditions. Here the nails looked ribbed and are brittle. They become soft and discolouration takes place. A thuja patient suffers from acrid foot sweat with predisposes him to develop fungal infections. The nails crumble on slight touch and become distorted.

Silicea: Felons, abscesses, boils, old fistulous ulcers. Delicate, pale, waxy. Cracks at end of fingers. Painless swelling of glands. Rose-colored blotches. Scars suddenly become painful. Pus offensive. Promotes expulsion of foreign bodies from tissues. Every little injury suppurates. Long lasting suppuration and fistulous tracts. Dry finger tips. Eruptions itch only in daytime and evening. Crippled nails. Indurated tumors. Abscesses of joints. After impure vaccination. Bursa. Lepra, nodes, and coppery spots. Keloid growths

Case report

Present complaint

32 years male patient come to OPD 12 of GHMC with Discoloration and thickening of the right great toe nail for past 4 months; nail gradually became yellowish-white, brittle, with onycholysis (nail plate lifting), discomfort on pressure/walking

History of present complaint

Tendency to formation of abscess after injury and groin region tinea 5 year back No significant comorbidities (e.g. diabetes, immunosuppression), no history of trauma, no prolonged occlusive footwear, no prior nail disease. Good general health.

Onset-gradual

Progress-gradual

Treatment adopted: Antifungal for 1 month

Result: Not much improvement

Physical generals

Stool - Normal

Thirst - Normal

Urine - Normal

Perspiration - Feet offensive

Sleep - Always suddenly awake when anything is disturb.

On examination: Discolored nail, subungual debris, nail plate thickening, onycholysis; no surrounding cellulitis or systemic signs.

Family history

Father - HTN

Mother - Psoriasis of feet left sided

Selection of potency with justification -

After analysing the totality, silicea terra 200C was selected as the most appropriate constitutional remedy, the decision was reinforced by materia medica references where silicea terra aligns with patient has fixed ideas, offensive perspiration on feet axilla, h/o tendency of formation of pus after injury.

2 doses of silicea terra 200 was prescribed followed by placebo twice daily for 10 days in accordance with homeopathic principle of minimum dose and individualized prescription.

Prescription

Date: 26-10-25

Silicea terra 200, 2 doses was prescribed followed by placebo for 10 days.

General management

Avoid any type of ointment on toe.

Avoid tight shoes keep toe area dry and clean.

Date	Symptoms	Follow up
26-10-25	Discoloration and thickening of the right great toe nail gradually became yellowish-white, brittle	Rx 1. Silicea terra 2 doses was prescribed 2. followed by placebo for 10 days
8-11-25	Discolouration and thickening is improved yellow become slightly white no discomfort during walking	Rx Placebo OD for 20 days.
25-11-25	No any infection on toe nail completely normal nail	Placebo BD 10 days

Discussion

The case study highlights the effectiveness of homeopathic constitutional medicine, specifically, silicea terra in treating onychomycosis of toe nail in an 32 years old male. The patient's symptoms, Discoloration and thickening of the right great toe nail gradually became yellowish-white, brittle, were significantly reduced after treatment. The discussion revolves around the constitutional approach in homeopathy, which focuses on treating the individual rather than just the disease.



Conclusions

Absolutely, the study highlights the potential of homeopathic treatment in managing onychomycosis of toe nail, focusing on the individual's overall well-being rather than just treating the symptoms.

Conflict of interest

Not available

Financial support

Not available

References

1. Elewski BE. Onychomycosis: Pathogenesis, Diagnosis, and Management. Clin Microbiol Rev. 1998;11(3):415-429.
2. Gupta AK, Simpson FC. Onychomycosis: An Updated Review. J Fungi. 2019;5(3):Ch.
3. Elewski BE. Onychomycosis in the 21st Century: An Update on Diagnosis, Epidemiology, and Treatment. J Am Acad Dermatol. 2017;77(1):S65-S70.
4. Ramya C, Gowsalya R, Sakthi N, et al. A Comprehensive Review On Onychomycosis. Journal of Pharmaceutical Negative Results. 2022;13(Special Issue):632-637.
5. Godse MC, Kadam NN. Onychomycosis: A Comprehensive Review of Epidemiology, Diagnosis, and Emerging Therapeutic Strategies. Asian Journal of Pharmaceutical Research and Development. 2025;13(5):169-175.
6. Penman ID, Ralston SH, Strachan MWJ, Hobson R (Eds.). 'Davidson's principles and practice of medicine (24th ed.); 2022.
7. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory Reprint ed. New Delhi: B. Jain Publishers; 2008.
8. Allen HC. Allen's Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes including Reportorial Index; edition, B. Jain publishers (P) LTD; c2005.

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