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A case report of ingrown toe nail

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Abstract

Ingrown toe nail also known as onychocryptosis is a common nail condition that occurs due to curling of the side of the nail into the periungual dermis. Management options range from conservative treatment like gutter splint technique to extensive surgical approaches dictated by the severity and the stage of the condition. This case study is an attempt at explaining that homoeopathy can bring about a cure even in some surgical conditions. This case shows a marked improvement with no recurrence.

Keywords: ingrown toe nail, onychocryptosis, homoeopathy, acid fluor

Introduction

Onychocryptosis is taken from the Greek work onyx meaning nail and Kryptos meaning hidden. It is also known as ingrown toe nail, embedded toe nail or Unguis incarnatus. It is a common nail condition which occurs when the nail fold (periungual skin) is penetrated by the edge of a nail plate. It is commonly seen in the teenagers and young adults during the second and third decades of life. It causes pain, discomfort and, disability when left untreated. Diagnosis is apparent and several treatment approaches exist from conservative treatment like taping, nail braces, antibiotics, packing, dental floss and gutter to extensive surgical treatment options chosen by the severity and the stage of ingrown toe nail.

Aetiopathogenesis

The widely accepted theory is that onychocryptosis occurs when the lateral nail fold is penetrated by the edge of the nail plate causing pain, sepsis and formation of the granulation tissue. Multiple theories have been proposed in relation to the aetiology and can be broadly classified according to whether the primary cause is related to nail or the soft tissue at the side of the nail.

The common predisposing factors implicated in the development of an ingrown toe nail are:

Improperly trimmed toe nails,

Poorly fitting shoes,

Excessive sweating,

Nail infection,

Nail apparatus abnormalities,

Others include congenital onychocryptosis and sub unguial neoplasms and trauma.

History and physical examination

The history of chronology, prior trauma, foot wear, occupation, sports activities should be included in the case taking. The assessment of pain at rest, standing and ambulating must be noted. Proper physical evaluation of nails while the patient is upright and during the gait should be examined.

The diagnosis is classically based on the clinical features and does not require any laboratory or radiographic tests.

The ingrown toe nails are classified into 3 stages depending on the severity.

Stage 1: Nail fold swelling, edema, erythema and pain exacerbated by pressure.

Stage 2: Swelling, pain, inflammation along with an active/acute infection. Presents as granulation tissue, seropurulent discharge or ulceration of the nailfold.

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Stage 3: Chronic inflammation with formation of epithelialized granulation tissue with marked nail fold hypertrophy.

Their recent classification of Mozena has described onychocryptosis into 4 stages

- i. Inflammatory
- ii. Abscess stage
- iii. Hypertrophic stage
- iv. Distal hypertrophic stage.

Differential diagnosis

Subungual exostosis
Primary osteoporosis of phalanx
Tumors of the nailbed (benign and malignant)

Case report

A 37-year-old female came to the opd with the complaints of pain in the 1st tow for past 15 days, was diagnosed as ingrown toe nail by a dermatologist and treated symptomatically which gave a temporary relief from pain but no satisfactory improvement.



When the patient 1st presented with complaint.

History of presenting complaints

Patient had a similar complaint of ingrown toenail 1 year ago, used allopathic and ayurvedic treatment which subsided the complaint.

Past history

Patient had jaundice at 12 years age. She has decayed and hollow tooth since 3 years on allopathic treatment with no improvement.

Family history

Mother has hypertension and father expired due to cardiac arrest.

Physical generals

Appetite: satisfactory
Thirst: 2-3lts/day.
Aversion: pungent things

Urine: 4-5/day;0-1/night

Sleep: 7-8hours/day, sound sleep, uncovers foot at night.

Female

Menarche: 13years age.

30/4days, regular cycle.

All pregnancies normal, full-term deliveries. (G3A1L2P2)

Mental generals

She has fear of poverty and indifference to the business affairs and she is sensitive to noise.

Clinical diagnosis: ingrown toe nail.

Selection of remedy: medicine was selected and prescribed to the patient on the basis of repertorisation. The case was repertorised with synthesis repertory using Radar opus 2.2.16 software.

	fr-ac.	sulph.	sep.	calc.	sil.	graph.	nit-ac.	lach.	puls.	ant-c.	hep.	ph-ac.	lyc.	sang.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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16	13	12	10	12	11	10	9	9	8	8	8	7	6	8	
▼ 2. Clipboard 2															
▶ 1. MIND - FEAR - poverty, of	(66)	1	2	2	1	1	1	1	1	1			1		1
▶ 2. MIND - INDIFFERENCE - business affairs, to	(34)	1	2	2					2		2				
▶ 3. MIND - SENSITIVE - noise, to	(255)	1	2	1	3	2	3	3	2	2	1	1	2	1	3
▶ 4. TEETH - CARIES, DECAYED, HOLLOW	(111)	1	3	2	3	2	2	1	2	2	2	3	2	2	3
▶ 5. EXTREMITIES - HEAT - Feet - night - uncovering foot	(5)	1	2												
▶ 6. EXTREMITIES - NAILS; COMPLAINTS OF - ingrowing toenails	(33)	1	1	2	1	1	3	3	2	2		2	1	2	1
▶ 7. EXTREMITIES - ULCERS - Nails	(53)	1	2	3	1	1	3	3	2	2	2	2	1	2	1
▶ 8. GENERALS - FOOD AND DRINKS - pungent things - aversion	(4)	1	2	2							2			1	

Repertorial sheet

Remedy selected:

Acid fluor 200 ch

Prescription:

Acid fluor/200/OD/3days.

SL for 15 days



After treatment with acid fluor/200.

Conclusion

The patient was reviewed after 15 days and the swelling and the pain reduced so the patient was given SL for next 15 days. It has been 3 years with no recurrence of ingrown toe nail. And we can observe change in her decayed tooth which was unreactive before homoeopathy. This case study is an attempt at explaining that homoeopathy can bring about a cure even in some surgical conditions.

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