



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2022; 6(3): 205-207

Received: 12-05-2022

Accepted: 04-07-2022

Dr. Shimul Das

Assistant Professor,
Department of Obstetrics and
Gynaecology, Bengal
Homoeopathic Medical College
and Hospital, Ismail, Asansol,
West Bengal, India

Disorders of nail, its significance in clinical practice with repertorial representation

Dr. Shimul Das

DOI: <https://doi.org/10.33545/26164485.2022.v6.i3d.619>

Abstract

Nails has cosmetic values in general sense but medically it provides lots of information regarding the health status of our body. Study of the nails falls under the spectrum of Dermatology. Most of the time we ignore knowingly or unknowingly the symptoms of the nails. But it helps us a lot especially in those cases where it is difficult to understand the surface miasm or in scarcity of symptoms. Stalwarts like William D Gentry, T. F. Allen, Bonninghausen, J. T. Kent, O.E. Boricke included different nail conditions in their repertorial works. The medicines listed under different nail conditions in repertories are mainly so called deep acting medicines, which indicates in chronic cases nail disorders may plays an important role.

Keywords: Nails, symptoms, homoeopathy, homoeopathic repertory, rubrics

Introduction

We can get lots of information of not only local but underlying systemic diseases by careful examination of the fingernails and toenails. One of the commonest nail conditions CLUBBING which commonly found in chronic cardio-respiratory or hepato-biliary conditions and sometimes genetic, was first described by Hippocrates in the fifth century B.C. Since that, many more nail abnormalities have been observed to be clues to underlying systemic disorders (Table-1). Few conditions are very painful like hangnail, whitlow which can be easily noticed by the patient but in painless conditions where colour of the nail changed or altered, uniformity of the nails disturbed may not noticed by patient or by physicians. Most of the time we avoid or ignore the changes of the nails, though it may be very unique clue to reach to the Similimum.

Sometimes it is difficult to spot out the surface miasm in mixed miasmatic cases. As fundamental causes are the responsible for chronic diseases, it also changes the normalcy of nail and nail bed. The painful conditions easily noticed or complained of, but painless conditions may be the early sign of internal derangement which may leads to the underlying miasmatic conditions he bears. (Table-2).

In homoeopathy Totality of Symptoms (TOS) is the sole criteria for selection of the Similimum. It is not so easy to built up a TOS in every case of disease. Sometime it needs to get some clue to enter into the deep to the patient where lack of peculiar, uncommon, striking symptoms is there or to determine the pathological changes which are not come out in the outer surface properly. In first instance where we are clueless to consider a medicine or a group of medicines due to scarcity of symptoms, the rubrics of nail disorder present in the different repertories (Table-3) will help us by shortens the field of medicines from the vast Materia medica. This is the beauty of consulting the repertory.

In later cases it is easier to diagnose the pathological conditions by careful study of the nail where other signs of pathological changes not established yet.

Different repertories has its own philosophy, grading and arrangement and for that this work is not useful for repertorization. It is a collective work where rubrics on nails of different repertories aggregate in one place for easy reference for the homoeopathic fraternity.

Discussion

Abnormalities of Nail: The probable aetiology of nail abnormalities can be congenital or acquired. There may be developmental causes, traumatic and inflammatory causes. Some infection causes nails deformity also. There may be underlying neoplastic disorders or some medicines may responsible.

Corresponding Author:

Dr. Shimul Das

Assistant Professor,
Department of Obstetrics and
Gynaecology, Bengal
Homoeopathic Medical College
and Hospital, Ismail, Asansol,
West Bengal, India

The diagnosis of nail dystrophies usually relies on a careful clinical examination and an accurate history, but radiographic or magnetic resonance imaging investigation of the digit and pathology may be required.

Table 1: Nail abnormalities found in different conditions

Sl No	Nail abnormality	Disease conditions
1.	Pitting Nail	Psoriasis Alopecia areata Atopic eczema Trauma
2.	Onycholysis	Psoriasis Thyrotoxicosis Trauma Lichen planus Drugs e.g., Tetracyclines, Chemotherapeutic agents
3.	Koilonychia	Iron deficiency anaemia Rarely congenital Physiological in children
4.	Leuconychia/Terry's nail	Hypoalbuminaemia Trauma Cirrhosis of liver
5.	Beau's line	Arise due to a severe illness or shock which causes a temporary arrest of nail growth
6.	Yellow-nail syndrome:	Rare disorder of lymphatic drainage. Pleural effusion Bronchiectasis Lymphoedema of legs
7.	Onychogryphosis	History of preceding trauma from ill-fitting shoes and from sport. Psoriasis
8.	Nail-patella syndrome	Autosomal dominant disorder.
9.	Melanonychia	Normal in black skinned persons. Subungual melanoma (Hutchinson's sign)
10.	Clubbing	C= CCF L= Lungs diseases U= Ulcerative colitis BB= Biliary cirrhosis I= Iatrogenic N= Normal in few persons. G= Genetic
11.	Onychomycosis (<i>Tinea unguium</i>)	Fungal infection (mainly <i>Trichophyton rubrum</i>)
12.	Onychomadesis	Drugs like carbamazepine, lithium, retinoids, and chemotherapeutic agents.
13.	Paronychia	Fungal infection. Side effects of systemic retinoids.
14.	Periungual telangiectasia	Pathognomonic signs of three major autoimmune connective tissue diseases-(a) Lupus erythematosis, (b) Scleroderma and (c) Diabetes mellitus.
15.	Half and half nails	Renal failure
16.	In growing Toenails	Hyperhidrosis Poorly fitting shoes. In growing is usually precipitated by incorrect nail trimming
17.	Splinter haemorrhage	Trauma Psoriasis Subacute Bacterial Endocarditis (SBE)
18.	Subungual haematomas	Trauma
19.	Omega nail/ Pincer nail/Trumpet nail	Hereditary
20.	Hangnail	Hangnails can become infected and cause paronychia
21.	Panaritium/Whitlow/Felon	It is an infection of the tip of the finger.

Table 2: Conditions of nail in view of Chronic Miasm

Break or split easily	Tubercular
Brittle nail	Tubercular
Felon or Triphalangeal cellulitis or Panaritium	Pseudo-psoric
Flat, imperfect curve of nail	Psoric
Hang-nails	Tubercular/Psoric
In growing toe nail	Psoric
Paronychia	Tubercular
Ribbed or Ridged nail	Sycotic
Spotted or white specks in nails	Tubercular
Thin, Spoon shaped nail	Syphilitic
Translucent nail	Psoric

Table 3: Repertorial representation of some nail disorders

Nail conditions	Rubrics	Commonly suggested Medicines
Onycholysis	Split, nails; Splitting.	Ant-c, Sil, Squil, Flur-ac.
Koilonychia	Depressed	Med.
Leuconychia	Discoloration, white; White spots	Nit-ac; Sil; Cupr.
Onychogryphosis	Deformed; Deformed, brittle, thickened	Ant-c; Ars; graph; Sil; Sul; Caust; Thuj.
Felon	Felon/whitlow/panaritium/onychia/paronychia	Phyt; Rhus-t; Sil; Sulph; Fl-ac; Led; Nat-s; Puls; Lach; Ars; Apis; Anthr; Hep; Hyper; Nit-ac; Tarant-c; Nat-m; Sep; Amn-c; Myris.
Hang nails	Hang-nails	Nat-m; Calc; Merc; Sil; Sulph; Thuj; Rhus-t;

Conclusion

According to Section 17 and 18 of the Organon of Medicine, Totality of symptoms (TOS) is the sole indication to choose a remedy and the removal of TOS means removal of disease. Repertory guides us the pathway to enter into a case or squeezes the field of medicine in such extent from where we can construct a TOS or to study a limited number of medicines to find the similimum. Thus nail disorders may be used as a guide to enter deep into the economy by shortening the searching area of medicines and only repertory can help us for this purpose. Though different repertories constructed in different periods of time but the thinking of the repertorians was almost the same. They included different symptoms of nail according to literatures available in their times or from their own clinical experiences. Among all these, few symptoms are well verified and from the rest it will be very helpful to discover a way of questioning during case taking to form TOS.

Acknowledgment

The author greatly acknowledged Professor (Dr.) Ardhendu Shekhar Chakraborty, M.D. Ex Head of the Department, Department of Repertory, Mahesh Bhattacharyya Homoeopathic Medical College & Hospital, Howrah, West Bengal for his guidance and encouragement.

References

- Allen JH. The Chronic Miasms-Psora, Pseudo psora and Sycosis, Rup Publication. 2013;1:252-254.
- Allen TF. A General Symptoms Register of the Homoeopathic Materia Medica, Boericke & Tafel; c1880. p. 796. pdf version.
- Anthony Fauci, *et al.* Harrison's Principles of Internal Medicine, 19th Edition, Mcgraw-hill. 2015;1-2:348-350, 376, 380, 1847, 2176.
- Banerjee SK. Miasmatic Prescribing, B. Jain Publishers, 3rd impression; c2013. p. 129, 154.
- Boenninghausen CMF von. Therapeutic Pocket Book, B. Jain Publishers, 9th Impression; c2010. p. 223-224.
- Boericke OE. Repertory, attached with the Manual of Homoeopathic Materia Medica by W. Boericke, B. Jain Publishers, Reprint edition; c2005. p. 994-995, 1004.
- Boger CM. Boenninghausens Characteristics Repertory, B. Jain Publishers, 37th Impression; c2011. p. 961-963.
- Clarke JH. Clinical Repertory, Indian Books and Periodicals Publishers., Reprint edition; c2008 July. p. 91-92.
- Colledge Nicki R, Walker Brian R, Ralston Stuart H. Davidson's Principles and Practice of Medicine, Elsevier, 21st edition. 1290-1291.
- Gentry WD. Concordance Repertory, Published by A. L. Chatterton & Co. 1890, 168-291, pdf version.
- Kent JT. Repertory of Homoeopathic Materia Medica, B. Jain Publishers, Reprint Edition; c2007, 2009. p.

- 952-1233.
- Khanna N. Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases, Elsevier, 4th edition.
- Knerr CB. A Repertory of Hering's Guiding Symptoms of our Materia Medica, Published by the F. A. Davis Co. for the Estate of Constantine Hering; 1897. p. 908-931. pdf version.
- Kumar Praveen, Clarke Micheal, Kumar. Clarke's Clinical Medicine, 9th edition, international edition, Elsevier. 1379-1380.
- Murphy R, Homoeopathic Medical Repertory, B. Jain Publishers, 3rd revised edition, 2nd impression; c2012. p. 1021-1023.
- Phatak SR. Concise Homoeopathic Repertory, B. Jain Publishers, 4th edition, 7th Impression; c2010. p. 274-275.