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

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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.

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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.

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