

## Nails and Silicea

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### ABSTRACT

Nails are a type of modified skin and they protect the soft end of fingers and toes. Nail disorders comprise about 10% of all dermatological conditions. Nail disorders are one of the common reasons for dermatologic consultation. Nail disorders can be dealt with homoeopathy both in acute as well as chronic cases. This article comprises of two such case documentation of nail disorders that was healed by homoeopathic medicine Silicea prescribed in LM potency.

**Keyword:** Ingrowing toe-nail, Pyogenic granuloma, Homoeopathy, Silicea, LM potency

### INTRODUCTION

Sir William Osler stated “Don’t touch the patient-state first what you see; cultivate your powers of observation”. Objective signs & subjective symptoms are the essential guidelines for disease diagnosis prior to any specific investigations for confirmation. Every disease has its signature symptoms and every disorder of the nail predominantly causes cosmetic disfigurement, though some may be symptomatic or some may be helps to corroborate diagnosis of an underlying systemic disease condition. Primarily diseases of nails may be due to congenital, traumatic, infectious and neoplastic causes and secondarily it may due to dermatological and systemic diseases.

### CASE PROPER

#### Case 1

Onychocryptosis also known as ingrown toenail or unguis incarnatus is a common and painful form of nail disease. The commonest symptom is pain in the affected nail which, if left untreated leads to infection, discharge and difficulty in walking, greatly hampering the quality of life of the individual<sup>1</sup>. Precipitating factors

are narrow pointed shoes, tight socks, hyperhidrosis, diabetes mellitus etc<sup>2</sup>. It is common in great toe and is often bilateral. Diagnosis is apparent and several treatment approaches exist, ranging from a conservative medical approach to extensive surgical treatment (partial or complete matrixectomy) options<sup>3</sup>. The therapeutic approach chosen is dictated by the severity and stage of the ingrown toe nail<sup>1</sup>.




In this case a male patient NG, of age 60 years came to OPD with granulomatous lesions on either side of the perionychium of left great toe. It started after changing the shoes he was using for jogging. Patient also had a tendency constant foot sweating. He is also suffering from Type II diabetes mellitus since last 12 years. Initially it started with some mechanical irritation, tenderness and gradually the skin folds got infected and suppurated with development of granulating fleshy mass at the side of the nails which persisted for more than 10 days even after taking all home care management. Considering the three keynote symptoms i.e. ingrowing toe nail, pain in the great toe and constant perspiration of the foot, Kent Repertory was preferred and using

HOMPATH software, systemic repertorisation was done <sup>4</sup>. The repertorisation chart is given in Table 1. Final confirmation is done with materia medica which says that

Silicea has an extraordinary control over the suppurative process and certainly reducing excessive suppuration to moderate limits <sup>5</sup>.

Table 1

Repertorisation: Normal			
Remedy Name	Sil	Led	Al-c
<b>Totality</b>	8	3	2
<b>Symptom Covered</b>	3	1	1
[KT] [Extremities]In growing toe nails:Ulceration,with:	3		
[KT] [Extremities pain]Pain:Toes:First:	2	3	2
[KT] [Extremities]Perspiration:Foot:Constant:	3		

SL. NO	DATE OF VISIT	SIGN AND SYMPTOM	MEDICINE PRESCRIBED	PICTURES ON EVERY VISIT
1	15.11.18	Hypergranulomatous lesion occurring around lateral nail folds of both sides of left great toe for 10 to 12 days with yellowish fluid discharge. Sensitive to pain and pressure.	Silicea 0/1 and Silicea 0/2 were prescribed. 10 doses in 100 ml aqua dist. OD x 20 days, Early morning in empty stomach.	
2	06.12.18	Right lateral nail fold appearing to be clearer than the left. The margins of the lesions seem to become concised and discharge reduced to great extent. Pain is also diminished.	Silicea 0/3 and Silicea 0/4 were prescribed. 10 doses in 100 ml aqua dist. OD x 20 days, Early morning in empty stomach	
3	01.01.19	Patient is healed. The granulomatous tissue is no more visible. The lateral nail beds are clean and clear. Pain is no more felt.	Placebo	

**CASE 2**

Pyogenic granuloma is a common, benign vascular proliferation that can arise on the skin or subcutaneous tissue. Most common locations are the digits of both hands and feet. It is associated with drug intake, local trauma, peripheral nerve injury and cast immobilization as most important pre-disposing factors <sup>6</sup>. Clinically it is characterized by bright red, raised, sometimes pedunculated lesion which bleeds easily. A distinct collar is usually present at the base of the pedicle and mostly occurring at sites of trauma <sup>7</sup>.

A female patient, SP of 57 years of age came to OPD with granulomatous lesion on perionychium of right great toe on one side since 2 month. It started after injury of right great toe during cutting of nail with



sharp instrument. She was having Diabetes mellitus type II and Hypertension for 7 to 8 years. She was also suffering from sleeplessness, irritable in nature, had a tendency of profuse offensive sour smelling sweat especially on foot. Initially after injury, there was extreme tenderness and inflammation on the lateral nail fold of right great toe. Gradually the injured skin folds got infected and granuloma formed at the lateral fold of nailed on right great toe which was very sensitive to touch. It presented as a shiny reddish lump. Patient had already taken all home care management without any effective result. Kent Repertory was preferred for systemic repertorisation by using HOMPETH software <sup>4</sup>. The repertorisation chart is given in Table 2.

**Table 2**

Remedy Name	Sil	Pub	Sep	Sulph	Nal-c	Lyc	Nl-ac	Thal	Graph	Rhus-t	Carbua	Petr
Totally	15	11	11	11	11	11	11	11	10	10	9	8
Symptom Covered	5	5	5	5	4	4	4	4	4	4	4	5
[KT] [Mind]Irritability (see anger):	3	3	3	3	3	3	3	3	3	3	3	3
[KT] [Sleep]Sleeplessness:	3	3	3	3	3	2	2	3	2	3	2	1
[KT] [Extremities]Perspiration:FootOffensive:	3	3	2	2	3	3	3	3	2	2	2	2
[KT] [Extremities]Perspiration:FootProfuse:	3	1	2	1	2	3	3	2	2		2	1
[KT] [Extremities]Felon beginning in nail (onychia,paronychia,panaritium,etc.):	3	1	1	2						2		1

\*Onychia: is the term applied to an infection of the soft parts around the nail or of the matrix beneath it

Final confirmation was done after consulting with materia medica.

SL. NO	DATE OF VISIT	SIGN AND SYMPTOM	MEDICINE PRESCRIBED	PICTURES ON EVERY VISIT
1	18.06.19	Lesion around the right lateral nail folds of right great toe for 2 months. No discharge, but very sensitive to touch.	Silicea 0/1 and Silicea 0/2 were prescribed. 10 doses in 100 ml aqua dist. OD x 20 days, Early morning in empty stomach	
2	09.07.19	Patient is healed and the granuloma disappeared although the scar mark remained.	Placebo	

## DISCUSSION

Silicic acid is a constituent of the cells of the connective tissue, of the epidermis, the hair and the nails. Silicea affects the nails, cripples them, and produces inflammation around and under them. It is also indicated in ulcers about nails, Ingrowing toenails having offensive discharge. Silicea both matures abscesses and reduces excessive suppuration and if a suppurative centre is formed either in the connective tissue or in a portion of the skin it may be used. After the functional ability of the cells of the connective tissue, which had been impaired by the pressure of the pus, has been restored to its integrity through a supply of molecules of Silicea, these cells are thereby enabled to throw off inimical substances (the pus). In consequence, the pus is either absorbed by the lymphatics or it is cast out Silicea. It will also resolve indurations left after suppuration<sup>8</sup>. The therapeutic indications of Silicea regarding the nails are as follows: Ingrowing toe-nails, crippled nails, white spots on nails, finger-nails rough and yellow, nails dirty grey as if decayed; powdered when cut and split into layers dry finger tips attended with pus formation and every little injury suppurates<sup>9</sup>. In association with the particular symptoms general symptoms like obstinacy, fetid sweat of the feet, imperfect assimilation and thermal reaction of chilly patient to be considered<sup>10</sup>.

## CONCLUSION

Homoeopathy not only takes care of the particular lesion in the nail but also concentrate on individual's constitution and susceptibility. The medicines can prevent the nail from growing inwards, reduce or cure the inflammation, heal the granuloma growing around over the nail. An experienced homeopath, may recommend several medicines for nail disorders based on his or her knowledge and clinical

observations. An experienced homeopath assesses every mental and physical factor before determining the most appropriate remedy for a particular individual. Hence, Silicea which was the prescription for the above mentioned two cases and the selection was not based on nosological diagnosis only.

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