NAILS – Its Importance and Applicability in Homoeopathy

Abstract: Diseases of nails predominantly cause cosmetic disfigurement, though some may be symptomatic. Sometimes changes in nails help to corroborate diagnosis of skin disease or revealing sign of systemic diseases. Nail changes are a part of objective sign. So, these can help us in individualization, Miasmatic analysis of the patient in hand and further in Homoeopathic prescriptions. A brief review of the common and not so common nail findings in systemic diseases as well as the homoeopathic point of view of nail abnormalities.

Keywords: Nails; Objective symptoms, Homoeopathy; Individualization; Repertory; Totality of symptoms

INTRODUCTION:

"It’s the little things that matter the most" - Arthur Conan Doyle

Human body is a wonderful creation of God. Each and every part of the body has its own importance. Not only internal vital organs but external parts are also playing their own important role for healthy living. From these external parts, nail is one the essential parts of our human body. Whenever, our body is facing any crisis at internal organ level due to various chronic disease conditions, it also reflects its disturbance on the external part. Systemic disease typically affects more than one nails. Fingernails usually provide more accurate information than toenails, because clinical signs on toenails are often modified by trauma (Zaiac, M.N. 2002; Daniel, C.R. 2002; Lawry, M. 2005).

EXAMINATION OF NAILS:

The condition of the nails may reflect both local and systemic disease. Examination of nails is important though more so in medical cases. Take a detailed history and try to find out the cause followed by a complete physical examination including dermatological, systemic, nutritional or traumatic history that may provide clues to the diagnosis of the underlining disease condition (Das, S. 2018)

Things to observe during the examination of nails

- Pitting/ non pitting
- Clubbing /changes in the shape of the nails
- Nail fold infraction
- Splinter hemorrhage
- Other lesions i.e. any changes in the surface of nails e.g., Brittle nails, onycholysis etc.

ABNORMAL CHANGES IN NAILS AND SYSTEMIC DISEASES:

1. Abnormal changes in Shapes:
   A. Clubbing: The finger nails have tended to bulge and are increased convex curvature in all directions and loss of the angle between nail and nail fold. (Fig.1)
**Pathogenesis of clubbing:** This condition appears due increased blood flow through vasodilated capillary plexus due to low blood oxygen level and strongly related to megakaryocytes. Any disruption to normal pulmonary circulation i.e., inflammations, cancer right to left shunt, would allow large megakaryocyte into the systemic circulation. They become lodged in the capillaries of the fingers and toes, releasing platelet-derived growth factors and vascular endothelial growth factors, which lead to tissue growth factors, vascular permeability and recruitment of inflammatory cell; this may be the probable cause.

**Diagnosis:**
- Schamroth’s window: It is seen when the dorsal aspects of two fingers from opposite hands are opposed, revealing a window of light, bordered laterally by the lavibond angles. As this angle is obliterated in clubbing, the window closed. (fig. 2)
- Lovibond’s Angle: The junction between the nail plate and the dorsal surface of the distal phalanx forms an angle, which is normally less than 160 degrees; however, this is altered to over 180 degrees in clubbing. (fig. 3)
- Curth’s Angle: the distal inter phalangeal joint, which is normally about 180 degree, is diminished to less than 160 degree in clubbing. (fig. 3) (Wilkinson. B. I, Raine. T, Wiles. K, etc.2017)

**Cause:**
- C – Cyanotic congenital heart disease
  - Cystic fibrosis
  - Cirrhosis of liver
  - Crohn’s disease
- L – Lung carcinoma
  - Lung abscess
- U – Ulcerative colitis
- B – Bronchiectasis
- B – Benign mesothelioma
- I – Infective Endocarditis
- N – Neurogenic tumor
- G – Gastrointestinal disease e.g., Coeliac disease, GI lymphoma

**Unilateral Clubbing:**
- Hemiplegia
- Vascular lesion – upper limb artery aneurysm, Takayasu’s Arteritis, Brachial arteriovenous malformation

**B. Koilonychias:** The term “koilos” in Greek means ‘Hollow’. This is a condition where the reverse or concave curvature of the nail is formed. The nail become thin and softened, and edges everted in such manner that it looks like spoon, hence also known as Spoon shaped nail. Both finger and toe nails may be affected. (Fig. 4)
**Cause:** Iron Deficiency Anemia *(most common)*, Plummer Vinson syndrome, Hemochromatosis, Malnutrition, Endocrine disorder e.g., Acromegaly, hypothyroidism

**C. Platynychia / Flat nail:** The Greek word “platy” means ‘flat’ or ‘broad’. This is an abnormal condition of nail where the nail surface becomes flat and broad. (fig. 5) Flat nail Suggest Iron deficiency anemia, hereditary.

![FIG. 5: flat nail](image1)

**D. Anonychia:** It is a condition where absence of nails of finger &/ or toes (fig.6). This condition can be associated with congenital developmental anomaly, or congenital Ectodermal defect.

![FIG. 6: Anonychia](image2)

**Cause:** Other reasons of absence of one or more nails are severe infection, severe allergic contact dermatitis, Raynaud’s phenomenon, lichen planus.

**Associated with:**
- *Onchoatrophy* seen in Nail patella syndrome, congenital ectodermal defect
- *Missing nails:* Found in Nail patella syndrome with hereditary Nephrotic syndrome.

**E. Bitten nails/ Onchophagia:** The word “phagia” Derived from the greek word ‘phegein’ meaning ‘To eat’ or ‘devour’. It an abnormal habit of consumption of finger nails by biting them (Fig.7). This type of habit commonly found in children. This habit may lead to infection of nail bed like *paronychia* as well as GI troubles. *Suggest:* Anxiety neurosis

![FIG. 7: Onchophagia](image3)
2. Abnormal Nails Attachment:
   A. Onycholysis / plummer nails: the word “lysis” meaning ‘breakdown’ or ‘destruction’ or ‘loosening’. Onycholysis is an abnormal clinical condition where spontaneous distal separation of nail from the nail bed (Fig. 8). Distal detachment is commonly seen.

   ![FIG. 8: Onycholysis](image)

   **Cause:** Hyperthyroidism / Graves’ disease, Fungal infection e.g., Candidiasis, ringworm infection, Lichen planus, Psoriasis, trauma.

   B. Onychomadesis: It is the proximal separation and falling off of nail plate from nail bed (Fig. 9). Common cause of this condition is infection to the nail or any trauma to the matrix of nail. If the cause of disease is removed a new nail will form.

   ![FIG. 9: Onychomadesis](image)

   **Cause:** Trauma to the nail matrix, Pemphigus, Malnutrition, hypocalcemia, radiation.

   C. Onychomycosis: It is fungal infection of nail. Most common causative organism responsible for the infection is ‘Trichophyton rubrum’. Here the nails become yellowish, thick, misshaped. Great toe affects more often. Other fungus which may cause onchomycosis are Candidiasis, ringworm (tinea unguium) (Fig. 10)

   ![Fig.10: Tinea unguium](image)
**Cause**: Beside the infection some other cause which may leads to this condition are psoriasis (*most common*), Trauma, poor peripheral circulation, Pellagra.

**D. Hangnails**: this is a condition where there is splitting and peeling off cuticle of nail due to overextension of the cuticles from the proximal and lateral nail fold (Fig.11). The area becomes sensitive and painful.

**FIG.11**: Hangnails

**Cause**: dry skin, nail biting, using of harmful chemicals, in some cases of diabetes.

**E. Onychogryphosis**: It is a condition where the nails become thicken, yellowish opaque & claw shaped or a *ram’s horn* (Fig.12), it is usually due to neglect or failure to cut nails for a long time. This condition commonly found in *Old age*.

**F. Onychophosis**: It is a condition where thickening of nail due to diffuses hyperkeratotic tissue deposited on the lateral or proximal nail fold within the space between the nail fold and the nail plate (Fig.13). It is also seen in *old age*.

**G. Onychauxis**: It is simply hypertrophy and thickening of nail without any deformity. Over times the nails become yellowish, hard (Fig.14).

**Seen in**: Acromegaly, psoriasis, Pityriasis rubra,

**H. Pterygium Unguis**: There is an inflammatory destructive process that precedes the pterygium formation, where the nail matrix is destroyed by the inflammation and replaced by fibrosis and growth of the cuticle on to the nail plate. (Fig. 15)

**FIG. 15**: Pterygium unguiis
**Cause:** Lichen planus, Hansen’s disease, sarcoidosis, idiopathic atrophy of the nail.

1. **Onychocryptosis:** The word “cryptos” Derived from the Greek word “KRYPTOS” means ‘hidden’. It is a painful condition where the nail grows lateral side of the nail plate and it cuts the side of the nail bed causes inflammation and bleeding from the nail fold. This condition also known as Ingrowing toe nail (Fig. 16) The lateral margin of the nail acts as a foreign body and may cause exuberant granulation tissue.

![FIG. 16: Ingrowing toe nail](image)

It is commonly seen in great toe. **Cause:** Most frequently due to wearing unfitted shoe or tight shoe. It occurs sometime due to deep cutting of nail.

3. **Abnormal changes of Nail surfaces:**
   A. **Longitudinal Striations:** These are narrow furrows or grooves present the whole length of the nails. There may be associated with discoloration and thickening of the nail (Fig.17). This type of lines or ridge normally found on finger nails due to normal ageing process, hence it is very common in old age. **Cause:** hereditary, history of trauma.

![Fig.17: Longitudinal ridge](image)

Some other conditions that tend to cause of these grooves are lichen planus, Daries’s disease, Peripheral vascular disease, Rheumatoid arthritis.

B. **Beau’s lines:** These are the transverse furrows from temporary arrest of nail growth at times of biological stress (Fig.18). **Cause:** severe infection, mal nutrition, diabetes,

C. **Thimbles Nails/Pitting nails:** this condition characterized by multiple small shallow or deep depression or punctate erosion on the nail surface (Fig.19).

![Fig.18: Beau’s line](image)

![Fig.19: Pitting nails](image)

**Cause:** Psoriasis, Atopic eczema, Alopecia areata, early stage of lichen planus

D. **Onychoschizia:** The term “Schizo” in Greek is ‘Division’ or ‘split’. It is a condition where transverse (commonly) or longitudinal splitting of nail plate into two layers near the free edge (Fig.20).

![Fig.20: Onychoschizia](image)
Cause: This condition occurs commonly due to Dehydration, Cronkhite-Canada syndrome (multiple intestinal polyps, diarrhea, nail deformity, hair loss)

E. Trachynychia: “Trachy” is a greek word means ‘rough’ or ‘uneven’. So the name Trachynychia refer to the roughness of nails. It is a clinical condition where all the nails of finger and toes become dull, rough, having uniform longitudinal ridge along the nail surface (Fig. 21). Sometimes this condition also known as ‘Twenty nail dystrophy’ where all the twenty nails of fingers and toes are involved.

Cause: this condition associated with Psoriasis, lichen planus, atopic dermatitis, ichthysis vulgaris. It is often seen in Vitiligo, IgA deficiency.

F. Onychorrhexis/ Brittle nail: The term “Rhesis” means ‘rupture, bursting, and section’. This is a clinical condition where brittleness of nails with subsequent breakage of nails of finger and toes (Fig. 22).

Cause: Use of strong soap, nail polish, fungal infection, Iron deficiency anemia, Psoriasis, zinc deficiency, biotin deficiency, Peripheral vascular disease, Hypothyroidism.

G. Shiny nails: It is a condition that signify frequent rubbing of eczematous skin elsewhere. It is an indirect evidence of pruritus, eczema.
4. Abnormal changes in color of nails:

A. Melanonychia: It is a condition where blackish or brownish discoloration of the normal nail plate, usually in the form of vertical or horizontal strips along the nail plate single or multiple or in spots. This condition commonly associated with trauma to the nail, vitamin B12 deficiency.

**Hutchinson sign:** It is a blackish or brownish longitudinal line along with nail plate (Fig. 23), found in subungual melanoma.

Also found in some systemic disease like Addison’s disease, Bowen’s disease, Laugier Hunziker syndrome, Peutz-Jeghers Syndrome, subungual melanoma.

Iatrogenic cause like chemotherapy, X-ray radiation, hair dyes

Gray Black nail: Melanoma

B. leuconychia / white nails: It is a condition where the changes in the nail bed are responsible for whitish appearance of nail (Fig. 24).

**FIG. 24:** Leukonychia

Cause: hypoalbuminaemic conditions like cirrhosis of liver, Nephrotic syndrome, severe malnutrition, Kwashiorkor, and Protein losing enteropathy.

White spot in nails is due to Hypocalcemia.

Nail bed pallor can be a nonspecific sign of severe anaemia.

C. **Terry Nails:** It is a condition where due to changes in the nail bed, the proximal portion of nail become white/pink, nail tip is red/brown (Fig. 25).

These changes are especially seen in patients suffering from Cirrhosis of Liver, Chronic kidney disease, Congestive cardiac failure.

D. **Mee’s line:** It is a condition where there is single white transverse band in the nail bed (Fig. 26).

Classically found in Arsenic Poisoning, Carbon monoxide poisoning and chronic kidney disease.

E. **Muehrcke’s band:** These are paired white parallel transverse lines occur in the nail bed without furrowing of nail itself (Fig. 27). A disturbance in the nail bed, where due to edema there is a slight separation of the normally adherent nail from its bed, seems to be likely cause. These lines or bands are disappearing on pressure.

These conditions suggest chronic Hypoalbuminaemia, Hodgkin’s disease, Pellagra.
F. Blue Lunula (arura ares): It is a clinical condition where there is blueish discoloration of nail especially distal part of nail bed (Fig. 29).

Cause: CuSO4 poisoning, Wilson’s disease, Cyanosis, Ochronosis

G. Red Lunula: It is a condition where there is dusky erythema of the lunula area, it is less inktstands in distal part of the nail where it merges with the nail bed (Fig.30).

Cause: Usually associated with Alopecia areta, history of psoriasis, Congestive cardiac failure, Chronis obstructive pulmonary disease, Reticulosarcoma

H. Green nail: It is a clinical condition where there is dark green pigmentation of the nail due to exposure of nail to the bacterial organism (Fig. 31). This condition is found in Green nail syndrome, caused by Pseudomonas aeruginosa.

K. Yellow Nail Syndromes: It is a clinical condition where the nails become thick, and yellowish. The nails are markedly curved both transversely and longitudinally (Fig.32). The nails in this condition grows very slowly. Other components of the syndromes are lymphedema of the extremities and pleural effusion, prolonged tetracycline therapy

L. half –Half nails/Lindsay nail: a condition where there is proximal half of the nail is white and distal half is red or pink, with a sharp demarcation between two (Fig. 28). Seen in Uremia,

5. Abnormalities in Nail bed and Around the tissue fold:
A. paronychia /whitlow: It is infection and inflammation of the Nail fold and present as a painful swollen nail with intermittent discharge (Fig.33).
**Cause:** working in wet conditions, Diabetes, Repeated trauma.

**B. Subungual Fibroma / Koenen’s fibroma:**
Seen in Tubercous sclerosis (Fig.34).

**C. Horder’s line or splinter hemorrhage:**
These are fine longitudinal hemorrhagic streaks under the nail, which in febrile patient may suggest Infective endocarditis (Fig.35).

**Cause:** Sub acute endocarditis, trauma, trichinosis, systemic vasculitities, vitamin C deficiency

**D. Nail fold Thrombi:** nail fold infact typically seen in vasculitic disorders, Scleroderma (Fig. 36) (Das, S. 2018)

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**Miasmatic Analysis of Nails Abnormalities:**
(Allen, J.H. 2018; Ortega, P.S. 1980; Speight, P. 1961)

<table>
<thead>
<tr>
<th>Psora</th>
<th>Sycosis</th>
<th>Syphilis</th>
<th>Pseudo-psora</th>
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| ▪ Dry, harsh appearance of the nail.  
▪ On pressing the tip of the nail, the nail bed presents an anemic appearance. | ▪ Irregular nails, ridged or ribbed, which can be longitudinal or horizontal, or ridged and corrugated  
▪ Thick, pale  
▪ Convex appearance or dome shaped nails | ▪ Spoon – Shaped.  
▪ The natural convexity is often reversed.  
▪ Pitted nails with indentations, like grooves or channels in the nails.  
▪ Paper like, thin nails which bend and tear / brittle easily.  
▪ Whitlows are Psora- syphilitic (like other periosteal inflammations) | ▪ Fissured, wavy, asymmetrical nails, which comes out easily.  
▪ Irregular nails, break and split easily.  
▪ Nails with various stains and spots or with white speck and scalloped edges.  
▪ Formation of pus at the junction of nails and flesh with severe stitching pains.  
▪ Paronychia.  
▪ Glossy nails  
▪ Hangnail. |

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**Repertoried Approach In Nails**

**Kent Repertory:**
Different types of abnormal nails rubrics are found in Kent’s repertory under the chapter EXTREMITIES. Rubrics related to nails are found in scattered manner due to alphabetical arrangement of all the rubrics. (Kent, J.T. 2019)

1. Blood, oozing from finger nails – crot.h
2. Brittle, finger nails – Graph, psor
   Toe nails – sil, thuj
3. Claw, like finger nails – Ars.
5. Corrugated nails – Sil., thuj
6. Cracks, nails on – Ant.c, nat.m. sil, Ars
   Toe nails – Graph. Sil.
8. Curved finger nails – Nit.ac
9. Deformed (See distorted)
10. Detached (See separated)
11. Discoloration, finger, nails: Ant. C. Ars. Graph. Nit.ac. thuj
   Black – Ars. Graph.
   Blood settle under nails – apis
   Blueness – nux.vom. verat
   Dark – morph. Ox. Ac
   Gray – merc.c. sil.
   Livid – Cotch. Ox.ac. Ars. Op. sul.ac
   Purple –
   Red – ars. Crot.c. lith.
   then black - ars
   Spot – Sil
Yellow – Con., Sep., Sil., merc., nit-ac., nux-v., sulph.
13. Dryness, nail about – Sil. Nat.m
15. Exfoliation, nails – Graph
16. Felon (onychia, paronychia, panaritium), beginning in nails – Sil. Phys. Rhus.t. sulph
17. Grow, nails do not – ant.c.
     Rapid – fl.ac.
19. Hardness, finger nail – Ars.
20. Horny, growth under nails – Ant.c. Graph
23. Injuries, nails, of – Led. Hyper
26. Pulsation, nail around – Con.
27. Split nails – Ant.c. Sil. Squil. Sulph
31. Tingling, nail under _ Nat.s. Cann.s. Colch.
32. Touch, finger nails – Chin.S.
34. Warts, finger nail close to – Caust. Dul. Fl.ac.

• BOERICKE’S REPERTORY:
Nails and their abnormalities are found in Boericke Repertory under the Section SKIN rubric (Boericke, W. 2015) NAILS – AFFECTIONS, there is two gradations in this repertory.
Some important rubrics are as follows
2. Affections of pulp, nails recede leave raw surface – Sec.
3. Atrophy – Sil.
5. Blueness – Dig. Ox. Ac. See cyanosis (circulatory system)
8. Falling of – Brass; But.ac.; Helleb.fort; Helleb
9. Hangnails – Nat.m. Sulph; upas.
10. Hypertrophy (onychauxis) – Graph
11. Inflammation – Around root (paronychia) – Diosc; Nat.s
12. Inflammation of the pulp (onychia) – Fl.ac; Graph;
13. Pain, splinter like, beneath toe nail – Fl.ac
14. Pains, ulcerative beneath toe nail – Ant.c; Graph;
    Teucer.
15. Softening – Plumh;Thuya
16. Spots, White on – Alum; Nit.ac
17. Yellow color – Con.

THERAPEUTIC REVIEW:
There is no specific remedy for abnormalities of the nails. The abnormalities of nails like onychia, whitlows, paronychia or leuonychia are not a disease itself; these are the effect of the pathogenesis of underlying cause. So the selection of medicine should be according to the ‘Totality of the symptoms’. The symptoms listed against each homeopathic remedy may not be directly related to this disease because in homeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy. There have so many remedies in our homeopathic materia medica which can cure the underlying cause of the disease which are the reasons for producing such abnormal nail. Here some commonly used medicines for different type of nail abnormalities (Boericke, W. 2015; Nash, E.B. 2009; Choudhuri, N.M. 2017; Clarke, J.H. 2018).
1. Alumina: Gnawing pain under the nail, sometimes with tingling in the arm. Panarium, with brittle nails, lancinating pains and tendency to ulceration of finger tips. Brittle nails and brittle skin on tips of finger. Nails brittle pr thick; spots on nails. The nails have a tendency to break when they are cut. brittle nails.
3. Apis mellifica: Sensation of numbness in fingers especially tips about roots of the nails, which latter feels as if loose. Cold limbs; blood settled under finger and toenails. Panaritium with burning, stinging and throbbing, very sensitive to touch.
4. Arsenicum album: Vesicles filled with blood on tips of finger; ulcers and scabs under nails. Burninfg ulcers on tips of finger. Under nail of thumb a very sensitive, radiating, pain, a few days after operating on a cancerous mamma, the thumb nail being cut too close. Nails discolored; at first red, then black; later replaced by new nails, thin and transparent. Blue nails. Crumbling, misshaped toe nails.
5. Asafoetida: Whitlow, violent nightly pains, threatened necrosis
7. Bufo rana: Panaritium, swelling blue black around nail (thumb), followed by suppuration.
8. **Causticum:** Panaritium and paronychia. Warts on tip of finger. Flashy warts close to nails. Crippled nails on toes, and ingrowing toenails. Crippled nails on finger and toes.

9. **Diascoria:** Panaritium, early when are sharp and agonizing or when pricking is felt; nails brittle, disposition to paronychia. Nails seem unusually brittle. Falons, in beginning, when pricking in first felt. Nails brittle.

10. **Florica acidum:** Whitlow; Panaritium; also, simple onychia, ulceration having set in. Nails grow more rapidly. Crumpled or longitudinal ridge in them sharp sticking at roots of right thumb nail. Sensation of a splinter under nail. The nails grow more rapidly. Brittleness of the nail. Panaritium; also, simple onychia.

11. **Graphites:** Finger nails become thick. Finger nails black and rough, matrix inflamed with soreness, throbbing and numbness, no suppuration < from water. Thick and criddled toe nails. Hypertrophied nail of left big toe; it was formed almost like a horn, and so hard that only by repeated and long continued operation with a file it could be diminished.

   Pain in nail of great toe. Ingrowing toe nails.

12. **Hepar sulphur:** Whitlow in palmer surface of ungula phalanx of right thumb. Whitlow violent throbbing “gathering pain” accelerates suppuration. Whitlow occurring every winter for several year. Superficial erysipalatous inflammation around root of nails. Onychia.

13. **Lachesis mutus:** Whitlow with necrosis of tendon and much discoloration. Right index finger atrophied; fetid sanious discharge from beneath nails; integument about root of nail, tawny brown, bordering upon purple in parts. Onychia

   Falon with proud flesh.

14. **Ledum palustre:** Consequences of injuries to nails in the first stage. After tearing of hang nail, whitlow rapidly forming on palmer surface of right index finger; intense throbbing, swelling, redness and acute darting pain. Whitlows the result of punctured wound; needle pricks and splinter.

15. **Mercurial solubilis:** Exfoliation of finger nails. Ulceration at the nails – Deadness of finger.

16. **Natrium sulphuricum:** Paronychia; patient pale and feeble in morning, heavy feeling in head, loss of appetite: in evening, chills and heat; after a blister, filled with water, which came on last phalanx, swollen all around, very re and painful; Matter around root of nail; pain more bearable outdoor than in room, damp walls. Inflammation and suppuration around roots of nails. Tingling, ulcerative pain under nail; in tips of finger.

17. **Nitricum acidum:** Whitlow; intense pain < night, great sensitiveness to touch and pressure; intense redness and swelling on one or both sides of nail; yellow stripe on edge of nails, threatening suppuration. Skin burning hot; Hand is carried wrapped up, but finger exposed, from a sensation as if a splinter or piece of glass was in part, which friction of the wrappings aggravates. Paronychia. White spots and flaws on nails; misshapen, crumbling and discolored or yellow curved finger nails. Ingrowing toe nails; nail seems to have grown into flash, but in reality, has not, very sore, with more or less ulceration and feeling as if sharp splinter was being stuck into part on contact. Cold blue nails.

18. **Sepia officinalis:** Whitlow for six or seven days; last joint of right thumb finger inflamed, swollen and itches with throbbing shooting and burning in it, the part is dark red and pus invisible. Painless ulcers on tips of finger. Finger nails yellowish, discolored. Crumbling misshapen toe nails. Deformed nails.

19. **Silica terra:** Whitlow; Panaritium; lancinating pains; inflammations extend deep to tendons and cartilages and bones.


20. **Sulphur:** Hangnails. Panaritium affecting thumb; great swelling and inflammation, formation of pus around and beneath nail; intolerable throbbing and boring pains < at night. Whitlow. Ulcers about nails. Flaws in nails, hang-nails.

21. **Thuja occidentalis:** Suppuration of finger nails after vaccination. Finger nails distorted, crumbling and discolored.

   Toe nails: brittlets and distorted; crumbling, misshapen; Ingrowing toe nails. Nails of fingers and toes become wavy and dry so that they partly crumble. Nails cripped, brittle, discolored or soft; numerous hangnails.

**Conclusion:**

Homeopathy treats the patient as a whole. The homeopathic medicines are selected after full individual examination, case analysis which include past medical history, physical and mental general constitution, family history underlying pathology of the presenting complaints, exciting cause, miasmatic tendency on account of selecting a medicine. Abnormal nails, tongue, hair, skin texture etc. are also observe during case taking which help the homeopathic physician to estimate the underlying cause and help in miasmatic background of the patients. Sometime patient may present nail complaints as main presenting feature like brittle nails, paronychia, onycholysis, melanonychia or hemorrhage. At that cases prescription must be according to the exciting factor as well as symptoms similarity.
Homeopathy, as a science, rest fundamentally upon four general principles: Similarity, Contrariety, Proportionality and Infinitesimality. Keen observation skills are a critical key to successful homeopathic practice. Hippocrates introduced clinical approach for first time. He said that art of clinical observation should be the necessary basis for pathological diagnosis. Hahnemann Went ahead and complete the idea. He said for all practical purpose, the totality of the symptoms is the only guide, the true guide responsible for diagnosis and remedy also. And this depends on sign that came from keen observation and symptoms.

REFERENCES: