



Review Article

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UNDERSTANDING NAIL BITING: A COMPREHENSIVE REVIEW OF CAUSES, EFFECTS, AND STRATEGIES FOR OVERCOMING THE HABIT

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Abstract:

Nail biting or Onychophagia, is a common habit among people of all ages. For some, it's a simple nervous habit, while for others, it can become a more serious compulsion. However, the term "Oncophagia" specifically refers to biting one's nails to the extent that it causes damage or injury to the nail bed or surrounding tissues.

This scholarly article provides a detailed examination of nail-biting, including its prevalence, potential causes, psychological and physiological effects, associated risks, and various treatment strategies. By synthesizing existing research findings, this article aims to enhance our understanding of this behavioral phenomenon and Homoeopathic approach toward the problem and provide insights for individuals, healthcare professionals, and researchers seeking to address nail-biting effectively.

Keywords: Nail biting, Onychophagia, habits, psychological effects, treatment strategies.

Introduction:

Nail biting, medically known as Onychophagia, is a common habit affecting people of all ages. Despite its prevalence, the underlying reasons for this behavior are multifaceted and often misunderstood. Onychophagia is a Greek word, 'onycho' means finger nail or toe nail, and 'phagia' means to eat or consume. This problem is poorly understood, misdiagnosed, and is an undertreated group of disorders. It is a less published area in psychiatry and dermatology¹. The Chronic habit of nail biting is also called Body-Focused Repetitive Behaviors (BFRBs). The need to bite and even to eat fingernails is linked to a psycho-emotional state of anxiety.²

In the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), NB is classified as an "Other Specified Obsessive-Compulsive And Related Disorder" With Specification Of "Body-Focused Repetitive Behaviors(BFRBs)." In contrast, the International Statistical Classification of Diseases and Related Health Problems ICD-10 classifies the practice as "Other Specified Behavioural And Emotional Disorders With Onset Usually Occurring In Childhood And Adolescence."

Prevalence and Demographics:

Nail biting is a habit that transcends age, gender, and cultural boundaries. Epidemiological studies have reported varying prevalence rates of nail-biting across different populations, with estimates ranging from 20% to 45% among children and adolescents and around 5% to 20% among adults. While nail biting is more commonly observed in children and adolescents, it can persist into adulthood and become a chronic behavior for some individuals. Gender differences in nail-biting prevalence have been inconsistently reported in the literature, with some studies suggesting a higher prevalence among males, while others indicate a higher prevalence among females.

Causes of Nail Biting:

1. **Stress and Anxiety:** Nail biting is frequently linked to stress, anxiety, or boredom. People often use it as a way to cope with negative emotions or to relieve tension.

2. Habit Formation: It can start in childhood and persist into adulthood if not addressed early. It may develop as a learned behavior or mimicry of others.
3. Perfectionism: Some individuals may engage in nail-biting due to perfectionist tendencies or a desire for neatness.
4. Nervousness: Due to stress and anxiety. In this instance, nail biting is temporarily appealing due to the calming effect it has on the nervous system
5. Emotions: Our emotional make-up is integral to why we turn to nail biting. Shyness and low self-esteem can have an effect in addition to the pain caused by highly traumatic life events such as death or divorce
6. Boredom: due to inactivity/for want of finding something better to do
7. Imitation: Children copying adult behavior
8. Psychosomatic: This is usually seen in aggressive families⁵

Effects of Nail Biting:

1. Physical Effects:

- Nail Damage: It can lead to damaged nail beds, bleeding, and infections around the nails.⁶
- Teeth Damage: Chronic nail biting can cause teeth misalignment or damage to tooth enamel.
- Illness Transmission: Increased risk of transferring germs from hands to mouth, potentially leading to illness.

2. Psychological and Social Effects:

- Embarrassment: Nail biting can lead to embarrassment or self-consciousness in social situations.
- Negative Impact on Confidence: Continual nail biting can affect self-esteem and confidence levels.⁷

3. The children or adults with Nail biting might be laughed at or stigmatized by others,
Restriction in social behaviors⁸

4. Effects on the oral carriage of Enterobacteriaceae⁸

Signs and Symptoms:

- Feelings of tension before biting (which can manifest as anxiety, discomfort, excitement, etc.)
- Sensations such as itching, tingling, or pain that causes the person to bite
- Feelings of pleasure and relief after biting
- Feelings of guilt or shame about their nail-biting
- Damage to the tissues around fingers and cuticles
- Injuries to the mouth or dental problems.⁹
- Fear of others seeing one's nails or being disgusted by them
- Strained or complicated family and social relationships, either due to intentional social withdrawal or to others shaming or mocking the individual for the behavior¹⁰
- Nail biting may have an association with oral problems, such as gingival injury, a malocclusion of anterior teeth^{11,12}
- Nail biting can also transfer pinworms or bacteria buried under the surface of the nail from the anus region to the mouth¹¹
- If the bitten off nails are swallowed, stomach problems can occasionally develop.¹²

Treatment :

Currently, empirically proven treatments are very limited due to its relatively new concept. It is important to note that medications were designed to treat behavior or emotional disorders and not onychophagia, directly. It may be rather difficult to treat onychophagia,

directly, but more plausible to investigate, identify and treat any underlying mental disorders if any exist.

Homoeopathy is not limited to the name of a disease that the patient is suffering from. There is another sphere i.e. "MIND" which is equally responsible for the deranged bodily functions either as a primary or secondary cause of the disease. Few mental diseases originate from emotional causes. According to a new classification of mental diseases, anxiety neurosis, obsessive-compulsive neurosis, and phobias, come under this type Hahnemann, founder of the Homoeopathic system has already stressed that mind has the supreme control over the body. It is the mind that first suffers, intern causing these types of diseases .so, the treatment should always be based on the mental symptoms given by the patient.¹³

Here are some of the Important Homoeopathic Medicines with their key indications which play an important role more frequently in the treatment of Onychophagia.

Cina: This is a children's remedy - big, fat, rosy, scrofulous, corresponding to many conditions that may be referred to as intestinal irritation, such as worms and accompanying complaints. An irritability of temper, variable appetite, grinding of teeth, and even convulsions with screams & violent jerking of the hands & feet are all within range of action. The Cina patient is hungry, cross, ugly, and wants to be rocked. Skin sensitive to touch, Desires many things but rejects everything offered.

Silicea: Imperfect assimilation & consequent defective nutrition. The patient is cold and chilly. worse in winter, Nervous & excitable .sensitive to all impressions. Obstinate, headstrong children. Cracks at the end of fingers. Pus offensive promotes the expulsion of foreign bodies from tissues. Every little injury suppurates. Dry fingertips.

Violent shooting pain deep in the finger, worse in the warm bed, sleepless at night, pain being unbearable, with great restlessness, irritability, even into convulsive jerks; pus malignant, discolored; it promotes expulsion of necrotic bones; ingrowing toe-nail; tearing pains as if the bones would be torn out, preventing all sleep; frequent crops of boils.

Thuja occidentalis: Fingernails distorted, crumbling, soft, discolored, toenails brittle and distorted; ingrowing toenails.

Dioscorea villosa: Disposition to felons; frequent sharp pains in bones of fingers, one finger at a time, sensation as of a brier in the middle finger of each hand with throbbing, darting, stinging pain next to the bone and very tender to pressure; nails brittle; jumping, darting pains in corns.

Fluoricum acidum: Phalanges swelled far above their natural size, on the dorsum of the finger an opening discharges ichorous pus; panaritium, also simple onychia, with ulceration; sharp sticking pain at root of right thumb-nail. Nails grow more rapidly, with crumpled or longitudinal ridges in them; soreness between toes; soreness of all the corns. It promotes the expulsion of necrotic bones.

Graphites: Ingrowing toe-nail; sides and roots of the finger and toe-nails become sore, ulcerate, and swell, they are exceedingly painful, violently burning and throbbing, then suppuration and proud flesh. Given at the beginning it absorbs the ailment in a few hours; hypertrophy of nails.¹⁴

Coping :

1. Keep your nails trimmed short. Having fewer nails provides less to bite and is less tempting.
2. Get regular manicures. Spending money to keep your nails looking attractive may make you less likely to bite them. Alternatively, you can also cover your nails with tape or stickers or wear gloves to prevent biting.
3. Replace the nail-biting habit with a good habit. When you feel like biting your nails, try playing with a stress ball or silly putty instead. This will help keep your hands busy and away from your mouth.
4. Identify your triggers. These could be physical triggers, such as the presence of hangnails, or other triggers, such as boredom, stress, or anxiety. By figuring out what causes

you to bite your nails, you can figure out how to avoid these situations and develop a plan to stop. Just knowing when you're inclined to bite may help solve the problem.

5. Try to gradually stop biting your nails. Some doctors recommend taking a gradual approach to break the habit. Try to stop biting one set of nails, such as your thumbnails, first. When that's successful, eliminate your pinky nails, pointer nails, or even an entire hand. The goal is to get to the point where you no longer bite any of your nails.¹⁵

How to overcome

1. Psychotherapy-There are some cognitive behavioral techniques for the management of children's behaviors. Teach some skills to the children to be able to control Nail-biting behaviors

2. Functional Assessment Analysts-

Nail biting can be a learned behavior according to a cognitive model. In this model, positive, negative, or automatic reinforcement maintains our habits. So, our habits have functions ⁵

3. Punishment

Punishment is not effective in the treatment of nail biting. The effect of punishment is not more than a placebo.

4. Habit Reversal-

Habit reversal is a form of behavioral therapy, which uses a similar or dissimilar competing response. Habit reversal consists of awareness training, relaxation training, competent response training, and contingency management⁵

5. Competing Response-subject performs a competing response whenever he/she has the urge to bite or finds his/her biting nails

6. Aversive Stimulus-usually done through painting of an aversive stimulus or a bitter substance on the individual nails.

7. Self-Control Intervention- Considering that human behavior is goal-directed and

affected by different factors, self-control intervention is proposed as a method for the management of nail biting.

Conclusion:

Nail biting, while often dismissed as a trivial habit, is a complex behavior with deep psychological and physiological roots. Understanding its causes—ranging from stress and anxiety to boredom and habitual patterns—can provide valuable insight into how it affects individuals and why it persists. The impact of nail-biting extends beyond the immediate physical damage, influencing self-esteem, social interactions, and overall mental health.

Addressing nail-biting requires a multifaceted approach. Strategies for overcoming the habit include behavioral interventions such as habit reversal training, cognitive-behavioral techniques to manage stress, and practical solutions like keeping nails trimmed or using deterrent products. Additionally, fostering self-awareness and understanding the triggers can empower individuals to adopt healthier coping mechanisms and reduce the reliance on nail-biting as a response to stress or boredom.

Ultimately, breaking free from nail biting involves patience and persistence. By combining behavioral strategies with self-care and psychological support, individuals can overcome this habit and improve their overall well-being. For those struggling with nail-biting, seeking guidance from a mental health professional can provide personalized strategies and support tailored to individual needs.

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