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Clinical Management of Painful Onychomycosis With Functional Impairment: A Case Report at Dr Batra's

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ABSTRACT

Background

Onychomycosis is a chronic fungal infection of the nail that may cause nail dystrophy, discomfort, periungual skin changes and functional impairment. In severe symptomatic cases, pain and associated skin fissuring can interfere with routine activities.

Case Presentation

A 39-year-old male presented with a pre-diagnosed case of onychomycosis. The condition reportedly began after swimming classes. Despite previous allopathic treatment with Xorofung, Tab Apledal, Clobiol ointment and Lizole cream, initial improvement was followed by a period of limited further response. At presentation, the patient reported significant pain, itching and recurrent cuts with peeling of the skin, severe enough to interfere with routine activities and typing. He reported relief when the affected skin peeled off, although cuts subsequently recurred. Investigations showed vitamin D of 19.93 ng/mL, TSH 1.44 and cholesterol 67.7 as documented in the supplied record.

Treatment and Outcome

Individualized homeopathic management was documented, with Carcinosin selected constitutionally based on the patient's described dominant/strict paternal upbringing, and Nitric acid considered for the painful nail presentation. During follow-up, cuts progressively reduced, with improvement initially noted in three fingers and subsequently absence of skin peeling and cuts. By July 2026, the patient reported that his hands were better, with no peeling or dryness; nail changes, however, were still reported as persisting.

Conclusion

The case demonstrates longitudinal improvement in associated periungual skin symptoms and functional discomfort, while nail involvement persisted. Because the patient had previously received allopathic treatment and complete mycological confirmation is unavailable, the observed improvement cannot be attributed specifically to homeopathic treatment.

Keywords: Onychomycosis, fungal nail infection, nail pain, pruritus, periungual skin changes, case report, homeopathy.

1. Introduction

Onychomycosis is a common nail disorder characterized by fungal involvement of the nail apparatus. Clinical manifestations may include nail discoloration, thickening, dystrophy and associated discomfort; depending on severity and location, nail disease may interfere with occupational and daily activities.

The present case describes a 39-year-old male with a pre-diagnosed case of onychomycosis, associated with significant pain, itching and recurrent cuts and peeling of the surrounding skin, with functional difficulty performing routine activities including typing. The case was followed longitudinally, with serial documentation of changes in cuts, peeling, itching, pain and functional limitation.

2. Case Presentation

2.1 Patient Profile

Parameter	Details
Age / Sex	39 years / Male
Occupation	Government employee; Section Officer, Food Processing
Disease	Pre-diagnosed onychomycosis
Onset	After swimming classes
Main symptoms	Pain, itching, cuts and skin peeling
Functional impact	Difficulty with routine activities and typing
Thermal state	Chilly
Sleep	Disturbed / late sleep pattern

2.2 Chief Complaints

- Pain associated with nail/skin involvement (++)
- Itching (+++)
- Recurrent cuts and peeling of skin
- Difficulty performing routine activities; typing affected by pain

No specific modalities were reported for the primary complaint.

2.3 History of Present Illness

The condition reportedly began after the patient attended swimming classes. He had received previous allopathic treatment including Xorofung, Tab Apledal, Clobiol ointment and Lizole cream, with initial improvement that subsequently plateaued. At presentation, dominant complaints were pain (++), itching (+++) and recurrent cuts with peeling. A notable local modality was that the patient felt better when the affected skin peeled off, although cuts subsequently recurred; pain was significant enough to interfere with typing and other activities.

2.4 Past, Personal and Family History

No significant past medical or surgical history was documented. The patient had been in government service for approximately 13 years, previously at Rashtrapati Bhawan and, for the preceding 2.6 years, in the food-processing department as Section Officer. He was married in 2013 (a love marriage to a childhood friend) and has two children (son, 7th standard; daughter, KG).

2.5 Life Space

The patient was born and brought up in West Bengal. His father, a school clerk, was highly involved in his education and described as strict, particularly regarding academics; the patient recalled being beaten by his father during his Master's studies and reported that he continued to feel scared of his father. His mother was described as loving. He has two brothers and two sisters, with one elder brother. He developed a strong interest in teaching, having taught approximately 5,000–6,000 students over the years, and currently teaches his own son in a friendly environment.

2.6 Mental Generals

- No significant fear or insecurity; does not become angry easily
- Anger mainly expressed toward his son when work is left incomplete
- Strong concern regarding his son's studies
- Professional stress; longstanding sleep difficulty (rarely falls asleep before 1 a.m., since childhood)

- Adjustment difficulty after marriage, related to differing socioeconomic backgrounds and parental expectations
- Strong desire to build a home for his children

2.7 Clinical Examination

At initial follow-up, mild cuts with skin peeling were present. On subsequent examinations, cuts and peeling progressively reduced and were later absent. Nail improvement was not documented to the same extent; the July 2026 record specifically notes that the nails remained unchanged.

2.8 Investigations

Investigation	Reported Value
TSH	1.44
Vitamin D	19.93 ng/mL
Cholesterol	67.7 (unit/reference not specified in supplied record)

2.9 Diagnosis

Primary diagnosis: pre-diagnosed onychomycosis with painful periungual skin involvement and functional impairment.

2.10 Differential Diagnoses

- Psoriatic nail disease
- Chronic paronychia
- Traumatic/occupational nail dystrophy
- Contact/irritant periungual dermatitis

3. Case Analysis

Constitutional analysis centred on the patient's history of a dominant and strict paternal upbringing, longstanding professional stress and sleep disturbance. The acute local presentation was characterized by significant nail and periungual pain.

3.1 Remedy Differentiation

Category	Remedy	Basis for Selection
Constitutional	Carcinosin	Dominant/strict paternal influence and associated emotional background documented during case taking
Acute	Nitric acid	Painful nail presentation, with significant pain associated with the affected nails/skin
Intercurrent	Not documented	—

The supplied record does not provide the exact potency, dosage or repetition schedule for these remedies; these details have therefore not been added to this report.

4. Follow-up and Clinical Outcome

Clinical Parameter	Initial Presentation	Follow-up
Pain	++; interfered with activities and typing	Reduced
Itching	+++	Initially increased once, then reduced
Cuts	Present	Progressively reduced, later absent
Skin peeling	Present	Subsequently absent
Skin dryness	Present	Improved
Functional limitation	Typing affected	Typing became less painful
Nail involvement	Present	Unchanged at latest follow-up
Sleep	Disturbed / late	Reported as normal at follow-ups

4.1 Detailed Follow-up Timeline

Initial follow-up: Mild cuts with skin peeling; temporary relief on peeling, with recurrence of cuts.

02 June 2026: Cuts reduced; improvement noted in three fingers (little and ring fingers), ring finger free of cuts and itching; left heel much better; pain from peeling reduced, though itching had increased; typing less painful; sleep and bowel movements normal.

11 July 2026: No cuts, no skin peeling; hands reported better with no dryness; nails remained unchanged; appetite, sleep and motions normal.

4.2 Then vs Now

Parameter	Then	Now
Pain	Significant	Reduced
Itching	+++	Reduced
Cuts	Present	Absent
Skin peeling	Present	Absent
Dryness	Present	Absent/reduced
Typing difficulty	Present	Improved
Nail changes	Present	Still persisting

5. Discussion

This case describes a 39-year-old male with pre-diagnosed onychomycosis associated with substantial pain, itching and recurrent periungual skin cuts and peeling, with a meaningful functional impact, particularly on typing. The reported onset after swimming classes is a notable exposure history, though it alone cannot establish the etiological mechanism.

The patient had already received multiple allopathic preparations, with initial improvement followed by limited further improvement, so the subsequent clinical course occurred in the context of prior treatment exposure. Longitudinal follow-up demonstrated a progressive reduction in cuts and skin peeling; by July 2026 these symptoms were no longer observed, and functional impairment had improved, with typing becoming less painful. However, the nails themselves were reported as unchanged at the latest follow-up. The outcome is therefore best described as improvement of associated periungual skin symptoms and pain, rather than complete resolution of onychomycosis.

The case also illustrates individualizing constitutional features — particularly a strict paternal upbringing, professional stress and longstanding sleep disturbance — that were incorporated into the homeopathic case analysis.

6. Learning Points

- A clear exposure history (swimming) and functional impact (typing difficulty) are useful anchors for longitudinal case documentation.
- Periungual skin symptoms (cuts, peeling, dryness) can respond independently of the underlying nail plate changes.
- Constitutional history-taking, including family and occupational stressors, contributes to individualized remedy selection.
- Partial outcomes should be reported honestly: here, functional and skin symptoms improved while nail involvement persisted.

7. Conclusion

This case presents a 39-year-old male with pre-diagnosed onychomycosis accompanied by significant pain, itching and recurrent cuts and peeling that interfered with typing and daily activities. During longitudinal follow-up there was progressive improvement in pain, itching, skin peeling, dryness and cuts, with complete absence of cuts and peeling documented by July 2026, and improvement in the functional difficulty with typing. However, nail changes persisted, and the outcome is best described as partial clinical improvement of associated skin and functional symptoms rather than complete resolution of onychomycosis. The documented homeopathic treatment plan consisted of Carcinosin as the constitutional remedy and Nitric acid as the acute remedy. Further controlled studies with confirmed mycological diagnosis, standardized nail assessment and longer follow-up would be required to determine treatment efficacy.

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