

Barometers of Health

Most people don't give much thought to the value of their toenails. They have to be trimmed occasionally, often considered more of a nuisance than anything else, but that may be the limit of attention from many.

In reality, because they are at the far point of our circulatory system, they often serve as barometers of our health, diagnostic tools providing the initial signal of the presence or onset of systemic diseases.

Pitting of nails and increased nail thickness, as examples, can be manifestations of psoriasis. Concavity, nails that are rounded inward instead of outward, can foretell iron deficiency anemia; red discoloration beneath the rear of the nail could be a sign of impending heart failure.



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Ingrown Toenails

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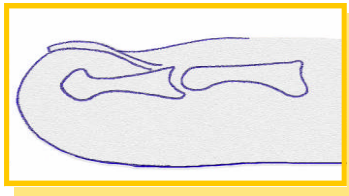
Outside Influences



Toenails grow constantly. Some conditions make them grow faster than usual, such as an excess of thyroid hormone, and the injury recovery process. A lot of energy is required for toenail growth relative to the small amount of tissue involved. This high level of metabolic activity makes them sensitive to outside influences, resulting in abnormalities, deformity, discoloration, and related infection. Some nail problems can be conservatively treated, others require partial or total removal of the nail.

Anatomy

The major parts of the toenail are the nail itself (nail plate), its root, or nail bed (matrix), rear area (lunula) or cuticle, underside of the nail (nail bed) and nail side or groove (sulcus). Healthy nails are pink, free of dirt and impairment, and grow into the grooves normally.



Nail Ailments

Because of their association with health-related diseases, toenails of persons of all ages can undergo an array of changes, some of which are relatively common. They can become brittle, curved, discolored, infected, clubbed, pitted, and grooved.

In some cases, the nail falls off and a new one grows in. These conditions may be caused by injury, warts, tumors under the nail, infection, poor circulation, poor foot hygiene, and congenital problems with parts of the nail that normally grow into the skin.

Older persons with poor circulation are prone to having their nails become discolored or darkened, thick, or brittle. Another disorder of aging is the formation of narrow ridges running from the nail matrix to the sides.

Many older persons do not have the strength, skill, eyesight, or tools to trim their nails, especially if the nails are deformed, and should seek podiatric medical care for those services.

Ingrown toenails may be caused by:

- Improperly trimmed nails
- Shoe pressure; crowding of toes
- Repeated trauma to the feet from normal activities associated with work, sports, and other leisure-time and fitness pursuits, such as aerobics
- Fungal infections that disfigure the nail
- Heredity

Ingrown Toenails

Ingrown nails, the most common toenail impairment, are nails whose corners or sides dig painfully into the soft tissue of nail grooves, often leading to irritation, redness, and swelling. Usually toenails grow straight out. Sometimes, however, one or both corners or sides curve and grow into the flesh. Ingrown nails are varied in shape; some appear flat, others are C-shaped, a problem more commonly of older persons. It is usually the big toe that is the victim, but other toes can be affected.



Podiatric Care

If you suspect an infected toenail, you can immerse the foot in a warm salt water soak, or a basin of soapy water, then apply an antiseptic and bandage the area. Make sure to be careful about testing the temperature of the water. These are only temporary measures, for relief of discomfort before you consult a podiatrist. Other "do-it-yourself" treatment including any attempt to remove any part of an infected nail and use of over-the-counter medications should be avoided.

Sudden changes in color or shape, or any drainage from infection, should be discussed with a doctor of podiatric medicine. The podiatrist can diagnose the ailment, and then prescribe medication and/or another appropriate treatment.

An injury can cause bleeding under the nail plate, for example, and the podiatrist might need to create a hole or holes in the nail to remove the blood.

For nail injuries or conditions that cannot be permanently cured by medication or removal of part of the nail, as in the case of ingrown nails, the podiatrist may have to surgically remove the nail plate and/or its matrix. As part of this minor in-office surgery, the nail bed can be treated in a variety of ways, including electric cauterization, application of chemicals, or use of a laser.



Avoid the Woes of Toes
"Wear only properly fitted shoes, not short or narrow ones".