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Review Article

An Integrative Review of Nail Disorders: Correlating Unani Concepts with Contemporary Clinical and Dermatological Frameworks

Shaikh Mohammad Aatif Afzal *[1], Khan Shahina Bano Mohd Vakeel [2], Madeena Kausar [2], Mohd Arshad Jamal [3]

[1] Assistant Professor, Department of Amraze Jild wa Tazeeniyat (Dermatology and Cosmetology), Mohammadia Tibbia College & Assayer Hospital, Mansoora, Malegaon, Dist. Nashik, Maharashtra, India.

[2] PG Scholar, Department of Amraze Jild wa Tazeeniyat (Dermatology and Cosmetology), National Institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bengaluru – 560091, Karnataka, India.

[3] Associate Professor, Department of Amraze Jild wa Tazeeniyat (Dermatology and Cosmetology), National Institute of Unani Medicine, Kottigepalya, Magadi Main Road, Bengaluru – 560091, Karnataka, India.

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For Correspondence:

Shaikh Mohammad Aatif Afzal, Assistant Professor, Department of Amraze Jild wa Tazeeniyat (Dermatology and Cosmetology), Mohammadia Tibbia College & Assayer Hospital, Mansoora, Malegaon, Dist. Nashik, Maharashtra, India.

Abstract

Background: Nails have important functional and cosmetic roles, and their alterations may indicate underlying local or systemic diseases. Nail disorders can significantly affect quality of life. In Unani medicine, nails (*Aẓfār*) are regarded as important diagnostic indicators with both aesthetic and pathological significance, reflecting underlying humoral imbalances (*Akhlāṭ*), alterations in temperament (Mizāj), and nutritional deficiencies; however, their correlation with contemporary dermatological concepts remains limited.

Objective: To analyse classical Unani descriptions of nail disorders and correlate them with contemporary dermatological entities.

Methods: An integrative literature review was conducted using the Whittemore and Knafl framework and reported as per PRISMA 2020 guidelines. Data were obtained from PubMed, Scopus, Google Scholar, and classical Unani texts including *Al-Qānūn fi'l Ṭib, Kitab al-Mansoori* and *Kāmil al-Ṣanā'a etcs*. Relevant studies were analysed using thematic and comparative synthesis.

Results: Unani literature describes nail disorders such as *Ẓufra Ṭalqiyya*, *Namash al-Aẓfār*, *Judhām al-Aẓfār*, *Tashaqquq al-Aẓfār*, *Taqallu'al-Aẓfār*, and *Dākhis*, presenting with discoloration, brittleness, deformity, and inflammation. These are mainly attributed to *Sawdāwī* predominance and nutritional defects. Modern correlations include brittle nail syndrome, leukonychia, onychomycosis, nail dystrophy, onycholysis, paronychia, and subungual hematoma.

Conclusion: A substantial conceptual overlap exists between Unani and modern dermatology. Integrating both perspectives may enhance diagnosis and holistic management of nail disorders.

Keywords: Nail disorder, Integrative Dermatology, Onychomycosis, Onychpathies, Unani medicine, Nail dystrophy.

Introduction

The nail is a specialized keratinized appendage of the skin located over the distal phalanx of the digits, playing a crucial role in both functional and protective aspects of the human body. Structurally, the nail unit comprises the nail plate, nail matrix, nail bed, hyponychium, and surrounding nail folds, which together maintain nail integrity and growth. The nail plate is a semihard, translucent keratinized structure primarily produced by the nail matrix, reflecting the health and activity of the underlying tissues. Functionally, nails provide counterpressure to the pulp of the fingertip, thereby enhancing fine touch, precision grip, and manipulation of small objects. In addition, they serve as protective coverings for the distal digits and act as indicators of systemic health, with changes in color, shape, or texture often reflecting underlying local or systemic disorders[1].

In Unani medicine, nails (*Azfār*) are considered secondary structures derived from the transformation of humoral constituents. Their morphology, texture, and color are believed to mirror the balance of Akhlāṭ (humours) and the overall Mizāj (temperament) of the individual, thereby serving as important indicators of both local and systemic health. In *Al-Qānūn fi'l Ṭib*, the description and functions of nails are clearly outlined. According to Unani scholars, nails serve four principal purposes: providing support to the fingertip during grasping and pressure, facilitating the handling of small objects, aiding in scraping and cleaning, and functioning as a means of defence. The text further states that the first three functions are particularly relevant to humans,

whereas the defensive role is more applicable to animals. The rounded shape of the nail edges and the relative softness of the underlying bone are described as protective adaptations that prevent injury to the fingertip. Continuous nail growth is also emphasized, as nails are situated in regions prone to frequent wear and damage[2].

Similarly, *Ibn Hubal al-Baghdādī* states that nails strengthen and stabilize the fingers, protect the fingertips, and enhance their capacity for grasping objects effectively. He further notes that nails assist in cleansing the skin and in removing foreign bodies such as splinters and thorns. In humans, they facilitate various crafts and daily activities, whereas in animals they function as natural defensive tools, serving as weapons for protection and relief from discomfort[3].

Ali ibn al-Abbas al-Majusi describes the nails as firmly attached to the terminal phalanges, adherent to the underlying flesh, and continuous with the surrounding skin. Their stability is maintained by ligament-like structures, and although vessels are associated with them to provide nourishment, this nutrition produces growth mainly in length rather than thickness. Functionally, nails strengthen the fingertips, assist in grasping, enhance appearance, possess a balanced firmness between hardness and softness to prevent damage, and are smooth and rounded to reduce fracture and injury[4].

Modern anatomy explains that the nail plate is a dense, keratinized, avascular structure anchored to the distal phalanx through the nail bed and matrix, which are secured by dense fibrous connective tissue attachments to the periosteum. Blood vessels are confined to the nail matrix and nail bed, where keratinocyte proliferation generates the nail plate and drives its distal growth. Functionally, the nail plate provides counterpressure to the fingertip pulp, enhancing fine touch and precision grip, while its intermediate hardness confers both strength and flexibility[5].

Hakīm Nafīs bin ʿIwād al-Kirmānī noted that the inner skin of the fingertips opposite the nails exhibits exceptionally refined tactile sensitivity, allowing precise perception of surface qualities such as roughness and smoothness. This observation aligns with modern anatomical evidence demonstrating a high concentration of specialized mechanoreceptors in the volar fingertip skin, with the nail plate serving as a supportive structure that enhances tactile discrimination[6,7].

Nail conditions are frequently encountered in dermatological practice. In addition to their cosmetic importance, nails have significant functional roles, and onychodystrophies can result in pain and interfere with daily activities. Nail disorders are also important indicators of underlying systemic disease, making accurate diagnosis and management essential[8].

The nail plate also serves as a medium for cosmetic enhancement and aesthetic modification. Nail cosmetic practices are widely adopted, with increasing use of products designed to achieve smooth, glossy, and visually appealing nails. These practices are often used to conceal nail abnormalities, which can otherwise negatively impact self-confidence. An ideal nail is typically described as oval, smooth, glossy, and slightly extended beyond the fingertip, with neat cuticles and no sharp corners, contributing to an aesthetically pleasing appearance[9].

In the Unani system of medicine, a wide spectrum of nail disorders (*Amrāze Aẓfār*) has been described, reflecting a detailed and systematic understanding of nail anatomy, function, and pathology. These disorders encompass structural, inflammatory, degenerative, and discoloration-related changes of the nail unit. Commonly described conditions include *Ẓufra Ṭalqiyya, Namash al-Aẓfār, Judhām al-Aẓfār, Tashaqquq al-Aẓfār, Raḍḍ al-Aẓfār, Taqallu ʿ al-Aẓfār, Ṣufra al-Aẓfār, and Taʿaqquf al-Aẓfār*, among others. These classical descriptions highlight the depth of Unani medical knowledge and its relevance in understanding nail pathology. A list of nail disorders mentioned in classical Unani texts is presented in Table 1 for easy reference and comparison.

Table 1: Nail Disorders Mentioned in Classical Unani Texts

S. No.	Author	Book name	Nail Disorders
1	Abū ʿAlī al-Ḥusayn ibn ʿAbdullāh ibn al-Ḥasan ibn ʿAlī ibn Sīnā	*Al-Qānūn fi'l Ṭibb* [2]	*Dākhis*
			Shaguftagi-e- nakhun
			Azān-ul-Fa'r
			Taqashshur al- Aẓfār
			Jarab al- Aẓfār
			Taʿaffuf- al- Aẓfār
			Ta'azzum- al- Aẓfār
			Tashannuj- al- Aẓfār
			Ṣufra al-Aẓfār
			Baras al- Aẓfār
			Raḍḍ al-Aẓfār
			Mawt al-Dam Taḥt al-Aẓfār
2	Abu Hasan Ahmad ibn	*Moʿālajāt Buqrāṭiyya* [29]	*Dākhis / Angul Bed*

	Muhammad al- Tabari		*Ẓufra Ṭalqiyya*
			Namash al-Aẓfār
			Judhām al-Aẓfār
			Tashaqquq al-Aẓfār
			Asnān al-Fār
			Taqallu' al-Aẓfār
			Mawt al-Dam Taḥt al-Ẓufr
3	Ali ibn al-Abbas al-Majusi	*Kāmil al-Ṣanā'a al-Ṭibbiyyah*[4]	*Dākhis*
			Judhām al-Aẓfār
			Raḍḍ al-Aẓfār
			Baras al- Aẓfār
			I'wijāj al-Aẓfār
4	Ismail Jurjani	*Zakhīra Khwārazm Shāhī* [35]	*Raḍḍ al-Aẓfār*
			Intifakh al-Aẓfār
			Ḥikka al-Aẓfār
			Ṣufra al-Aẓfār
			Tafattut al-Aẓfār
5	Abu Bakr Muhammad ibn Zakariya al-Razi	*Kitāb al-Manṣūrī* [36]	*Dākhis*
			Ta'affun al-Aẓfār
			Naqra / Khurūsh al-Aẓfār
			Tashaqquq al-Aẓfār
			Ṣufra al-Aẓfār
			Nuqṭ Bayḍā' fī al-Aẓfār
			Sawād al-Aẓfār
			Ta'akhkhur numū al-Aẓfār
			Qarha'al-Aẓfār
6	Hakim Muhammad Akbar Arzani	*Ṭibb-e-Akbar* [24]	*Baras al- Aẓfār*
			Ṣufra al-Aẓfār
			Waja'al-Aẓfār
			Judhām wa Ta'aqqur al-Aẓfār
			Tashaqquq al-Aẓfār
			Taqallu' al-Aẓfār
			Intifakh wa Ḥikka al-Aṣābi' wa al-Aẓfār
			Raḍḍ al-Aẓfār
			Ẓufra Ṭalqiyya
			Mawt al-Dam Taḥt al-Aẓfār
7	Abu al-Mansur al-Hasan al-	*Ghinā Muna* [15]	*Dākhis/ Bisahri*

	Qamri		*Tashaqquq al-Aẓfār*
			Asnān al-Fār
			Iʿwijāj al-Aẓfār
			Jarab al- Aẓfār
			Taqashshur al- Aẓfār
			Aẓfār Qabīḥah
8	Abu Bakr Muhammad ibn Zakariya al-Razi	*Kitab Al-Hāwī* [20]	*Dākhis*
			Mawt al-Dam Taḥt al-Ẓufr
			Ṣufra al-Aẓfār
			Tashaqquq al-Aẓfār
			Asnān al-Fār
			Waram al- Aẓfār / Waram ḥawl al-Ẓufr
			Taqashshur al- Aẓfār
			Ḥikka al-Aẓfār
			Laḥm Nābit ḥawl al-Aẓfār
			Laḥm Zā'id fī al- Aẓfār
			Bayāḍ al- Aẓfār / Baras al- Aẓfār
			Sawād wa Mawt al- Aẓfār
			Tashannuj al- Aẓfār
			Qūbā al- Aẓfār
			Taqallus al- Aẓfār
			Wajaʿal- Aẓfār
			Shazāyā Ḥawl al- Aẓfār
9	Abu Marwan Abd al-Malik ibn Zuhr	*Kitab al-Taysir* [14]	*Dākhis*
10	Muhadhdhab al-Din al-Baghdadi	*Kitab al-Mukhtarat fi'l Ṭibb* [3]	*Dākhis*
11	Abu al-Faraj ibn al-Quff	*Umdah fi al-Jarahat* [19]	*Dākhis*

The present study aims to explore and critically analyse these classical descriptions and to establish their correlation with contemporary dermatological entities. By systematically examining traditional concepts alongside modern scientific understanding, this study seeks to identify parallels in clinical presentation and disease classification, thereby enhancing the relevance of Unani knowledge in current medical practice and promoting an integrative approach to nail disorders.

Methodology

This study was conducted as an integrative literature review based on the Whittemore and Knafl framework and reported according to PRISMA 2020 guidelines. A literature search was performed using PubMed, Scopus, and Google Scholar, along with manual review of classical Unani texts including *Al-Qānūn fi'l Ṭibb*, *Zakhira Khwarizm shahi*, *Kāmil al-Ṣanāʿa al-Tibbiyah*, and *Kulliyat-e-Nafeesi etc*. Studies addressing nail disorders, cosmetic aspects, and Unani descriptions of nail anatomy and pathology were included, while irrelevant case reports, inaccessible full texts, and non-relevant animal studies were excluded. After screening and eligibility assessment, selected studies were analysed using thematic and comparative synthesis to identify correlations between Unani concepts and modern dermatology.

Integrative Literature Review of Nail Disorders:

Nails are composed of dense, translucent, keratinized cells that protect the distal dorsal aspect of the fingers and contribute to functions such as fine motor coordination, grasping, and scratching[10]. In mammals, nails and claws are specialized epidermal structures that protect the distal digits and may function as tools or defensive mechanisms. In humans, the nail unit, comprising the nail plate, nail bed,

and matrix covers the dorsal distal phalanx, while the matrix responsible for nail production. Proper growth depends on the integrity of surrounding tissues and bone, and nails also aid in manipulation, scratching, and cosmetic appearance[11].

Nail disorders constitute a significant proportion of dermatological conditions, accounting for approximately 10% of cases[10]. The nail unit performs essential roles as both a protective covering and a mechanical aid for the distal digit[12]. Healthy nails contribute to both functional and aesthetic aspects of daily life, and the expanding global market for nail cosmetics reflects increasing concern for nail appearance. Furthermore, nearly 99% of individuals experience a nail disorder at some point in their lives[13].

According to Abū al-Ḥasan ʿAlī ibn Aḥmad ibn Hubal al-Baghdādī, nails provide support and stability to the fingers and serve multiple functions including protection of fingertips, assistance in grasping, cleaning of the skin and removal of foreign bodies. They also play an important role in human activities and crafts, while in animals they act as tools or defensive structures[3].

Classical Unani texts such as *Al-Qānūn fi'l Ṭibb*, *Kāmil al-Ṣanāʿa*, and *Kitab al-Umdah fi'l-Jarahat* document a wide spectrum of nail disorders, including *Ẓufra Ṭalqiyya*, *Namash al-Aẓfār*, *Judhām al-Aẓfār*, *Tashaqquq al-Aẓfār*, *Asnān al-Fa'r*, *Taqallu' al-Aẓfār*, *Taʿaqquf al-Aẓfār*, *Raḍḍ al-Aẓfār*, *Ṣufra al-Aẓfār*, and *Dākhis* (Table 1). These descriptions highlight structural, inflammatory, degenerative, and discoloration-related abnormalities and reflect the comprehensive nature of Unani medical literature.

Dākhis is described as an acute inflammatory condition at the nail margins, associated with pain, swelling, suppuration, and sometimes fever[2,14,15]. Similarly, related conditions such as *Angul Bed* and *Bisahri* are described as periungual inflammatory swellings with throbbing pain and tenderness[3,15]. In modern dermatology, these descriptions correspond to paronychia, which presents with erythema, swelling, and possible abscess formation[16-19].

Classical Unani management of *Dākhis* includes *fasd*, *mushil* therapy, and local application of analgesic and cooling agents, along with measures to promote suppuration and drainage when required[15]. Additional recommendations include topical formulations such as *Marham Safeeda* and the use of astringent and antiseptic drugs like *Aloe* and *Gulnār* [3, 15, 20]. These approaches are closely parallel to modern management involving drainage, antimicrobial therapy, and local care[16, 18, 21].

Conditions involving infection and degeneration of nails, such as *Taʿaffun al-Aẓfār*, are managed in Unani medicine by softening and gradual removal of the diseased nail, followed by restoration of normal structure[19]. This corresponds to onychomycosis and dystrophic nail changes in modern dermatology, where debridement and antifungal therapy are employed [22]. In severe cases, removal of the nail is advised in both systems, reflecting similarity with therapeutic nail avulsion [23].

Tashaqquq al-Aẓfār and related conditions such as *Taqashshur al-Aẓfār* and *Asnān al-Fa'r* are attributed to dryness and predominance of *Sawdāwī* temperament, leading to splitting, peeling, and fragility of nails[2, 20, 24]. In modern terms, these correspond to brittle nail syndrome, including onychorrhexis and onychoschizia, commonly caused by dehydration, trauma, or chemical exposure[21, 25, 26]. Management in both systems emphasizes hydration, emollients, and restoration of nail integrity.

Discoloration disorders such as *Baras al- Aẓfār*, *Sawād al-Aẓfār* and *Ṣufra al-Aẓfār* are described in Unani literature as resulting from humoral imbalance and defective nourishment[20, 24]. These correspond to modern conditions such as leukonychia, melanonychia, and yellow nail syndrome, where management focuses on identifying underlying causes and maintaining nail health[21, 22, 27, 28].

Other conditions such as *Judhām al-Aẓfār*, *Taqallu' al-Aẓfār, iʿwijāj al-Aẓfār*, and *qalaʿ al-Aẓfār* involve thickening, deformity, and shedding of nails. These correlate with nail dystrophies, onychogryphosis, and onychomadesis, or onycholysis in modern dermatology, often associated with trauma, infection, or systemic diseases[18, 21, 29, 30].

Accumulation of blood beneath the nail (*Mawt al-Dam Taḥt al-Aẓfār*) is described as a result of trauma, leading to discoloration and pain[24]. This corresponds to subungual hematoma, which is managed by evacuation of collected blood and symptomatic relief [31].

Inflammatory and periungual conditions such as *waram al-Aẓfār* and *Ḥikka al-Aẓfār* are characterized by swelling, itching, and discomfort around the nail folds[24]. These correspond to conditions such as paronychia, eczema, and periungual inflammation in modern dermatology, where treatment focuses on reducing inflammation and restoring tissue integrity by warm or cold compresses, drainage of abscess, and antimicrobial therapy, this parallels Unani principles of *tahleel* (resolution), *Nudj* (suppuration), and *tanqiya* (evacuation) [32-34].

Overall, classical Unani descriptions demonstrate a detailed and systematic understanding of nail disorders, showing clear parallels with modern dermatological entities. Table 2 presents a comprehensive correlation of Unani nail disorders with their corresponding modern dermatological terminologies. This comparative framework reveals that both systems consistently emphasize the removal of pathological material, restoration of normal nail structure, and appropriate local care, thereby underscoring strong conceptual convergence in their understanding of pathogenesis and approaches to management.

Table 2: Correlation of Unani Nail Disorders with Modern Dermatological Terminologies

UNANI	MODERN TERM
Dākhis / Angul Bed	Paronychia / acute paronychia
Shaguftagi nakhun	Onychoschizia / Onychorrhexis
Azān-ul-Fa'r	Koilonychia or brittle nail disorders / Onychorrhexis / Onychoschizia
Taqashshur al- Aẓfār	Peeling or splitting of nails / Lamellar splitting of the nail / Onychoschizia
Jarab al- Aẓfār	Fungal or infective nail disease
Taʿaqquf-ul-Azfār	Curving or hooking of the nails /Onychogryphosis/ Pincer nail deformity
Taʿazzum- al- Aẓfār	Hypertrophy/thickening of nails / Onychauxis
Tashannuj- al- Aẓfār	Stiffness and constricted deformity of nails (pincer nail / severe curvature disorders)
Ṣufra al-Aẓfār	Yellow nails / Chromonychia
Baras al- Azfār	White discoloration / leukonychia
Raḍḍ al-Aẓfār	Crushed nail injury / traumatic nail injury
Mawt al-Dam Taḥt al-Ẓufr	Subungual hematoma
Ẓufra Ṭalqiyya	Onycholysis or Onychomycosis
Namash al-Aẓfār	Leukonychia punctata
Judhām al-Aẓfār	Nail dystrophy associated with leprosy
Tashaqquq al-Aẓfār	Onychorrhexis / Splitting of nails / Cracked nails / Nail fissuring
Asnān al-Fār	Onychophagia or chronic nail dystrophy
Taqallu' al-Aẓfār / Taqallus al-Azfār	Onychauxis / Nail thickening with contraction / Onycholysis / Onychomadesis
Bayāḍ al- Aẓfār / Baras al- Aẓfār	White discoloration / Leukonychia
Iʿwijāj al-Aẓfār	Deformed / Curved nails
Intifakh al-Aẓfār	Nail fold inflammation / Edema / Clubbing
Ḥikka al-Aẓfār	Periungual pruritus/Nail Eczema / Dermatitis around nail
Taʿaffun al-Aẓfār	Infected / putrefied nails
Naqra / Khurūsh al-Aẓfār	Rough and pitted nails
Nuqṭa Bayḍāʾ fī al-Aẓfār	White spots in nails
Sawād al-Aẓfār	Black discoloration of Nails
Ta'akhkhur numū al-Aẓfār	Delayed nail growth
Qarhaʿal-Aẓfār	Ulcerative lesions of the nail or surrounding tissue / Periungual ulceration
Wajaʿal- Aẓfār	Onychalgia (Nail pain)
Judhām wa Taʿaqqur al-Aẓfār	Severe nail dystrophy / Onychogryphosis (thick, curved "ram's horn" nails) Onychauxis (marked nail thickening)
Intifakh wa Ḥikka al-Aṣābiʿ wa al-Aẓfār	Paronychia or dermatitis of periungual skin
Aẓfār Qabīḥah	Nail dystrophy
Waram al- Aẓfār / Waram ḥawl al-Ẓufr	Periungual inflammatory swelling
Laḥm Nābit ḥawl al-Ẓufr / Laḥm Zāʾid fī al- Aẓfār	Pyogenic granuloma (periungual) / Exuberant granulation tissue
Sawād wa Mawt al- Aẓfār	Onychonecrosis / Devitalized nail
Qūbā al- Aẓfār	Onychomycosis (fungal nail infection)
Shazāyā Ḥawl al-Aẓfār	Hangnails (agnails)
Tafattut al-Aẓfār	Brittle nails syndrome

Conclusion:

This review demonstrates that classical Unani literature provides a detailed understanding of nail disorders based on humoral imbalance, temperament, and nutritional factors. A clear conceptual overlap exists between Unani descriptions and modern dermatological entities such as paronychia, onychomycosis, and brittle nail syndrome.

Unani therapeutic principles, including *tanqiya,* local applications, and procedures resembling nail avulsion, show parallels with contemporary management. Integrating traditional knowledge with modern evidence may enhance diagnostic insight, accuracy and support a more holistic approach to nail disorders. However, further clinical studies are required to validate these findings and standardize therapeutic approaches.

Highlights:

- Classical Unani literature provides a comprehensive description of nail disorders based on humoral imbalance and temperament.
- Significant correlations exist between Unani nail disorders and modern dermatological entities such as paronychia, onychomycosis, and brittle nail syndrome.
- Unani therapeutic approaches, including *tanqiya*, topical applications, and nail removal techniques, show parallels with contemporary management strategies.
- Nails are recognized in both systems as important indicators of systemic health and cosmetic well-being.
- Integrating Unani concepts with modern dermatology may support a holistic and complementary approach to nail disorder management.

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