

PODOPHARM[®]

**THE NATURAL CHOICE
FOR PODIATRISTS**

PRODUCT CATALOGUE AND PODIATRY THERAPIES

PODOPHARM®
THERAPY

INNOVATIVE THERAPY ONYCHOLYSIS

Intensive regeneration of the nail bed of the hands and feet

ONYGEN® CREAM **BESTSELLER**



Product recipe and manufacturing technology protected by patent law; nr. R. 302044

PODOPHARM®

THE NATURAL CHOICE FOR PODIATRISTS

PODOPHARM® was created out of a strong conviction in the beneficial power of nature and a sincere passion for sharing the best with others. We invite you to our world of exceptional products for demanding feet, hands, and body.

We are a Polish podiatry brand, a family-owned company with our own capital, founded in 2014 by Aneta Oleszek, a production engineer by training. We have our own production facility. In it, we create unique cosmetic formulas, repeatedly awarded for innovation in Poland and worldwide. Our mission is to transfer innovative solutions to meet the needs of podiatry development – a field of science dealing with a wide range of foot diseases – in Poland and globally. The PODOPHARM® company headquarters is located in the Kielce Technology Park. Thanks to our presence in the technopark, we can combine the scientific and business spheres.

The most demanding and requiring most care group of people suffering with foot problems are diabetics. Currently, about 200 million people worldwide suffer from diabetes, which has already become a civilization disease. This negative phenomenon is gaining strength every year. The forecasts are alarming. To meet the foot problems of diabetics and the market, we create products and services that contribute to improving the quality of life.

What distinguishes us from other companies is undoubtedly the QUALITY of our products. From the very beginning, we have been passionate about the best compositions. We choose raw materials for our formulas with great care – always with full data sheets, from certified sources and respected laboratories. These are organic oils and herbal extracts, essential oils, the best natural fats, including from bovine colostrum, exclusive emollients such as unsaponifiable shea butter fractions, and other innovative ingredients – the result of our collaboration with research centres in Poland and Europe.

However, PODOPHARM® is above all about effective products for professional therapies in the podiatric rooms treating common foot and nail diseases such as: viral warts, fungal infections, onycholysis, corns, calluses, hyperkeratosis, diabetes-related foot diseases, hyperhidrosis, psoriasis.

We owe our satisfaction with our work primarily to the wide group of podiatrists gathered around our brand. Thanks to them, we can share knowledge and inspire each other to create new product innovations in the PODOPHARM® portfolio.

We take the best from nature. Convinced that we have truly quality products – we invite you to cooperate with us.



Aneta Oleszek
PODOPHARM® brand creator



Organic raw materials



Unique formulas and technology
protected by patents



Effectiveness confirmed in research
and therapies

PARTNERS IN INNOVATION



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PODOPHARM® PRODUCT CATALOGUE



LEGEND



Care for dry, cracked and dehydrated skin



Care and regeneration of sensitive skin prone to irritation



Suitable for pregnant women



Refreshing, anti-perspirant and antifungal properties



Products for therapy conducted by a podiatrist



Suitable for diabetics

● MANICURE PEDICURE SPA

PP 01

1400 g

HAND AND FOOT BATH SALTS WITH GOJI BERRY EXTRACT

The therapeutic magnesium-potassium salts with extract of mature goji berries is a unique composition of selected natural ingredients. Its base is Kłodawa salt, rich in macro and microelements. The pleasant, fruity scent that is released when the product comes into contact with warm water refreshes the skin and provides a feeling of wonderful relaxation. Vitamins from the C and B groups, as well as amino acids, fight against free radicals, slowing down the skin aging process. The salt is also enriched with allantoin and the plant prebiotic Biolin P, which moisturize and soften the skin, preparing it for the next stage of the treatment. The product is free from detergents, artificial dyes or additives; it can be used in hydromassage baths.



ACTIVE INGREDIENTS

- goji berry extract ● prebiotic Biolin P ● vitamins C and B
- allantoin ● magnesium-potassium salt

USAGE

Dissolve one capful of the product in 3 litres of warm water (max. 38°C). It is recommended that a foot bath should last about 15 minutes. Hand bathing should last about 10 minutes, using a small amount of the salts in a bowl of warm water. Then rinse the hands or feet, dry thoroughly and proceed to the next stage of treatment.

Capacity: 1400 g Yield: approx. 28 treatments

PRACTICAL TIP

The natural plant prebiotic Biolin P protects skin and nails microbiome and restores its natural protective barrier. Goji berry extract gives the product an exceptional, energizing scent of red fruit. The same fragrance can also be found in our other products: MANICURE PEDICURE SPA SALT-SUGAR HAND AND FOOT SCRUB WITH SHEA BUTTER AND GOJI and SKINFLEX® ADAPTOGENS AND COLOSTRUM HAND CREAM-MASK.

● PEDICURE SPA

PP 02

1400 g

FOOT BATH SALTS WITH HERB EXTRACT

The base of this product, recommended for foot baths, is magnesium-potassium salt rich in macro and microelements. Its crystals form a unique combination with extracts of marigold, liquorice, sage, and wild water mint. Thanks to the combination of these ingredients, it has an intense moisturizing and antifungal effect. The perceptible aroma of herbs and fresh mint strongly refreshes the skin and induces a blissful state of relaxation. The salt is enriched with allantoin, which softens the thickened epidermis, preparing it for the next stage of the treatment. The product does not contain detergents, artificial dyes or additives; it is particularly recommended for excessive sweating.

ACTIVE INGREDIENTS

- marigold extract ● sage extract ● liquorice extract
- wild water mint extract ● allantoin
- magnesium-potassium salt

USAGE

Dissolve one capful of the product in 3 litres of warm water (max. 38°C). It is recommended that a foot bath should last about 15 minutes. Then rinse the feet, dry thoroughly and proceed to the next stage of treatment.

Capacity: 1400 g Yield: approx. 28 treatments



● WELLNESS & SPA

PM 37

1400 g

MAGNESIUM-POTASSIUM BATH SALTS WITH VITAMIN E AND NATURAL OILS

The magnesium-potassium body, hand and foot bath salts is rich in micro and macroelements. The intense citrus notes that are released on contact with warm water are the result of the organic essential oil of orange, grapefruit, and the water-glycerine extract of grapefruit. The salt bath relaxes, soothes, and regenerates. The addition of allantoin and vitamin E, known as the “vitamin of youth”, softens and nourishes the skin. The product does not contain detergents, artificial colours, or additives; it can be used in hydromassage baths.



ACTIVE INGREDIENTS

- orange essential oil ● grapefruit essential oil
- water-glycerine grapefruit extract ● allantoin
- vitamin E ● magnesium and potassium salt

USAGE

For a full body bath, pour 2 capfuls of the product under a stream of water with temperature of up to 38°C. Bathing time: approximately 20 minutes. For the pedicure treatment, add 1 capful of salt. The bath should last about 10-15 minutes at a temperature of up 38°C. Then rinse the body and dry it thoroughly.

Capacity: 1400 g **Yield:** approx. 28 treatments

PRACTICAL TIP

Our magnesium-potassium salts are recommended for the whole-body baths, also as a help in fighting against colds, muscle aches, sciatica, joint pain and degeneration, or after intensive exercise. It is worth knowing it is possible to supplement magnesium through skin as well!

● **PODOFLEX®**

D

PP 28

400 g

SOFTENING HAND AND FOOT BATH PEARLS WITH UREA AND VITAMIN E

The concentrated pearls are intended for foot and hand baths. They contain 97% urea and vitamin E, known as the “vitamin of youth”, which combats the effects of free radicals. Bathing in the pearls is an excellent refresher and brings relief, especially to skin requiring hydration and regeneration. The fruity aroma puts you in a state of exceptional relaxation. They are particularly recommended as a first step of a manicure/pedicure treatment due to the softening properties of urea.

ACTIVE INGREDIENTS

- urea 97% ● vitamin E

USAGE

Dissolve about 1/4 capful of pearls in 3 litres of warm water at a max. temperature of 38°C. The recommended foot soak should last about 15 minutes, and the hand soak about 10 minutes. Rinse hands or feet, dry thoroughly and proceed to the next step of the treatment.

Capacity: 400 g **Yield:** approx. 16 treatments



● SKINFLEX®

D

PT 07

500 ml

DERMATOLOGICAL BODY SOAP

This body soap has a unique formula containing cocamidopropyl betaine – a gentle, skin-friendly and mucous membrane cleansing agent, as well as innovative aXovelum® complexes. The delicate, soothing properties are provided by the aXonnite® chitosan-silver-copper complex. This pioneering combination of ingredients, in addition to excellent cleansing properties, is characterized by high antibacterial and antifungal effectiveness. The body soap has an acidic pH of 5.0. It is gentle on the skin and suitable for daily use, especially for people with sensitive skin, psoriasis, fungal infections, dermatoses and atopic dermatitis. The pleasant fragrance is owed to notes of exotic fruits.



MEDICAL PRODUCT

ACTIVE INGREDIENTS

- aXovelum® ● aXonnite® Silver ● aXonnite® Copper
- chitosan

Capacity: 500 ml Yield: approx. 100 treatments

● MANICURE PEDICURE SPA

PP 09
600 g

PL 01
300 g

SALT-SUGAR HANDS AND FOOT SCRUB WITH SHEA BUTTER AND GOJI EXTRACT

The peeling combines crystals of Kłodawa salt rich in macro and microelements, sugar, and strawberry seed particles that effectively exfoliate the skin. Intensive nourishment and moisturization of the skin is provided by a complex of exclusive plant-based emollients, goji berry extract, shea butter, orange peel wax, blueberry wax, carnauba wax, and exclusive oils: almond, cranberry, and castor oil. During the exfoliating massage of the hands, feet and body, a relaxing aroma of juicy, fresh fruits is released. After rinsing, the scrub leaves a pleasant, non-greasy film on the moisturized skin. The product does not contain paraffin or petroleum jelly. The fragrance composition is free of allergens.

ACTIVE INGREDIENTS

- goji berry extract ● shea butter
- orange peel and blueberry wax
- carnauba wax ● castor oil ● almond oil
- cranberry oil ● magnesium-potassium salt ● sugar
- organic strawberry seeds ● vitamin E

USAGE

Apply the scrub to damp skin and gently massage. Rinse with warm water, dry thoroughly and apply the appropriate cream or lotion.

Capacity: 600 g / 300 g Yield: approx. 60 treatments / approx. 30 treatments



● MANICURE PEDICURE SPA

PP 27

600 g

PL 02

300 g

SALT-SUGAR HANDS AND FOOT SCRUB WITH VITAMIN AND MINERAL COMPLEX

The base of this dense peeling is a mixture of Kłodawa salt crystals, rich in macro and microelements, sugar, and raspberry seed particles, which work to thoroughly exfoliate the dead skin. The peeling formula has been enriched with exclusive plant emollients and shea butter. Rich in vitamins B, C, orange peel wax, blueberry, almond oil and castor oil condition the skin, perfectly moisturizing it. During the exfoliating massage of the hands, feet, and body, a relaxing aroma of fresh, juicy citrus fruits is released. The peeling leaves a pleasant, non-greasy film on the skin after rinsing. The product does not contain paraffin or petroleum jelly. The fragrance composition is allergen-free.



ACTIVE INGREDIENTS

- shea butter ● orange peel and blueberry wax
- carnauba wax ● mandarin essential oil
- orange essential oil ● almond oil
- castor oil ● magnesium-potassium salt
- sugar ● organic raspberry seeds

USAGE

Apply the peeling to damp skin. Gently massage. Rinse with warm water, dry thoroughly and apply the appropriate cream or lotion to the body.

Capacity: 600 g / 300 g **Yield:** approx. 60 treatments / approx. 30 treatments

● **PODOFLEX®**

D

PT 09

200 ml

PT 11

750 ml (refill)

SKIN AND NAILS SOFTENING PREBIOTIC SPRAY

The prebiotic spray is used to soften the skin and nails, as well as to cleanse the nail walls during podiatric treatments. It is particularly recommended for foot skin and nails that require specialist support and protection of the microbiome (sensitive, dry, atrophic skin, with atopic dermatitis, dermatoses, psoriasis, fungal infections). Does not contain urea. The gentle, skin-friendly formula with an acidic pH (4.5 to 4.7) is designed to restore the natural balance of the skin, reduce inflammation, intensively regenerate the epidermis and support its lipid barrier. The product is rich in the natural prebiotic Biolin P, a mixture of inulin and glucooligosaccharide, which stimulates the growth of beneficial bacterial flora. The aloe vera juice contained in the spray softens the skin, strongly moisturizes, soothes and alleviates irritation. Thanks to the presence of a undecylenic acid derivative at the maximum concentration, the spray has antifungal and antiseptic properties. Even a thin layer of the product effectively protects the feet from the adverse effects of external factors and pathogens. After application, the liquid turns into an enveloping foam with a fresh, marine scent released on contact with the skin. It does not run off, thus providing the expected comfort during the podiatric treatment. The product does not require rinsing or pre-soaking of the feet.

ACTIVE INGREDIENTS

- prebiotic Biolin P ● aloe vera juice ● proline
- undecylenic acid derivative

USAGE

Spray the feet from about 5 cm distance, gently massage it in, and then proceed to remove calluses and the further stages of the treatment.

Capacity: 200 ml / 750 ml (refill) **Yield:** approx. 100 applications / approx. 375 applications



● **PODOFLEX®**

D

PP 31

200 ml

SKIN SOFTENING SPRAY FOR MEDICAL PEDICURES

The softening foot spray contains: 20% urea, 5% lactic acid, aloe vera juice, as well as panthenol, allantoin, which intensively softens the callus during podiatric treatments, while also moisturizing and soothing irritation. The pleasant scent of juicy aloe leaves is refreshing and relaxes the feet. The product does not require rinsing or pre-soaking of the feet.



ACTIVE INGREDIENTS

- urea 20% ● lactic acid 5% ● aloe vera juice
- panthenol ● allantoin

USAGE

Spray the feet from a distance of about 10 cm. Leave for 3-5 minutes, then proceed to remove calluses and the next stage of the podiatry treatment.

Capacity: 200 ml **Yield:** approx. 100 applications

● **PODOFLEX®**

D

PP 04

500 g

SKIN SOFTENING GEL FOR MEDICAL PEDICURES

The gel contains 25% urea and glycerine, which effectively soften the skin, preparing it for the next stage of the treatment. The product is additionally enriched with the natural, plant-based prebiotic Biolin P, which helps maintain the natural balance of the skin and nails, protecting their microbiome. The addition of sage and marigold has a toning, refreshing effect, as well as anti-inflammatory, antifungal and antiseptic properties.

ACTIVE INGREDIENTS

- urea 25% ● glycerin ● lactic acid ● prebiotic Biolin P
- sage ● marigold

USAGE

Apply the product to the area being treated. Leave on the skin for 3-5 minutes. Then remove the callus using a scalpel or a drill. At the end of the treatment, it is recommended to wash the feet with warm water and apply the appropriate cream or ointment.

Capacity: 500 g **Yield:** approx. 100 applications



PRACTICAL TIP

The product is particularly recommended for use in advanced and extensive foot hyperkeratoses, when the hard skin requires intensive softening during the podiatric treatment.

● MANICURE PEDICURE

D

PP 06

150 ml

VITAMIN FLUID FOR HANGNAIL REMOVAL

The fluid quickly but effectively softens and moisturizes the cuticles during the manicure/pedicure treatment. It facilitates the cleaning of the nail folds. The product contains a natural emollient – jojoba seed oil, which moisturizes the skin, creating a delicate occlusive layer that protects against excessive water evaporation. Allantoin and aloe vera juice, due to their soothing properties, soothe irritation and leave the skin soft and moisturized.



ACTIVE INGREDIENTS

- glycerin ● aloe vera juice ● jojoba seed oil ● allantoin

USAGE

Apply the product to the cuticles and nail folds for about 3 minutes. Then push back the cuticles using a cosmetic stick and rinse the hands/feet with warm water.

Capacity: 150 ml **Yield:** approx. 75 treatments

● **PODOFLEX®**

D

PP 32

200 ml

PM 07

100 ml

ANTIFUNGAL FOOT SPRAY

The spray is intended for daily foot care as an antifungal prophylaxis, as well as at the end of a pedicure treatment. It contains the innovative, patented ingredient dermosoft®decalact liquid at a high 2% concentration, which has antibacterial properties and effectively protects the feet from fungal infections. The product has a wide spectrum of action, reduces excessive sweating. It is especially recommended for pitted keratolysis. The extracts of horse chestnut, white melilot, witch hazel, and butcher's broom contained in the preparation reduce the feeling of heaviness in the feet. Natural essential oils of lemon and lavender have a relaxing effect, eliminate unpleasant odour and brighten the nail plate. Menthol provides a pleasant feeling of freshness and coolness.

ACTIVE INGREDIENTS

- dermosoft®decalact liquid ● horse chestnut extract
- white melilot extract ● witch hazel extract
- butcher's broom extract ● lemon essential oil
- lavender essential oil ● menthol

USAGE

Spray the feet and nails from a distance of 10-15 cm. The spray can also be used on Lycra tights.

Capacity: 200 ml / 100 ml **Yield:** approx. 100 applications / approx. 50 applications



PRACTICAL TIP

Active people, practitioners of sports, users of swimming pools or those working in safety shoes all day (OHS) are particularly prone to fungal infections or viral warts on the feet. The spray has a low, acidic pH of 4.7, which will effectively protect the skin of the feet from the action of pathogenic microorganisms. It can be used both in the prevention of foot and nail skin diseases and in therapies.

● MYKOBOOSTER®

D

PT 08

125 ml

SPRAY

INNOVATIVE INGREDIENTS

The universal care and hygiene spray is intended for the skin of the feet, hands, as well as the hygiene of footwear, orthopedic insoles, gloves, helmets, headwear, socks, and clothing – especially in the treatment of viral warts, fungal and bacterial infections. The product formula is based on the scientifically proven effectiveness of the patented aXophenone® and aXonnite®Silver complex. The spray effectively combats fungi, viruses, and bacteria, and provides long-lasting protection against their proliferation. It refreshes, eliminates unpleasant odours, the main cause of which is the decomposition of bacteria and fungi living on the skin. The active ingredients care for the skin. The spray does not contain alcohol.

In MYKOBOOSTER® SPRAY, we used the innovative BOV (Bag-On-Valve) technology – a new generation aerosol. The liquid is placed in a special bag, so the gas that fills the remaining space is isolated from the product. The spray can be applied at any angle.



ACTIVE INGREDIENTS

- aXophenone® ● aXonnite®Silver

USAGE

Spray the area you want to treat from a distance of 15 cm, leave to dry so that the spray can work. For shoe hygiene, spray the inside of the shoe once a week until damp and leave to dry for 6 hours.

Capacity: 125 ml Yield: approx. 50-60 applications

PRACTICAL TIP

In podiatric therapies treating viral warts, fungal and bacterial infections of the skin and nails it is very important to extend the hygiene to shoes and socks on regular basis to prevent re-infection.

After 14 days of using MYKOBOOSTER®SPRAY, it can be changed to PODOFLEX® ANTIFUNGAL FOOT SPRAY which has a low, acidic pH of 4.7.

● MYKOBOOSTER®

D

PT 03

10 ml

NAIL OIL

The oil is intended for the therapy and care of hand and foot nails with fungal infections or a tendency to develop them. The product contains a blend of natural, organic oils: hemp, CBD, tamanu. The addition of essential oils from tea tree, clove, and oregano has strong antifungal, antibacterial, and conditioning properties. The oil is particularly recommended for dermatophyte fungal infections, to be used alternately with PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS (oil at night and tincture during the day).

ACTIVE INGREDIENTS

- hemp oil ● cannabidiol (CBD) ● tamanu oil
- tea tree essential oil ● clove essential oil
- oregano essential oil

USAGE

Apply the oil once a day – in the evening – to the previously podiatrist-cleaned nail plates for several months until a satisfactory effect is obtained. Regular nail cleaning in a podiatry surgery is recommended so that the product can be effective.

Capacity: 10 ml Yield: approx. 90 applications



● **PODOFLEX®**

D

PT 04

10 ml

MYCOSTATIC TINCTURE FOR NAILS

The concentrated mycostatistical tincture is a combination of selected organic essential oils and herbal extracts. The product is recommended for the prevention and treatment of fungal, bacterial and mixed infections of the nail plate of the hands and feet, especially *Pseudomonas aeruginosa*, which often accompanies onycholysis.

The tincture contains in its composition: silver water, copper water, extracts from: marshmallow, thyme, sage, lime, tangerine, rosemary, manuka oil, essential oils: tea tree, sage, lavender, grapefruit, clove, cinnamon.



ACTIVE INGREDIENTS

- silver water ● copper water ● marshmallow extract
- rosemary extract ● thyme extract ● sage extract
- tangerine extract ● lime extract ● tea tree essential oil
- lavender essential oil ● sage essential oil
- grapefruit essential oil ● manuka oil
- clove essential oil ● cinnamon essential oil

USAGE

Apply the tincture 1-2 times a day to the nail plates previously cleaned in a podiatric surgery. Use until a satisfactory effect is obtained. Regular nail cleaning in a podiatry surgery is recommended so that the product can be effective.

Capacity: 10 ml Yield: approx. 90 applications

● **PODOFLEX®**

D

PT 02

10 ml

FLUID FOR INGROWN TOENAILS

The product is designed for the care of hands and feet with the problem of ingrown nails and calluses in the nail folds. The combination of natural oils with essential oils makes the fluid softening, anti-inflammatory, disinfecting, refreshing. It very well soothes irritations. Thanks to the content of natural soybean oil, which contains a large amount of flavonoids, lecithin, sterols and vitamin E, it perfectly nourishes the skin, supporting its lipid protective barrier.

ACTIVE INGREDIENTS

- tea tree essential oil ● clove essential oil ● hemp oil
- soybean oil ● lavender essential oil ● peppermint essential oil ● lecithin ● vitamin E

USAGE

Apply 1-2 drops of solution to the nail surface 2 times a day.

Capacity: 10 ml Yield: approx. 90 applications



PRACTICAL TIP

The solution will also work well as a supporting product in podiatry therapies and treatments requiring softening and elasticizing the nail plate, e.g. when using a podobrace. It is recommended to apply the product regularly for about 2-3 weeks before applying the podobrace and during the correction process.

● ONYGEN® CREAM

GLOBAL INNOVATION

BESTSELLER

D

PT 01

20 ml

The cream is intended for intensive regeneration and nourishment of the bed of weakened nails on the hands and feet, especially during therapies that required prior removal of part or all of the nail plate. It is particularly recommended in the treatment of onycholysis.

The innovative formula contains colostrum bovinum with 40% fat, i.e. bovine colostrum, rich in over 250 compounds in high concentration, unmatched in any other natural product. The greatest value lies in the proteins: immunoglobulins, lactoferrin, lysozyme, lactoperoxidase. These substances exhibit strong antibacterial, antiviral and antifungal properties. Colostrum bovinum also contains fats, carbohydrates, growth factors, nucleic acid derivatives. Fatty colostrum is also characterized by a high content of B vitamins as well as vitamins A, D, E, and easily absorbable calcium. The formula of the product is based on liquid crystal emulsions. Their lamellar structure makes the penetration of active ingredients deeper into the skin more effective. The cream contains squalane and oils known for their beneficial properties: sea buckthorn and avocado.

The formula and manufacturing technology are protected by patent law; no. R. 302044

ACTIVE INGREDIENTS

- colostrum bovinum ● immunoglobulins ● growth factors
- lactoferrin ● lysozyme ● lactoperoxidase
- vitamins: B, A, D, E ● sea buckthorn oil ● avocado oil
- squalane from olive oil

USAGE

Apply the cream to the nail bed and massage until warm. Use 1-2 times a day. Once a week, it is recommended to apply the cream overnight under a protective dressing.

Capacity: 20 ml Yield: approx. 100 applications



● VERRU IMMUNO®

D

PT 05

12 ml

SKIN CARE PASTE

The gentle herbal-scented paste is intended for localised skin care that requires regeneration and soothing in the treatment of viral warts. Carefully selected essential oils, plant extracts, purified, non-allergenic beeswax, zinc oxide, and colostrum bovinum have a conditioning, antiseptic, and soothing effect on the skin. The product is particularly effective in the treatment of warts in children from 3 years of age – used as a standalone, leading preparation. The paste will also be useful in the treatment of cold sores.



ACTIVE INGREDIENTS

- thuja essential oil ● jojoba oil ● betulin ● colostrum bovinum fat ● celandine extract ● Indian pennywort extract ● marigold extract ● purified beeswax ● zinc oxide

USAGE

Apply a small amount of paste to the skin in areas requiring regeneration. Use 1-2 times a day.

Capacity: 12 ml Yield: approx. 100 applications

PRACTICAL TIP

VERRU IMMUNO® paste is effective in the treatment of fungal infections between toes (Athlete's foot). Apply a small amount of the product to the irritated areas. The paste is also recommended for approximately 10-14 days after electrocoagulation or cryotherapy (freezing with liquid nitrogen) as a regenerating and soothing preparation.

● **VERRU SHOT®**
ACID LIQUID

CAUTION!

The product is intended for use in podiatry clinics only under the care and supervision of a podiatrist, foot care specialist and/or dermatologist. It is sold after signing a declaration with the distributor.

VERRU SHOT® ACID LIQUID is a liquid used in the therapy of viral warts on the feet and hands. It contains 60% chloroacetic acid and the innovative ingredient aXovelum®Copper (chitosan complex with aXonnite®Copper). The product has a keratolytic, coating effect, while also reducing the local pH of the skin.



MEDICAL PRODUCT

ACTIVE INGREDIENTS

- 60% chloroacetic acid
- aXovelum®Copper

USAGE

Apply the solution locally, only on the skin affected by viral warts. Apply a small amount of the product to the lesions using a disposable micro-applicator. Before applying VERRU SHOT® ACID LIQUID, it is recommended to protect the area around the wart with PODOFLEX® REGENERATING AND SOOTHING OINTMENT to avoid contact of the product with healthy skin. At the end of the treatment, apply a sterile dressing to the entire area and keep on for approximately 24 hours. The patient should also be informed that if severe pain occurs, the dressing should be removed earlier. Apply the product to the viral wart no more than once every 7-14 days.

Capacity: 4 ml Yield: ok. 400 therapies

For home care during the treatment of viral warts, VERRU IMMUNO® SKIN CARE PASTE (once a day at night under dressing) is used.

- *Patients with diabetes, atherosclerosis, circulatory system diseases, neuropathy* – the use of VERRU SHOT® ACID LIQUID is not recommended.
- *Pregnant women and oncology patients* – the therapy can be carried out after prior consultation with the attending physician, if they state in writing that there are no contraindications to the use of VERRU SHOT® ACID LIQUID.
- *Children under 6 years of age* – the use of VERRU SHOT® ACID LIQUID is not recommended, only the use of VERRU IMMUNO® SKIN CARE PASTE.

CAUTION!

The product has a low pH and should be used with great caution. The use of personal protective equipment in the form of protective gloves is recommended. Apply a very small amount of the product. Avoid spilling the product on unaffected skin, and in case it happens – rinse with plenty of water. To maintain the activity and durability of the product, close the package immediately after application.

● **PODOFLEX®**

D

PM 21

10 ml

INTENSIVELY STRENGTHENING SERUM FOR NAILS

BESTSELLER

The serum is in the form of a velvety oil with a pleasant nutty-fruity scent. The unique combination of natural oils: hemp, tamanu, canola (Lipex®PreAct) and wheat germ strongly regenerates, deeply moisturizes and nourishes the nail plate and cuticles. Myrrh extract strengthens the nails and stimulates faster growth. Vitamin E present in the formula prevents nails breaking and splitting and helps them become resistant to mechanical damage. The serum is particularly recommended in podiatric therapies to strengthen and stimulate nail growth. It works very well as a highly regenerative product after removing gel or hybrid nail polish. The practical dispenser allows precise application of the product.



ACTIVE INGREDIENTS

- hemp oil ● cannabidiol (CBD) ● tamanu oil
- canola oil (Lipex®PreAct) ● wheat germ ● aqueous-glycerin extract of myrrh ● vitamin E

USAGE

Apply a small amount of serum to the nails and cuticles. Massage until absorbed. Use regularly at least twice a day.

Capacity: 10 ml Yield: approx. 90 applications

● **PODOFLEX®**

D

PM 39

9 ml

INTENSIVELY STRENGTHENING NAIL LACQUER

The colourless, rich in active ingredients nail polish is designed to regenerate dry, brittle, splitting nails. It contains film-forming resins, hydrolyzed wheat proteins, soy proteins, vitamin E and calcium pantothenate, which improve the condition of the nail plates. They become well-nourished, hard, and resistant to mechanical damage. It does not contain formaldehyde, phthalates, acrylates, toluene.

ACTIVE INGREDIENTS

- film-forming resins ● hydrolyzed wheat proteins
- soy proteins ● vitamin E ● calcium pantothenate

USAGE

Apply one layer of the polish to clean and dry nails. Allow to dry. The product can be used as a nourishing base under coloured nail polish, extending the durability of the manicure or pedicure.

Capacity: 9 ml Yield: 36 applications



PRACTICAL TIP

The nail lacquer is particularly recommended for use together with **PODOFLEX® INTENSIVELY STRENGTHENING NAIL SERUM** as a strongly regenerating SOS duo after removing gel or hybrid nail polish.

● SKINFLEX®

D

PM 04

125 ml

SERUM FOAM FOR HANDS AND NAILS

A light yet incredibly nutrient-rich mousse formulated for the care of hands and nails. It contains a highly regenerative oil from mature cranberry seeds, sweet almonds, as well as liquid shea butter esters Lipex®Shea Solve™, vitamin E, which intensely moisturize even the most chapped skin. The plant-based prebiotic Biolin P and goji berry extract soothe irritation and support the natural regeneration of the epidermis. The mousse absorbs perfectly, leaving the hands silky soft, moisturized, nourished, and enveloped in a subtle fragrance. The product does not contain petroleum jelly or paraffin. The fragrance composition is allergen-free.



ACTIVE INGREDIENTS

- cranberry seed oil ● sweet almond oil
- Lipex®Shea Solve™ ● vitamin E ● prebiotic Biolin P
- goji berry extract

USAGE

Shake before use. Holding the package in a vertical position, dispense an appropriate amount of product (the size of a walnut). Apply to clean, dry hands and nails, and massage until absorbed.

Capacity: 125 ml Yield: approx. 140 applications

● SKINFLEX®

D

PP 07

PM 17

500 ml

75 ml

HAND CREAM-MASK WITH ADAPTOGENS AND COLOSTRUM

The rich formula of this product is intended for the care of very dry and rough hand skin, damaged among others by frequent use of detergents and disinfectants. The specialized formula contains plant emollients, hemp oil, colostrum lipids, a vegan alternative to lanolin – Lipex®L'sens™, extremely nourishing shea butter, orange peel wax, blueberry wax and vitamin E, recommended as an effective antioxidant. Natural liquid crystal emulsifiers, prebiotic Biolin P and a plant-based moisturizing complex restore softness and elasticity to the damaged skin. Adaptogens from rhodiola, goji berries and aloe vera juice excellently support the natural skin resistance.

ACTIVE INGREDIENTS

- hemp oil ● colostrum bovinum fat ● shea butter ● vegan lanolin Lipex®L'sens™ ● orange peel wax ● blueberry wax
- plant emollients ● vitamin E ● rhodiola adaptogens extract
- goji berry adaptogens ● aloe vera juice adaptogens
- prebiotic Biolin P

USAGE

Apply an appropriate amount of the product to the hands. Massage until completely absorbed. Use as needed.

Capacity: 500 ml / 75 ml Yield: approx. 500 applications / approx. 75 applications



PRACTICAL TIP

If the skin requires intensive regeneration and nourishment, it is recommended to apply a thicker layer of the cream-mask overnight under cotton gloves. The product can also be used on the feet.

● SKINFLEX®

D **PP 20** **PM 20** **PM 32**
 600 ml 75 ml 10 ml

HAND AND FOOT MASK WITH MICROSILVER

This mask is recommended for daily care of hands and feet prone to excessive dryness. It contains hemp oil, moisturizing complex Hydroviton®PLUS, vitamin E, shea butter, and a vegan alternative to lanolin – Lipex®L'sens™. These ingredients have moisturizing, nourishing, and regenerative properties. Microsilver and panthenol have a soothing effect, while the addition of 10% urea softens the epidermis and also hydrates it, allowing the active ingredients to penetrate deeper into the skin.



ACTIVE INGREDIENTS

- shea butter ● hemp oil ● castor oil ● vegan lanolin
- carnauba wax ● Lipex®L'sens™
- Hydroviton®PLUS moisturizing complex ● aXonnite® Silver
- panthenol ● vitamin E ● urea 10%

USAGE

Apply a required amount of product to the hands and feet. Massage until fully absorbed. Use as needed. A thicker layer of the mask can be applied overnight under cotton gloves.

Capacity: 600 ml / 75 ml / 10 ml
Yield: approx. 600 / 75 / 10 applications

● OLEUM HERBAL®

ACTIVE PODOLOGIC OIL

VERSATILE

D **PP 33** **PM 44**
 30 ml 10 ml

The oil contains evening primrose oil rich in unsaturated fatty acids (PUFA) with conditioning, softening, and smoothing properties. It forms a delicate film on the skin that prevents water evaporation from the epidermis and protects against dryness. Vitamins E and F, antioxidants, and polyphenols reduce the effects of free radicals, while the jojoba oil in the composition intensively hydrates, regenerates, and soothes inflammation. A high dose of active oxygen is provided by ozonized extra virgin olive oil, which penetrates the deep layers of the skin, oxygenates the tissue, and improves microcirculation. Ozone accelerates regeneration, has antibacterial, antifungal, and anti-inflammatory effects, and stabilizes the protective pH of the skin. Essential oils: tea tree, clove, lavender, rosemary give the product a herbal-floral scent, soothe pain and itching, and protect the feet, hands, and nails against microorganisms. The oil is particularly recommended as the final step in a podiatry treatment.

ACTIVE INGREDIENTS

- evening primrose oil ● jojoba oil ● ozonized extra virgin olive oil
- tea tree essential oil ● lavender essential oil
- rosemary essential oil ● clove essential oil

USAGE

At the end of the treatment, apply an appropriate amount of the oil to the dry feet, hands, nails, and nail folds, and massage carefully.

Capacity: 30 ml / 10 ml **Yield:** approx. 429 / 143 applications



PRACTICAL TIP

It is worth adding 2–3 drops of OLEUM HERBAL® to any foot cream, urea ointment, or PODOPHARM body serum. The oil can be applied directly to the skin showing signs of: psoriasis, atopic dermatitis, skin and nail fungal infections, bacterial infections, irritation after depilation, herpes, bites, acne lesions. It has a soothing, anti-itching, anti-inflammatory, and disinfecting effect. For children, it is also recommended to add about 10 drops to the bath to alleviate the symptoms of a cold and to calm before bedtime.

● **PODOFLEX®**

D **PP 36** **PM 05** **PM 33**
 500 ml 75 ml 10 ml

FEET OINTMENT WITH 10% UREA

The ointment is intended for the care of feet with hyperkeratosis, corns, cracking of the epidermis, dryness, as well as for softening the nail folds. It restores softness, elasticity to the skin and prevents re-keratinization. The product contains 10% urea, a so-called penetration promoter, thanks to which the active ingredients can reach the deeper layers of the epidermis. The formula is rich in aloe vera juice, natural liquid crystal emulsifiers, the Hydroviton®PLUS moisturizing complex, shea butter, a vegan alternative to lanolin – Lipex®L'sens™, with moisturizing and emollient properties. The vitamins E, B3 (niacinamide) and allantoin present in the ointment improve the appearance of the skin. The extract of yellow melilot acts soothing, and the essential oil of tea tree regenerates and refreshes.



ACTIVE INGREDIENTS

- urea 10% ● aloe vera juice ● Hydroviton®PLUS moisturizing complex ● shea butter ● vegan lanolin Lipex®L'sens™ ● vitamin E ● niacinamide
- allantoin ● yellow melilot extract ● tea tree essential oil

USAGE

Apply the ointment to the feet in areas affected by excessive keratinization. Use twice a day for prevention and once a day for moisturizing.

Capacity: 500 ml / 75 ml / 10 ml

Yield: approx. 500 applications / approx. 75 applications / approx. 10 applications

● **PODOFLEX®**

D **PM 19** **PM 31**
 75 ml 10 ml

OINTMENT FOR CRACKED AND CALLOUSED SKIN ON THE FEET

The ointment is intended for the care of feet prone to excessive keratinization (hyperkeratosis), cracking of the epidermis, as well as with corns. It intensively moisturizes the skin, regenerates and nourishes, thanks to the unique combination of natural fats from shea butter, the vegan lanolin Lipex®L'sens™, and plant emollients. The product contains 25% urea, a so-called penetration promoter, which allows the active ingredients to reach the deeper skin layers. Allantoin supports the renewal of damaged epidermis, and provitamin B5 restores its softness and elasticity and prevents re-keratinization. Natural extracts and oils act tonifying and refreshing. Natural essential oils lend the pleasant herbal fragrance of the ointment.

ACTIVE INGREDIENTS

- urea 25% ● shea butter ● vegan lanolin Lipex®L'sens™ ● plant emollients ● provitamin B5 ● sage extract
- rosemary leaf extract ● lavender essential oil ● rosemary essential oil ● peppermint essential oil ● lemon essential oil

USAGE

Apply the ointment only on areas of skin with signs of excessive skin keratinization. Use as directed by a podiatrist.

Capacity: 75 ml / 10 ml **Yield:** approx. 75 applications / approx. 10 applications



PRACTICAL TIP

The 25% urea ointment is used only on hard, thick, calloused skin. In some cases, this procedure for a minimum of 14 days provides a sound preparation for the removal of more intense hyperkeratosis by a podiatrist. Urea „draws” water from the deeper layers of the epidermis, so during the use of the ointment, it is recommended to drink more water.

● **PODOFLEX®** **BESTSELLER**

C

D

PM 34

60 ml

REGENERATING AND SOOTHING OINTMENT (WITH COLOSTRUM FAT)

The formulation of this extremely rich and dense ointment is based on natural fats: from colostrum bovinum (as much as 99.5%), purified, non-allergenic beeswax, extremely nourishing shea butter, avocado oil, and sea buckthorn oil.

The combination of these precious ingredients helps to soothe irritated and dry skin, as well as to intensively regenerate it. Colostrum bovinum contains as many as 250 bioactive compounds in high concentrations, which are not found in any other natural product. These are hormones, bacteria-oxidizing enzymes, polyamides, nucleic acid derivatives, amino acids, minerals, and vitamins from the B, A, C, D, and E groups, which are a rich source of antioxidants.

The proteins contained in colostrum: immunoglobulins, lactoferrin, lysozyme, lactoperoxidase, show strong antibacterial, anti-viral, and antifungal properties. The hypoallergenic lanolin present in the ointment rebuilds the protective hydro-lipid barrier of the skin, and beta-glucan, saxifrage extract, and vitamin E restore its elasticity and support the repair processes. The addition of peppermint oil gives the product a pleasant, refreshing scent.

The ointment is safe to be used by pregnant women and diabetics with dry skin and conditions related to diabetic foot. Due to the high content of vitamin A, PODOFLEX® REGENERATING AND SOOTHING OINTMENT effectively supports the repair processes of the epidermis. It is excellent for regenerating wound edges. It is recommended for heel cracks and fissures.

ACTIVE INGREDIENTS:

- colostrum bovinum fat (99.5%) ● purified beeswax
- hypoallergenic lanolin ● shea butter ● peppermint essential oil ● avocado oil ● sea buckthorn oil
- barley beta-glucan ● kalanchoe pinnata extract ● vitamin E

USAGE

Massage the product into dry skin 1–2 times a day. It is recommended to use the other products from the SKINFLEX® line to create an effective, all round skin care regime.

Capacity: 60 ml **Yield:** approx. 60 applications



● **PODOFLEX®**

D

PM 09

125 ml

FOAMY FOOT CREAM FOR SKIN CALLOSITY

The cream is in the form of a light foam intended for daily care of dry feet with a tendency towards excessive keratinization of the epidermis. It contains 15% urea, olive oil, sweet almond oil, Lipex®SheaSolve™ liquid shea butter esters, vitamin E, which intensively moisturize and regenerate even the most chapped skin. Allantoin and D-panthenol soothe irritation, support the renewal of damaged epidermis and have a softening effect. The foam is absorbed perfectly, leaving the feet enveloped in a pleasant, fresh white tea scent.



ACTIVE INGREDIENTS

- urea 15% ● olive oil ● sweet almond oil
- Lipex®SheaSolve™ – liquid shea butter esters ● vitamin E
- allantoin ● D-panthenol

USAGE

Shake before use. Holding the package in a vertical position, squeeze out an appropriate amount of foam (the size of a walnut). Apply to clean, dry feet and massage until absorbed.

Capacity: 125 ml **Yield:** approx. 140 aplikacj

● **PODOFLEX®**

D

PM 08

125 ml

FOAMY FOOT CREAM WITH MICROSILVER AND GREATER CELANDINE

The light and pleasant foam-based cream is particularly recommended for the daily care of feet of active people who might suffer from excessive sweating. It works perfectly in the therapy of viral warts as a care product. The foam contains hemp oil, nourishing almond oil, shea butter esters – Lipex®Shea Solve™, as well as vitamin E, which stabilize the structure of the skin’s lipids, intensively regenerating the epidermis. The addition of aXonnite®Silver and celandine extract acts antiseptically and protects feet from infections.



ACTIVE INGREDIENTS

- hemp oil ● almond oil ● shea butter esters – Lipex®Shea Solve™ ● aXonnite®Silver ● celandine extract ● vitamin E

USAGE

Shake before use. Holding the can upright, squeeze out an appropriate amount of foam (the size of a walnut). Apply to clean, dry feet and massage until completely absorbed. Use 1-2 times a day or as needed. The foam is ideal for finishing a pedicure treatment.

Capacity: 125 ml **Yield:** approx. 140 applications

● **PODOFLEX®**

D

PP 11

PM 16

PM 30

500 ml

75 ml

10 ml

FOOT CREAM WITH LIPIDS

The cream is designed for daily care of feet prone to dryness and keratinization. Its rich, nourishing formula is the result of a combination of natural fats: shea butter, vegan lanolin Lipex®L’sens™, orange peel wax, and hemp and soy oils. The product contains extracts of marigold, sage, water mint, as well as vitamin E. The addition of allantoin soothes irritation and supports the renewal of damaged epidermis. Natural essential oils of mandarin and lemon give the product a pleasant, refreshing scent. The cream is easily absorbed, leaving the skin moisturized and smooth. It does not contain paraffin or petroleum jelly.

ACTIVE INGREDIENTS

- shea butter ● vegan lanolin Lipex®L’sens™ ● orange peel wax
- blueberry wax ● hemp oil ● soy oil ● mandarin essential oil
- lemon essential oil ● marigold extract ● sage extract
- water mint extract ● vitamin E
- allantoin ● D-panthenol

USAGE

Apply an appropriate amount of the product to the feet. Then massage until completely absorbed. Use as needed.

Capacity: 500 ml / 75 ml / 10 ml

Yield: approx. 500 applications / approx. 75 applications / approx. 10 applications



PRACTICAL TIP

To enhance the effect of the cream, you can add 2-3 drops of OLEUM HERBAL® ACTIVE PODOLOGICAL OIL to it. The mixture will act intensively regenerating, soothing, antifungal, antiseptic and antiviral.

● **PODOFLEX®**

- C
- D
- PP 35
500 ml
- PM 36
150 ml
- PM 15
75 ml

FOOT CREAM WITH COLOSTRUM

This rich, nourishing and concentrated cream is recommended for dry, sensitive, cracked foot skin that requires intensive re-generation. The formula of the product is based on liquid crystal technology and an innovative ingredient, colostrum bovinum, with 40% fat, highly valued for its beneficial properties. A blend of natural, organic oils: olive, buriti, coconut and shea butter deeply moisturizes the skin, making it soft and supple. Aloe vera juice, allantoin, and horse chestnut extract have a regenerating effect and relieve burning. The cream has a pleasant, subtle fragrance. It does not contain paraffin or petroleum jelly.



ACTIVE INGREDIENTS

- colostrum bovinum ● shea butter ● buriti oil
- coconut oil ● olive oil ● aloe vera juice ● allantoin
- horse chestnut ● sage extract

USAGE

Apply a suitable amount of the product to the feet. Massage until fully absorbed. Use as needed.

Capacity: 500 ml / 150 ml / 75 ml

Yield: approx. 500 applications / approx. 150 applications / approx. 75 applications

● **PODOFLEX®**

- D
- PP 37
500 ml
- PM 11
75 ml

FOOT CREAM WITH SILVER IONS

This cream is designed for daily care of excessively perspiring feet, including for example with pitted keratolysis. It is ideal for active people, athletes, as well as adolescents during puberty, or people working in safety shoes (OHS). The product has antifungal and antibacterial properties. The innovative formula is based on liquid crystal technology. The cream contains the patented ingredient dermosoft®decalact liquid and silver ions in the form of silver oxide with a prolonged release of the active ingredient and exhibit antibacterial properties, and protect the feet from fungal infections. The product effectively eliminates the unpleasant odour associated with excessive sweating. The natural oils in the product, such as avocado, olive, as well as lanolin, vitamin E, and aloe vera juice – nourish and regenerate the epidermis. The addition of 5% new generation urea not only moisturizes, but also allows the active ingredients to penetrate deeper into the skin. The cream refreshes pleasantly. Thanks to its light texture, it absorbs perfectly without leaving an oily film on the skin.

ACTIVE INGREDIENTS

- urea 5% ● dermosoft®decalact liquid ● silver ions with prolonged release ● avocado oil ● olive oil ● aloe vera juice
- lanolin ● vitamin E

USAGE

Apply a suitable amount of the product to clean, dry skin. Then massage until fully absorbed. Use regularly, 1-2 times a day.

Capacity: 500 ml / 75 ml

Yield: approx. 500 applications / approx. 75 applications / approx. 10 applications



● SKINFLEX®

D

PM 01

150 ml

SPECIALIST DRY SKIN CREAM

The cream formula has been developed with the aim of providing specialized, daily care and protection for atopic, dry, allergic, and irritation-prone skin. The product regenerates and reconstructs the damaged epidermis, and soothes irritations associated with abrasions and cracking. It contains 1% octenidine hydrochloride, which has antibacterial properties. Urea intensely moisturizes, softens the dry, cornified epidermis, and allows the active ingredients to penetrate the skin more effectively. D-panthenol has a soothing effect, making the skin soft and supple. The addition of grapeseed oil – a rich source of linoleic acid and vitamin E – intensely and long-lastingly moisturizes the skin without leaving a greasy film. Green tea extract has strong antioxidant properties, slows the breakdown of collagen fibers, and protects the skin from the harmful effects of UV radiation.



ACTIVE INGREDIENTS

- urea 8%
- octenidine hydrochloride 1%
- D-panthenol
- grapeseed oil
- green tea extract

USAGE

Gently massage the cream into the clean, dry skin of the hands, feet, and body morning and night for 4–6 weeks. If necessary, repeat the course after a 3–4 week break. It is recommended to use the other products in the SKINFLEX® range to create an all round skin care regime.

Capacity: 150 ml **Yield:** approx. 75 applications

PRACTICAL TIP

To further intensively regenerate the skin and protect it from pathogenic microorganisms, it is recommended to add 2-3 drops of OLEUM HERBAL® oil to the cream.

● SKINFLEX®

D

PM 02

200 ml

REGENERATING BODY SERUM

The serum is intended for daily care of atopic, dry, flaky skin that requires intensive nourishment and protection. The product's formula is based on innovative liquid crystal technology. A blend of natural, organic oils: olive, buriti, coconut, and shea butter deeply moisturizes the skin, making it soft and supple. The wealth of active ingredients such as aloe vera juice, allantoin, liquorice extract, and vitamin F – containing essential unsaturated fatty acids – provide excellent care for the most demanding skin. The serum's subtle fragrance and light texture ensure a comfortable application. The product absorbs quickly without leaving a greasy film on the skin.

ACTIVE INGREDIENTS

- buriti oil
- coconut oil
- olive oil
- shea butter
- aloe vera juice
- allantoin
- liquorice extract
- vitamin F

USAGE

Massage the serum into dry skin. Use 1–2 times daily. It is recommended to use the other products in the SKINFLEX® range to create an all-round skin care regime.

Capacity: 200 ml **Yield:** approx. 40 applications



● SKINFLEX®

C

D

PM 12

50 ml

BARRIER FACE CREAM WITH COLOSTRUM

The barrier cream is intended for the daily care of dry, sensitive, atopic, psoriatic skin, with a disrupted lipid barrier and exposed to adverse weather conditions. The product supports the repair processes of the epidermis after cosmetic treatments. The formula is based on liquid crystal technology, colostrum bovinum with 40% fat, and CBD oil. The exotic and extremely nourishing illipe butter, pressed from the nuts of Shorea Stenoptera – wild growing trees in the tropical jungle of Borneo, as well as tripergonin – a light emollient obtained from milk thistle seeds – perform the function of an “occlusive dressing” that protects the skin from water loss. A blend of natural, organic oils: from hemp seeds, olives, avocado, buriti, provide an immediate moisturizing effect and improve skin elasticity. The aloe vera juice, gold water and jojoba oil esters present in the cream soothe irritations, supporting the intense regeneration of the epidermis. The fragrance composition is free from allergens.

ACTIVE INGREDIENTS

- illipe butter ● colostrum bovinum ● tripelargonin
- hemp seed oil ● olive oil ● cannabidiol (CBD)
- avocado oil ● buriti oil ● jojoba oil esters ● aloe vera juice
- gold water ● orange essential oil

USAGE

Gently massage a suitable amount of cream into the face, neck and décolleté. Use 1–2 times a day.

Capacity: 50 ml Yield: approx. 50 applications



● SKINFLEX®

D

PM 38

4,9 g

NOURISHING LIP SERUM WITH COLOSTRUM

The serum is in the form of a convenient stick for the daily care of dry, cracked lips that require regeneration, moisturizing and protection against adverse weather conditions such as wind and frost. The rich formula of the product contains: natural emollients, antioxidants, luxurious waxes: beeswax, sumac fruit, candelilla and carnauba, as well as medical lanolin and a vegan alternative – Lipex®L'sens™. The addition of shea butter, organic jojoba and sea buckthorn oils, as well as colostrum fat, means that the lips are intensely nourished and more resistant to damage. The serum does not contain petroleum jelly, paraffin, artificial additives, or synthetic fragrances. It has a delicate, subtle scent of orange essential oil.



ACTIVE INGREDIENTS:

- shea butter ● colostrum bovinum fat ● jojoba oil
- orange essential oil ● sea buckthorn oil ● beeswax
- sumac fruit wax ● candelilla wax ● carnauba wax
- medical lanolin ● Lipex®L'sens™

USAGE

Apply as needed.

Capacity: 4,9 g Yield: approx. 200 applications

PRACTICAL TIP

The nourishing lip serum is especially recommended during isotretinoin anti-acne treatment. It brings relief to chapped, dried and cracked lips.

● PODOBRACE

MEDICAL PRODUCT

PODOBRACE is a global innovation in the field of ingrown nail correction. The product has been awarded two awards: the Mercurius Gedanensis Medal and the Beauty Premium 2015.



PODOBRACE – a temporary implant for correction of ingrown nails – is applied exclusively in specialized podiatric clinics by a person authorized and holding a certificate confirming completion of training in its use. The trainings are organized throughout the country by the PODOPHARM® company in Authorized Training Centres, the addresses of which can be found on our website. PODOBRACE is registered as a medical device and has a CE certificate.



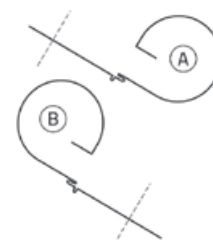
PODOBRACE is a Polish invention that has received a patent numbered P.406708 from the Patent Office of the Republic of Poland. It can be used in diabetics and even children from the age of 5. It is produced in Poland by the CHIRMED® Medical Tools Factory with copyrights belonging to PODOPHARM Sp. z o.o. PODOBRACE is made of the highest quality implantology steel, which does not cause irritation. It has two arms made of hard steel wire with diameters of 0.3 mm, 0.4 mm, 0.5 mm and a connector made of soft (more elastic) steel wire with diameters of 0.3 mm, 0.4 mm, 0.5 mm.

The main advantage of PODOBRACE is the ability to check the effectiveness of relieving the nail fold, its adaptation to the anatomical shape of the nail, the tension and curvature before twisting the connector, which translates into great ease in applying PODOBRACE and guarantees the use of only one set for one application. Another advantage is the easy assembly, which does not require cutting the clamp arms before setting the tension and twisting the connector. Furthermore, it is universal, which means that one PODOBRACE model can be adapted to any shape and size of the nail, without the need for modifications. Therefore, there is no need to provide the implant in different sizes.

APPLICATION OF THE NAIL PODOBRACE

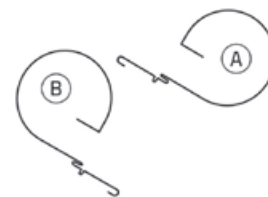
STEP I

The free arm of Podobrace A and B should be appropriately shortened, adjusting its length to the width of the nail plate.



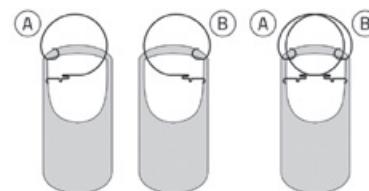
STEP II

The end of Podobrace A and B should be bent according to the curvature of the nail plate, and a fold should be made at the end to enable the application of the brace to the nail plate.



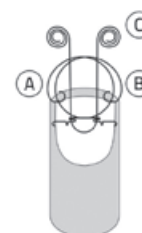
STEP III

Place the right and left arms on the nail plate.



STEP IV

Attach Connector C into the first bend of the brace in order to connect Arm A and B.



STEP V

Thread the hook through both eyelets of the connector and twist to securely apply the brace to the nail plate.



STEP VI

Next, cut off all excess wire elements beyond the brace connection.



STEP VII

Cover all sharp wire edges with nail reconstruction material, gel or acrylic.



● **PODOLOGICAL TOOLS**

PODOLOGICAL CLAMP HOOK



Professional hook for applying, gripping, and twisting wire clamps of the podobrace type.

SHARP TWEEZERS



The tool most used in podiatric tamponade procedures and removal of wire brace.

„DOLPHIN” WIRE SHAPING PLIERS



Universal use for bending and holding orthonyxial wire.

NEEDLE HOLDER



It is used when applying orthonyxial clamps. It grips and twists the wire very securely.

ROUND WIRE BENDING PLIERS



The working part of the pliers has two thin round tips that allow for precise creation of hooks in wire brace. This allows the shape of the brace to be perfectly matched to the nail plate.

WIRE CUTTING PLIERS



The pliers are designed to cut wire of maximum thickness of 0.5 mm. The cutting part is made of hardened material (sintered carbide), which extends the tool's life. The sharp tip allows for precise cutting of the wire on the nail plate.

● **PODOPHARM® ORTHONYXIAL BRACE PEDIATRY WIRE**

The wire has a CE certificate and is registered as a medical device. Manufactured in Poland by the CHIRMED Medical Instrument Factory for PODOPHARM sp. z o.o.

Product characteristics:

The podiatry wire for orthonyxial brace is used for self-shaping of orthonyxial brace in podiatry. It is used to correct ingrown toenails. It is an alternative solution to surgical treatment. It works on the principle of an orthodontic brace.

Purpose of using podiatry wire for orthonyxial brace:

1. Changing the growth direction of the nail plate
2. Preventing the nail plate from growing into the nail fold
3. Correcting an improperly formed (pathologically) nail plate

Features of the podiatry wire:

1. Resistance to pressures related to the impact of physiological fluids
2. Corrosion resistance
3. Biocompatibility
4. Durability that meets the requirements resulting from the application
5. High plasticity with the ability to form various types of shapes

● **PODOFLEX® UV/LED GEL**

PP 38

5 ml

Single-phase gel with the antifungal agent piroctone olamine – a derivative of undecylenic acid, an aqueous-glycolic solution with beer yeast, eliminating pathological microflora. Ideal for fixing orthonyxial brace and reconstructing defects in nail plates of hands and feet.



Apply the appropriate amount of gel on the area where the brace is being fixed. When performing a reconstruction – apply the whole amount of gel needed to build the entire nail straightaway. In the case of an extension – file the first layer of gel down before adding the next one. Then cure for 2–3 min. in a LED/UV lamp 60 sec.

PODIATRIC THERAPIES WITH PODOPHARM®



PODIATRIC THERAPIES script is a solid dose of practical knowledge about effective therapies with the **PODOPHARM®** brand and ready-to-use “scenarios” for your daily work with our products.

This rich material was created in collaboration with a wide group of podiatrists associated with our brand. It promotes effective therapies and good practices in the profession.

The script is divided into thematic chapters. You will find selected foot, hand, and nail diseases and ailments that patients most often come to your clinics with. We described each of them and selected a list of **PODOPHARM®** products recommended for use in the therapy, divided into clinic and home.

We also present selected, interesting podiatric therapies along with treatment procedures and the **PODOPHARM®** products used.

Enjoy the read, and we wish you many successful transformations of hands, feet and nails.

Aneta Oleszek with the **PODOPHARM®** team

PODIATRIC THERAPIES with the **PODOPHARM® brand**

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Substantive cooperation: Urszula Staszek-Szewczyk, MD, Team of Podo-Education podiatrists: Elżbieta Zielska, Katarzyna Kłosińska, Małgorzata Nawąta, Mirosława Lazar, Kinga Kowalska, Karolina Miłoś-Koźczek.

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VIRAL WARTS

Viral warts, commonly known as verrucas, are a pathological overgrowth of the epidermal cells of the feet and hands caused by the human papillomavirus HPV (usually types I and II). The lesions appear as single or clustered growths with a cauliflower-like, rough structure and are surrounded by layers of keratinized epidermis.

After entering the body, the virus infects a single cell. It “reprograms” the cell to serve its own needs, and the cell then pathologically proliferates and keratinizes. As a result, warts appear on the soles of the feet, in the interdigital areas, around the nails, and on the hands.

Infection often occurs in people using swimming pools or other places where they walk barefoot. Infection is favoured by minor epidermal microtraumas and dry skin. Particularly susceptible to the disease are people with hyperhidrosis, impaired immunity, cancer, after transplants, as well as with low levels of vitamin D₃.

Viral warts can cause pain when walking and can also cause significant aesthetic discomfort, especially when located on the hands.

Untreated lesions sometimes require longer treatments. Therefore, it is so important not to delay and seek help

from an experienced podiatrist. Only the implementation of proven therapy, combined with proper hygiene and home care, will allow you to get rid of this unsightly ailment.

The podiatric procedure in the clinic entails treating the lesions using a scalpel and a podiatric chisel, after prior application of a keratolytic preparation. Chemical therapy with the use of acid can only be started after thorough cleansing.

PODIATRIST’S ADVICE:

Vitamin D₃ has an impact on the effectiveness of the treatment for the removal of viral warts. It is worth suggesting to the patient to check their level and consult a doctor regarding possible supplementation.

SEE THE VIDEO

Combined therapy of viral warts
in a podiatry clinic



Chemical therapy of viral warts

VERRU COMPLEX is an original chemical therapy by PODOPHARM using chloroacetic acid, willingly used by podiatrists in the treatment of viral warts. It is an effective alternative to invasive medical procedures.

STEP 1

- Before applying **VERRU SHOT® ACID LIQUID**, it is recommended to protect the area around the wart with **PODOFLEX® REGENERATING AND SOOTHING OINTMENT** to avoid contact of the acid with healthy skin.



STEP 2

- Apply a small amount of **VERRU SHOT® ACID LIQUID** to the lesions using a disposable micro-applicator. If there are more lesions on the entire foot – during the first visit, special caution should be exercised – do not apply a large amount of acid to all viral warts, but divide the area and work in stages during subsequent visits. The product should be applied to the viral wart no more often than every 7–14 days.
- At the end of the procedure, apply a sterile dressing to the entire surface for about 24 hours. The client should be informed that in case of severe pain, the dressing should be removed earlier.



STEP 3

- After removing the post-treatment dressing (after 24 hours), the client should use **VERRU IMMUNO® SKIN CARE PASTE** once a day at night under the dressing for the entire duration of the therapy.



IMPORTANT!

- Patients with *diabetes, atherosclerosis, cardiovascular diseases, neuropathy* – the use of VERRU SHOT® ACID LIQUID is not recommended.
- *Pregnant women and oncology patients* – the therapy can be carried out after prior consultation with the attending physician, if they do not find any contraindications to the use of VERRU SHOT® ACID LIQUID.
- Children *up to 6 years old* – the use of VERRU SHOT® ACID LIQUID is not recommended, and only the use of VERRU IMMUNO® SKIN CARE PASTE is recommended together with MYKOBOOSTER® SPRAY (before the paste is applied).

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC



During the podiatric treatment

optional		PODOFLEX® ANTIFUNGAL FOOT SPRAY		PP 32 see p. 9
		PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY	 How to use? SEE THE VIDEO	PT 09 see p. 7
		PODOFLEX® SKIN SOFTENING SPRAY FOR MEDICAL PEDICURES		PP 31 see p. 8
		PODOFLEX® SKIN SOFTENING GEL FOR MEDICAL PEDICURES		PP 04 see p. 8

Protection of healthy skin around the wart

	PODOFLEX® REGENERATING AND SOOTHING OINTMENT	BESTSELLER	PM 34 see p. 18
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Removal of the wart

	<p>VERRU SHOT® ACID LIQUID</p> <p style="text-align: center;">MEDICAL PRODUCT</p> <p>This is a medical product that is sold only after the user signs a declaration with a PODOPHARM distributor.</p> <p><i>It is intended for use in podiatry clinics, under the care and supervision of a podiatrist or foot care specialist, in cooperation with a dermatologist.</i></p>	PT 06 see p. 13
	<p>VERRU IMMUNO® SKIN CARE PASTE</p> <p>For the treatment of viral warts in patients with diabetes and children up to 6 years old, the use of VERRU IMMUNO® paste alone is recommended.</p>	PT 05 see p. 12

Footwear hygiene



MYKOBOOSTER® SPRAY

PODIATRIST'S ADVICE:

MYKOBOOSTER® SPRAY is a so-called permeation enhancer. Thanks to this, the active ingredients from products applied to the skin after using the spray reach the deeper layers of the epidermis, accelerating their absorption and promoting quicker results of therapy.

PT 08

see p. 10

PRODUCTS FOR HOME USE

Foot and hand skin hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 6

Foot hygiene (first 14 days) and footwear hygiene (once a week)



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08

see p. 10

Active care in therapy



VERRU IMMUNO® SKIN CARE PASTE



PT 05

see p. 12



PODOFLEX® FOAMY FOOT CREAM WITH MICROSILVER AND GREATHER CELANDINE



PM 08

see p. 19

Accompanying excessive sweating



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

see p. 20

Active antifungal protection



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9

Why is maintaining proper foot hygiene so important in the therapy of viral warts?

During the therapy of viral warts on the feet, daily, proper hygiene and disinfection of footwear play a key role. This is an essential element complementing the therapy at home, often conditioning the effectiveness of podiatric treatment. To prevent the appearance of new lesions, the feet should be washed with preparations that will maintain the acidic pH of the skin (e.g. SKINFLEX® DERMATOLOGICAL BODY SOAP) and MYKOBOOSTER® SPRAY should be used for the first 14 days of therapy. This product is also intended for the hygiene of shoes, insoles and socks – once a week.

MYKOBOOSTER® SPRAY has a wide spectrum of antibacterial, antifungal and antiviral activity. The aXophenone® technology used in it was developed in cooperation with the research unit of the Institute of Microbiology – Department of Bacteria Genetics at University of Warsaw and commercialised by PODOPHARM.

Examples of chemical therapy for viral warts

VERRU COMPLEX

● THERAPY I

Feet of a 30-year-old woman with viral warts on the heels, as well as with excessive sweating, pitted keratolysis, and fungal infection. The viral lesions had previously been frozen by a dermatologist using liquid nitrogen, but this did not bring the expected results. Podiatrist Agnieszka Kamecka from the Healthy Beauty Clinic of Beautiful and Healthy Feet in Łódź applied the VERRU COMPLEX chemical therapy and recommended additional products as a supplement to home therapy.

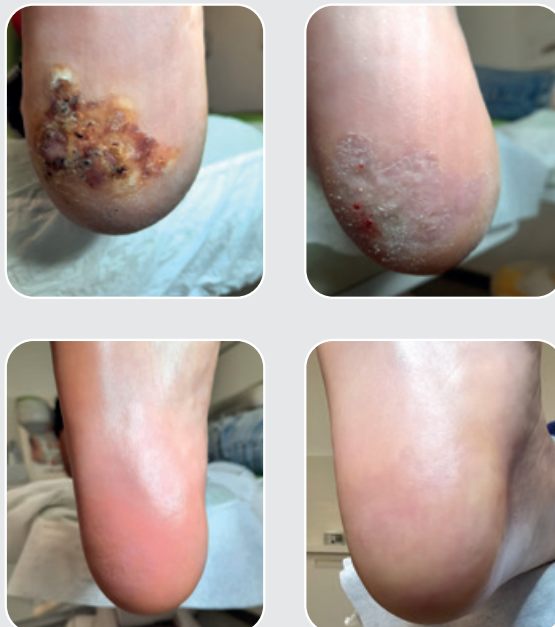
AT THE CLINIC:

- MYKOBOOSTER® SPRAY
- VERRU SHOT® ACID LIQUID
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- MYKOBOOSTER® SPRAY (for feet and footwear hygiene)
- VERRU IMMUNO® SKIN CARE PASTE
- PODOFLEX® FOOT CREAM WITH SILVER IONS

DURATION OF THERAPY: 6 MONTHS



● THERAPY II

Therapy of viral warts on the sole of the foot of a 15-year-old football player. The lesions had been previously treated by a dermatologist, but without success. Podiatrist Karolina Miłoś-Kończek from the PodoStrefa – Healthy Foot Center clinic in Mielec applied the proprietary VERRU COMPLEX chemical method for removing viral warts.

AT THE CLINIC:

- VERRU SHOT® ACID LIQUID
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- MYKOBOOSTER® SPRAY (for feet and footwear hygiene)
- VERRU IMMUNO® SKIN CARE PASTE

DURATION OF THERAPY: 5 MONTHS



● THERAPY III

Numerous viral warts, intensively scattered around the nail folds in an approximately 40-year-old woman. The chemical therapy using chloroacetic acid, which lasted 5 months, was carried out by podiatrist Sylwia Bukowska from the Podiatry Center in Końskie.

During the therapy, it was very important to maintain proper hand hygiene to prevent secondary infection of the skin. Gentle hand soap with an acidic pH was recommended.

AT THE CLINIC:

- VERRU SHOT® ACID LIQUID
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- VERRU IMMUNO® SKIN CARE PASTE

DURATION OF THERAPY: 5 MONTHS



● THERAPY IV

The hand of an approximately 40-year-old pianist with numerous, scattered lesions caused by the HPV virus. Due to the nature of his work, the warts interfered with his playing, but also caused aesthetic discomfort. The VERRU COMPLEX chemical therapy method was carried out by podiatrist Edyta Gelo from the Nefra Studio in Lubartów. To be able to control the inflammatory state, she applied the acid selectively to the changes, starting with the largest ones. The visits took place every 2 weeks and there were five of them. At the same time, the man used vitamin D₃ supplementation as recommended by the doctor, after which the therapy accelerated significantly.

AT THE CLINIC:

- VERRU SHOT® ACID LIQUID
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- VERRU IMMUNO® SKIN CARE PASTE

DURATION OF THERAPY: 2 MONTHS



VIRAL ONCOGENIC WARTS

The human papillomavirus (HPV) has been the subject of scientific research for many years, especially its impact on oncogenesis, or **carcinogenic potential**. Numerous subtypes of the virus are known to be directly associated with the development of, among others: cervical, vulvar, anal, penile, oral and pharyngeal cancers. These include HPV: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58 and 59. Due to the widespread distribution of cutaneous and periungual warts, numerous scientific studies^[1,2] have been conducted, including microscopic examination of removed lesions, which have shown the beta subtype of the HPV virus. A cohort study^[2] on a group of 26,919 patients evaluated diagnosed skin cancers of the basal cell and squamous cell types in terms of HPV infection. **Patients with wart infection showed a significantly higher risk of skin cancer in the group over 40 years of age and a risk of cancer development in patients diagnosed with HPV infection within the first five years of diagnosis.**

Ineffective treatment of viral warts – when does the podiatrist’s role end?

In the case of managing a patient with chronic HPV infection and recurrent lesions in the nature of warts on the feet or hands, especially exuberant, deeply penetrating

ones, the patient should be referred for a medical consultation.

It is a good idea to prepare a written summary of the previous podiatric therapy, with a detailed history of the HPV infection according to the scheme:

- How many years has the patient observed the lesions?
- What therapies have been carried out so far and with what outcome?
- Which lesions are worrying – description of their progression over a given period.
- Whether the patient supplements vitamin D₃ and K₂ – the initial level from which he started and the current level.

As scientific studies show, the plasma level of vitamin D₃ is associated with the risk of neoplastic conversion of HPV-dependent lesions.

Low vitamin D₃ levels have been particularly explored in patients with cervical cancer associated with chronic HPV infection^[3,4,5].

Urszula Staszek-Szewczyk, MD
surgeon, specialist in radiation oncology

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Recurrent warts – medical consultation



Urszula Staszek-Szewczyk, MD

The appropriate specialist doctor to refer the patient to is a dermatologist or a surgeon specialising in finger surgery, cooperating with podiatrists and having adequate knowledge about HPV infections.

The medical examination should consist of taking a history, examining the disturbing foci of HPV infection (lesions in the form of exuberant warts) and possibly qualifying for surgical removal or excisional biopsy (consisting of taking a fragment of the lesion for histopathological examination). In the case of women, it also seems reasonable to take a gynaecological history for the most recent cytological examination.

Delaying the medical consultation, whether due to the podiatrist’s lack of knowledge or the patient’s reluctance, may result in the neoplastic transformation of the observed, recurrent viral warts. Patient education on HPV infection risk factors (discussed in the chapter: Viral Warts) is also of great importance.

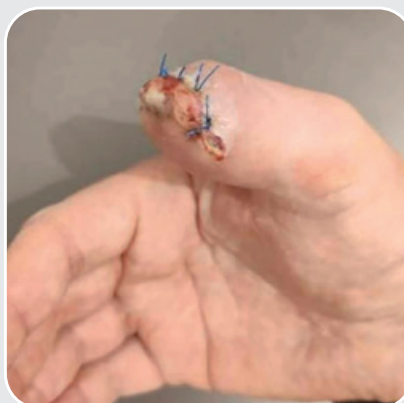
Below, we present cases of periungual, chronic viral warts with neoplastic transformation. Post-operative management – podiatrist Magdalena Sienkiewicz from the Zabrodzie Medical Center near Wrocław.

● **CASE I**

40-year-old man with a history of a periungual lesion on his right thumb, periodically causing pain and paronychia symptoms, with viral warts on the skin of the feet treated for several years. He visited the doctor for removal of the periungual lesion on the right thumb. The lesion was macroscopically removed in its entirety, without margins (wide biopsy). The material was sent for examination. The histopathological report: squamous cell carcinoma, keratinizing G2. The patient was referred to a regional oncology centre for further diagnostics and expansion of the procedure. The patient underwent partial amputation of the right thumb and a sentinel lymph node biopsy of the right axilla. The lesion was removed in its entirety, and no metastases were detected. The patient remains under observation.



Right thumb before biopsy



Right thumb after partial amputation



Right thumb, after partial amputation, follow-up visit 3 months after radical surgery

● **CASE II**

A 72-year-old man visited the doctor for consultation regarding a periungual and subungual lesion on the fourth finger of the left hand. The lesion had been present for many years, with a similar morphology on the second finger of the right hand. The patient had undergone surgical removal of this lesion five months prior. Currently, there is a clinical recurrence, though the patient reports it is of lesser severity. The medical history includes prior removal of a pre-invasive squamous cell carcinoma of the right foot skin (Bowen's disease). The patient was scheduled for wide excision of the lesion. The histopathological examination: the microscopic appearance may correspond to keratoacanthoma (spiny cell carcinoma). If the lesion persists for longer than a few months, it should be differentiated from a highly differentiated, keratinizing squamous cell carcinoma. The lesion tissue was also present at the stained lower margin of the excision.

A discussion was held with the patient, and therapeutic options were reviewed. Lymph node diagnostics and expansion of the surgical procedure or adjuvant brachytherapy were proposed – in case the patient did not agree to further surgery. The patient was referred to a regional oncology centre to determine further procedure. The patient refused radical revision of the initial surgery and wishes to remain under close observation, agreeing to undergo another resection in case of recurrence.



Periungual and subungual lesion of the fourth finger of the left hand, palpably reaching the nail matrix



14 days after removal of the periungual and subungual lesion of the fourth finger of the left hand (before removal of the stitches)

ONYCHOLYSIS

Onycholysis (*onycholysis*) is one of the more common nail problems of the feet and hands that clients come to the podiatry clinic with. It involves the complete or partial separation of the nail plate from the nail bed. The separated part becomes pale, whitish or yellowish. It raises upwards, creating a free space where a bacterial (e.g. *Pseudomonas aeruginosa*) or fungal infection can occur. Then the colour of the nail changes to greenish, greenish-graphite or yellowish-brown.

Onycholysis usually occurs without pain, except when it is the result of mechanical or thermal-chemical trauma, which is common with gel and hybrid nail styling.

There can be many causes of the nail plate separating from the nail bed, such as: trauma, strong pressure on the front of the shoe, wearing tight, ill-fitting footwear, sports activities, contact with aggressive chemicals or burns. Onycholysis can also be caused by foot biomechanical disorders, distal phalanx hypertrophy, excessive moisture, dermatoses, bacterial, fungal or viral infections, some medications, and systemic conditions like diabetes, thyroid disorders or iron/vitamin deficiencies.

The treatment of onycholysis, in addition to determining the cause and implementing additional procedures by the podiatrist (e.g. combination therapies), always requires removal of the separated nail plate, cleaning and intensive regeneration of the nail bed (e.g. with ONYGEN® CREAM) to accelerate nail regrowth.

PODIATRIST'S ADVICE:

To intensify the effect of the ONYGEN® CREAM, it is worth performing a stimulating microcirculation massage on the nail bed using a soft brush before applying the product. Once a week, ONYGEN® CREAM can be applied under a protective dressing.

SEE THE VIDEO
 ONYCHOLYSIS -
 Therapy with
 ONYGEN® CREAM



When will the ONYGEN® CREAM not work?



*Elżbieta Zielska, MSc - Podiatrist.
 Works in an interdisciplinary
 podosurgical team at the Silesian
 Centre of Podiatry in Gliwice.*

Podiatric care, the use of products that improve the condition of the nail apparatus, and regular cleaning of the nail plate by a podiatrist may sometimes not produce the expected effect. Why?

If the cause of the problem is hypertrophy of the distal phalanx, the ONYGEN® CREAM alone will not work. This is a disease of the nail apparatus of the foot. The characteristic feature is the formation of bony growths causing deformation of the toe, and consequently disturbances in the proper growth of the toenail. The causes of hypertrophy of the phalanx are mostly mechanical injuries, fungal diseases of the nail plate, connective tissue diseases, and surgical procedures within the toe, wearing tight footwear, practising sports in which the big toe is often injured. In hypertrophy of the distal phalanx, there is inhibition of the proper growth of the nail plate, over time onycholysis, brittleness, and discoloration of the nail. The nail plate becomes thickened, and on the pulp there is a characteristic overgrowth of tissue that blocks the nail. This disease is often misdiagnosed and confused with onychomycosis. To confirm the diagnosis, a palpation examination and an X-ray image should be performed.

Hypertrophy of the distal phalanx is treated in several ways. The first is conservative management consisting of regular visits to the podiatrist. They clean the hypertrophied nail plate, recommend preparations for nail bed care, "tape" the pulp so that the elevated tissues are under control, and refer the patient to a physiotherapist to improve nail biomechanics. If the treatment does not bring the desired effects, the patient may undergo podosurgical intervention.

Surgical correction of phalangeal hypertrophy consists of removing the excess tissue that blocks the proper growth of the nail and removing the bony growths. The procedure is performed by a surgeon under local anaesthesia. When the post-operative wounds have healed, the podiatrist takes over the care. They establish further therapy for the regeneration of the nail plate and the restoration of proper nail growth.

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During the podiatric treatment



PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY

PT 09

see p. 7



ONYGEN® CREAM

BESTSELLER

PT 01

see p. 12

PRODUCTS FOR HOME USE

Regeneration of the nail bed and acceleration of nail regrowth



ONYGEN® CREAM



BESTSELLER

PT 01

see p. 12

Strengthening of the growing nail when the nail bed is not dried up



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21

see p. 14

Accompanying fungal infection



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9



MYKOBOOSTER® NAIL OIL



PT 03

see p. 10

Accompanying bacterial infection with *Pseudomonas aeruginosa*



PODOFLEX® MYKOSTATIC TINCTURE FOR NAILS



PT 04

see p. 11

ONYGEN® CREAM offers great possibilities in a small tube. As a podiatrist, I have tried many products, but this one is unbeatable. Regularly used by my patients, it brings really spectacular effects in the treatment of onycholysis or traumatic nails, even with a complete lack of the nail plate. It very nicely regenerates the nail bed, stimulating the regrowth of a healthy nail plate. ONYGEN® also works great after podosurgical procedures to remove bony prominences of the distal phalanx, the so-called pulp plasty. It accelerates the effects of therapy - the nail plate regrows and is strong.

I also recommend it for brittle and weakened nails after nail styling.



Dominika Matuszewska-Kořt, Podiatrist

Examples of onycholysis therapy

● THERAPY I

Hematoma and damaged nail after an injury suffered by a young man during physical work. Onycholysis occurred. It was necessary to remove the separated nail plate, thoroughly clean and intensively regenerate the nail bed. The therapy, which lasted 4 months, was conducted by podiatrist Agnieszka Rudnik from the Podiatry Clinic Balans in Gniezno. Regular visits, cleaning, stimulation and regeneration of the nail bed resulted in a healthy and strong nail. Consistency in care and the client's discipline were key.

AT THE CLINIC AND AT HOME:

- ONYGEN® CREAM

● THERAPY II

Nail therapy after a thermal-chemical injury in a client who had a hybrid base applied on a bleeding nail bed. Additionally, she did not use protective gloves when working with detergents. During each visit, podiatrist Milena Marcińska from the Podiatry and Biomechanics Clinic DOBRY ZABIEG (GOOD TREATMENT) in Wejherowo cleaned the nail bed and then massaged an intensive regeneration cream into it. As a supplement to the home therapy, she recommended using PODOPHARM products and performing a daily warming and stimulating microcirculation massage with a soft brush before application. The therapy lasted 6 months. The nails regrew healthy, strong and moisturized.

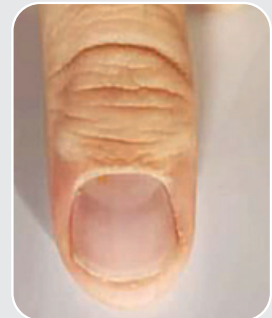
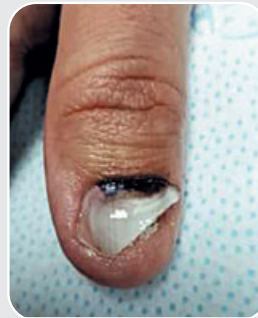
AT THE CLINIC:

- ONYGEN® CREAM

AT HOME:

- ONYGEN® CREAM (twice a day; once under dressing)
- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS

DURATION OF THERAPY: 4 MONTHS



DURATION OF THERAPY: 6 MONTHS



● THERAPY III

A case of onycholysis accompanying retraction caused by mechanical injury. After removing the plate separated from the nail bed and thoroughly cleaning it, podiatrist Mirosława Lazar from the Podiatry Clinic ZDROWE STOPY (HEALTHY FEET) in Goczałkowice-Zdrój applied a therapy with a nail bed regeneration cream with colostrum. She also recommended the same product for home application. After 4 months of therapy, the nail regrew healthy and strong.

AT THE CLINIC AND AT HOME:

- ONYGEN® CREAM

DURATION OF THERAPY: 4 MONTHS



● THERAPY IV

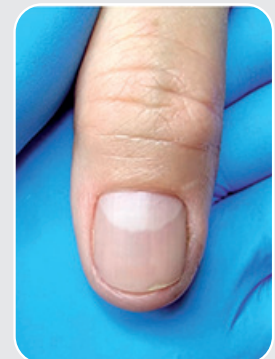
Therapy for onycholysis on the nail of a 40-year-old woman, caught in a car door. The plate in the place where it had become detached from the nail bed was removed, and the rest was thoroughly cleaned to prevent fungal or bacterial infection. Podiatrist Anna Schön from the Podiatry Clinic Świat Stopy (World of Feet) in Krzepice conducted a 5-month therapy using only one product – an intensively strengthening serum for nails, which the client also used at home.

When the nail bed is not too dry, just a strengthening serum based on natural oils and myrrh can be used during the treatment. The serum acts as a strong regenerative, deeply moisturises, nourishes the nail plate, and prevents breakage and splitting.

AT THE CLINIC AND AT HOME:

- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS

DURATION OF THERAPY: 5 MONTHS



FOOT AND HAND FUNGAL INFECTIONS

Fungal infections of the skin of the feet and nails is an infectious disease caused by various types of fungi: dermatophytes, yeasts or molds. The condition has a fairly characteristic course. Skin symptoms include, among others: burning, itching and peeling of the epidermis.

In the case of nails, the infection usually starts from the free edge of the nail plate and progresses towards the nail bed. The infected nail plate changes its colour.

Yellow, white, brown or greyish-green spots appear on it. Additionally, the nail may become dull, crack, crumble, thicken, separate from the bed, or soften.

Factors that favour infection with fungal skin and nail infections include: weakened immunity, hormonal disorders, circulatory problems, diabetes, vitamin B deficiencies, an improper diet (especially high in sugars), improper or lack of foot hygiene, as well as wearing protective (safety) footwear.

What causes fungal infections?

Dermatophytes attack the skin and nails, causing:

- *Interdigital (between the toes) fungal infection* – mainly between the 3rd, 4th and 5th toes; characterized by redness, itching, burning, peeling, and cracking of the skin; the skin becomes white and macerated.
- *Moccasin/plantar fungal infection* – soles, and edges of the feet, there are erythematous-exudative lesions with numerous small blisters, as well as visible scaling; the epidermis becomes thickened and macerated.
- *Exfoliative (moccasin) fungal infection* – on the instep, soles, and lateral parts of the feet, causing excessive keratinization, peeling, and painful cracks. This is the most chronic form of fungal infection.
- *Fungal nail infections* – the nails become thickened, change colour, and the nail structure disintegrates, with the nail bed becoming keratinized. An unpleasant odour accompanies the changes.

Yeasts cause an inflammatory condition of the nail folds. There is swelling, redness, pain on pressure, and sometimes purulent discharge. Prolonged inflammation causes the nail plate to change colour to white or whitish-yellow, become thinned, and eventually flake off.

Molds change the colour of the nails to yellow or brown-black. The nail plate becomes brittle, and the nail bed becomes keratinized. These changes are accompanied by a sharp, sweet odour.

Effective treatment of fungal infections is based on an accurate diagnosis, preceded by a mycological examination in the laboratory. This confirms the presence of the fungus and determines its species.

PODIATRIST'S ADVICE:

Recommendations before a mycological examination:

- do not use oral antifungal medications for at least 4 weeks, and topical ones for at least 2-3 weeks,
- on the day of the examination, do not wash the affected skin, do not disinfect it, do not apply ointments, lacquers or other cosmetic and medical products.





In every case, effective treatment of fungal nail infections involves removing the diseased portions of the nail plate, carefully cleaning, and regularly applying products recommended by a podiatrist.

In the daily care of the skin and nails during fungal infection therapy, proper hygiene is also extremely important – not only of the feet, but also of socks (choosing those made of pure cotton; washing them at a minimum of 60°C) and footwear (mandatory hygienization once a week, e.g. with MYKOBOOSTER® SPRAY). Radical reduction of sugar consumption and improvement of the gut microbiome are also recommended.

FOOT AND HAND FUNGAL INFECTIONS

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatry treatment

optional		PODOFLEX® ANTIFUNGAL FOOT SPRAY		PP 32 see p. 9
		PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY		PT 09 see p. 7
		PODOFLEX® SKIN SOFTENING SPRAY FOR MEDICAL PEDICURES		PP 31 see p. 8
	OLEUM HERBAL® ACTIVE PODOLOGIC OIL	MULTIFUNCTIONAL	PP 33 see p. 16	

Interdigital fungal infection

	VERRU IMMUNO® SKIN CARE PASTE		PT 05 see p. 12
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Accompanying excessive sweating

	PODOFLEX® FOOT CREAM WITH SILVER IONS		PP 37 see p. 20
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Footwear hygiene

	MYKOBOOSTER® SPRAY	INNOVATIVE INGREDIENTS	PT 08 see p. 10
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PRODUCTS FOR HOME USE

Footwear hygiene (once a week)

	MYKOBOOSTER® SPRAY ☺	INNOVATIVE INGREDIENTS	PT 08 see p. 10
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Foot and hand skin hygiene

	SKINFLEX® DERMATOLOGICAL BODY SOAP ☀ ☺	MEDICAL PRODUCT	PT 07 see p. 6
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PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9

Active care – interdigital fungal infection



VERRU IMMUNO® SKIN CARE PASTE



PT 05

see p. 12

Accompanying excessive sweating



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

see p. 20

NAIL FUNGAL INFECTIONS

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatry treatment



PODOFLEX® ANTIFUNGAL FOOT SPRAY

PP 32

see p. 9



PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY

PT 09

see p. 7

Dermatophytes



MYKOBOOSTER® NAIL OIL

PT 03

see p. 10

Molds and Yeasts



PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS

PT 04

see p. 11

Footwear hygiene



MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08

see p. 10

SEE THE VIDEO
Fungal nails therapy
in a podiatry clinic



PRODUCTS FOR HOME USE

Footwear hygiene (once a week)



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08

see p. 10

Foot and hand skin hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 6



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9

Active care – dermatophytes



MYKOBOOSTER® NAIL OIL



PT 03

see p. 10

Active care – molds and yeasts



PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS



PT 04

see p. 11

Accompanying excessive sweating



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

see p. 20

Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM

FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01

see p. 12

Nail plate elasticization



PODOFLEX® FLUID FOR INGROWN TOENAILS



PT 02

see p. 11

PODIATRIST'S ADVICE:

In the treatment of nail fungus, various products can be combined:

MYKOBOOSTER® NAIL OIL + PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS

MYKOBOOSTER® NAIL OIL + ONYGEN® CREAM

PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS + PODOFLEX® FLUID FOR INGROWN TOENAILS

Examples of skin and nail fungus therapy

● THERAPY I

Dermatophyte fungus infection in a 54-year-old woman. The podiatric therapy, conducted by Agnieszka Rudnik from the Podiatry Clinic Balans in Gniezno, lasted 9 months. During this time, the nail plate was regularly cleaned, and two antifungal products and a spray were alternately applied morning and evening.

AT THE CLINIC AND AT HOME:

- MYKOBOOSTER® NAIL OIL
- PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS
- PODOFLEX® ANTIFUNGAL FOOT SPRAY



● THERAPY II

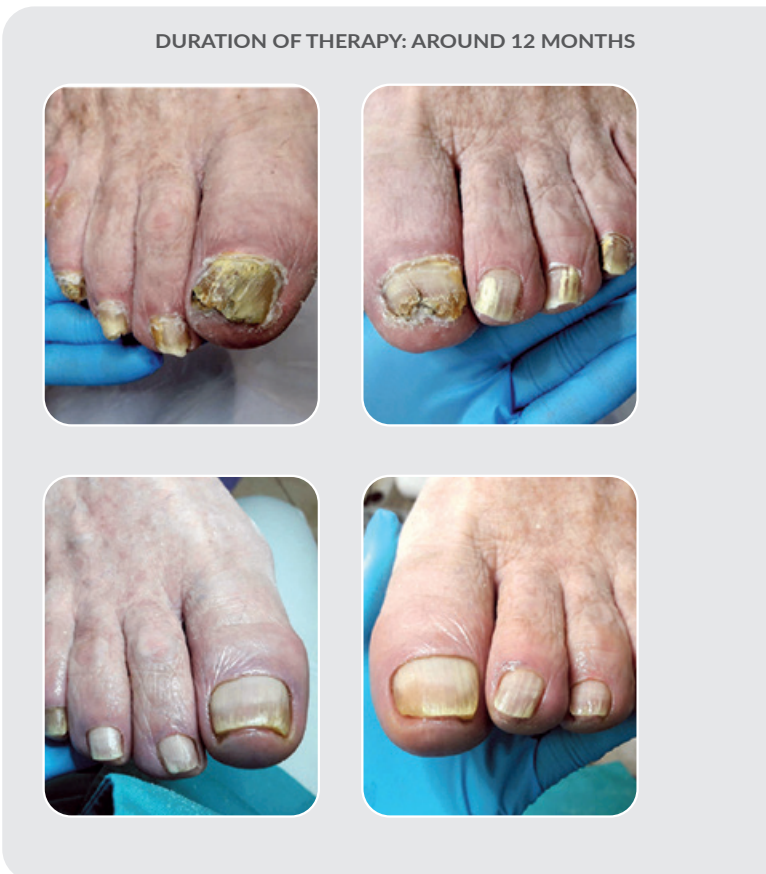
Therapy for advanced, “overdue” dermatophyte fungal infection of the nails on both feet of a 61-year-old man. The superinfection likely occurred during frequent visits to the sauna and swimming pool. The infection also affected the plantar area. After cleansing the lesions, the podiatrist Dominika Matuszewska-Końt from the ProFeet Foot Clinic in Opole applied antifungal products to the skin and nails and recommended their use at home as well. The therapy lasted almost a year due to longer breaks between visits.

AT THE CLINIC:

- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS
- MYKOBOOSTER® NAIL OIL

AT HOME:

- MYKOBOOSTER® SPRAY (footwear hygiene)
- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- MYKOBOOSTER® NAIL OIL
- PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS
- PODOFLEX® OINTMENT WITH 10% UREA



● THERAPY III

The right big toe nail of an 80-year-old man with advanced dermatophyte fungal infection. Oral antifungal medications prescribed by the dermatologist did not work. The podiatric therapy was recommended by the physician. It was conducted by podiatrist Paulina Gogoc from the Lekkie Stopy (Light Feet) clinic in Zielona Góra. At each visit, she cleaned the nail and applied an antifungal oil. Later, she also included a cream in the therapy to regenerate the nail bed and accelerate the growth of a healthy nail plate. She recommended the same products for home use as well. The therapy lasted 4 months.

AT THE CLINIC:

- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- MYKOBOOSTER® NAIL OIL
- ONYGEN® CREAM

AT HOME:

- MYKOBOOSTER® NAIL OIL
- ONYGEN® CREAM

DURATION OF THERAPY: 4 MONTHS



● THERAPY IV

A 2.5-month therapy for interdigital fungal infection in a 90-year-old woman, without any comorbidities, conducted by podiatrist Katarzyna Kłosińska from the PodoStrefa – Healthy Foot Center clinic in Mielec. The continuation of the therapy at home involved the use of several antifungal products and maintaining proper foot hygiene.

AT THE CLINIC:

- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- VERRU IMMUNO® SKIN CARE PASTE
- MYKOBOOSTER® SPRAY (footwear hygiene)

AT HOME:

- VERRU IMMUNO® SKIN CARE PASTE
- MYKOBOOSTER® SPRAY (footwear hygiene once a week and on skin every few days)

DURATION OF THERAPY: 2,5 MONTHS



INGROWN AND INVOLUTED NAILS

Ingrown toenail (*unguis incarnatus*) is a painful condition. It is characterized by the fact that during growth, the lateral edge of the nail plate digs into the surrounding tissue of the nail fold. Consequently, an inflammatory state develops and hyper-granulation occurs. The changes are accompanied by severe pain, redness, and the appearance of purulent discharge.

The causes of ingrown toenails can be various. These include, among others: foot deformities, specific morphological structure of the toes, improper care, improper nail trimming, hypertrophy of the nail folds, and mechanical injuries caused, for example, by poorly fitted footwear. Characteristic of ingrown toenails are large, fleshy nail folds, strongly growing onto the nail plate.

Observations by podiatrists show that in certain client groups, such as teenagers with hyperhidrosis, people actively practicing sports, and pregnant women, ingrown toenails occur much more frequently.

In the therapy of ingrown toenails with inflammation and purulent discharge, specialized antiseptic products or active dressings are always used until the inflammatory state subsides. After healing, individually selected home care products are chosen, which will prevent recurrence of the problem and also reduce keratinization in the nail folds and the feeling of pressure.

PODIATRIST'S ADVICE:

In order for the therapy to bring the expected effect, the cause of the ingrown toenail should be determined. In the case of hypertrophy of the nail folds, it is worth suggesting to the patient a consultation with a surgeon, who may propose a procedure to remove them.



Elżbieta Zielska, MSc - Podiatrist.
Works in an interdisciplinary podosurgical team at the Silesian Centre of Podiatry in Gliwice.

Treatment of ingrown toenails with surgery

Podiatric surgery is a modern method of treating ingrown toenails. When the conservative treatment proposed by the podiatrist does not bring the expected effect, it is worth considering undergoing a surgical procedure to remove the nail folds. This procedure is most often chosen by people with congenital hypertrophy of the nail folds, as well as patients who frequently experience inflammatory conditions in this area, resulting in the formation of scars and hypertrophy in the tissues. Another group are people who have had previous unsuccessful surgical interventions, which led to many complications.

The procedure of removing the nail folds is performed in the treatment room by a podosurgical team, which includes a surgeon, a nurse, and a podiatrist. This allows for a lasting therapeutic effect, significantly improving the aesthetics of the nails.

Involuted toenail (*unguis convolutus*) is a condition in which there is a deformation of the entire nail apparatus. The course of the disease not only changes the nail plate, but also the nail bed, which is compressed by the twisting edges of the nail. This causes pain and deformation. Twisting of the nail plate is often accompanied by keratinization of the nail bed and the formation of corns in the nail folds. The condition often affects the elderly.

Among its causes are: taking certain medications, circulatory problems, deformities in the feet, and disturbed gait biomechanics.


Therapy for involuted toenails involves the use by a podiatrist of one of the orthonyxic methods and the selection of appropriate preparations for home care. Their main task is to nourish and moisturize the nail apparatus. It is also worth recommending a consultation with a physiotherapist who will help improve gait biomechanics by selecting individual orthopedic insoles.

PODIATRIST'S ADVICE:


*Before starting therapy with an orthonyxic brace, the nail apparatus should be properly prepared. To improve the flexibility of the nail plate and the action of the clamp, it is recommended to use **PODOFLEX® FLUID FOR INGROWN TOENAILS** once a day for 2-3 weeks.*

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatry treatment

- 

PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY

PT 09
see p. 7
- 

PODOFLEX® FLUID FOR INGROWN TOENAILS

PT 02
see p. 11

Footwear hygiene

- 

MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08
see p. 10

PRODUCTS FOR HOME USE

Footwear hygiene (once a week)


- 

MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS


PT 08
see p. 10

Foot hygiene

- 

SKINFLEX® DERMATOLOGICAL BODY SOAP

MEDICAL PRODUCT

PT 07
see p. 6
- 

PODOFLEX® ANTIFUNGAL FOOT SPRAY

PT 07
see p. 9

Nail plate elasticization

- 

PODOFLEX® FLUID FOR INGROWN TOENAILS

PT 02
see p. 11



Examples of therapies for ingrown and involuted nails

● THERAPY I

Therapy for ingrown nails of the 1st, 2nd, and 4th toe with accompanying inflammation. Previously, a young woman had sought help from a surgeon. However, the procedure he implemented proved ineffective. She asked podiatrist Małgorzata Nawała from the Silesian Centre of Podiatry Chorzów branch for help. At the first visit, she cleaned the detached nail elements and recommended the so-called compresses with a special wound fluid and 12-hour hydrogel dressings. After calming the inflammatory changes, the podiatrist advised washing the feet with a gentle, mild antibacterial and antifungal soap and massaging an intensely strengthening preparation into the nails 2 times a day. The therapy lasted 7 months.

AT HOME:

- SKINFLEX® DERMATOLOGICAL BODY SOAP
- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS

DURATION OF THERAPY: 7 MONTHS



● THERAPY II

The case of an 11-year-old boy with an ingrown toenail on his left big toe and accompanying hyperhidrosis, skin maceration, and fungal changes. An effective 6-month therapy was conducted by podiatrist Danuta Bartoń from Ciechanów. As a supplement to this, she recommended the use of several PODOPHARM preparations at home, which, due to their wide spectrum of action, allowed for very good therapeutic effects to be achieved.

AT THE CLINIC AND AT HOME:

- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- PODOFLEX® FLUID FOR INGROWN TOENAILS
- PODOFLEX® FOOT CREAM WITH SILVER IONS

DURATION OF THERAPY: 5 MONTHS



● THERAPY III

A 23-year-old man visited podiatrist Edyta Gelo from the Nefra Studio in Lubartów with an inflammatory condition of the periungual folds of the left big toe. During the first visit, she removed fragments of the ingrown nails and applied antibacterial preparations. When the inflammatory condition was brought under control, the podiatrist used tamponade, which she changed every 3 days (for a period of 3 weeks), and recommended using a softening product for the nail plate daily in the evening. The therapy lasted just under 4 months. The nail regrew healthy, in the proper orientation.

DURATION OF THERAPY: AROUND 4 MONTHS



AT THE CLINIC AND AT HOME:

- PODOFLEX® FLUID FOR INGROWN TOENAILS



● THERAPY IV

A one-month therapy for the big toenail of a 16-year-old girl with an overgrown nail fold and inflammation, conducted by Greek podiatrist Elena Mystegniotou. The nail had started to grow inward after incorrect trimming of the nail plate. To minimize the risk of the problem recurring, the use of a softening fluid was recommended, which made the nail plate more flexible. The podiatrist also advised not to apply gel nail polish for at least several months.

DURATION OF THERAPY: 1 MONTH



AT THE CLINIC AND AT HOME:

- PODOFLEX® FLUID FOR INGROWN TOENAILS



Nail Fold Plasty

Podiatric surgery is a modern method of treating ingrown nails. When the conservative treatment implemented by the podiatrist does not achieve the expected result, it is worth considering undergoing a surgical procedure to remove the nail folds.

BEFORE TREATMENT

AFTER TREATMENT

I.



II.



III.



IV.



The photos were taken before and after the procedures at the Silesian Centre of Podiatry in Gliwice. The interdisciplinary treatment team: Elżbieta Zielska, MSc, podiatrist, and a specialist general surgeon.

ONYCHOGRYPHOSIS

Onychogryphosis, also known as claw nail or ram's horn nail, is characterized by significant thickening, elongation, grooved texture, and roughness of the nails. There is also noticeable hypertrophy of the hyponychium (the skin under the nail). The nail plate changes colour to brownish-yellow or dark brown, and also curls along the longitudinal axis.

It can cause pain and discomfort when wearing shoes. In cases of very advanced onychogryphosis, hypergranulations or fistulas with purulent-serous exudate may begin to appear under the pathologically altered nail plate.

This condition affects both young people and the elderly. Its causes may include: foot biomechanics disor-

ders, overly tight footwear causing constant pressure on the hallux nail plate, lack of proper care and regular nail trimming, venous circulation disorders, hallux valgus (bunion), or autoimmune diseases such as psoriasis.

In the case of onychogryphosis, a multi-faceted approach is required. First and foremost, the pathologically altered nail plate must be thoroughly cleaned using sterile forceps and rotary instruments. Subsequently, using professional products, the treated area must be disinfected. At the end of the procedure, appropriate regenerative products should be selected for home care.

PODIATRIST'S ADVICE:

For the nail plate cleansing procedures to have a visible effect, regularity of visits is important. The suggested interval between them is 4–6 weeks. Depending on the cause of the development of onychogryphosis, it is worth referring the client to a physiotherapist or a vascular disease specialist for more in-depth diagnosis.

SEE THE VIDEO

Cleaning of neglected nails part 1



SEE THE VIDEO

Cleaning of neglected nails part 2



PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatry treatment



DERMATOLOGICAL BODY SOAP

MEDICAL PRODUCT

PT 07

see p. 6



SKIN AND NAILS SOFTENING SPRAY

PT 09

see p. 7



PODOFLEX® FOOT CREAM WITH COLOSTRUM

PP 35

see p. 20

Footwear hygiene



MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08

see p. 10

PRODUCTS FOR HOME USE

Foot and hand skin hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 10

Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM
FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01

see p. 12

Nail plate elasticization



PODOFLEX® FLUID FOR INGROWN TOENAILS



PT 02

see p. 11

Regeneration and strengthening of nail plate



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21

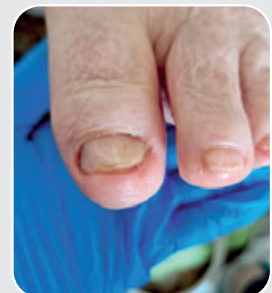
see p. 14

Examples of therapies of onychogryphosis

● THERAPY I

Treatment of onychogryphosis in a 76-year-old senior. Due to the significant deformation of the overgrown, thickened, and wrinkled toenails on both feet, she experienced severe pain when walking. Hematomas had formed between the layers of the overgrown nail plate. The nails were digging into the skin, causing injury. On the second toe nail, there was onycholysis, likely due to trauma. During the first home visit, podiatrist Katarzyna Kasiarz from PodologiQ shortened and cleaned the nail plates. She also applied a titanium clamp. She recommended using PODOPHARM products. During the therapy, there were 5 visits, every 6 weeks. The nail grew back healthy and without deformation.

DURATION OF THERAPY: 7,5 MONTHS



AT THE CLINIC AND AT HOME:

- MYKOBOOSTER® SPRAY
- ONYGEN® CREAM



● THERAPY II

Onychogryphosis, or claw-like toenails, on the right big toe of a healthy 25-year-old (the nail on the left big toe had a similar appearance). Uneven keratin production caused the nail plate to grow sideways, not adhering to the nail bed. Due to the persistent moisture underneath, a fungal infection also developed. The man reported that the nails made walking difficult, caused pain, and were aesthetically displeasing.

Podiatrist Emilia Nosek from the Podiatry Clinic in Pisz removed a significant portion of the nail plate and thoroughly cleaned the remaining part. The therapy using PODOPHARM products lasted 8 months. Additionally, the patient performed daily massages of the nail bed with a soft brush before applying the regenerative cream, to stimulate micro-circulation. In the evenings, he taped the nail tip and nail folds.

DURATION OF THERAPY: 8 MONTHS



AT THE CLINIC AND AT HOME:

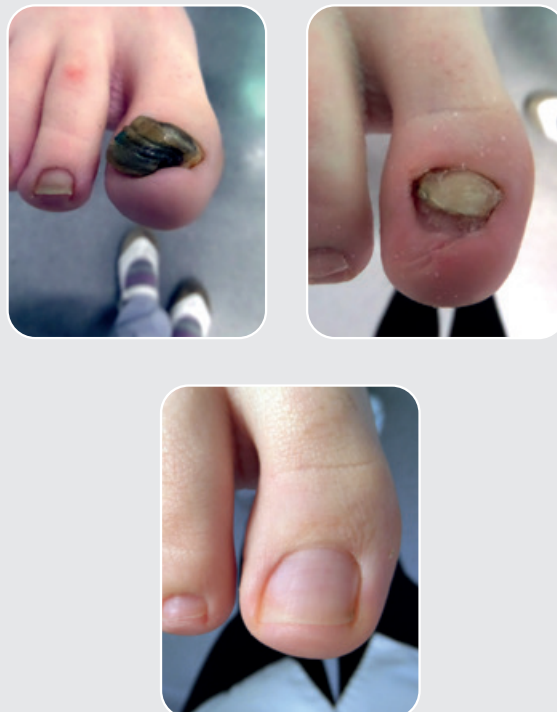
- MYKOBOOSTER® NAIL OIL
- ONYGEN® CREAM



● THERAPY III

A case of onychogryphosis in a 20-year-old woman following a mechanical nail injury in childhood. She had remembered the deformed nail plate since childhood. Due to the palpable thickening of the distal phalanx and the time elapsed since the injury, the chances of a healthy nail regrowth were not considered high.

After cleaning the nail plate, podiatrist Mirosława Lazar from the ZDROWE STOPY (Healthy Feet) Clinic in Goczałkowice-Zdrój recommended PODOPHARM products for the patient to continue the therapy at home. In the meantime, the 20-year-old became pregnant and only returned for the first check-up after the breastfeeding period. The nail had regrown healthy. According to the podiatrist, the pregnancy may have had a positive effect on the regeneration of the nail bed.



AT THE CLINIC AND AT HOME:

- MYKOBOOSTER® NAIL OIL
- ONYGEN® CREAM



RETRONYCHIA

Retronychia is the rarest of the three types of ingrown nail. It consists of the newly forming nail plate growing into the proximal nail fold (matrix). Due to a sudden, single injury or a series of constant pressure, the production of keratin in the matrix is disrupted.

The newly forming nail should start pushing the old nail plate distally, causing its natural shedding. However, in the case of retronychia, the newly forming plate is too weak to cause the slow process of the old nail's detachment, so it grows into the proximal nail fold. In the initial stage, there is a lack of nail growth towards the distal side and a separation of the proximal nail fold from the nail plate. Subsequently, the patient starts to notice redness and discomfort when walking. The next stage – if the new nail plate fails to push out the old one – is the appearance of a purulent-serous exudate that escapes from under the proximal nail fold, along with increasing swelling and redness.

A contributing factor to the occurrence of retronychia is too tight footwear, which is why it affects women more

often than men. Unlike other cases of ingrown nails, retronychia does not have a recurrent course.

Podiatric management should involve attempting to remove the proximal part of the nail plate that is blocking the growth of the new nail. Sterile rotary files, such as a rose bur, are used for this purpose. A groove is drilled across the nail, as close to the matrix and parallel to it, which separates the old nail plate into two separate elements. To cause the least discomfort to the patient, we can also use ingrown nail forceps. After separating the plate, the proximal part under the nail fold should be carefully removed with a sterile pair of tweezers. The nail is then disinfected and protected using professional products.

Once the inflammatory state has subsided, we can proceed with the regeneration of the nail bed to support the nail plate in the process of regrowth.

PODIATRIST'S ADVICE:

In the absence of experience in similar podiatric cases, the patient should be referred to another podiatrist or podosurgical team.

SEE THE VIDEO
Retronychia – procedure



PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatry treatment (besides disinfectants and specialized dressings)



PODOFLEX® PREBIOTIC SPRAY FOR SOFTENING SKIN AND NAILS

PT 09

see p. 7

Footwear hygiene



MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08

see p. 10

Directly after the procedure, the client should follow the recommendations as in the case of wound management, using appropriate disinfectants and specialized dressings.

PRODUCTS FOR HOME USE

Footwear hygiene (once a week)



MYKOBOOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08

see p. 10

After the podiatric procedure and healing – maintaining proper hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 6

Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM

FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01

see p. 12

Regeneration and strengthening of nail plate



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21

see p. 14



Examples of therapies of retronychia

● THERAPY I

Case of ingrown toenail in a teenager caused by long-term pressure from shoes. The girl showed the problem to her mother too late. By the time she came to podiatrist Katarzyna Kłosińska from the PodoStrefa – Healthy Foot Center clinic in Mielec, onychomadesis (nail plate shedding) had already occurred. A mycological exam was done (positive result) and the nails were cleaned. Visits were every 6 weeks. The therapy lasted 11 months.

AT THE CLINIC:

- **PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS**

AT HOME:

- **PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS** (for 3 months)
- **ONYGEN® CREAM**
- **PODOFLEX® FLUID FOR INGROWN TOENAILS**

DURATION OF THERAPY: 11 MONTHS



● THERAPY II

30-year-old's toe with ingrown toenail. The woman reported to podiatrist Małgorzata Nawąta from the Silesian Centre of Podiatry Chorzów branch with pain in the nail area. There was visible discharge, probably purulent, redness, swelling and tenderness. After disinfection with a spray, the proximal part of the nail was separated from the rest of the plate using a rosebud bur and removed from under the nail fold. The podiatrist recommended a 15-minute soaking at home with spray for cleansing, moistening and disinfection of wounds, and then a 12-hour dressing with liquid Beta-dine. At the first follow-up visit, after 7 days, the toe was already completely healed. It was possible to start regenerating the nail bed to accelerate the growth of a healthy nail. Visits took place every 4 weeks at first, and then every 8 weeks. The therapy lasted about 8 months.

AT HOME:

- **ONYGEN® CREAM**

DURATION OF THERAPY: AROUND 8 MONTHS



● THERAPY III

This refers to the podiatric treatment provided to a teenage girl who came under the care of podiatrist Natalia Zajac from the PODOclinic in Busko-Zdrój, after a boy stepped on her foot heavily while they were playing on a trampoline. The specialist removed the embedded nail plate. After the finger healed, she recommended massaging the nail bed, regenerating it with a cream, and nourishing the growing nail with an oil serum. In the next stage of therapy, it was necessary to apply an onychoclavus (ingrown toenail) brace. The therapy lasted for one year.

AT HOME:

- ONYGEN® CREAM
- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS

DURATION OF THERAPY: 12 MONTHS



● THERAPY IV

This case involves a man with a problem of an ingrown toenail. Since he delayed his visit, considerable tissue overgrowth had already occurred. Podiatrist Małgorzata Nawata from the Silesian Centre of Podiatry Chorzów branch referred him for nail fold plasty to the Silesian Centre of Podiatry in Gliwice. Until the procedure was performed, the specialist focused on calming the inflammation. About a week before the planned surgery, due to the long-lasting inflammation of the big toe, retronychia developed. After the nail fold plasty procedure and complete healing, the podiatrist planned to apply an onychoclavus (ingrown toenail) brace to guide the proper growth of the nail. Unfortunately, the client paused the therapy and came back 18 months later, when the nail plate started growing in again. The specialist trimmed the irritating part and secured it with a sterile tamponade. At the next visit, she applied a titanium brace and recommended daily massaging of the nail folds using a fluid for ingrown toenails. After 4 months of regular visits, the therapy brought the expected results.

AT HOME:

- PODOFLEX® FLUID FOR INGROWN TOENAILS

DURATION OF THERAPY: 4 MONTHS



WEAK, BRITTLE, SPLITTING NAILS OF HANDS AND FEET

Weak, brittle, splitting nails of hands and feet, with longitudinal depressions and thinning (*onychorrhexis*) can have many causes, so in this case, it is very important to conduct a detailed podiatric interview with the client. The first of the factors causing weakening of the nail plate is a deficiency of vitamins: A, C, B group, and a decreased iron level, which leads to anemia. The problem often affects the elderly, the chronically ill, those on lots of medication, as well as patients after chemotherapy. In the case of vitamin deficiency, there may be concurrent hair loss.

Among the other causes of split and brittle nails, one should mention contact with strong detergents, as well as too aggressive nail styling, mainly gel and hybrid, filing the plate, using poor quality polishes and removers. These factors cause visible thinning of the nail plate, as a result of which onycholysis (this condition is discussed in more detail on p. 32 in the ONYCHOLYSIS chapter) may occur.

Autoimmune diseases such as lichen planus can also cause significant nail weakening. In about 10% of affected people, visible changes on the nail plate are found. We observe them more often on hands than on feet. Besides the obvious splitting of the plate, its dryness and brittleness, the condition is also manifested by hyperkeratosis of the nail bed, the presence of pterygium (a skin fold grows from the proximal nail fold and grows towards the end of the nail, dividing it into two parts). The nail may also change color to yellowish, be longitudinally grooved. In some cases, there is complete destruction of the nail plate.

After determining the likely cause of nail weakening, the podiatric procedure focuses mainly on cleaning, leveling the plate, and recommending regular home care with appropriate products. This is crucial on the way to healthy nails.

PODIATRIST'S ADVICE:

In addition to regular cleaning of the nail plate and proper home care, it is worth suggesting to the client to have their vitamin and iron levels checked in the blood and to consult a doctor to determine the appropriate supplementation. Checking of vitamin and iron levels will help identify any deficiencies that may affect the health of the nails and the overall condition of the body. A medical consultation will allow for the diagnosis of possible causes of nail problems and the selection of appropriate dietary supplements or medications that may help improve the condition of the nails, as well as overall well-being. Thanks to such an approach, including both external and internal care, the client will have a better chance of effectively improving the condition of their nails and overall health.

PRODUCTS FOR HOME USE

Nourishment and intensive regeneration of weakened nails (2-3 times a day)



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21

see p. 14

Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM

FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01

see p. 12

Protection and strengthening of thinned nail plate



PODOFLEX® INTENSIVELY STRENGTHENING NAIL LACQUER

PM 39

see p. 14

Examples of therapies for weak, brittle, and splitting nails of the hands and feet

● THERAPY I

A hotel receptionist had her thumb caught in a car door. A large hematoma appeared under the nail almost immediately, and a significant portion of the nail plate had detached from the nail bed. It required cleaning and immediate, intensive regeneration. The woman tried to heal the injury on her own for 6 months – mainly disinfecting the finger with alcohol-based products. However, this dried out the nail bed, worsening its condition. Podiatrist Pamela Semanova from the Feet Lab clinic in Gdańsk, after cleaning it, applied a sterile regenerative cream to the nail bed under the dressing. As a continuation of the therapy at home, she recommended additional products. The therapy lasted 4 months. The nail grew back healthy and strong.

AT THE CLINIC:

- ONYGEN® CREAM

AT HOME:

- ONYGEN® CREAM (under dressing)
- PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS (twice a day)
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT (after each hand wash)

DURATION OF THERAPY: 4 MONTHS



● THERAPY II

The injury occurred at a prom, as a result of the girl not paying attention, but also from wearing overly long gel nail extensions. The girl, with a partially torn nail plate, consulted podiatrist Izabela Olender in Wrocław. The specialist gently cleaned the nail bed and the remaining part of the nail. Both required intensive nourishment. The consistent use of the products recommended for home care brought the expected result. The nail grew back healthy after 4 months.

AT THE CLINIC AND AT HOME:

- ONYGEN® CREAM
- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS (after each hand wash)

DURATION OF THERAPY: 4 MONTHS



● THERAPY III

The case of an oncology patient, for whom a side effect of chemotherapy and radiotherapy was skin and nail (both on hands and feet) burning. As a result, onycholysis occurred. Additionally, serous fluid had collected under the toenails. The woman sought help from podiatrist Natalia Zajac from the PODOclinic in Busko-Zdrój. The specialist, after disinfecting, removed the fragments of the yellowed nail plate that had detached from the nail bed, and cleaned the nails on the hands and feet. She recommended products for continued home therapy, including a specialized 1% octenidine dihydrochloride cream for dry skin. The therapy lasted 8 months, during which time the nails grew back healthy and strong, and the skin regenerated.

AT THE CLINIC AND AT HOME:

- MYKOBOOSTER® SPRAY
- ONYGEN® CREAM
- MYKOBOOSTER® NAIL OIL
- SKINFLEX® SPECIALIST DRY SKIN CREAM (for 4 months)

DURATION OF THERAPY: 8 MONTHS



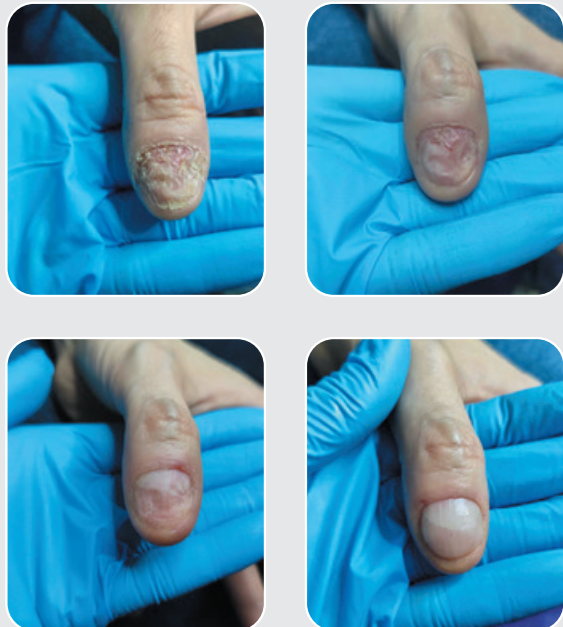
● THERAPY IV

Due to a viral wart under the nail, the doctor decided to surgically remove the nail plate of a young woman. Unfortunately, after the procedure, it did not regrow properly for the next several years. During this time, the woman was being treated for hypothyroidism and skin psoriasis. According to the dermatologist, the disease had also attacked the nail, which was constantly peeling. However, the ointments used did not improve its appearance. With this history, the woman consulted podiatrist Dominika Matuszewska-Koń from the ProFeet Foot Clinic in Opole. She cleaned the nail and recommended using a nail bed regenerative cream every evening. Additionally, before applying the cream, the client would massage the nail bed with a soft brush until it felt warm, so that the cream could work even more effectively. The therapy, after which a strong, healthy nail grew back, lasted 3.5 months.

AT THE CLINIC AND AT HOME:

- ONYGEN® CREAM

DURATION OF THERAPY: 3.5 MONTHS



NAILS DURING AND AFTER ONCOLOGICAL (SYSTEMIC AND RADIOTHERAPY) TREATMENT

Some cancer therapies, such as systemic treatment – chemotherapy, immunotherapy, or targeted therapy – as well as radiotherapy (ionizing radiation treatment) can cause temporary or permanent changes in the nails and the periungual apparatus (folds, borders, crescents, bed, matrix).

Changes in the nails and surrounding tissues differ depending on the oncological therapy used. In addition, a single nail plate, several of them, or all of them can be affected, both on the hands and feet. Some changes appear at the beginning of the treatment, some during, and others only after the treatment is completed. They can be temporary or permanent.

Nail changes are most often associated with the toxic effects of anti-cancer drugs, whose task is to destroy rapidly dividing cancer cells. However, the nails, being a product of physiologically rapidly dividing skin cells, like the hair, are most susceptible to the toxic effects of the therapies used.

It should also be remembered that nail changes can be a symptom of the disease itself or a nail disease – dependent on other, non-oncological drugs or the result of poisoning, e.g. by heavy metals. Any appearance of changes in the nails should be consulted with the attending physician.

Treatment and prevention

In the prevention of nail and periungual apparatus changes, daily hygiene is important: washing in warm water with natural, low acidic pH soap or emollients, proper nail trimming, and not removing cuticles.

In some oncology centers, special cooling gloves are used, which by slowing down circulation in the hands, minimize the effects of drugs on epidermal products (similar to cooling caps used to prevent hair loss during chemotherapy).

Nail plate, subungual, and periungual changes that may appear during oncological therapies

Dark discoloration of the epidermal border and nail bed	Linear subungual hematomas, often at the base of the nail with involvement of the border – can be caused by systemic treatment, but can also be a symptom of melanoma!
Fissures	Narrow, small fissures or deeper cracks involving the nail plate, bed, and skin of the fingertip.
Hemorrhages	Involve the nail bed; they most often take the form of longitudinal, small hematomas, like after removing a splinter from under the nail.
Hyperpigmentation	Browning, darkening of the periungual skin and the nails themselves – can be temporary or permanent, affecting part or all of the nail plate.
Paronychia (inflammation of the periungual folds)	Painful redness and swelling of the tissues surrounding the nail, most often with accompanying bacterial or mixed bacterial-fungal infection.
Onycholysis	Loss of connection (adhesion) of the nail plate to the nail bed; often complicated by avulsion, i.e. the nail being torn off.
Loss of nails	Complete loss of nails after oncological treatment, usually temporary.
Ridging, appearance of lines on the nail plate	They appear during treatment, are usually painless, and grow out with the nail plate after the end of therapy.

Oncology patient – cooperation between doctor and podiatrist



Urszula Staszek-Szewczyk, MD

The changes most often reported by patients are the most painful and troublesome, i.e.: paronychia, onycholysis, and nail fissures (cracks). We usually find them in patients treated for breast cancer, prostate, lung, colon cancer, squamous cell carcinomas (cervix, head and neck region, esophagus) and testicular cancer.

Oncologists are increasingly referring patients with nail and periungual tissue problems to podiatrists. Cooperation between specialists is often necessary if oral treatment, e.g. antibiotic therapy, is required for the therapy of periungual and nail changes.

Alleviating the symptoms associated with nail and periungual apparatus changes improves the quality of life of oncology patients. That is why it is so important to quickly diagnose them and implement appropriate therapeutic and preventive measures in the podiatry clinic.

DOCTOR'S ADVICE:

It should be remembered that each organism reacts differently to oncological treatment and side effects may differ, despite the use of the same drugs and therapies in different patients. Those undergoing oncological treatment are characterized by a decrease in immunity and hypersensitivity, especially in the distal parts of the limbs. It is important to monitor the condition of the nails and respond to any changes in order to take the best care of their health and condition. Therefore, care at the clinic is a process. Tearing off nails or excessive cleaning of them is not recommended.

Key to podiatric therapy is the use of proven formulas with a pure, as natural as possible ingredients, so that the cleaning of nails in patients after or during oncological treatment prevents infections and alleviates any symptoms.

Before starting the nail cleaning procedure in the podiatry office, a detailed podiatric interview should be con-

ducted, taking into account the medications being taken. The patient in the chair should feel safe and comfortable, so it should be ensured that they give their consent to the procedure, which is usually painless.

Urszula Staszek-Szewczyk, MD
Surgeon, Specialist in Radiation Oncology

1. <https://www.cancer.org/cancer/managing-cancer/side-effects/hair-skin-nails/nail-changes.html>
2. Shankila Mittal,¹ Niti Khunger,¹ and Satya Pal Kataria² *Nail Changes With Chemotherapeutic Agents and Targeted Therapies*, Indian Dermatol Online J. 2022 Jan-Feb; 13(1): 13–22. doi: 10.4103/idoj.IDOJ_801_20

PODIATRIST'S ADVICE:

In the case of fungal, bacterial or mixed - fungal-bacterial infections, it is always worth consulting with the attending physician/dermatologist about the preparations planned for use in therapy.

Concerning changes – melanoma

It is important to note that discoloration within the nail plate can have various etiologies (causes). Discoloration of the nail matrix or the nail fold can be associated with fungal infection, use of certain medications, mechanical trauma, but also a serious condition like **melanoma** – a malignant tumor originating from cells called melanocytes.

Cause for concern should be single or multiple streaks, arranged longitudinally along the nail plate, originating from the base of the nail, accompanied by discoloration of the nail fold. They most commonly occur on a single nail, are not associated with trauma, and do not regress

as the nail grows out (as would happen with a subungual hematoma). A late symptom of acral melanoma (the proper nomenclature for this type of tumor in the subungual location) is deformation of the nail plate, easy bleeding with minor trauma, spread of the dark discoloration to the tissues surrounding the nail, and enlargement of the lymph nodes in the armpit or groin (depending on the location of the lesion, on the upper or lower limb).

If such changes are noticed by a podiatrist, the patient should be referred to a physician as soon as possible. The physician will initiate the appropriate diagnostic workup. The proper specialist will be a surgeon, who will perform a biopsy to confirm or rule out this serious condition.

**PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC
AND FOR HOME USE**

Softening of the skin and nails during a podiatric treatment



PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY



How to use? SEE THE VIDEO

PT 09

see p. 7

Foot and hand skin hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 6



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08

see p. 10



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9

Nourishment and intensive skin regeneration



PODOFLEX® REGENERATING AND SOOTHING OINTMENT



BESTSELLER

PM 34

see p. 18



SKINFLEX® REGENERATING BODY SERUM



PM 02

see p. 21



OLEUM HERBAL® ACTIVE PODOLOGIC OIL



MULTIFUNCTIONAL

PP 33

see p. 16



SKINFLEX® SPECIALIST DRY SKIN CREAM (UP TO 6 WEEKS)



PM 01

see p. 21

Regeneration of the nail bed and acceleration of nail regrowth



ONYGEN® CREAM

FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01

see p. 12

Regeneration and strengthening of weakened nail plate



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21

see p. 14

Everyday care for feet and hands



PODOFLEX® FOOT CREAM WITH COLOSTRUM



PM 15

see p. 20



PODOFLEX® FOOT CREAM WITH LIPIDS



PM 16

see p. 19



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

see p. 20



SKINFLEX® HAND CREAM-MASK WITH ADAPTOGENS AND COLOSTRUM



PM 17

see p. 15



SKINFLEX® HAND CREAM-MASK WITH MICROSILVER



PM 20

see p. 16



SKINFLEX® SERUM FOAM FOR HANDS AND NAILS



PM 04

see p. 15

Active care – molds, yeasts, mixed fungal-bacterial nail infections



PODOFLEX® MYCOSTATIC TINCTURE FOR NAILS



PT 04

see p. 11

Active care – dermatophytes



MYKOBOOSTER® NAIL OIL

PT 03

see p. 10

Active care – interdigital fungal infection



VERRU IMMUNO® SKIN CARE PASTE



PT 05

see p. 12



Examples of nail therapies for patients after oncological treatment

● THERAPY I

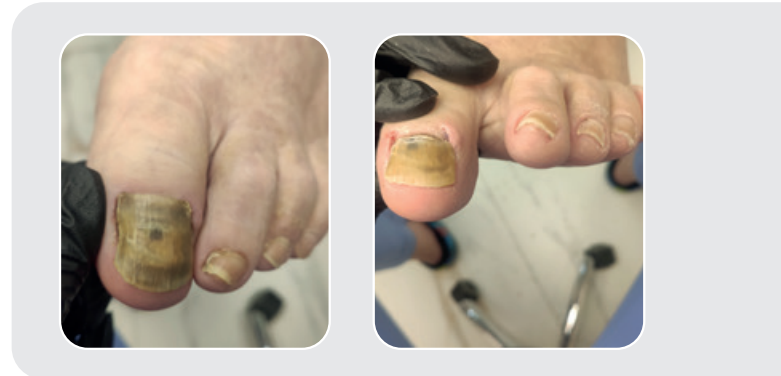
A patient undergoing chemotherapy for prostate cancer (taxane group of cytostatics) was referred to podiatrist Magdalena Sienkiewicz at the Zabrodzie Medical Center near Wrocław. He had developed paronychia, which is inflammation around the proximal nail fold, and retronychia, which is a cessation of nail growth. Before the cleaning procedure, the specialist prepared a gentle bath with a mild dermatological soap (medical device) in room temperature water and softened the skin and nails with a prebiotic solution. She gently cleaned the nail folds, “freed” the nail plate, and trimmed the nails. At the end of the procedure, she applied an active podological oil based on organic ozonized olive oil and herbs to the entire foot. For home care, she recommended a foot cream with colostrum and an intensively regenerating nail matrix cream.

AT THE CLINIC:

- SKINFLEX® DERMATOLOGICAL BODY SOAP
- PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY
- OLEUM HERBAL® ACTIVE PODOLOGIC OIL

AT HOME:

- PODOFLEX® FOOT CREAM WITH COLOSTRUM
- ONYGEN® CREAM



● THERAPY II

The case of an approximately 60-year-old oncology patient who was referred to podiatrist Małgorzata Nawąta at the Silesian Centre of Podiatry Chorzów branch. As a result of chemotherapy and radiotherapy, she had developed burns on the nail bed of her hands and feet. The area had become tender and intensely keratinized. The podiatric treatment was limited to gently cleaning the nails every few months. The specialist also recommended using a strengthening nail serum in the form of an oil twice a day.



AT HOME:

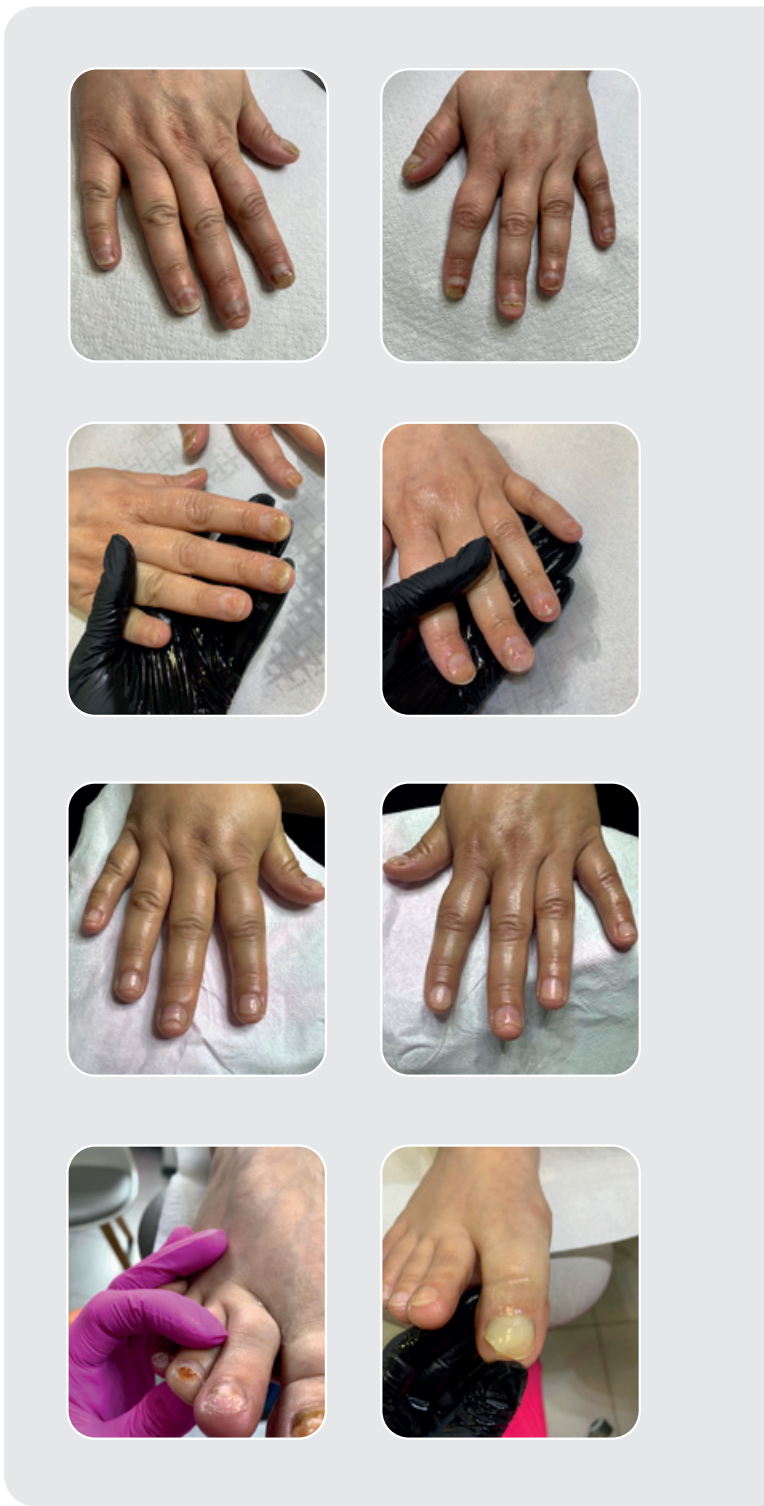
- SKINFLEX® DERMATOLOGICAL BODY SOAP
- PODOFLEX® INTENSIVELY STRENGTHENING NAIL SERUM



● THERAPY III

Shortly after chemotherapy, during the course of oncological treatment, a woman was referred to podiatrist Natalia Zajac at the PODOclinic in Busko-Zdrój due to pain in the nails of her hands and feet, as well as initial serous exudate. After the cleaning procedure, the specialist recommended applying an ointment that forms an antibacterial film on the surface, protects against contamination, and promotes healing, to the toenails (where the exudate was present) for 7 days. Then the patient applied an antifungal oil with natural ingredients, and after a week, an intensely regenerating nail bed cream with colostrum.

After a month, when the patient came for the next cleaning, the intensified effects of chemotherapy on the nail plates of the hands and feet were visible. After the cleaning, the podiatrist recommended repeating the entire care procedure. At the next visit, the specialist cleaned the onycholysis, and there was no longer any exudate or abrasions on the nail bed. She recommended using a strengthening nail serum and a nail bed regenerating cream.



AT HOME:

- MYKOBOOSTER® NAIL OIL
- PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS
- ONYGEN® CREAM



HYPERKERATOSIS – CORNS, CALLUSES, CRACKS AND FISSURES

Hyperkeratosis (*hyperkeratosis*), or excessive keratinization of the epidermis, is a common problem for the feet, especially the plantar (sole) area. It can affect larger areas of the soles: the heels, their edges, and the midfoot, or it can form smaller structures like corns (*clavus*) or calluses (*callus*).

The formation of hyperkeratosis is favored by factors such as: obesity, diabetes, circulatory disorders, psoriasis, dryness, excessive sweating of the feet, viral warts,

uneven distribution of body weight on the ground, foot deformities (transverse or longitudinal flat feet), deformities of the toes, improperly selected and uncomfortable footwear, intensive sports activities associated with heavy foot load, and prolonged standing.

Other factors causing hyperkeratosis include: improper or lack of foot care, too frequent removal of calluses from the soles, use of tools and chemical agents that excessively irritate the skin, as well as removal of the epidermal rim.

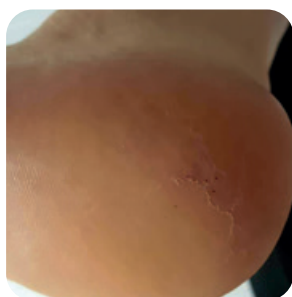
4 groups of dry feet

according to the British recommendations adopted by the Polish Federation of Diabetes Education (PFED)



0-5% urea

moisturising



5-15% urea

moisturising and softening



15-25% urea

intensive softening and exfoliation



25% urea

exfoliation

[READ THE ARTICLE](#)

What concentration of urea to use and when



Corns and calluses

Both corns and calluses are caused by prolonged pressure of the skin on an irritated area. A characteristic feature of both is excessive hyperkeratosis (thickening) of the epidermis.

Calluses most often occur under the 2nd-3rd metatarsal heads, in the weight-bearing areas around the big toe and little toe, as well as on the heel. They have an oval, circular or irregular shape and a yellowish-cream color. With prolonged walking, they can cause a burning pain.

Corns develop in a localized manner, but they can also be hidden under calluses. They appear in areas of maximum stress, e.g. on the forefoot, between the toes, on their dor-

sal surfaces, as well as in the nail walls and under the nails (mainly the big toes). Increased pressure leads to thickening of the horny layer and the formation of a keratotic plug. It penetrates deeply into the skin, causing very painful compression of the nerve fibers, which can consequently impede walking.

Several types of corns are distinguished: hard, soft, vascular, neurovascular, neurofibrous, verrucous, and multiple corns.

PODIATRIST'S ADVICE:

In people with lower limb ischemia (poor blood flow), ulcerations can form under the hyperkeratotic lesions (calluses, corns).

In each case of hyperkeratosis (excessive skin thickening), the treatment in the podiatrist's office involves the layered removal of the calluses using a sterile scalpel or curette (if it is a corn – also the removal of the keratotic plug). In the next stage of the procedure, moisturizing products, e.g. with 10-15% urea content, and skin-moisturising agents are used. It is important to remember that in the case of corns – always after the removal of the lesion – the site should be protected with individual offloading.

In the prevention of hyperkeratosis, consistent home foot care in accordance with the podiatrist's recommendations and the use of moisturizing products with an appropriate urea content (10-15%) is extremely important. Temporary offloading of areas prone to excessive keratinization or the use of permanent, custom-made orthotic insoles can also be helpful.

PODIATRIST'S ADVICE:

It is worth informing the client about the need to consult with a physiotherapist. The physiotherapist will prepare individual orthotic insoles to offload those areas of the feet where there is excessive pressure, or they will recommend an appropriate set of exercises to strengthen the foot.

Cracks and Fissures

Excessive dryness of the feet, resulting from improper care, environmental factors, hygienic neglect, or meta-

bolic disorders, causes disruptions in the normal production of skin cells.

With low moisture levels, the skin loses its elasticity. Due to the improper distribution of tensions in the epidermis, painful cracks and fissures on the soles develop. The disruption of tissue continuity makes these areas particularly susceptible to fungal or bacterial infections and require specialized care and protection.

A crack is a linear defect in the epidermis, which most often forms on the edges of the soles of the feet, i.e., in areas of the greatest overload. The formation of cracks, e.g., around the heels, is particularly favored by the summer season, when we wear flip-flops and sandals.

As the cracks deepen, **fissures** reaching down to the dermis develop, which are often painful and bleeding.






SEE THE VIDEO
Work on cracked heels in the podiatrist clinic



Depending on the location of the lesions and the degree of skin moisture, cracks and fissures are divided into *dry* – forming on dried, inelastic, excessively keratinized skin, and *moist* – typical for sweaty skin, where the macerated epidermis easily cracks and peels off.

PRODUCTS FOR THERAPY IN THE PODIATRIST'S CLINIC

During a podiatric treatment

optional		PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY	PT 09 see p. 7
		PODOFLEX® SKIN SOFTENING SPRAY FOR MEDICAL PEDICURES	PP 31 see p. 8
		PODOFLEX® SOFTENING GEL FOR MEDICAL PEDICURES	PP 04 see p. 8
		PODOFLEX® SOFTENING HAND AND FOOT BATH PEARLS WITH UREA AND VITAMIN E	PP 28 see p. 5
		PODOFLEX® FOOT OINTMENT WITH 10% UREA	PP 36 see p. 17



PODOFLEX® OINTMENT FOR CRACKED AND CALLUSED SKIN ON THE FEET

PM 19

see p. 17



PODOFLEX® FOAMY FOOT CREAM FOR SKIN CALLOSITY

PM 09

see p. 18

BESTSELLER



PODOFLEX® REGENERATING AND SOOTHING OINTMENT

PODIATRIST'S ADVICE:

After adding a few drops of Oleum Herbal® to the ointment, it will also become antiseptic, oxygenating and healing.

PM 34

see p. 18



PODOFLEX® FOOT CREAM WITH LIPIDS

PP 11

see p. 19



PODOFLEX® FOOT CREAM WITH COLOSTRUM

PP 35

see p. 20

Antifungal care



PODOFLEX® ANTIFUNGAL FOOT SPRAY

PP 32

see p. 9

Footwear hygiene



MYKOBOSTER® SPRAY

INNOVATIVE INGREDIENTS

PT 08

see p. 10

PRODUCTS FOR HOME USE

Foot skin hygiene



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07

see p. 6

Everyday care



PODOFLEX® FOOT OINTMENT WITH 10% UREA



PM 05

see p. 17



PODOFLEX® FOAMY FOOT CREAM FOR SKIN CALLOSITY



PM 09

see p. 18

BESTSELLER



PODOFLEX® REGENERATING AND SOOTHING OINTMENT



PODIATRIST'S ADVICE:

To enhance the effectiveness of the ointment, it can be suggested to the client to apply a thicker layer of the ointment at night under occlusion once a week (or more frequently, if needed).

PM 34

see p. 18



SKINFLEX® HAND AND FOOT MASK WITH MICROSILVER



PM 20

see p. 16



PODOFLEX® FOOT CREAM WITH COLOSTRUM



PM 15

see p. 20



PODOFLEX® FOOT CREAM WITH LIPIDS



PM 16

see p. 19

Gentle exfoliation and moisturizing



SALT-SUGAR HAND AND FOOT SCRUB WITH SHEA BUTTER AND GOJI



PL 01

see p. 6



SALT-SUGAR HAND AND FOOT SCRUB WITH VITAMIN AND MINERAL COMPLEX



PL 02

see p. 7

Intensive hyperkeratosis – preparation for a podiatrist treatment (everyday) or prophylaxis (once a week)



PODOFLEX® OINTMENT FOR CRACKED AND CALLUSED SKIN ON THE FEET



PM 19

see p. 17

Accompanying excessive sweating – active antifungal protection



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PM 07

see p. 9



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

see p. 20

Footwear hygiene (once a week)



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08

see p. 10



Examples of therapies for hyperkeratosis, corns, calluses, cracks, and fissures

● THERAPY I

A 50-year-old overweight woman with uncontrolled diabetes and a clubfoot deformity visited podiatrist Anna Stownikowska at the Podomedical clinics in Myszków for the removal of corns. The changes on the sole were causing significant pain and difficulty in walking. The first corn was a regular one, while the second was neurovascular. The specialist, after using a prebiotic softening spray, removed the lesions and applied felt-based offloading pads. At the end of the procedure, she applied a highly regenerative ointment suitable for diabetics and an active podological oil based on organic ozonized olive oil. She also recommended systematic home care. Due to the foot deformities, the podiatrist referred the client for a consultation with a specialist to select appropriate therapeutic shoes.

AT THE CLINIC:

- PODOFLEX® SKIN AND NAILS SOFTENING PREBOTIC SPRAY
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT
- OLEUM HERBAL® ACTIVE PODOLOGIC OIL

AT HOME:

- PODOFLEX® REGENERATING AND SOOTHING OINTMENT
- PODOFLEX® FOOT CREAM WITH COLOSTRUM

DURATION OF THERAPY: 1 VISIT



● THERAPY II

The case of a 64-year-old overweight woman with neurological problems in her leg. As a result, a large crack developed in the heel area, accompanied by severe pain and bleeding. The therapy, conducted in Greece by podiatrist Katerina Yatsiu, consisted of regular, gentle cleansing of the keratinized epidermis. At home, the woman used the highly regenerative ointment with colostrum fat recommended by the specialist, which had healing and soothing properties. After 5 months, an impressive result was achieved.

AT THE CLINIC AND AT HOME:

- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

DURATION OF THERAPY: 5 MONTHS



● THERAPY III

The case of hyperkeratosis (thickening of the skin) on the feet of a 60-year-old woman working in the healthcare sector, who wore ill-fitting wooden clogs at work. The skin on her heels was so thick that after softening it with a 25% urea gel, cleaning it with a scalpel, and smoothing it out, the podiatrist Agnieszka Kasprzak-Lewandowska from the Upiększarnia salon in Inowrocław recommended regular use of an ointment containing the same urea content at home. It was only on the next visit that she changed the ointment to a weaker 10% urea preparation. At the end of each treatment, she applied a highly regenerative ointment to the feet. Due to the irregularity of the client's visits, the therapy lasted around 6 months.

AT THE CLINIC:

- PODOFLEX® SKIN SOFTENING GEL FOR MEDICAL PEDICURES
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- PODOFLEX® REGENERATING AND SOOTHING OINTMENT
- PODOFLEX® OINTMENT FOR CRACKED AND CALLUSED SKIN ON THE FEET
- PODOFLEX® FOOT OINTMENT WITH 10% UREA

DURATION OF THERAPY: AROUND 6 MONTHS



● THERAPY IV

Advanced hyperkeratosis (excessive thickening of the skin) on the big toe of a 72-year-old farmer, who runs a large farm on a daily basis. The man went to the office of Mirosława Lazar, a podiatrist in Goczałkowice-Zdrój. He thought it was a fungal change. For two years, he had been using, without consulting a specialist, antifungal liquids and ointments, which had an intense drying effect. Additionally, a lack of proper hygiene and care had intensified the hyperkeratosis. The situation was not made easier by gait biomechanics disorders as well. The black discoloration of the calluses on the big toe turned out to be a soil deposit. After softening the changes, cleaning them with a scalpel (only during the 2nd visit), and smoothing them, the podiatrist applied a highly regenerative ointment. She recommended systematic care. The other nails also required care, she professionally shortened and cleaned them.

AT THE CLINIC:

- PODOFLEX® SKIN AND NAILS SOFTENING PREBOTIC SPRAY
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- SKINFLEX® DERMATOLOGICAL BODY SOAP
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

DURATION OF THERAPY: 6 MONTHS



HYPERHIDROSIS, UNPLEASANT ODOUR, PITTED KERATOLYSIS

Excessive sweating (*hyperhidrosis*) is a condition in which there is an increased production of sweat. Hyperhidrosis affects 3% to even 5% of people worldwide. With proper functioning of the eccrine sweat glands, a person should excrete about 300-500 ml of sweat per day. If this amount is visibly greater and interferes with daily functioning, we are dealing with so-called hyperhidrosis. The consequences of untreated excessive sweating are troublesome, not only physically. They cause low self-esteem, social problems, withdrawal from contacts (bad odour, clammy hands).

In the case of feet and hands, they contribute to:

- fungal infections of nails and skin,
- bacterial infections (problem of ingrown nails, flagellate keratosis),

- viral infections (warts),
- soft, difficult to remove keratolysis (soft corns),
- increased risk of a foreign body penetrating the skin of the feet, which is particularly dangerous in diabetes.

We distinguish primary and secondary hyperhidrosis. The latter arises, among other things, as a result of diseases, taking certain medications, improper diet and hygiene, as well as during puberty, pregnancy or menopause.

To reduce hyperhidrosis and speed up the effects of podiatric therapies, it is worth paying attention to these aspects and educating about ways to cope with this unpleasant problem.

Recommendations in case of hyperhidrosis:

- Proper body hygiene (using cleansing products with acidic pH).
- Selecting appropriate socks, shoes and taking care of their condition (regular airing, shoe disinfection, replacing insoles).
- Calming the body through stress management therapy, using herbs in the form of tablets, infusions or baths, e.g.: sage, horsetail, yarrow, burdock root, shepherd's purse, knotweed, birch, oak bark, rosemary, thyme, nettle, lemon balm. Remember that herbs are active substances, so it's worth consulting a specialist in this field: a herbalist or naturopath, before using them.
- Lifestyle and dietary changes (eliminating smoking, alcohol, spicy seasonings, excess caffeine).
- Using proper post-treatment disinfecting and sweat-limiting preparations.
- Maintaining an appropriate level of hydration in the body.

The level of stress, which is a common cause of excessive sweating, is greatly influenced by the state of our gut microbiome and the associated so-called "silent" inflammatory states. It is important to focus on a proper diet, the selection of a targeted synbiotic, supplementation of

vitamin D₃ and B₁₂, and maintaining a high level of hydration in the body. Close collaboration with a clinical dietitian and a naturopath who can help choose the appropriate diet, supplementation, and stress-reducing therapies can significantly improve quality of life.

Where does the bad odour come from?

Apocrine sweat (secreted in small amounts under the influence of sex hormones, high temperature or emotions) is initially odourless. When it mixes with **eccrine sweat** (helps maintain homeostasis, primarily by stabilizing body temperature), skin remnants and sebum secretion, it becomes an ideal breeding ground for bacteria living on the skin. This leads to the decomposition of compounds and the characteristic sweat odour as a result of chemical changes, which is also greatly influenced by lifestyle (hygiene, diet, stimulants).

PODIATRIST'S ADVICE:





The skin of the feet in the case of excessive sweating is difficult to work on and easy to injure. Therefore, special care should be taken when working with a scalpel and a milling cutter. Interdigital spaces affected by maceration are best cleaned using a gauze compress to avoid damaging the delicate skin.

Pitted keratolysis (*keratosis punctata*) – also known as honeycomb-like keratosis – is a skin condition accompanied by excessive sweating. It is most often caused by moisture, leading to an overgrowth of bacterial flora (strains of Gram-positive bacillus – *corynebacterium*). It is characterized by the formation of multifocal erosions in the horny layer of the epidermis. This is related to the enzymatic activity of the bacteria, which causes the digestion of keratin. It may be accompanied by itching, burning, unpleasant odour, and skin changes.

To effectively get rid of pitted keratolysis, the first step is to thoroughly exfoliate the thickened epidermis, followed by recommending disinfecting products and those that reduce sweating, washing socks at high temperatures, and using a gentle dermatological soap to stabilize the skin’s pH. The green PODOFLEX series from the PODOFLEX line is designed for sweaty feet and is worth recommending for home use.



PRODUCTS FOR THERAPY IN THE PODIATRIST’S CLINIC

During a podiatric treatment


optional		PODOFLEX® SKIN AND NAILS SOFTENING PREBOTIC SPRAY	PT 09 see p. 7
		PODOFLEX® SKIN SOFTENING SPRAY FOR MEDICAL PEDICURES	PP 31 see p. 8
		PODOFLEX® FOOT CREAM WITH SILVER IONS	PP 37 see p. 20
		PODOFLEX® FOAMY FOOT CREAM WITH MICROSILVER AND GREATER CELANDINE	PM 08 see p. 19

PRODUCTS FOR HOME USE

Foot skin hygiene

	SKINFLEX® DERMATOLOGICAL BODY SOAP	MEDICAL PRODUCT	PT 07 see p. 6
	MYKOBOOSTER® SPRAY	INNOVATIVE INGREDIENTS	PT 08 see p. 10

Antifungal care

	PODOFLEX® ANTIFUNGAL FOOT SPRAY	PM 07 see p. 9
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Foot skin care



PODOFLEX® FOOT CREAM WITH SILVER IONS



PM 11

patrz s. 20



PODOFLEX® FOAMY FOOT CREAM WITH MICROSILVER AND GREATER CELANDINE



PM 08

patrz s. 19



PEDICURE SPA FOOT BATH SALTS WITH HERB EXTRACT



PP 02

patrz s. 4

Interdigital macerations



VERRU IMMUNO® SKIN CARE PASTE



PT 05

patrz s. 12

Footwear hygiene (once a week)



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08

patrz s. 10



Examples of therapies for excessive sweating, unpleasant odour and pitted keratolysis

● THERAPY I

Feet of a 40-year-old with excessive sweating. During his work in the workshop, he wore clogs made of artificial material, in which the skin could not breathe. This led to maceration of the soles and consequently to pitted keratolysis. He came under the care of podiatrist Iwona Andruchów from the clinic in Busko-Zdrój. The specialist properly prepared the epidermis, getting it ready for home care with PODOPHARM products. She also recommended washing the feet with a soap that stabilizes the skin's acidic pH, changing the footwear to leather, and sanitizing with a special spray once a week. After 6 weeks of systematic care and cooperation with the podiatrist, the expected therapeutic effect was obtained.

AT THE CLINIC AND AT HOME:

- MYKOBOOSTER® SPRAY (footwear hygiene – once a week)
- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- PODOFLEX® FOOT CREAM WITH SILVER IONS

DURATION OF THERAPY: 1.5 MONTHS



● THERAPY II

Heavy, rather tight work shoes, worn for about 10 hours a day, caused increased sweating, burning, itching, and an unpleasant odour of the 40-year-old's feet. Skin changes on the heels, in the form of small holes, clearly indicated pitted keratolysis. Professional help was necessary. Anna Marchel, a podiatrist from the clinic in Łańcut, after cleaning the lesions with a scalpel and smoothing the skin, applied a silver ions cream to the feet and recommended both antifungal and regenerating products for systematic home care. As part of the approximately 2-month therapy, there were 3 visits, after which the expected effect was achieved.

AT THE CLINIC AND AT HOME:

- PODOFLEX® ANTIFUNGAL FOOT SPRAY
- PODOFLEX® FOOT CREAM WITH SILVER IONS
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

DURATION OF THERAPY: 2 MONTHS



● THERAPY III

Pitted keratolysis, excessive sweating, and unpleasant odour – a young man came to podiatrist Małgorzata Nawąła at the Silesian Centre of Podiatry Chorzów branch with these complaints. He worked physically in safety footwear on daily basis.

After softening the skin with a prebiotic liquid with an acidic pH, the specialist gently cleaned the hyperkeratoses and applied a care product. She also recommended products for home use: an antifungal spray with an acidic pH, which neutralizes the unpleasant odour. During the summer, the man used a foam with celandine, while in the autumn-winter period – a cream with silver ions with an anti-perspirant effect.

AT THE CLINIC:

- **PODOFLEX® SKIN AND NAILS SOFTENING PREBOTIC SPRAY**
- **PODOFLEX® FOOT CREAM WITH SILVER IONS**

AT HOME:

- **PODOFLEX® ANTIFUNGAL FOOT SPRAY**
- **PODOFLEX® FOOT CREAM WITH SILVER IONS (autumn/winter)**
- **PODOFLEX® FOAMY FOOT CREAM WITH MICRO-SILVER AND GREATER CELANDINE (spring/summer)**

DURATION OF THERAPY: 4 MONTHS



● THERAPY IV

Extensive maceration on the feet of a 20-year-old, who trains intensively, is the result of excessive sweating of the feet, which led to pitted keratolysis with the characteristic small holes. The man sought help from podiatrist Anna Wybierała from the PodoVit clinic in Milicz. After treating the feet, the specialist recommended using a broad-spectrum antifungal spray twice a day, which reduces foot sweating, bacterial growth, and maintains the acidic pH of the skin. Thanks to the man's consistency, the therapeutic effect was achieved very quickly.

DURATION OF THERAPY: 1 MONTH



AT HOME:

- **PODOFLEX® ANTIFUNGAL FOOT SPRAY**

PSORIASIS

Approximately 8% of the adult and children population suffers from **psoriasis**. It is an inflammatory skin and nail disease – hereditary, non-contagious, but chronic, with a tendency to recur. In the course of psoriasis, various inflammatory processes are observed, which can be caused, among others, by: prolonged stress, acute infections, heart diseases, hypertension, type 2 diabetes, obesity, atherosclerosis, as well as certain medications, alcohol, or mechanical damage.

On the feet, there is **common** or **pustular** psoriasis. In the first type of the disease, single nodules appear up to confluent plaque foci, covered with a silvery-white or yellowish, thick scale. In areas of increased pressure, the skin becomes more keratinized and can crack.

In the second type of psoriasis – pustular – the efflorescences transform into crusts. Changes appear mainly on the soles, toes, and under the nails. Painful inflammation of the interphalangeal joints of the feet and hands may accompany them.

In the case of nails – psoriasis covers the bed and matrix, damaging it. This results in characteristic nail clubbing with small longitudinal and transverse depressions, which may also be thickened, yellowed, and roughened. When the nail plate is completely detached, the subun-

guil hyperkeratosis occurs. Microhemorrhages of blood vessels, visible as several millimeter-wide streaks, the so-called “splinter hemorrhage” sign, appear. Characteristic oily-looking spots can be seen under the nail. Onycholysis, i.e., separation of the nail plate from the bed, may over time be accompanied by fungal or bacterial infection, e.g., *Pseudomonas aeruginosa*.

PODIATRIST’S ADVICE:

In the case of diagnosed psoriasis, it is worth suggesting to the client to enrich their diet with healthy fats, which may affect the effects of the therapy.

Podiatric treatment should be limited mainly to the careful, gentle smoothing of sharp edges or cracks using a cap with a maximum grade of 150, being careful not to cause overheating of the epidermis and additional skin damage.

In the case of active inflammatory lesions, especially in the pustular variant, it is recommended to collect a sample for testing before undertaking any action, in order to rule out often coexisting bacterial infections.

PRODUCTS FOR THERAPY IN THE PODIATRIST’S CLINIC

During a podiatric treatment



SKINFLEX® DERMATOLOGICAL BODY SOAP

MEDICAL PRODUCT

PT 07

see p. 6



PODOFLEX® SKIN AND NAILS SOFTENING PREBOTIC SPRAY

PT 09

see p. 7



PODOFLEX® ANTIFUNGAL FOOT SPRAY

PP 32

see p. 9



OLEUM HERBAL® ACTIVE PODOLOGIC OIL

MULTIFUNCTIONAL

PP 33

see p. 16

BESTSELLER

PODOFLEX® REGENERATING AND SOOTHING OINTMENT

PODIATRIST’S ADVICE:

To enhance the effectiveness of the ointment, it can be suggested to the client to apply a thicker layer of the ointment at night under occlusion once a week (or more frequently, if needed).

PM 34

see p. 18



Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM
 FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044

BESTSELLER

PT 01
 see p. 12

PRODUCTS FOR HOME USE

Foot, hand and body hygiene and care



SKINFLEX® DERMATOLOGICAL BODY SOAP



MEDICAL PRODUCT

PT 07
 see p. 6



SKINFLEX® SPECIALIST DRY SKIN CREAM



PM 01
 see p. 21



OLEUM HERBAL® ACTIVE PODOLOGIC OIL



MULTIFUNCTIONAL

PM 44
 see p. 16



PODOFLEX® REGENERATING AND SOOTHING OINTMENT



BESTSELLER

PM 34
 see p. 18

Active antifungal care



MYKOBOOSTER® SPRAY



INNOVATIVE INGREDIENTS

PT 08
 see p. 10



PODOFLEX® ANTIFUNGAL FOOT SPRAY



PP 32
 see p. 9

Regeneration of nail bed and acceleration of nail plate regrowth



ONYGEN® CREAM
 FORMULA AND MANUFACTURING TECHNOLOGY PROTECTED BY PATENT; NO. R.302044



BESTSELLER

PT 01
 see p. 12

Growth stimulation and strengthening of thinned nail plate



PODOFLEX® INTENSIVELY STRENGTHENING SERUM FOR NAILS



BESTSELLER

PM 21
 see p. 14

Examples of foot and nail psoriasis treatments

● THERAPY I

The case of a pre-retirement seamstress with advanced hand psoriasis, who came to the podiatrist's clinic of Mirosława Lazar in Goczałkowice-Zdrój. The lesions were visible on the skin and nails. Previously, for 2 years she had been treated by a dermatologist, but without results. At each visit during the therapy, the specialist cleaned the nails and applied a cream with colostrum for intensive regeneration of the nail bed, which the woman also used at home after improving the blood supply by massaging the bed with a soft brush. The podiatrist also recommended washing the hands with a gentle dermatological soap. Additionally, the client changed her diet to an anti-inflammatory one and included omega 3-6-9 supplementation. It took several months to see the effects of the therapy.

AT THE CLINIC:

- PODOFLEX® SKIN AND NAILS PREBIOTIC SOFTENING SPRAY
- ONYGEN® CREAM

AT HOME:

- SKINFLEX® DERMATOLOGICAL BODY SOAP
- ONYGEN® CREAM

● THERAPY II

A 55-year-old woman with a diagnosis of foot skin psoriasis came to podiatrist Kinga Kowalska at the Świętokrzyskie Centre of Podiatry in Kielce. Previously, the woman had already implemented, after consultation with a dietician, an anti-inflammatory diet along with supplementation of Omega 3-6-9 preparations. The specialist treated the lesions with a scalpel and applied a regenerating and soothing ointment with colostrum, which she also recommended for use at home. At the next visit, she repeated the procedure. The condition of the skin improved significantly, although it still required consistent regeneration.

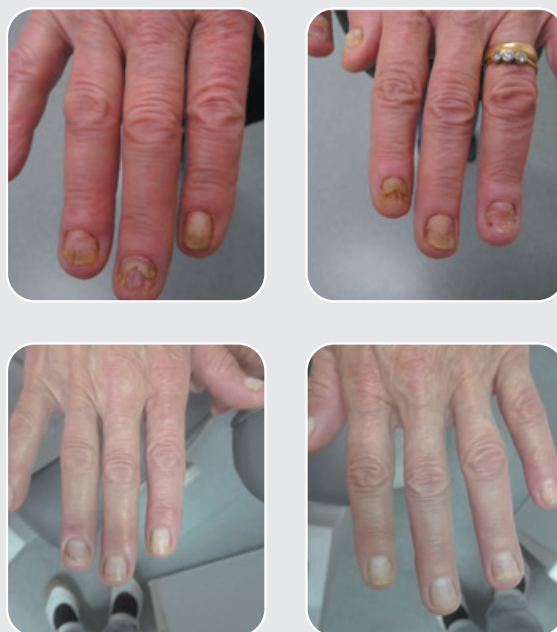
AT THE CLINIC:

- PODOFLEX® SKIN AND NAILS SOFTENING PREBIOTIC SPRAY
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

AT HOME:

- SKINFLEX® DERMATOLOGICAL BODY SOAP
- PODOFLEX® REGENERATING AND SOOTHING OINTMENT

DURATION OF THERAPY: 8 MONTHS



DURATION OF THERAPY: 2 MONTHS



AWARDS AND PRIZES FOR BRAND AND PRODUCTS



FOR BEAUTY PRAHA 2024
INOVATIVNI PRODUKT



OLEUM HERBAL® ACTIVE PODOLOGIC OIL






NEW EFFECTIVE CARE AFTER PODIATRIC PROCEDURES AND PROTECTION AGAINST PATHOGENIC FACTORS

Every podiatric procedure involves intervention in the skin of the feet, hands, or nails. In order to restore their proper balance, regenerate, and effectively protect them after the procedure against bacteria, fungi, and viruses, it is necessary to use appropriate post-treatment care.




— 100% ORGANIC INGREDIENTS

- extra vergine olive oil •active oxygen •evening primrose oil •jojoba oil •tea tree essential oil
- lavender essential oil •rosemary essential oil •clove essential oil

— FOR SKIN, NAILS, BODY AND HAIR

-  Intensively hydrates, regenerates, and soothes inflammation
-  Penetrates the deep layers of the skin
-  Oxygenates and stimulates microcirculation
-  Acts antifungally, antiseptically, antivirally, anti-inflammatory
-  Increases the effectiveness of applied therapies

— LIFE HACKS

-  Add 2–3 drops of OLEUM HERBAL® to any foot cream, urea ointment, body lotion or hair mask.
-  The oil can be applied directly to the skin showing signs of: psoriasis, atopic dermatitis, skin and nail fungal infections, bacterial infections, irritation after depilation, herpes, bites, acne lesions. It has a soothing, anti-itching, anti-inflammatory, and disinfecting effect.
-  For children, it is also recommended to add about 10 drops to the bath to alleviate the symptoms of a cold and to calm before bedtime.



— RECOMMENDED FOR

Psoriasis, atopic skin inflammation, contact eczema, dermatoses, skin and nail fungal infections, bacterial infections, irritation after depilation, herpes, insect bites, acne changes, muscle soreness; recommended for diabetics

PODOPHARM®

Ignacego Łukasiewicza Street, No. 5

25-663 Kielce, POLAND

+48 605 830 347

export@podopharm.pl

www.podopharm.pl



find us on social media