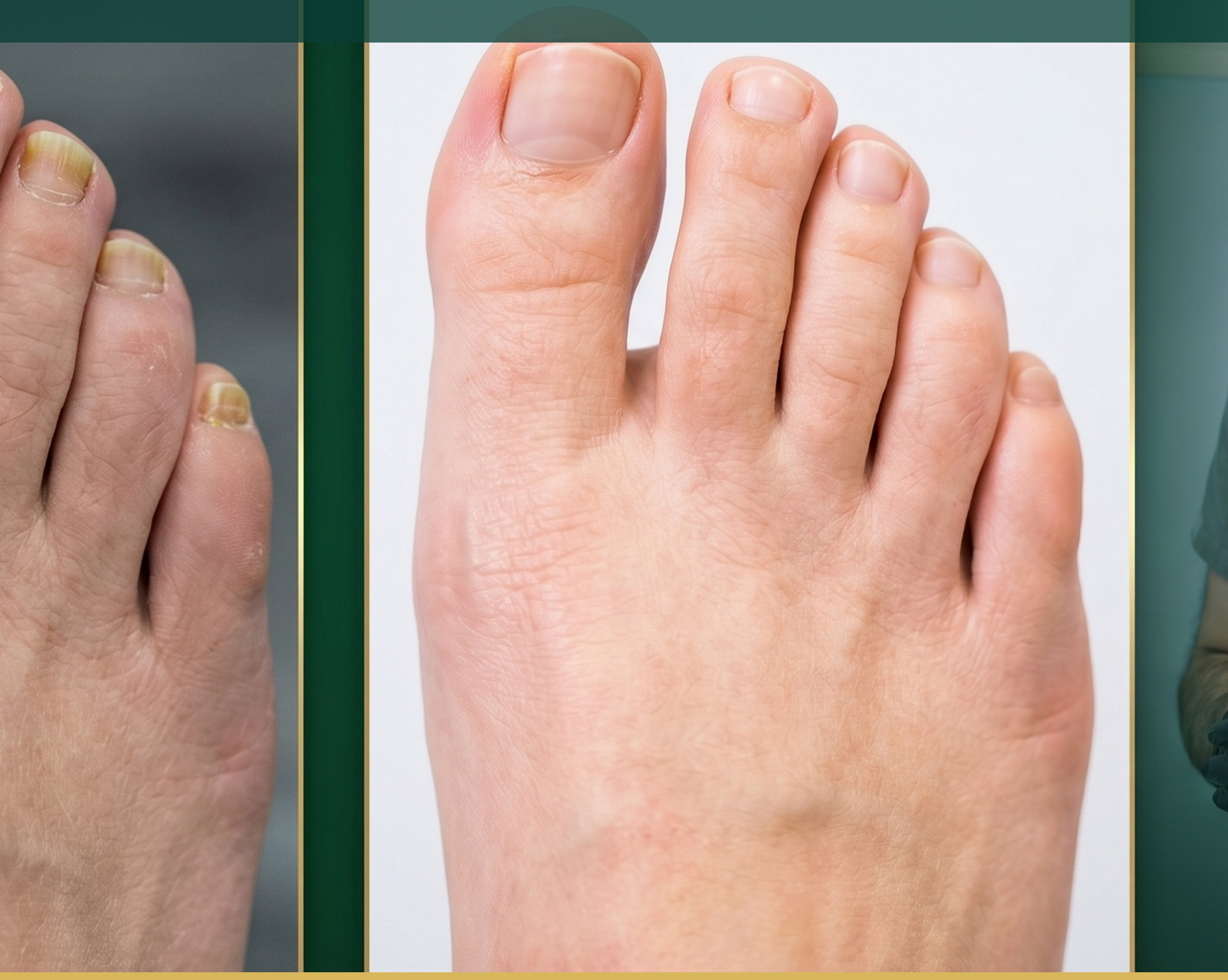
The Hub Glasgow

Specialist-level podiatry with practical aftercare that matters.



Fungal Nail Treatment Guide

What fungal nails are, why they come back, and the daily routine that gives treatment the best chance of working.

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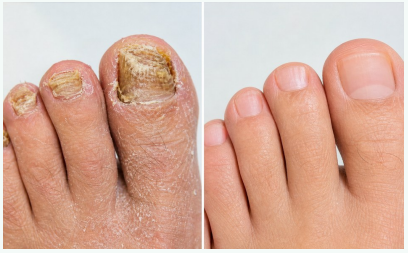
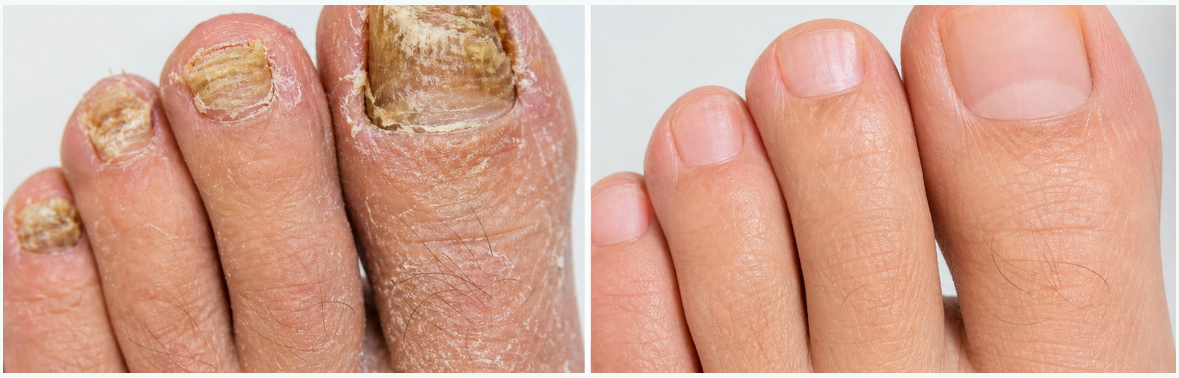
What Are Fungal Nails?

A fungal nail infection, also called onychomycosis, happens when fungus grows in or under the nail. The nail may become yellow, white, brown, thickened, crumbly, lifted from the nail bed, or difficult to cut. It can affect one nail or several nails.



Typical fungal nail changes and healthier new growth.



Illustrative before-and-after style guide: clearer nail grows from the base over mont

Fungal nails are common and stubborn. They are not a sign of being dirty. They usually happen because fungus has found the right conditions to live: warmth, moisture, repeated shoe wear, damaged nail, athlete's foot, or reduced ability of the nail to grow out normally.

The nail is only part of the problem	The skin around the toes, the sole of the foot, socks and shoes can all carry fungal spores. If those areas are not treated, the nail can be reinfected.
It takes time	Toenails grow slowly. A clearer nail grows from the base over months, not days. Treatment is about reducing fungal load while healthy nail grows forward.
Recurrence is common	Research and clinical guidance both recognise recurrence and reinfection as common, especially if athlete's foot, footwear and sock hygiene are not controlled.

Why Do We Get Them?

Fungus likes warm, moist spaces. Shoes, sweaty socks, gym changing rooms, swimming pools, damaged nails and untreated athlete's foot can all make it easier for fungus to settle in.

Warmth

Feet spend hours enclosed in shoes.

Moisture

Sweat softens skin and nails.

Skin infection

Athlete's foot can spread to nails.

Nail damage

Trauma gives fungus an easier route in.

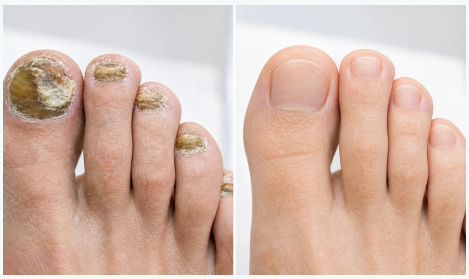
Shared spaces

Gyms and pools increase exposure.

Reinfection

Shoes and socks can keep spores around.

The Hub approach



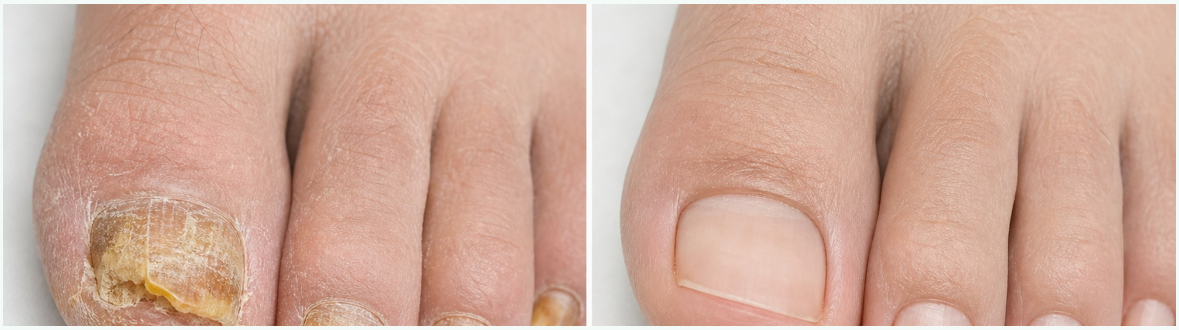
Real fungal nail examples: the nail, skin and footwear all matter.

We treat the whole fungal load.

At The Hub, fungal nail treatment is not just about painting something onto a thickened nail and hoping for the best. We combine nail preparation, the Lacuna method where appropriate, antifungal treatment, skin treatment, footwear hygiene and laser therapy where clinically suitable.

Topical nail treatment on its own is often disappointing once the nail is thick, lifted or repeatedly reinfected from the skin and shoes. The plan has to deal with the nail, the skin and the environment around the foot.

How We Treat Fungal Nails At The Hub



Real before-and-after style example: treatment aims to support clearer new nail growt

1. Reduce nail thickness	We carefully reduce and prepare the affected nail so treatment has a better chance of reaching the infected area.
2. Lacuna method	Tiny channels can be made through the nail plate. Antifungal solution is then applied into these channels to improve contact with the infected nail bed.
3. Treat the skin	Any athlete's foot or fungal skin involvement must be treated. If the skin keeps carrying fungus, the nail can keep being reinfected.
4. Lower the microbial fungal load	We use antifungal products, hygiene advice and, where suitable, laser therapy to help reduce the amount of fungus present.
5. Support new nail growth	The aim is not instant cosmetic perfection. The aim is to help a healthier nail grow forward while reinfection is controlled.
6. Keep going	Stopping too early is one of the most common reasons fungal nails return or never fully settle.

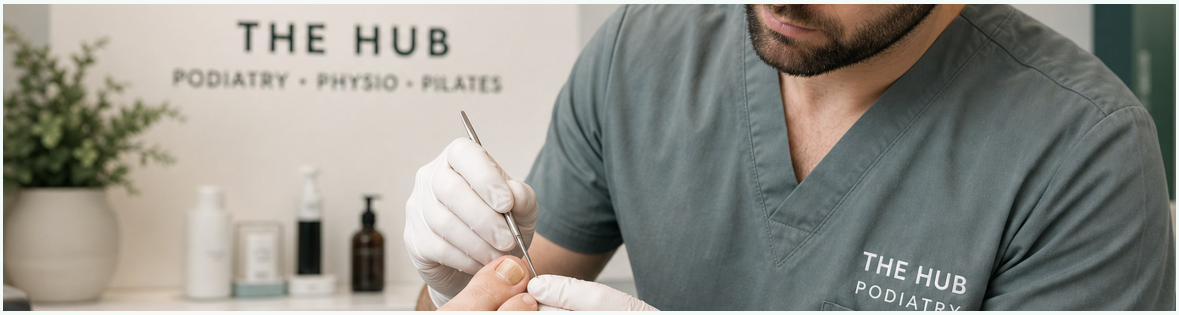
Laser therapy

Laser may be offered as part of a wider plan to help reduce fungal load. It should not be treated as a magic one-session cure. The daily antifungal and hygiene routine still matters.

Your podiatrist will tailor the plan to the nail and skin.

Your Daily Aftercare Routine

This is the part that makes the biggest difference at home. Think of it as reducing the places fungus can live while the new nail grows through.



Treatment works best when clinical care is backed up by the daily home routine.

Use antifungal daily

Apply the product exactly as advised. Daily consistency matters more than occasional bursts.

Treat the skin

Use antifungal on the skin as advised, especially if there is peeling, itching or athlete's foot.

Wash socks at 60°C

Use a 60°C wash where the fabric allows. Change socks daily and after heavy sweating.

Air your feet

Give feet time out of shoes. Dry carefully between toes after washing.

Air your shoes

Rotate shoes, loosen laces, remove insoles if possible, and let shoes dry fully.

Keep going

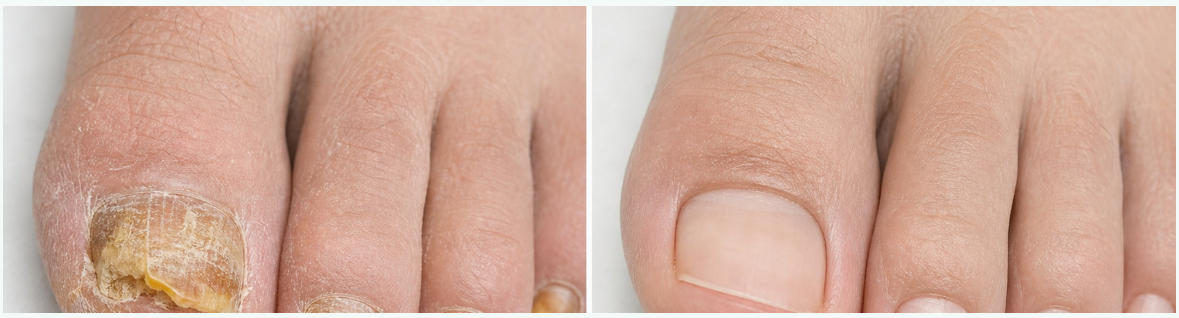
Continue prevention even when the nail looks better. Recurrence risk is high if you stop too soon.

Do	Keep nails trimmed, dry between toes, use your antifungal daily, rotate shoes, wear clean socks, and follow the review plan.
Avoid	Do not share nail clippers, do not ignore athlete's foot, do not put damp feet into closed shoes, and do not stop treatment as soon as the nail looks a bit clearer.

Important: If you have diabetes, poor circulation, reduced sensation, immune suppression, spreading redness, pain, discharge or a sudden change in the toe, seek clinical advice promptly rather than self-treating.

What To Expect

Fungal nail treatment is a long game. The damaged part of the nail does not instantly turn normal. We are looking for a healthier nail growing from the base while the older infected nail gradually moves forward and is trimmed away.



The first visible win is usually clearer new growth at the base, not instant full-nai

First few weeks	The priority is reducing fungal load, improving nail access and building the daily routine.
Over months	You should be looking for clearer new nail growth from the base. Toenails grow slowly.
Reviews	We may reduce thick nail, repeat Lacuna treatment, review skin infection, and adjust the plan if progress stalls.
Long-term prevention	Once improved, prevention still matters: dry feet, clean socks, aired shoes and early treatment of athlete's foot.

When to contact us

Contact The Hub if the nail becomes painful, red, swollen, starts to discharge, lifts suddenly, or if you are unsure how to use the products. We would rather adjust the plan early than let the infection keep cycling.

Call us if you are unsure what to do next.

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Sources And Notes

This patient guide is based on current patient-facing NHS/NHS Inform guidance, NICE Clinical Knowledge Summaries, British Association of Dermatologists patient information, DermNet, and published reviews discussing recurrence, reinfection and the importance of treating tinea pedis/skin reservoirs alongside nail infection.

Key sources: NHS - Fungal nail infection; NHS Inform - Fungal nail infection; NICE CKS - Fungal nail infection; British Association of Dermatologists - Fungal nail infections; DermNet - Fungal nail infections; Gupta et al. and other review literature on onychomycosis recurrence and reinfection.

The simple version	Treat the nail. Treat the skin. Treat the socks. Treat the shoes. Keep going long enough for new nail to grow.
The honest version	There is no useful shortcut if the fungal load around the foot stays high. Daily aftercare is part of the treatment, not an optional extra.