

YouTube as a Source of Health Information on Onychomycosis in Thailand: A Quality Assessment Study

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ABSTRACT

Background: YouTube is a basic source of health information, but the quality of content regarding onychomycosis in Thailand remains under-evaluated.

Objective: To assess the quality, reliability, and engagement of YouTube videos on onychomycosis from the perspectives of medical experts and Generation Z student researchers.

Materials and Methods: A cross-sectional analysis was conducted on YouTube videos related to onychomycosis in Thai. Videos were categorized by source: healthcare personnel and non-healthcare personnel. Quality and reliability were evaluated using the DISCERN tool, JAMA benchmark criteria, the Global Quality Scale (GQS), and the Video Information and Quality Index (VIQI). Qualitative data were gathered through internal group discussion with Generation Z researchers to identify engagement and noted reliability.

Results: Most videos were produced by non-healthcare personnel, with board-certified physicians accounting for only 27% of the content. Healthcare personnel-led videos scored significantly higher in JAMA (transparency), DISCERN (treatment reliability), VIQI (flow and technical clarity), and GQS (quality and flow). Non-healthcare personnel videos frequently promoted harmful or improper treatments. Students identified a “30-second window” critical for engagement and a preference for clear professional affiliation. Interestingly, students’ perceptions of video quality strongly correlated with expert quality assessments. One video utilized artificial intelligence-generated data, highlighting an emerging trend in content creation.

Conclusion: Professional medical content on YouTube provides superior quality and reliability but is less prevalent than non-professional content. There is an urgent need for board-certified physicians to increase their video output to reduce misinformation.

Keywords: Onychomycosis; Education; Social Media; Thailand

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YouTube has now emerged as one of the most popular and influential social media platforms worldwide. Given its high accessibility and visual nature, it has become an initial source of health information, with many individuals utilizing the platform to seek medical knowledge and self-treatment strategies. Previous studies revealed varying levels

of quality and reliability in information regarding common dermatological conditions on both TikTok and YouTube⁽¹⁻⁵⁾. Furthermore, specific evaluations of YouTube content had some significant gaps in the educational quality of videos related to fungal nail infection^(1,2).

This reliance on social media for medical advice remained a challenging health problem⁽¹⁻⁵⁾, particularly in regions like Thailand, where over-the-counter medications are highly accessible without

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What is already known about this topic?

YouTube has become one of the most influential social media platforms worldwide. Its accessibility and visual nature make it a primary source of health information, with many people using it to seek medical knowledge and self-treatment strategies.

What does this study add?

Videos made by non-healthcare creators frequently push harmful or unsuitable treatments for onychomycosis. Generation Z students uncovered a crucial 30-second window to capture attention and a strong desire for clear professional credibility.

a professional consultation. This ease of access, combined with the potential for misinformation on social media, creates a significant public health risk.

Content on YouTube regarding onychomycosis ranges from evidence-based clinical advice to unreliable remedies and dangerous recommendations^(1,2). Patients following inaccurate advice may use ineffective preparations, leading to treatment delay, or worse, utilize harmful substances that cause systemic toxicity or localized tissue damage. Despite the global research on this topic, there is a lack of data specifically assessing the quality of Thai-language content. Therefore, this cross-sectional study aims to evaluate the quality, reliability, and accuracy of YouTube videos in Thailand concerning onychomycosis.

MATERIALS AND METHODS

Search strategy and video selection

A cross-sectional search was conducted on YouTube using the most common Thai-language terms for onychomycosis. The search was performed using a “clean” browser (incognito mode, cleared caches, and no user login) to simulate a typical patient search experience in Thailand. The first 100 consecutive videos were collected for analysis. Videos were excluded if they were in languages other than Thai.

Video evaluation and data extraction

The 100 retrieved videos were gathered on December 1, 2025. To evaluate the distribution of video quality relative to search engine visibility, the original search rank positions of all 100 consecutively retrieved videos were preserved and categorized into four distinct quartiles (Quartile 1: ranks 1-25, Quartile 2: ranks 26-50, Quartile 3: ranks 51-75, Quartile 4: ranks 76-100). This design preserves real-world search engine results architecture, accounting for duplicate or irrelevant videos that a typical user encounters.

Following this categorization, duplicate uploads and those irrelevant to the clinical diagnosis or treatment of onychomycosis were excluded. Paid advertisements and sponsored content were bypassed during collection. YouTube Shorts were excluded from retrieval.

The videos were evaluated by a multidisciplinary panel of independent reviewers to capture a broad spectrum of quality assessment. The reviewers consisted of board-certified dermatologists specializing in onychomycosis (expert perspective), non-dermatologist physicians (general medical practitioner perspective), and secondary school students representing the “Gen Z” demographic and

frequent social media users (consumer perspective).

The six physicians independently evaluated each video using three validated medical information assessment tools: 1) DISCERN tool was used to assess the quality of information regarding treatment choices⁽⁶⁾, 2) Journal of the American Medical Association (JAMA) System was evaluated for authorship, attribution, disclosure, and currency of the video⁽⁷⁾, and 3) Video Information and Quality Index (VIQI) was used to assess flow, information quality, and visual/audio clarity⁽⁸⁾.

Videos were categorized by physicians as either “harmful” or “inappropriate” based on clinical risk. Harmful treatment was defined as recommendations posing a direct risk of physical injury, increased pain, bleeding, or severe systemic side effects. Conversely, inappropriate treatment was defined as clinically unproven recommendations that do not cause direct harm but lack efficacy and delay curative care.

Three student researchers evaluated the videos using the Global Quality Scale (GQS), a 5-point scale employed to measure the overall perceived educational value and benefit from a layperson’s perspective⁽⁹⁾. Additionally, these three student researchers engaged in an internal group discussion to provide qualitative feedback on the persuasiveness and relatability of the content. This collaborative evaluation aimed to identify which video styles most effectively drove the students’ perception of trustworthiness.

This research is non-human subject research. Ethics committee approval was not required for this study.

Statistical Analysis

Data were analyzed using Stata Statistical Software, version 17 (StataCorp LLC, College Station, TX, USA). Descriptive statistics were used to summarize video characteristics, with categorical variables reported as frequencies and percentages, and continuous variables reported as means with standard deviations (SD) or medians with interquartile ranges (IQR). For two-group comparisons, the Student’s t-test was employed for normally distributed data, while the Wilcoxon Rank-Sum test (Mann-Whitney U) was used for non-normally distributed data. Inter-rater reliability of 6 physicians was assessed by using the intraclass correlation coefficient (ICC) for both individual and average measures, focusing on absolute agreement. Pearson correlation coefficient was analyzed to assess the correlation between the physicians’ scores (DISCERN, JAMA, VIQI) and the students’ scores (GQS). A p-value of less than 0.05 was considered

statistically significant.

RESULTS

A total of 100 videos were initially retrieved. Following an initial screening, 42 videos were excluded: 22 were duplicates, and 20 were considered irrelevant to onychomycosis. Consequently, 58 videos met the inclusion criteria and were included in the final analysis (Figure 1). A total of 100 videos were categorized into four quartiles (Q) based on their search rank. The distribution of 58 relevant videos remained relatively stable across the search rankings, with 14 videos in Q1, 18 in Q2, 12 in Q3, and 14 in Q4.

Sources of the YouTube videos were categorized into healthcare and non-healthcare personnel. Healthcare personnel were responsible for the production of 23 videos, representing 39.7% of the total sample. Within this group, board-certified non-dermatologist physicians contributed the highest number of videos with 9 uploads, followed by 7 videos from dermatologists, 6 videos from pharmacists, and 1 from a nurse. The proportion of videos led by healthcare personnel showed a marked decline as the search rank increased. In the first quartile of the search rank, most relevant videos were healthcare personnel-led (11/14, 78.6%). This proportion decreased in subsequent quartiles: 38.9% (7/18) in Q2, 33.3% (4/12) in Q3, and only 7.1% (1/14) in Q4.

In contrast, 35 (60.3%) of the content was generated by non-healthcare personnel. This group consisted of a diverse range of creators, including 11 from nail salon operators, 8 from blockers, 7 videos from patients, and 5 from pharmaceutical companies, as well as 4 videos where the producer's identity remained anonymous or unidentified.

The median duration of the included videos was 4.17 minutes. The median number of subscribers for the producing channels was 7,170. Regarding the time since upload, the median duration from the release date to the data collection point was 1,341.5 days. A comparative analysis of engagement metrics revealed that videos produced by healthcare personnel received significantly higher numbers of likes compared to those from non-healthcare sources. Interestingly, no “dislikes” were recorded for any of the 58 videos analyzed.

Physician evaluation used the DISCERN tool to assess the quality of information regarding treatment choices for onychomycosis. Among all videos, Criterion 1 (clarity of aims) achieved the highest mean score, followed by Criterion 2 (achievement of aims). Conversely, Criterion 5 (specification of the

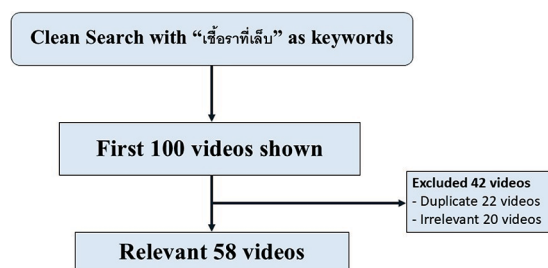


Figure 1. Flow of video enrollment.

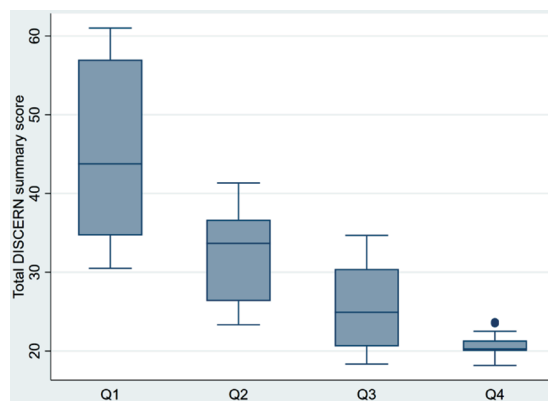


Figure 2. Total DISCERN summary score categorized by quartile search rank.

Q, quartile

date of information) received the lowest scores. Videos produced by healthcare personnel scored significantly higher than non-healthcare personnel videos on most items. The total DISCERN summary score was significantly higher in the healthcare personnel group (Table 1). Concerning search rank, the highest mean DISCERN score was observed in the first quartile, at 45.48 ± 10.79 , indicating superior information quality in the top-ranked results. This score was significantly higher than those observed in Q2 (32.20 ± 5.31), Q3 (25.69 ± 5.52), and Q4 (20.76 ± 1.56) (Figure 2).

Regarding the JAMA system, healthcare personnel videos scored significantly higher on Criterion 1 (authorship), reflecting clearer professional identification and credentials. The overall JAMA score was significantly higher for the healthcare personnel group compared to the non-healthcare personnel group. About search rank, the highest mean JAMA score was observed in the first quartile, at 1.64 ± 0.50 , indicating superior reliability and transparency in the top-ranked results. This score was higher than those observed in Q2 (1.33 ± 0.49), Q3 (1.17 ± 0.39), and Q4 (1.0 ± 0).

About VIQI, healthcare personnel videos demonstrated significantly higher scores in Criteria

Table 1. Video characteristics of YouTube videos on onychomycosis and quality score

Factor	Total (n=58)	Health care personnel (n=23)	Non-health care personnel (n=35)	p-value
Metric; median (IQR)				
Video length (minutes)	4.17 (2.2, 6.21)	4.14 (2.2, 5.57)	4.18 (2.16, 6.59)	0.855
Number of subscribers	7,170 (788, 48,800)	8,490 (1,770, 38,500)	3,440 (429, 107,000)	0.469
Number of likes	27 (2, 249)	93 (9, 582)	18 (1, 190)	0.049
Number of comments	1.5 (0, 16)	2 (0, 26)	0 (0, 13)	0.190
Video views	3,194.5 (164, 28,765)	10,464 (411, 47,877)	1,351 (125, 18,806)	0.061
Days on YouTube	1,341.5 (768, 2,085)	1,217 (705, 2,319)	1,345 (773, 1,876)	0.781
Quality score; mean±SD				
DISCERN				
1. Clear aims	3.68±0.82	4.22±0.62	3.31±0.74	<0.001
2. Achieve aims	3.20±0.85	3.81±0.76	2.80±0.65	0.001
3. Relevance	2.76±1.07	3.63±0.86	2.20±0.78	<0.001
4 Information source	1.72±0.82	2.31±0.80	1.33±0.56	0.001
5. Dates provided	1.00±0.07	1.00±0.00	1.01±0.08	0.422
6. Balance and unbiased	2.71±1.37	3.74±1.14	2.03±1.06	<0.001
7. Additional information	1.14±0.14	1.17±0.13	1.12±0.14	0.197
8. Uncertainty	1.65±0.84	2.16±1.11	1.31±0.31	0.001
9. Treatment method	2.00±1.01	2.67±1.21	1.56±0.50	<0.001
10. Treatment benefits	2.12±0.97	2.80±1.05	1.69±0.59	<0.001
11. Treatment risks	1.78±1.04	2.45±1.28	1.35±0.53	0.001
12. No treatment	1.63±0.94	2.19±1.15	1.27±0.54	0.001
13. Discussion on QoL	1.46±0.64	1.80±0.84	1.23±0.32	0.001
14. Treatment options	2.31±1.15	3.26±1.01	1.69±0.76	0.001
15. Decision making	2.12±1.12	2.99±1.07	1.54±0.70	<0.001
16. Overall rating	2.95±1.03	3.70±1.11	2.46±0.61	<0.001
• Total DISCERN score	31.30±11.18	40.20±11.30	25.45±6.17	<0.001
JAMA system	1.29±0.46	1.65±0.49	1.06±0.24	<0.001
Video Information and Quality Index	27.28±8.85	33.83±9.85	22.97±4.52	<0.001
Global Quality Scale	2.36±1.37	3.09±1.28	1.89±1.23	<0.001
Content evaluation; n (%)				
Harmful treatment recommendations	7 (12.07)	1 (4.35)	6 (17.14)	0.226
Improper treatment recommendations	35 (60.34)	6 (26.09)	29 (82.86)	<0.001

IQR=interquartile range; SD=standard deviation; QoL=quality of life

1 (flow), 2 (information quality), and 3 (visual/audio clarity). For multimedia Usage (Criterion 4), healthcare personnel videos scored significantly higher, showing more frequent use of high-quality static images or clinical photos. Conversely, non-healthcare personnel videos scored higher in the use of motion-video elements such as procedural clips. The total VIQI score was significantly higher in the healthcare personnel group. About search rank, the highest mean VIQI was observed in the first quartile at 37.43±10.15, indicating superior flow, accuracy, and precision in the top-ranked results. This score was significantly higher than those observed in Q2 (24.78±6.11), Q3 (24.42±5.55, and Q4 (22.79±4.06).

Inter-rater reliability of evaluators revealed

excellent reliability across 6 physicians. The individual ICC was 0.83 (95% CI 0.77 to 0.88), and the average ICC was 0.97 (95% CI 0.95 to 0.97), with significance ($p<0.001$).

The evaluation by nail expert dermatologists revealed significant concerns regarding treatment safety and accuracy. Harmful treatment recommendations were identified in seven videos (12.1%), such as suggestions for soaking affected nails in hydrogen peroxide or alcohol, performing aggressive mechanical debridement, and applying cosmetic nail gels over active fungal infections. These hazardous recommendations were found frequently in videos produced by non-healthcare creators. Regarding professional accuracy, one video featuring a pharmacist inappropriately

recommended a combination steroid-antifungal cream for suspected onychomycosis. In terms of clinical guideline adherence, 35 (60.3%) videos recommended treatments classified as “incorrect” or “improper” according to the 2025 Onychomycosis Guidelines of Thailand⁽¹⁰⁾. These improper suggestions included herbal remedies, specific vegetarian diets, and leg compression therapy. However, it is noteworthy that no videos recommended high-risk off-label medications, such as oral ketoconazole, which has been flagged for safety concerns.

From the perspective of students, the overall mean GQS for the sampled videos was 2.36 ± 1.37 . YouTube videos produced by healthcare personnel achieved significantly higher GQS compared to those from other sources. Regarding YouTube presentation styles, interview-style demonstrated significantly higher GQS than non-interview formats (mean 3.29 vs. 2.24, respectively; $p=0.0569$). Video-style YouTube demonstrated significantly lower GQS than non-video formats (mean 1.62 vs. 2.58, respectively, $p=0.0246$). However, no significant differences in GQS were observed when comparing videos based on the presence or absence of still images, animations, or report summaries. About search rank, the highest mean GQS was observed in the first quartile at 3.86 ± 1.03 , indicating superior quality and flow in the top-ranked results. This score was significantly higher than those observed in Q2 (2.39 ± 1.29), Q3 (2.0 ± 0.95), and Q4 (1.14 ± 0.36).

The statistical analysis revealed a significant positive correlation between the physician-led evaluation tools and the student researcher-based GQS across all parameters. The strongest association was observed between the DISCERN criteria and the GQS, yielding a Pearson correlation coefficient of $r=0.7063$ ($p<0.001$). This was followed by the VIQI, which also demonstrated a positive correlation with the GQS ($r=0.6358$, $p<0.001$). The JAMA system scores showed a statistically significant relationship with students' ratings ($r=0.4411$, $p=0.0005$).

Internal group discussions among the Gen Z student researchers revealed that they prioritized practical relevance, specifically seeking videos that addressed immediate personal concerns or provided management for their nail conditions. A critical “30-second window” was identified, wherein the initial impression determined whether the viewers continued watching. Interestingly, traditional symbols of medical authority, such as the “white coat,” did not significantly correlate with perceived expertise or reliability. Instead, the student team noted that viewers prioritized the

institutional reputation (e.g., a recognized hospital name) over the presenter's dress code. However, a significant behavioral trend was noted: when a trusted source recommended over-the-counter treatments available in Thailand, viewers expressed a preference for self-treatment over seeking a direct consultation with a physician.

DISCUSSION

This cross-sectional study demonstrates that the majority of YouTube content regarding onychomycosis in Thailand was produced by non-healthcare personnel, with board-certified physicians accounting for only 27.59% of the analyzed content. Similarly, the previous study observed that non-healthcare videos tend to be more numerous and popular⁽²⁾.

This study demonstrated that the quality of information was significantly higher in the healthcare personnel group. Specifically, the healthcare personnel group achieved higher adherence to standard transparency and reliability. Furthermore, videos by healthcare professionals demonstrated better narrative flow, information quality, and technical clarity. Similarly, a previous study reported that physician-posted videos consistently achieve higher DISCERN scores compared to non-physician content⁽¹⁾. This study supported that health care personnel-led videos in Thailand significantly had higher quality than others in JAMA, DISCERN, and VIQI criteria. From the consumer perspective, students also rated the quality and flow of professional content higher. These results, similar to previous studies^(1,2), suggest a critical need for board-certified physicians to increase their presence on digital platforms to provide accurate, evidence-based information to consumers.

Conversely, harmful or improper treatment recommendations were frequently identified in content produced by non-healthcare personnel. A former study also found that home remedies were recommended significantly more often than FDA-approved therapies and noted that many YouTube videos fail to discuss the side effects of therapies^(1,2). Given that over-the-counter treatments are easily accessible in Thailand, consumers often seek immediate solutions to personal concerns rather than professional consultation. Therefore, videos must emphasize the risks associated with improper treatment to discourage self-medication.

This comparative analysis of engagement metrics revealed no significant differences between healthcare and non-healthcare personnel videos, except for “likes”. This finding on engagement metrics contrasts slightly with some Western data. A previous study

found that patient experience videos often gather more views⁽²⁾. In the Thai sample, while total views were similar, healthcare personnel-led videos received more “likes”. This suggests that while non-healthcare personnel content is widely consumed, Thai viewers may explicitly “endorse” professional content more frequently. Interestingly, the absence of “dislikes” across the sample suggests a generally positive or neutral reception of onychomycosis content among Thai viewers, regardless of medical accuracy.

Analysis using the DISCERN tool highlighted that while healthcare personnel provided clear aims and achieved them effectively, there is significant room for improvement across all creators. Specifically, YouTube creators should focus on citing information sources and specifying publication dates to enhance credibility. Moreover, content often lacked critical discussions regarding the risks of “no treatment” and the impact of various treatment choices on the patient’s overall quality of life.

Regarding reliability via the JAMA system, authorship was generally well-defined in professional videos. However, a widespread lack of attribution and disclosure remains a concern. To enhance transparency, creators should explicitly state their affiliations and potential conflicts of interest. Interestingly, student researchers revealed that perceived reliability was not tied to a physician’s dress code, such as wearing a white coat, but rather to the clear identification of professional affiliations.

Healthcare personnel videos were superior in terms of flow and technical clarity. Consumer feedback emphasized a preference for high-quality static images or clinical photos over the motion-video elements, which are often favored by non-healthcare creators. Internal group discussions among the three Generation Z student researchers identified a critical “30-second window” that determines continued engagement. To be effective, medical creators must deliver important notes within this initial period. Notably, there was a high level of agreement between the three Generation Z students’ perception of video flow and the structured assessments performed by medical experts, suggesting that younger consumers can identify high-quality educational structures, even if they lack medical expertise.

This study’s results indicate that video quality is significantly concentrated within the first quartile (Q1) of search rankings, followed by a precipitous decline across Q2, Q3, and Q4. This distribution suggests that YouTube’s ranking algorithms effectively prioritize high-quality, authoritative content, thereby increasing the probability that consumers encounter reliable

information within their initial search results.

Several limitations in this study should be considered. First, the sample size of evaluators was relatively small; including a broader range of board-certified physicians and a more diverse group of consumers would enhance the generalizability of the findings. Second, as this was a cross-sectional study, it represents a snapshot of YouTube’s content, which is subject to frequent algorithmic changes and deletions. Third, the assessments were conducted by three student reviewers utilizing an immediate consensus methodology to resolve scoring discrepancies; because individual baseline scores were not recorded, interrater reliability was not assessed.

Furthermore, the emergence of artificial intelligence (AI) -generated content presents a new challenge. This study identified one video utilizing AI to deliver data, and as AI technology advances, its prevalence on social media will likely increase. Existing tools like DISCERN and JAMA may not fully capture the nuances of AI-driven misinformation or algorithmic bias. Future research should prioritize a larger participant pool and the development of specific quality-control frameworks to evaluate the accuracy and ethics of AI-generated health information.

CONCLUSION

This study reveals that while healthcare-led YouTube content on onychomycosis in Thailand is superior in quality, reliability, and flow, it remains outnumbered by non-professional content. Videos by non-healthcare personnel often lack transparency and occasionally promote harmful treatments.

For consumers, trust is driven by professional affiliation and a “30-second window” of engagement. As AI-generated content grows, board-certified physicians must increase their digital presence to provide evidence-based information, ensuring consumers are guided toward safe and accurate treatment options in an era of increasing self-medication.

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Authors Contributions

All authors meet ICMJE authorship criteria. NL:

Conceptualization, methodology, formal analysis, investigation, writing-original draft, and writing-review & editing. SB: Conceptualization, methodology, writing-original draft, writing-review & editing, and supervision. PJ: Conceptualization, methodology, writing-original draft, writing-review & editing, and supervision. CK: Methodology, formal analysis, investigation, resources, data curation, writing-original draft, and writing-review & editing. AK: Methodology, formal analysis, investigation, resources, data curation, writing-original draft, and writing-review & editing. PC: Methodology, formal analysis, investigation, resources, data curation, writing-original draft, and writing-review & editing. WB: Methodology, formal analysis, investigation, resources, data curation, writing-original draft, and writing-review & editing. PM: Methodology, formal analysis, investigation, resources, data curation, writing-original draft, and writing-review & editing. CL: Conceptualization, methodology, software, validation, formal analysis, investigation, resources, data curation, writing-original draft, writing-review & editing, visualization, supervision, and project administration.

Clinical Trial Registration

As this study did not involve a clinical trial, these documents were not applicable.

Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

Data Availability Statement

The de-identified dataset from this study is available from the corresponding author upon reasonable request with appropriate ethics approval.

Ethics Approval and Consent to Participate

This research is non-human subject research. Ethics committee approval was not required for this study.

Funding Disclosure

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Use of Artificial Intelligence

AI-assisted tools were used solely for English language editing and grammar checking during manuscript revision. Specifically, Gemini 3 was used

for sentence refinement only. All scientific content, including study design, data collection, analysis, interpretation, and conclusions, was conducted exclusively by the authors. The authors take full responsibility for the integrity and originality of all content. AI tools are not listed as authors per ICMJE criteria.

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