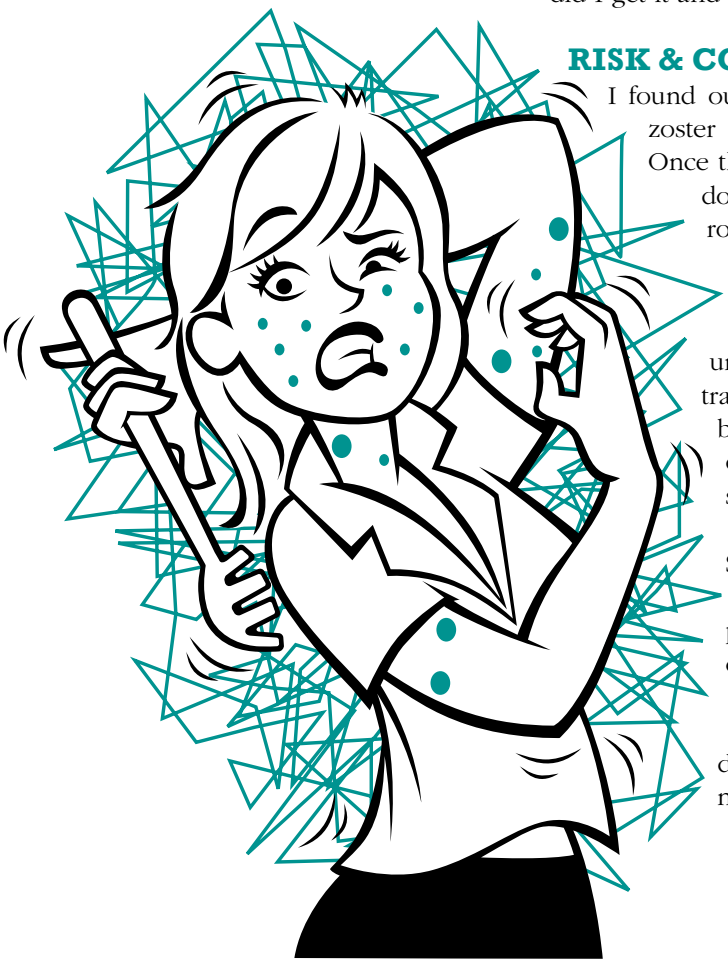
Shingles

More than just a rash

by Margy Squires

That cold and rainy October day did not spoil my nephew's wedding in Maine. **The bride was beautiful, the groom handsome and the images a part of my memory forever.** But when I stepped off the plane in Phoenix a week later, my husband **David could tell something was painfully wrong.** The next day at the doctor's office confirmed the worse: ***I had shingles.*** If only we could erase the memories we wanted to forget!



Like most people with shingles, excruciating pain drove me to seek medical attention in Maine. The doctor dismissed the rash down my left arm and merely advised ibuprofen. In his defense, I did not fit the profile of a patient for shingles. I was too young; the rash was not on my trunk and I had no blisters (yet). In its early stages, shingles is often mistaken for the flu with symptoms of chills, fever and upset stomach. Some experience a tingling and burning sensation like sunburn on the skin (like I did) without the malaise. Within a couple of days, a rash appears, typically on one side of the body, and the pain escalates. Virus filled fluid causes raised blistering. In 10-14 days the blisters dry up, scab over and the underlying skin heals. In most healthy people, shingles lasts less than a month and the pain goes away with the rash.

Since I did not know any thing about shingles, I learned the hard way—from experience. As a writer, my motto has always been: *when in doubt, do your research!* Being in the company of well-known pain specialists, however, was an advantage. Everyone medical I spoke to advised that I should be extremely aggressive about stopping the pain and inflammation as soon as possible because as unbearable as shingles pain is, nobody wants to keep it. So I wondered, how did I get it and how do I get rid of it?

RISK & COMPLICATIONS

I found out that anyone who has had or been exposed to the varicella zoster virus (VZV) of chicken pox, usually in childhood, is at risk. Once the blistery rash heals, the virus never really leaves, just remains dormant in certain nerve cells (trigeminal in the face and dorsal root ganglia of the spine). About 90% of Americans fit the risk category. Scientists are not sure what spurs the virus into action decades later but age and decreased immunity are two known factors. It's believed a strong immune system can keep the virus under "control" and quietly "sleeping". Once activated, the virus travels up the nerve and irritates the skin above with a tingling, burning sensation and then the telltale lesions appear. VZV is one of several forms of the *herpes virus* that causes shingles, cold sores and genital lesions.

Shingles is from a Greek word meaning *girdle* or *belt* as the common site for lesions are on the trunk, particularly in an arch pattern around the rib cage. There are approximately one million cases of shingles a year in the United States, with most cases occurring at age 60 or older. (Insinga et al, 2005). You cannot "catch" shingles from a person with shingles. You can, however, develop chicken pox if exposed to open shingle sores if you've never had them!

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Shingles
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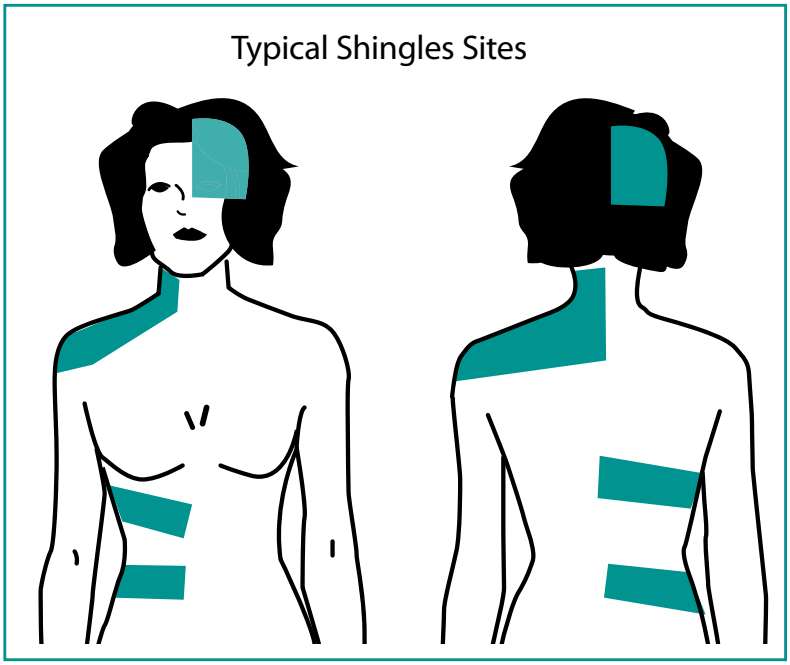

When active, the herpes virus travels up the nerve roots that supply sensation to your skin. These bands represent area of skin where typical lesions appear.

Shingles can be complicating. Although rare, shingles can involve the face (paralysis), brain (meingoencephalitis), spine (meningitis), ears and hearing (Ramsey-Hunt Syndrome). If shingles attack the face or head, seek immediate medical attention to protect hearing and loss of vision or blindness. The virus can scratch the cornea and damage the optic nerves. A lesion on the tip of the nose is a sign of eye involvement even when no lesions appear around the eye itself.

The most common shingles complication, however, is post-herpetic nerve pain (PHN), meaning the pain stays after the virus is gone. PHN can be temporary, lasting from 1-3 months and up to a year. In some people, however, the virus permanently damages the nerve, possibly affecting its ability to distinguish between normal and painful stimuli at the skin surface (Johnson RW, 2007). More pain chemicals (substance P) are produced along with random firing of those pain signals. Medical science cannot predict who will develop long-term PHN but agree that it is difficult to treat (Niv et al, 2005). Statistics do show that females and those with severe cases, however, seem at a higher risk. Happily for me, that was another profile I did not fit into! Since PHN is difficult to treat, the ultimate medical goal is to avoid shingles altogether by inoculation or lower the risks by shortening the viral attack with anti-viral drugs. There is a simple blood test to see if you have antibodies to VZV. If positive, you may not need either the vaccine or anti-viral therapy.

Vaccines. The shingles vaccine (Zostavax) was approved by the FDA in 2006 for adults 60 and older and is a stronger version of the childhood VZV vaccine. Study data suggests it reduces shingles occurrence by half and PHN by two thirds. If you've had shingles or are immuno-compromised (on steroids, have HIV or AIDS, cancer, etc), you may not be a candidate. As it is new, long-term side effects from the vaccine have not been studied. Vaccine costs are $200-300 and may not be covered by insurance.

Who's at Risk?

- Anyone who's had chicken pox (90% of U.S.)
- 25% of people age 50-60
- 50% of people age 80 & older
- 1-5% with recurrent shingles
- Those with trauma, illness or stress caused by weakened immunity (AIDS, HIV, radiation, chemotherapy, surgery, steroids)

Anti-virals. Several medicines, acyclovir (Zovirax), valacyclovir (Valtrex), and famciclovir (Famvir), are available to treat shingles by inhibiting the viral replication and possibly limiting the severity and duration. The drugs must be given within 48-72 hours of a rash to be effective and do not guarantee against PHN.

Nature's Course. Not everyone should or will want to take anti-viral drugs. In my case, the choice was not available since the window of opportunity had gone by. Nerve pain is the most predominant symptom of shingles and for most people is unbearable, requiring intervention (serious pain medication!). But what about nutritional therapy? Back to my research! Unfortunately, few medical studies evaluate alternative or complementary options although a review of literature from 2001-2006 (Young et al, 2007) suggests that these remedies "should be considered".

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One of the known risk factors for shingles is reduced immunity. Nutrients which offer anti-viral or enhance immunity have been shown to effectively treat shingles before prescription anti-virals were on the scene. Vitamin C and zinc help cellular immunity from the inside out, help the skin heal and resist infection. Bioflavonoids enhance C's absorption. Studies show that vitamin C has the ability to enter cells and, along with lysine, destroy the virus's ability to replicate just like anti-viral drugs. What's more, lysine competes with another amino acid arginine for cell entry. Arginine actually feeds the virus. Other natural anti-virals include garlic and olive leaf extract. Both boost immunity. Olive Leaf ES™ contains oleuropein, an ingredient shown to be antiviral (Ma et al 2001, Pereira et al 2007) and anti-microbial and anti-inflammatory. Classic antioxidants vitamins E, A and beta carotene are skin supplements, too.

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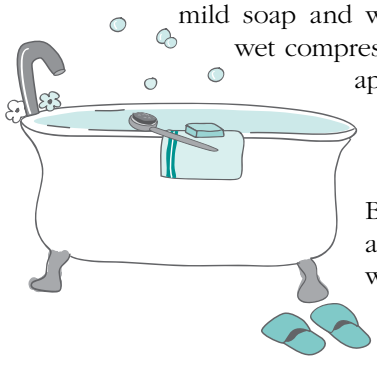
Several nutrients are neuroprotective. The entire B complex family assists with nervous system health; B12 and B6 specific to nerve pain and protection (as early as 1950 in studies). Methycobalamin, the active form of B12, goes to the nerve sheath directly. B6 and C are needed for lysine synthesis. To reduce inflammatory damage to nerves, proteolytic or systemic enzymes like Fibro-Enzymes™ block harmful COX-2 enzymes. Systemic enzymes also reduce inflammatory-related pain. Omega 3 fatty acids stimulate helpful prostaglandins that help control inflammation while quenching harmful ones. Flaxseed and fish oils both contain the beneficial Omega 3's. See listing of the generally agreed upon supplements in the box on the right.

Other helpful measures. Depending on how severe the case, take it easy. Rest refortifies the immune system whenever you're fighting viruses. You may want to avoid arginine-containing foods such as chocolate, peanuts, seeds, and cereal grains as well as saturated fats. Keep the skin clean to avoid infections with mild soap and water. For itching and pain, try wet compresses. A solution of one ounce of apple cider vinegar added to 32 ounces of water may make you smell funny but it does work! Vinegar is also mildly antiseptic. Baths can help, too. Baking soda added to the water softens skin while drying lesions. Wet a wash



THE SUPPLEMENTS**

Lysine, 500 mg
1-2 caps taken 3 times a day during an outbreak
1 cap daily for a week post-healing

Olive Leaf ES™, 20% Oleuropein
1-2 500 mg caps daily

Buffered-C, 500 mg
1000 mg every 6 hours up to 3 grams daily until lesions clear

OR

Alpha C
(Vitamin C 500 mg & Alpha Lipoic 50 mg)
2 caps every 6 hours until lesions clear

Fibro-Enzymes™
3 tablets, 2-3 times per day on empty stomach

Natural Vitamin E 400 IU
600-800 IU daily

Vitamin A*
50,000 IU daily for 10 days only

B-Complex
per label

B-12 1000 mcg
1-2 tabs daily until lesions are dry

Fish Oil 1000 mg
To equal 400 mg EPA, 1000 mg DHA daily

OR

Flaxseed Oil, Barlean's Liquid
1-2 Tablespoons daily

Zinc 15 mg
30-100 mg daily

**Not recommended if you are pregnant or planning a pregnancy*

*** In addition to a high potency Multi-Gold™ or Foundation Formula™*

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cloth or towel, wring it out, and then gently press it to the lesions. You can apply cold packs wrapped in a cotton towel over lesions but some find cold as irritating to nerves as heat. Wear comfortable, loose cotton clothing.

Once lesions have healed, topical capsaicin cream can help reduce lingering PHN by reducing substance P from nerve cells. Do not use near eyes! I used Pain Control Formula™ since it has an aloe base so that it penetrates skin and doesn't have the burn of petroleum based products which are poorly tolerated. You can also use vitamin C, E or lysine creams to speed healing of skin once lesions are gone.

SUMMARY ADVISORY

Did my regimen prevent PHN? I never experienced PHN and being pro-active in my care gave me peace of mind "just in case". In several review studies, steroids showed no protective effect against PHN, nor did antidepressants (Johnson et al, 2004). In a large 421 patient study not treated with anti-virals who were followed for up to 7 years after a first episode of shingles, only 5 reported mild pain and one moderate pain at the end of the study (Helgason et al, 2000). Low immunity and age (over 60) were cited as factors. In a double-blind study of 190 people with shingles, systemic enzymes were compared to the antiviral drug acyclovir. The researchers concluded that the enzymes worked equally well and with less side effects (Billigmann, 1995).

The bottom line? Each case of shingles is different. Work with your doctor to design the plan that's best for you based on your individual health needs and your comfort level.

Resources

- Centers for Disease Control and Prevention (CDC). Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(No.RR-11)
- www.ninds.nih.gov/disorders/shingles/shingles.htm (National Institute of Health)
- www.cdc.gov/vaccines/pubs/vis/downloads/vis-shingles.pdf
- familydoctor.org/online/famdocen/home (American Academy of Family Physicians)

Medical and nutritional references omitted for space considerations and available on request.

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