



PROVEN RELIEF FOR SHINGLES

Six Drug-Free Ways to Preempt the Pain

by Margie King

One in three people will develop shingles (*Herpes zoster*) during their lifetime. Although the painful skin eruptions last only a few weeks, chronic pain can persist for several months and seriously impair quality of life long after the red rash marks disappear.

Also concerning is that the rate of shingles is on the rise, according to a multidisciplinary review of relevant literature by PLOS, a nonprofit open-access science publisher. The cause may be widespread use of the chickenpox vaccine. A decade-long Australian study published in the *Medical Journal of Australia* showed that as its use rose, so did the incidence of shingles.

Shingles is acknowledged as being far more serious than chicken pox. Dr. Joseph Mercola, founder of the healthcare

website *Mercola.com*, reports shingles can also lead to neuropathy, meningitis, hearing loss and blindness.

Fortunately, there are six safe and effective drug- and vaccine-free ways to prevent shingles or ease symptoms.

1 VITAMIN C THERAPY:

According to Dr. Thomas E. Levy, vitamin C has been successfully used in treating shingles' skin rash and blisters. In one study by Dr. Frederick Klenner, eight such patients received 2,000 to 3,000 milligrams (mg) of vitamin C by injection every 12 hours, supplemented by 1,000 mg in fruit juice every two hours. Seven reported complete pain relief within two hours of the first of five to seven injections.

As early as the mid-20th century, a study by Dr. Mohammed Zureick of 327 shingles patients demonstrated that vitamin C injections effected complete resolution of the outbreaks in all of them within 72 hours.

2 FRUITS AND VEGETABLES:

Diets low in micronutrients including vitamins, minerals and antioxidants can increase the risk by depressing the immune system. In a British community-based study published in the *International Journal*

of *Epidemiology*, researchers followed 243 shingles patients in 22 general practices in London with a control group of 483 individuals with no history of the ailment.

Those eating less than one piece of fruit a week had more than three times the risk of herpes zoster versus those eating more than three a day. The same pattern occurred when they looked at combined fruit and vegetable intake.

3 CAPSAICIN: Postherpetic neuralgia is a complication of shingles that can last long after initial symptoms disappear. Topical capsaicin, the spicy compound in hot peppers, may be an effective treatment.

In a double-blind study published in the *Journal of the American Academy of Dermatology*, 32 elderly patients with chronic postherpetic neuralgia were treated with either capsaicin cream or a placebo. After six weeks, almost 80 percent of capsaicin-treated patients experienced relief. The researchers noted that because capsaicin avoids problems with drug interactions and systemic toxicity, it should be considered a first choice in management.

A study of 143 Canadian patients in *Clinical Therapeutics* yielded similar results. Then, in a two-year

follow-up of 77 of the patients, 86 percent showed continued benefits from the single six-week trial with no serious adverse effects.

4 ACUPUNCTURE: In a Chinese study of acute shingles cases in the journal *Zhongguo Zhen Jiu*, 72 patients were randomly divided into two groups. One received acupuncture around the margins of the outbreak. The others received acupuncture plus moxibustion—a traditional Chinese therapy that burns dried mugwort near the skin—of the area around the needling. The acupuncture group had a relief rate of 85.3 percent, with the cessation of herpes eruptions, quicker scab healing and reduced residual neuralgia. Moxibustion-treated patients were cured within three days with a rate of 97.4 percent.

5 TAI CHI: A study in the *Journal of the American Geriatric Society* found that tai chi boosts immunity to the varicella zoster virus. In a randomized trial of 112 healthy adults, one group did tai chi for 25 weeks while another received health education. After 16 weeks all were vaccinated with VARIVAX, the live, attenuated Oka/Merck varicella zoster virus vaccine.

Results showed the tai chi group

had nearly twice the levels of cell-mediated immunity to the virus compared to the control group; tai chi alone increased immunity about as much as the shingles vaccine plus yielded significant improvements in physical functioning, bodily pain, vitality and mental health.

In a University of California-Los Angeles study, 36 men and women over 60 were assigned either to a tai chi or control group. For 15 weeks, the tai chi practitioners received three, 45-minute instruction classes a week; their cell-mediated immunity to the varicella zoster virus rose 50 percent plus they experienced significant improvements in physical functioning.

6 LIGHT THERAPY: In a study published in *Photodermatology, Photoimmunology & Photomedicine*, 25 patients with severe pain in the first week of zoster rash were divided into a prevention group (receiving the drug acyclovir for 10 days, plus UVB light therapy three times a week until pain relief was reached or a maximum of 15 sessions); a control group received just the drug.

After one month, 58.3 percent of the light therapy patients were pain-free, compared to 38.5 percent of the drug group. At three months, the ratios rose to 83.3 percent versus 53.8. The researchers concluded that UVB phototherapy in the acute stage of shingles might reduce the incidence and severity of lingering neuralgia.

Margie King was a corporate attorney for 20 years before becoming a health writer in Lower Gwynedd, PA. Connect at IntegrativeMenopause.com.



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