Stop Shingles in Its Tracks

How to quell the pain & start living again!

by JAMIE OSKIN, ND

It was the week before Christmas 2010, when 76-year-old Rick showed up in my office “sick as a dog.”

“First it was the flu, then it was this terrible back pain and a rash, and now—he’s dizzy all the time!” Rick’s wife exclaimed. “That’s just not like him, and I don’t know what’s happening!” The couple had recently arrived in Arizona for the winter from their other home in upstate New York, where Rick still mowed the lawn, tended a large garden, and maintained a very active lifestyle. They were eager to get back into the swing of things in sunny Arizona and entertain guests for the holidays, but Rick’s “mysterious illness” was throwing a monkey wrench into their plans.

Rick had first noticed a “deep, aching back pain” in the area of his shoulder blade two weeks earlier, during the stressful and busy time when they were moving back to Arizona. Although he had tried to ignore it, the severe aching had never gone away. “Not only that, but I came down with stomach flu around the same time,” he told me, “with vomiting and wandering body aches.” During this “mysterious flu bout,” he couldn’t get comfortable because of his overall achiness, so he was restless and constantly changing his position. Some days later, Rick was surprised to see a small red rash of blister-like bumps on his right chest at the same rib level as the pain in his back.

When I asked what made his back feel better, Rick replied, “When I lie on a heating pad, it cuts the pain in half.” He also reported that it felt better when he sat up straight or when he or his wife rubbed that part of his back. “Oddly enough, it also feels better when I walk around,” he said, “which I want to do, but now I hardly can because of my latest problem!” For the last three days, Rick had been experiencing severe vertigo. He felt as if the room was turning, and he often needed to hold onto the wall or a railing when upright. He would get nauseated if he moved his head too fast, when he bent forward, or when he stood up.

“What do you think is going on?” Rick asked. “I feel miserable! I hope this is nothing serious…”

Nothing to do with the roof!
Rick was surprised, maybe even a little relieved, when I told him he had shingles,
also known as herpes zoster—a painful condition that affects about 1 in 3 of us at some point in our lives and about a million people in the U.S. each year, especially those over age 60. That “mysterious flu” of his was actually the initial phase of shingles, before the eruption appeared. “So that’s what those little blisters are?” Rick asked. “I remember hearing that one of my buddies back in New York had ‘shingles’ last year, but I had no idea what he was talking about. Guess it had nothing to do with the roof, huh…”

The same virus that causes chickenpox—the varicella zoster virus—also causes shingles. The virus didn’t completely leave your body after you had chickenpox as a kid (if you had it); it goes into hiding in nerves near the spinal column, where it remains dormant and kept in check by the immune system. Many years later, the virus can get reactivated when something triggers it, such as a physically or emotionally stressful event, physical injury to a nerve, chemotherapy treatment, major depression, or anything that weakens the immune system, even the normal process of aging.

**Funny name, but no laughing matter**

Once the virus “comes back to life,” it travels through the nerve fibers to the skin surface, where it causes very painful eruptions. The skin eruptions appear only on one side of the body at a time, usually along a narrow nerve path that wraps from the back to the chest. Occasionally, shingles can affect nerves of the face, ears, and eyes, with potentially serious consequences, such as vision/hearing loss or facial paralysis.

Shingles may begin with burning, itching, or throbbing in the affected area, along with flu-like symptoms such as weakness, fatigue, headache, or fever. When the rash appears, usually a week or more later, the pain is often severe. The eruptions progress from red and flat to raised, fluid-filled vesicles (looking much like chickenpox) that crust, scab over, and eventually fall off. The whole process may take 4 to 6 weeks, unless you’re one of the unlucky ones whose pain becomes...
chronic. That’s called post-herpetic neuralgia, when pain along the affected nerve persists for weeks, months, or even years after the rash has disappeared. Excruciatingly painful, it may affect 20% of shingles sufferers and is more common as we age.

Treatment options
Conventional medicine has no cure for shingles or its after-effects but recommends prescription anti-viral medication (such as acyclovir) started within the first 72 hours of the rash, to attempt to shorten the course of the illness and reduce the possibility of post-herpetic neuralgia. After that, treatment focuses on relieving the severe pain, usually with narcotics, tricyclic antidepressants, anti-seizure medicine, or topical anesthetics such as lidocaine patches. Unfortunately, a large percentage of shingles sufferers—especially those with post-herpetic neuralgia—get little relief from these painkillers.

Thankfully, homeopathy has much to offer shingles sufferers. My experience is that if you are lucky enough to treat shingles soon after it first appears, the rash and pain resolve quite quickly with an accurate homeopathic prescription (as you will see in Rick’s case) and the shingles pain is less likely to become chronic (post-herpetic neuralgia). If, on the other hand, you don’t treat the person until they have post-herpetic neuralgia, your task is more difficult. They will likely take longer to heal, but homeopathic treatment can still get good results, as you will see later in Barbara’s story.

Back to Rick
So, what happened to Rick? Homeopathically-speaking, the most unique or characteristic symptoms to help me find him a remedy were his restlessness from the pain and the fact that his pain was better from walking around and from warm applications. I also considered his vertigo, which was an unusual symptom to accompany shingles that affects the torso.

These symptoms pointed me to the remedy, Rhus toxicodendron, and below is my repertorization using Archibels’ Radar 10.5003 software. As you can see, Rhus tox is an important shingles remedy: it’s listed as grade 3 in the repertory rubric, “Skin; Eruptions; herpes zoster,” and it addresses vesicular rashes that look very similar to shingles. It also fit Rick’s symptoms of vertigo very well. I prescribed Rhus tox 200c twice a day, until his symptoms resolved.

In acute situations like this, I like to keep close tabs on patients to make sure they are getting some pain relief; if they aren’t, it likely means my prescription was off the mark and I need to find a better match. Also, I was planning some holiday travel myself and wanted to be sure my patient was well on his way to healing before I left town, so I called Rick three days later on December 23rd.

“Hey, that stuff really worked!” Rick told me. “I noticed a change the first day. And now I’m much better.” His flu-like symptoms and vertigo were 80–90% resolved, and the pain was minimal (“1” on a “scale of 1 to 10”). “And the rash, it disappeared overnight!” Rick said in wonderment. “Thanks for the Christmas present!” At this point I knew we were on the right track and that he would continue to improve. In fact, his symptoms completely resolved over the next few days. Rick and his wife were very happy that they could enjoy their holiday season without that nasty pain in his side—and so was I.

Barbara’s saga: Shingles of the eye
Barbara, age 57, came to me for help one February with a much more complicated case of shingles. “Yeah, I lead a pretty stressful life,” she admitted, as she described the small business she and her husband ran. Caring for her elderly par-
ents who suffered with dementia added an additional layer of strain on her.

Barbara’s recent problems had started three months earlier in November with a severe case of food poisoning and diarrhea for six days, accompanied by a bad headache. Next, she began feeling pain in and around her eye and noticed an eruption on her face. By the time she saw an ophthalmologist and was diagnosed, she was already a week and a half into the shingles outbreak, so her physician chose not to treat with oral antiviral medicines, prescribing antiviral eye drops instead (1% Trifluridine).

But she hadn’t noticed much improvement, and the severe left-sided eye pain had been going on for several months before she came to see me. On top of that, she was now experiencing a new outbreak of eruptions near her left nostril that had begun about a week and a half earlier; this coincided with a worsening of her eye pain that she described as a “10” on a “scale of 1 to 10” for severity. She was also having visual changes, which is not uncommon when shingles affects the eye. “I feel like I’m looking through a fog,” she said.

A complicated case…
Clearly, Barbara’s was a more complex case of shingles than Rick’s. For one thing, it appeared that she was experiencing both a new acute shingles outbreak (the lesions in her nose) and chronic complications from the outbreak three months earlier (eye pain as post-herpetic neuralgia). In addition, a shingles eruption on the tip of the nose indicates that the eye could be at risk because the same nerve that innervates the nose tip also innervates the cornea. On top of that, Barbara’s medical history revealed that she’d had shingles several times previously, starting in 1989.

Only a small percentage of people get shingles more than once in their lives; obviously, Barbara was extremely susceptible to relapses of shingles. Because homeopathy can reduce a person’s susceptibility to illness and make them healthier overall (vs. just treating symptoms as in conventional medicine), homeopathy had great potential to help Barbara. But we would have to address both the acute outbreak of shingles and her chronic tendency to relapse.

Out, out darned spots!

Remedies for shingles sufferers

A homeopath will choose from many possible remedies to help a person with shingles. Here are seven of the more common ones, with indications for their use:

**Rhus toxicodendron:** Skin is red, hot, swollen, with intense itching and blister-like vesicles. Better from hot water and worse from cold drafts or cold applications. Burning and neuralgic pains after shingles that are worse from rest and beginning to move, but better with continued motion; they are also better from heat or a hot bath (compare to Arsenicum because both have the symptom of being better from a hot bath). Worse from exposure to cold wet weather, and better from warm dry weather.

**Ranunculus bulbosus:** Eruption or post-herpetic neuralgia pain is often on the torso, chest, and in the intercostal spaces between the ribs. Stitching pains in the chest and between the shoulder blades. Skin eruptions are often bluish or dark blue. Burning with intense itching; worse from touch, wet weather, motion, taking a deep breath, and turning the body. Shooting pains with thickening of the skin and formation of hard scabs. Worse from cold and changes of temperature; better from rest, warm applications, and warm weather.

**Arsenicum album:** Burning, itching red blisters; the burning is better from hot applications or a hot bath. Painful, shooting or burning neuralgia. Symptoms are worse after or around midnight, in open air, and in cold air. In general, people needing this remedy are chilly, anxious, and restless.

**Mezereum:** Eruptions itch violently and burn like fire; when dry scabs form, they cause great pain if torn off. Neuralgic burning pains after shingles. The person is very chilly and very sensitive to cold air (even a fan), yet they have internal burning pains and are worse at night, worse from warmth and warm applications, and better from cold applications to the skin.

**Iris versicolor:** Herpes zoster on the right side of the body. Fine eruption, showing black points after scratching, with great itching at night. Vesicular eruption, becoming pustular, on arms, abdomen, back, buttocks, and left knee; much itching in evening.

**Mercurius:** Skin eruptions are vesicular, moist, burning when touched, and surrounded by dry scales that easily bleed. They itch more when the person is warm and in bed (compare to Sulphur, which has similar indications). Itching is worse from perspiration; the person perspires easily; the sweat may be oily, have a foul odor, and stain clothing yellow.

**Sulphur:** Skin eruptions with violent itching and burning that are worse from scratching and from washing/bathing. Worse from becoming warm, from the warmth of the bed, and from warm applications/bathing.

My eye is on fire!
“My left eye feels as if it’s on fire—like it’s burning,” Barbara told me. “And it feels like something is in my eye all the time. When I blink, it’s like something’s scraping my eyeball… My upper eyelid feels constantly swollen, and my eyes just feel really dry.” She also felt congestion and fullness in her sinuses above and below her left eye and had some runny nasal discharge. Her vision was affected, too; she saw halos when looking at lights.

When I asked if anything made the pain feel worse, Barbara told me something very interesting: “It’s always worse before a storm, when the atmosphere is changing and the clouds are coming in.” In fact, the initial shingles outbreak three months earlier had begun during a period of tremendous thunderstorms. “Before a storm, it feels as if someone is squeezing my eyeball,” she said. “Once the storm
The Shingles-Chicken Pox Connection

As these two illnesses are caused by the same virus, you may be wondering:

Q Is it possible to catch shingles from someone who has shingles?
R No, but if you are not immune to chickenpox, you could catch chickenpox from direct contact with the shingles eruptions.

Q If I’ve never had chickenpox but I’ve been vaccinated against it, can I come down with shingles?
R Yes. Because the vaccine is made with a weakened strain of the live virus, it’s possible, but authorities say it’s less likely than if you’ve had chickenpox naturally.

Young, Barbara had married a man who didn’t love her daughter, so that the daughter always felt she didn’t belong in the family. Now, every night, Barbara went off by herself to cry about it and didn’t want consolation or sympathy from anyone.

Stormy weather is the key

In a more complicated case like Barbara’s, it can be tough to decide what symptoms to focus on in order to find a helpful remedy. Although Barbara was suffering from long-standing emotional grief about her daughter, the strong eye pain for the last three months was the most pressing problem, so I decided to focus on that. In addition, Barbara had described some very unique and characteristic eye pain symptoms—both in how the pain felt and what made it better and worse, with the strongest being the relationship to storms.

According to my repertory, the remedy that most strongly matches eye pain before a storm is *Rhododendron*. Additionally, my repertorization (above) showed that *Rhododendron* also addresses the symptoms of burning eye pain, eye pain from reading, and headaches before thunderstorms.

I consulted Constantine Hering’s *Guiding Symptoms of our Materia Medica* to learn about *Rhododendron*’s eye symptoms, and it was as if he had recorded the words right out of Barbara’s mouth. Hering describes *Rhododendron* as indicated for burning, dry eye pain that is worse “in bright daylight and from looking intently,” along with “darting pains like arrows through eye from head.” Best of all, Hering provided several examples of *Rhododendron*’s eye pain being worse before a storm and better once the storm broke. The description fit like a glove, so I expected a good response to the remedy.

I prescribed *Rhododendron* 30c twice a day and advised Barbara that this initial prescription was aimed at reducing her acute eye pain; once the pain was stabilized, we would focus on decreasing her chronic susceptibility to further shingles outbreaks. Due to the severity of pain and the risk of damage to her vision, I asked Barbara to return in one week. I also impressed upon her the need to keep all her scheduled appointments with her ophthalmologist.

Barbara sees relief

When I called Barbara two days later, she was ecstatic to report that the pain had steadily improved and was already 15 to 20% better after just two days of treatment. While that may not seem like a lot, it was the most significant pain reduction she’d had in three months.

Returning for her first follow-up visit one week after starting the remedy, Barbara greeted me in the waiting room with a big smile. She had good news to report! The burning and itching pain in her left eye was gone. The shooting pain was almost gone. The squeezing pressure around her eye had been improving steadily (although it had started to backslide slightly in the last two days). The painful sensation that something was scraping her eye had dropped from a “9 out of 10” to a “3 out of 10.” She was able to tolerate light more. There was a rainstorm that past weekend, and her pain wasn’t nearly as bad as it normally was before a storm. The shingles lesion inside her nose was completely gone. The dryness in her eyes was better. She still had some foggy vision, and I wondered if that meant she had permanent scarring on the cornea. She’d also had one episode of bad eye pain after doing a lot of computer work, so I encouraged her to lay off the computer to give her eye enough rest to heal.

Overall, Barbara had had an incredibly good response to the remedy. The fact that the squeezing pressure in her eye had...
Less chickenpox, more shingles

Shingles not just for old folks anymore

Kids in the U.S. aren’t getting chickenpox much anymore. Since 1995, they’ve been getting vaccinated against it instead. As a result, less of the “wild” chickenpox virus is floating around these days. And growing evidence points to this as a leading reason for the rising numbers of adult shingles cases.

Adults who’ve had chickenpox carry a natural immunity to the virus, but over time, that immunity fades. When wild chickenpox virus was circulating more freely, adults were frequently exposed to children with chickenpox. That exposure would give their immune system a boost—like an immunological reminder to keep their dormant chickenpox virus in check—and they’d be less likely to get shingles. So, the chickenpox vaccine may be inadvertently causing more case of shingles.

Also, shingles used to be considered a problem of the elderly almost exclusively, but it is becoming more common in adults of all ages, including those in their 20s and 30s. Kaiser Permanente infectious disease specialist Dr. David Witt says, “It makes you think that exposure to chickenpox may actually protect us.”

Public health officials recommend the shingles vaccine for adults over 50. Available since 2006, it is said to reduce the chance of getting shingles by 50% and decrease the likelihood of post-herpetic neuralgia.

Another way to avoid shingles is to reduce your stress levels. Dr. Witt says, “The herpes viruses, whether it’s a cold sore or shingles, all appear to have some relationship to stress.”

—compiled by Homeopathy Today staff from these sources: “Chickenpox immunization could lead to increases in shingles cases,” KTVU.com San Francisco, November 2, 2012, and “Shingles Prevention is the Way to Go,” Harvard Health Letter, October 2010.

started to worsen again in the last two days, however, told me that she might have stopped responding well to the 30c potency, so I decided to increase the potency and prescribed Rhododendron 200c, twice a day. In very acute pain cases like this, I want to keep a close watch on symptoms that may be starting to relapse and increase the potency before the pain returns, in order to keep the case moving in a healing direction. I checked on Barbara by phone in a week: “Within an hour of taking that new remedy I felt a lot of relief!” she reported.

When Barbara came back for a follow-up visit one week later (and three weeks since treatment had begun), we were both pleased that her burning, shooting, and squeezing eye pains were almost completely gone! However, her ophthalmologist was worried because an exam had revealed white blood cells on the back of Barbara’s cornea, a suggestion of infection, and had prescribed steroid drops to reduce inflammation. Her doctor had also prescribed eye drops to lower her eye pressure since glaucoma can be a risk with shingles in the eye. Since Barbara seemed to be doing well and since the ophthalmologist had just changed medications, I didn’t change the remedy dosage so that we could more easily assess the therapeutic value of each treatment.

Overwhelming stress takes its toll

Barbara came to see me two weeks later, very upset because she had a completely new acute shingles eruption on her face below her left eye. It happened after a very difficult day with cloudy weather, overwhelming stress taking care of her mother, finding that her car battery had died, feeling pressure to change her career to avoid computer work, and a very emotional interaction with her daughter’s boyfriend who had told her that her daughter’s depression was very bad and yet her daughter still refused to talk to her. Apparently, it was too much at once, and Barbara became susceptible to a whole new shingles outbreak. I asked her to take Rhododendron 1M every two hours until the pain was under control and then to drop down to taking it twice a day.

I expected Barbara’s eye symptoms to respond well to Rhododendron, as they had over the past 5 weeks. However, I was also concerned that this remedy did not seem to be preventing relapses. It was clear to me that once we had her pain stabilized again, we would need to switch quickly to a chronic remedy that addressed all her symptoms (i.e., her grief over her daughter as well as her eye symptoms) in order to decrease her susceptibility to relapses.

In analyzing her case again, my new repertorization pointed to Natrum muriaticum.

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though it didn’t fit the eye pain before a storm as Rhododendron did. Natrum muriaticum definitely fit Barbara’s grief over her daughter and her self-isolation while she was in emotional pain, as well as other chronic physical symptoms that she’d revealed in our interviews, such as allergies, postnasal drip, and nasal discharge. So I decided on Natrum muriaticum as a chronic remedy for Barbara; all I needed was the right timing.

Watching and waiting

Indeed, Barbara reported by phone that the latest prescription of Rhododendron had helped her eye pain and acute shingles outbreak once again. Within two days, she was 75% better; the lesions were smaller, the pain was dramatically reduced, and her vision was better. A week after beginning this Rhododendron 1M, she followed up with her ophthalmologist who was very impressed that the entire shingles outbreak was gone and who agreed with Barbara to forgo other medications since homeopathic treatment was working so well.

Now I knew I needed to monitor Barbara’s progress closely to find a window of opportunity to switch from Rhododendron to her chronic remedy. The first clue that we would need to change remedies soon was that her chronic allergies were getting worse. I instructed Barbara to pay close attention to her symptoms and asked her to call me if her chronic symptoms became more bothersome than her shingles-related eye pain.

The moment we were waiting for

A few days later, Barbara called to report that her chronic allergies and the grief over her lost relationship with her daughter were now more problematic than her chronic treatment with a dose of Natrum muriaticum 200c daily. In cases like this where the patient has many ongoing chronic emotional stressors that may antidote their reaction to the chronic remedy, I often find that giving a daily dose is quite helpful.

A week later, Barbara called to report that her eye pain continued to be less, and her allergies were much better. Her eye pressures at her latest ophthalmologist visit were in the normal range, the lowest they had been since the shingles began.

On the mend

Over the course of the next several months, Barbara continued to improve steadily. We occasionally needed to increase the potency of Natrum muriaticum if she had minor setbacks in the grief over her daughter or excessive stress while taking care of her ailing mother. Additionally, on a few occasions she took a single dose of Rhododendron when the eye pain (post-herpetic neuralgia) returned acutely. Each time, her eye pain quickly resolved, at which point we resumed chronic treatment with Natrum muriaticum.

Six months after beginning homeopathic treatment, Barbara is not 100% improved, but she’s well on her way. The post-herpetic neuralgia in her eye is dramatically better, her vision is good, and she has many days with no pain now, although intense emotional stressors can still bring it back. She is also feeling better emotionally, handling the difficulties in her family and work situation more calmly and with less upset. Her allergies are also much improved. She has had no more full-blown shingles outbreaks with new eruptions, either. In short, Barbara is very happy with her progress under homeopathic treatment.

Of course, continued emotional stress and an overwhelmingly busy life can make Barbara (or anyone!) prone to health setbacks. Hahnemann, homeopathy’s founder, wrote in his introduction to The Chronic Diseases, “The most frequent aggravation of chronic ailments already existing [is] caused by grief and vexation.” He also gave the following example: “An innocent man can, with less injury to his life, pass ten years in bodily torments in the Bastille or on the galleys rather than pass some months in all bodily comfort in an unhappy marriage or with a remorseful conscience.” As Hahnemann espoused more than 200 years ago and we all know, reducing stressors and living a healthy lifestyle will create the best environment for healing. So in addition to treating Barbara homeopathically, I am gently encouraging her to explore ways to reduce the ongoing stress in her life.

Seek homeopathic treatment

Once shingles or post-herpetic neuralgia take hold, conventional medicine has no cure or adequate treatment. Rick and Barbara’s stories are beautiful examples of the effectiveness of homeopathy in even the most intensely painful and difficult cases. Homeopathy is also very safe and free of the side effects that often accompany narcotics, anti-seizure drugs, and other common conventional treatments for shingles pain. So if you or someone you love develops shingles, don’t delay—seek homeopathic treatment from an experienced homeopath right away!

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