

Chicken Pox Essentials

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Information and Resources

researched by

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CHICKEN POX

Part 1: The Disease and Its Signs/Symptoms

1. http://www.kidshealth.org/parent/infections/common/chicken_pox.html

Chickenpox is a common illness among kids, particularly those under age 12. An itchy rash of spots that look like blisters can appear all over the body and may be accompanied by flu-like symptoms. Symptoms usually go away without treatment, but because the infection is very contagious, an infected child should stay home and rest until the symptoms are gone.

Chickenpox is caused by the **varicella-zoster virus (VZV)**. Kids can be protected from VZV by getting the chickenpox (varicella) vaccine, usually between the ages of 12 to 15 months. In 2006, the Centers for Disease Control and Prevention (CDC) recommended a booster shot at 4 to 6 years old for further protection. The CDC also recommends that people 13 years of age and older who have never had chickenpox or received chickenpox vaccine get two doses of the vaccine at least 28 days apart.

A person usually has only one episode of chickenpox, but VZV can lie dormant within the body and cause a different type of skin eruption later in life called shingles (or herpes zoster). Getting the chickenpox vaccine significantly lowers your child's chances of getting chickenpox, but he or she may still develop shingles later.

Symptoms of Chickenpox

Chickenpox causes a red, itchy rash on the skin that usually appears first on the abdomen or back and face, and then spreads to almost everywhere else on the body, including the scalp, mouth, nose, ears, and genitals.

The rash begins as multiple small, red bumps that look like pimples or insect bites. They develop into thin-walled blisters filled with clear fluid, which becomes cloudy. The blister wall breaks, leaving open sores, which finally crust over to become dry, brown scabs. Chickenpox blisters are usually less than a quarter of an inch wide, have a reddish base, and appear in bouts over 2 to 4 days. The rash may be more extensive or severe in kids who have skin disorders such as eczema.

Some kids have a fever, abdominal pain, sore throat, headache, or a vague sick feeling a day or 2 before the rash appears. These symptoms may last for a few days, and fever stays in the range of 100°–102° Fahrenheit (37.7°–38.8° Celsius), though in rare cases may be higher. Younger kids often have milder symptoms and fewer blisters than older children or adults.

Typically, chickenpox is a mild illness, but can affect some infants, teens, adults, and people with weak immune systems more severely. Some people can develop serious

bacterial infections involving the skin, lungs, bones, joints, and the brain (encephalitis). Even kids with normal immune systems can occasionally develop complications, most commonly a skin infection near the blisters.

Anyone who has had chickenpox (or the chickenpox vaccine) as a child is at risk for developing shingles later in life, and up to 20% do. After an infection, VZV can remain inactive in nerve cells near the spinal cord and reactivate later as shingles, which can cause tingling, itching, or pain followed by a rash with red bumps and blisters. Shingles is sometimes treated with antiviral drugs, steroids, and pain medications, and in May 2006 the Food and Drug Administration (FDA) approved a vaccine to prevent shingles in people 60 and older.

Contagiousness

Chickenpox is contagious from about 2 days before the rash appears and lasts until all the blisters are crusted over. A child with chickenpox should be kept out of school until all blisters have dried, usually about 1 week. If you're unsure about whether your child is ready to return to school, ask your doctor.

Chickenpox is very contagious — most kids with a sibling who's been infected will get it as well, showing symptoms about 2 weeks after the first child does. To help keep the virus from spreading, make sure your kids wash their hands frequently, particularly before eating and after using the bathroom. And keep a child with chickenpox away from unvaccinated siblings as much as possible.

People who haven't had chickenpox also can catch it from someone with shingles, but they cannot catch shingles itself. That's because shingles can only develop from a reactivation of VZV in someone who has previously had chickenpox.

Chickenpox and Pregnancy

Pregnant women and anyone with immune system problems should not be near a person with chickenpox. If a pregnant woman who hasn't had chickenpox in the past contracts it (especially in the first 20 weeks of pregnancy), the fetus is at risk for birth defects and she is at risk for more health complications than if she'd been infected when she wasn't pregnant. If she develops chickenpox just before or after the child is born, the newborn is at risk for serious health complications. There is no risk to the developing baby if the woman develops shingles during the pregnancy.

If a pregnant woman has had chickenpox before the pregnancy, the baby will be protected from infection for the first few months of life, since the mother's immunity gets passed on to the baby through the placenta and breast milk.

Those at risk for severe disease or serious complications — such as newborns whose mothers had chickenpox at the time of delivery, patients with leukemia or immune deficiencies, and kids receiving drugs that suppress the immune system — may be given varicella zoster immune globulin after exposure to chickenpox to reduce its severity.

Preventing Chickenpox

Doctors recommend that kids receive the chickenpox vaccine when they are 12 to 15 months old and a booster shot at 4 to 6 years old. The vaccine is about 70% to 85% effective at preventing mild infection, and more than 95% effective in preventing moderate to severe forms of the infection. Although the vaccine works pretty well, some kids who are immunized still will get chickenpox. Those who do, though, will have much milder symptoms than those who haven't had the vaccine and become infected.

Healthy children who have had chickenpox do not need the vaccine — they usually have lifelong protection against the illness.

Treating Chickenpox

A virus causes chickenpox, so the doctor won't prescribe antibiotics. However, antibiotics may be required if the sores become infected by bacteria. This is pretty common among kids because they often scratch and pick at the blisters.

The antiviral medicine acyclovir may be prescribed for people with chickenpox who are at risk for complications. The drug, which can make the infection less severe, must be given within the first 24 hours after the rash appears. Acyclovir can have significant side effects, so it is only given when necessary. Your doctor can tell you if the medication is right for your child.

Dealing With the Discomfort of Chickenpox (Conventional)

You can help relieve the itchiness, fever, and discomfort of chickenpox by:

- Using cool wet compresses or giving baths in cool or lukewarm water every 3 to 4 hours for the first few days. Oatmeal baths, available at the supermarket or pharmacy, can help to relieve itching. (Baths do not spread chickenpox.)
- Patting (not rubbing) the body dry.
- Putting calamine lotion on itchy areas (but don't use it on the face, especially near the eyes).
- Giving your child foods that are cold, soft, and bland because chickenpox in the mouth may make drinking or eating difficult. Avoid feeding your child anything highly acidic or especially salty, like orange juice or pretzels.
- Asking your doctor or pharmacist about pain-relieving creams to apply to sores in the genital area.

- Giving your child acetaminophen regularly to help relieve pain if your child has mouth blisters.
- Asking the doctor about using over-the-counter medication for itching.

Never use aspirin to reduce pain or fever in children with chickenpox because aspirin has been associated with the serious disease Reye syndrome, which can lead to liver failure and even death.

As much as possible, discourage kids from scratching. This can be difficult for them, so consider putting mittens or socks on your child's hands to prevent scratching during sleep. In addition, trim fingernails and keep them clean to help lessen the effects of scratching, including broken blisters and infection.

Most chickenpox infections require no special medical treatment. But sometimes, there are problems. Call the doctor if your child:

- has fever that lasts for more than 4 days or rises above 102° Fahrenheit (38.8° Celsius)
- has a severe cough or trouble breathing
- has an area of rash that leaks pus (thick, discolored fluid) or becomes red, warm, swollen, or sore
- has a severe headache
- is unusually drowsy or has trouble waking up
- has trouble looking at bright lights
- has difficulty walking
- seems confused
- seems very ill or is vomiting
- has a stiff neck

Call your doctor if you think your child has chickenpox, if you have a question, or if you're concerned about a possible complication. The doctor can guide you in watching for complications and in choosing medication to relieve itching. When taking your child to the doctor, let the office know in advance that your child might have chickenpox. It's important to ensure that other kids in the office are not exposed — for some of them; a chickenpox infection could cause severe complications.

Reviewed by: Larissa Hirsch, MD Date reviewed: August 2006

2. http://www.DrGreene.com/21_1045.html

Related concepts:

Varicella

Chickenpox is one of the classic childhood diseases. A young child covered in pox and out of [school](#) for a week is a typical scene. The first half of the week feels miserable from itching; the second half miserable from boredom. Since the introduction of the [chickenpox vaccine](#), classic chickenpox is becoming less and less common.

What is it?

Chickenpox is caused by the varicella-zoster [virus](#), a member of the [herpesvirus](#) family. Chickenpox is one of the most contagious childhood illnesses. The disease is usually mild, although serious complications sometimes occur.

Some of the complications include [impetigo](#) (especially when the pox are scratched), [hepatitis](#), [pneumonia](#), [encephalitis](#), [meningitis](#), [Reye syndrome](#), and severe invasive [streptococcal infections](#).

Who gets it?

Before the vaccine, chickenpox was a standard feature of childhood. Still, most cases occur in children younger than ten. The illness is most common in the late winter and early spring.

Adults and older [adolescents](#) usually get sicker with chickenpox than younger children do.

Children under one year of age whose mothers have had chickenpox are not very likely to catch it. If they do, they often have mild cases because they retain partial immunity from their mothers' blood. Children [under one year of age](#) whose mothers have not had chickenpox, or whose inborn immunity has already waned, can get severe chickenpox.

Complications are more common in those who are immunocompromised either from an illness (e.g. [AIDS](#)) or from a type of medicine (e.g. chemotherapy). Some of the worst cases of chickenpox have been seen in children who have taken steroids during the incubation period, before they have any symptoms. These children are usually being treated for [asthma](#).

What are the symptoms?

Most children with chickenpox act sick with vague symptoms, such as a [fever](#), [headache](#), [tummy ache](#), or loss of appetite, for a day or two before (and 2-4 days after) breaking out in the classic pox [rash](#).

The average child develops 250-500 small, fluid-filled blisters over red spots on the skin ("dew drops on a rose petal"). The blisters often appear first on the face, trunk, or scalp and spread from there. After a day or two, the blisters become cloudy and then scab. Meanwhile, new crops of blisters are springing up in groups. The pox often appear in the mouth, in the vagina, and on the eyelid. The pox itch intensely.

The pox are worse in children who have other skin problems, such as [eczema](#) or a recent [sunburn](#). Some children get more than 1500 pox.

Some children who have had the vaccine will still develop a mild case of chickenpox. They usually recover much quicker and only have a few pox. These often do not follow the classic descriptions of the disease.

Is it contagious?

People who have chickenpox become contagious 24 hours (and sometimes as long as 48 hours) before breaking out. They remain contagious while uncrusted blisters are present, usually one week or less after breaking out.

Chickenpox is extremely contagious, and can be spread by direct contact, droplet transmission, and [airborne transmission](#). Even those with mild illness after the [vaccine](#) may be contagious.

How long does it last?

Most children feel better, have scabs on all of the pox, and are safe to return to [school](#) or other activities within one week of the beginning of the rash. The pox may remain visible for days or weeks after that, but most of them will not scar unless [bacteria](#) are introduced during scratching.

Once someone catches chickenpox, the viral infection usually lasts for a lifetime, with the virus kept in check by the immune system. About 1 in 10 adults will experience shingles when the virus re-emerges during a period of stress for the body.

How is it diagnosed?

Chickenpox is usually diagnosed from the history and the classic [rash](#). Blood tests and tests of the pox themselves can make the diagnosis if there is a question.

How is it treated?

Historically, treatment has been aimed at keeping children comfortable while their own bodies fight the illness. Aveeno Bath (or other oatmeal baths) in lukewarm water provides a crusty, comforting coating on the skin. An oral antihistamine will help to ease the itching, as will topical lotions such as Calamine or Sarna. Remember to trim the fingernails short to reduce secondary infections and scarring.

Safe antiviral medicines have been developed. To be effective, they usually must be started within the first 24 hours of the rash. For most otherwise healthy children, the benefits of these medicines may not outweigh the costs.

However, for those with skin conditions (such as eczema or recent sunburn), lung conditions (such as asthma) or those who have recently taken steroids, the antiviral medicines may be very important. The same is true for adolescents and for children who must take aspirin on an ongoing basis.

Some doctors also give antiviral medicines to people in the same household who subsequently come down with chickenpox. Because of their increased exposure, they would normally experience a more severe case of chickenpox.

How can it be prevented?

Because chickenpox is airborne and is so contagious before the rash appears, it is difficult to avoid. It is even possible to catch chickenpox from someone on a different aisle in the supermarket, who doesn't even know they have chickenpox!

A chickenpox vaccine is available. It is about 100 percent effective against moderate or severe illness, and 85 or 90 percent effective against mild chickenpox.

The American Academy Pediatrics currently recommends two doses of the chickenpox vaccine. Typically, the first dose of the vaccine is given at 12 to 15 months of age, and the second at 4 to 6 years of age (at school entry). Older children who have not received two doses of the vaccine can receive their catch up shots 28 weeks apart.

Alan Greene MD FAAP

Part 2: Suggested Homeopathic Remedies for Chicken Pox (Varicella)

1. http://www.homeopathic.com/articles/using_h/chickenpox.php

Writings by Dana Ullman, MPH © 1992

(Excepted from Homeopathic Medicine for Children and Infants, Tarcher/Putnam)

REMEDIES LISTED IN CAPITOL LETTERS REPRESENT MORE FREQUENTLY INDICATED REMEDIES

ACONITUM:

This remedy should be considered at the initial stages of chickenpox when there is fever, restlessness, and increased thirst.

Antimonium crud:

Most characteristic of these children is their white-coated tongue and their irritable disposition. Other indications for this remedy are when children have pimples and pustules, which itch, especially after a bath or exposure to water, in the evening, and from the heat of the bed. The children tend to experience a prickly heat, which is aggravated by exercise and warmth.

Apis:

Children who have itching and stinging pox that is worse from heat and in warm rooms and better from cold and in cool rooms should be given this remedy.

Belladonna:

Chickenpox with severe headache, flushed face, hot skin, and drowsiness with the inability to sleep well should be treated with this medicine.

RHUS TOX:

This is the most common remedy for chickenpox. These children experience intense itching, especially at night and from scratching. They are very restless.

2. <http://www.whale.to/v/taylor.html>

Writings by Will Taylor, MD Homoeopathic Family Medicine

(1) "An empty bottle" (I'm kind of teasing here) - not every person with chickenpox needs to be treated, and in my experience most do not. A very healthy response to this virus involves a small smattering of spots, a runny nose, a low-grade fever & perhaps some small drop in energy that may last a few days. If the picture of a homoeopathic remedy does not emerge clearly in the child, don't treat them. Give them hugs, fluids, baths with oatmeal for itching, one of those really neat bed-tables you make out of a cut-out cardboard packing box with cut-outs for a bowl & cup, read to them from Winnie-the-Pooh, etc. (especially "Wheezles & Sneezles" from Now we are Six). For my oldest boy (now 10), raspberry sherbet & a backrub is the most consistently effective remedy for any ailment that comes along.

- grind rolled oats in a blender or food processor, put a couple tablespoons in a hank or dishrag & hang it from the faucet when you draw the bath.

If the illness takes a course departing from this normal pattern of response - e.g. excessive itching, horrible-looking eruption, a disturbing cough, mental/emotional difficulties such as excessive irritability or clinginess, difficulties with sleeping, or whatever, the organism is asking for help, and the appropriate remedy will get things back on track. The following short list of 8 remedies will cover about 95% of the cases of chickenpox you'll encounter; the remaining 5% will need any one of a huge variety of remedies at the discretion of a trained homoeopath. I generally recommend that my patients who stock remedies for home care get them in 12C potencies. Most of the following will be in a kit put together for homecare, such as the 50-remedy kit of 12C potencies put together by Washington Homeopathic Products. Dosing, repetition of dose, etc. are discussed in the home-care manuals above, most thoroughly in Miranda Castro's book.

These are listed in order of the frequency with which I've prescribed them for patients with chickenpox, from most frequent to least frequent. The pictures below are fragmentary pictures of how kids needing these remedies will look in a bout of chickenpox - don't rely just on them, but use them as a jumping-off point in working with your reading resources.

(2) **Pulsatilla nigrans** (perhaps 60% of the cases I've treated).

When the child has developed the disharmony calling for this remedy, it is usually the mental/emotional and general symptoms of the person that identify the match to this remedy. The classical symptoms of "Chickenpox" are not that remarkable - modest rash, modest fever. However, the child is weepy, clingy, wants to be held & to sleep with the parent. The itching is worse from heat, such as a hot bath or heat of the bed, so they are likely to uncover, sleep poorly in a warm room, prefer a tepid bath, etc. Bedtime is especially hard, because of separation from the parents & warmth of the bed, but it's just a hard time of the day for them anyway. Despite fever they may not be very thirsty. There may be some cough, worse on lying down at night & from the heat of the bed, better with cooler & moving air & on sitting up.

(3) **Rhus toxicodendron** (perhaps 15% of the cases I've treated)

The striking symptoms indicating that the child is in a state calling for this remedy are generally tremendous itching and a physical and emotional restlessness. Bedtime may be hard again, but this time because restlessness makes it difficult physically to lie in bed & fall asleep. They may wake exhausted with busy dreams & have to get up - they may come into the parents' room, but not so much for the snuggle as out of restlessness driving them out of their own bed. Itching is awful, especially at night, but not because of the heat of the bed; itching is worse with cold, and relieved by an extremely hot bath, worse when at rest, and they feel they have to scratch & will excoriate their rash by scratching. The pox may be especially large & filled with thin or thick pus-like fluid, which may run when the blisters break. I have never seen the red-

tipped tongue keynote reported in the literature in this acute presentation of a Rhus-tox picture.

(4) Antimonium tartaricum (<10%)

Here it is the cough that will most often alert you to the need for this remedy. The cough may be very moist-sounding and rattly, raising the concern about bronchitis or pneumonia (both of which may complicate Chickenpox - this will often be the remedy when that is the case, but do not ignore conventional medical supportive care [I'm referring to supportive care, not to allopathic treatment] if this is a concern). The rash may be large, and may weep a yellow fluid crusting like dried honey - sometimes it is only the appearance of an extensive eruption of this character that alerts to the need for this remedy, even in the absence of problematic cough. The child will often be mildly ill tempered, not wanting to be looked at or touched. A white coating is often seen on the tongue.

(5) Antimonium crudum (pretty unusual)

Very much like Antimonium tartaricum, above, but when the ill-temper is much more evident.

(6) Mercurius vivus (or Mercurius solubilis) (<5%)

High fevers, at night, with profuse sweat. Large eruptions with pus-filled blisters and pus-like discharge that may be irritating, with soreness of the affected skin. Much redness about the eruptions. Narrow range of temperature comfort - worse with cool and with heat. These kids are normally pretty sick.

(7) Aconite

Usually a phase very early in the illness, folks in this state generally are well past it & onto another phase of the illness by the time they get into my office, so when I've given this it's usually an 11pm phone prescription. Very sudden onset of high fever, most often around 11pm to midnight, with fear, night terrors or nightmares, & though apparently awake they don't respond as if they were, being inconsolable in their fear. The illness often begins following exposure to cold wind. At this point, you probably wouldn't know it's chickenpox yet, they probably won't break out until the next day; if the rash has already come out, the symptoms above eclipse the concerns that the rash might raise directly.

(8) Belladonna

Very hot, dry fever, without thirst, usually of rapid onset, worse in the mid-afternoon & on into evening (3pm, fever on waking from the afternoon nap). Dry, flushed red skin, burning up the hands & feet may be cool. Headache. Twitchings & startings in feverish sleep. Usually early in the illness, & though the rash has often come out at this point, the rash itself doesn't seem as significant as the feverish symptoms above.

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(9) Sulphur

Usually recognized as the remedy when the illness has dragged on with slow recovery, the eruption crusty & weeping after scratching. Warm, uncovering at night, worse from heat (itching & generally), itching with redness about the eruption, which is worse with heat of bed or bath.

Good luck with your kids! Working with an illness such as this, where you can exercise a classical homeopathic approach within a limited range of possible remedy pictures is a great way to introduce yourself to learning good homeopathy.

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