

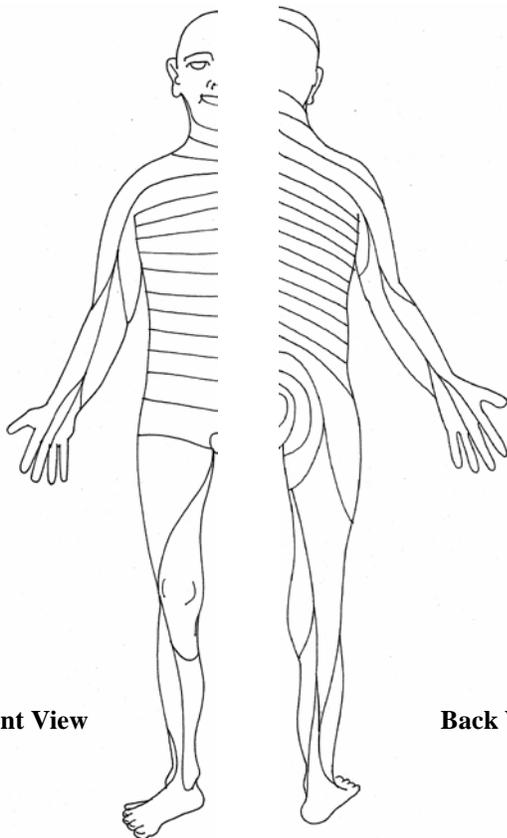
## So, You've Got Shingles or Post Herpetic Causalgia?

Michael J, Kohrman, MD

So, you've got it. What is it? What can happen? What can you do about it?

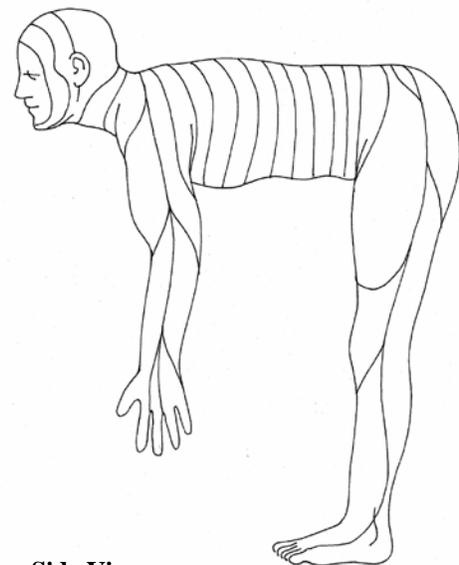
Shingles is a skin and sensory nerve condition caused by a virus. The same virus that causes Chicken Pox causes Shingles. First, you typically get Chicken Pox early in life and then afterward at some point in your life you may get Shingles. Some people get Shingles more than one time. For one reason or another there is a reactivation of the virus and it causes a different set of problems than the original Chicken Pox. Stress can trigger the outbreak. It can be from medical stress or even emotional stress. First there is pain. Pain like you never had before for some. Some people think they are dying and rush to the nearest hospital for treatment. A rash often appears after several days or so in the skin where the pain started. The distribution is typically on one side of the body following a dermatome pattern. Rarely if ever will shingles cross the midline of a person. There are a variety of sensory dermatome maps of people and some overlap. Overall, as you can see in the diagrams below, the different sensory distributions are in an organized pattern based on how we develop while still in the womb.

### Sensory Nerve Dermatome



Front View

Back View



Side View

Shingles affects specifically the dorsal root ganglia of the sensory nerves near the spinal column. The rash follows the sensory wiring distribution of the skin. Pain can be generated from the Small Uninsulated C-fibers in the skin. It can come from the nerves themselves, from the Dorsal Root Ganglia, from the region of the spinal cord, from the spinal cord, or from the brain itself as well. We used to talk about acute pain and chronic pain only to discover that it does not exactly work that way. Now we talk about localized pain and centralized pain. They can both occur at the same time but usually it is localized and then spreads out Centralized like a forest fire (so to speak). The key is to understand where the pain generation is coming from and to prevent centralization of pain as soon as possible. Do not wait for the different stages, but act as quickly as possible. When most people get shingles, they get some pain followed by a rash and then it all goes away. If any one spot or combination of areas that Shingles affects still triggers pain or becomes a pain generator, than you can have Post Herpetic Causalgia. Early recognition and treatment is important. Antiviral medication, anti-inflammatory medication, pain medication, nerve medication, anti-anxiety medication and even skin medication, to prevent scar formation, may all be used. Interventional injections, infusions, motor, sensory, somatic nerve and sympathetic nerve blocks may all be used along with Manual or Electrical Acupuncture, TENS units and other therapies to treat either Shingles or Post Herpetic Causalgia. Until a Vaccine becomes a reality we are limited as to what we can do for this condition.

### **How Does It Start?**

First there is pain and then typically a rash in a particular pattern. Rarely if ever the rash crosses the midline of the body.

It is caused by the same virus that causes chicken Pox. At present we do not have a vaccine to prevent it. Most people recover from it without any long term problems.

Those with persistent problems have Post Heretic Causalgia or Pain.

Potential areas that are affected:

- Dorsal Root Ganglia near the spinal cord
- Sensory nerves following a dermatome pattern
- Skin in the dermatome pattern
- Spinal Cord input signals
- Spinal cord nerves going up and down spinal segments
- Spinal Cord nerves going to the brainstem and brain
- Higher brain areas
- Autonomic Nervous System

### **Treatment starts with early recognition**

If you can treat someone early by using different methods, we hope to prevent the pain from Post Herpetic Causalgia. Management comes from addressing the different areas that can be affected by using topical solutions or creams to help with the rash. Prevention of potential scarring is critical. If you have an injury the nervous system, the nervous system will make additional uninsulated sensory C-fibers that will help promote additional pain signals. Scar tissue by itself can irritate the C-fibers. If there is little or no scarring there are several methods that can help deal with irritated C-fibers. There are several different medical acupuncture treatments that work pretty for this condition. There are a couple of electrical Acupuncture methods and a manual technique that uses lots of needles spaced about one fourth inch apart in the distribution of the rash zone. Manual stimulation and about four sessions can usually do the trick. But, if there is scarring it does not work as well or simply does not work. Superficial injections of procaine, done at about the same distance apart,

sometimes works as well provided scarring is in check. So early scar prevention and superficial pain control is important. Lidocaine patches and topical compounded creams can sometimes make a huge difference.

### **Got Drugs? Or why all the Medicines?**

Why take all the medications your doctor ordered? All of the medications have different effects and work on different parts of the body. All medications have affects and this means side effects as well. If there are more good effects than bad and the undesirable affects are minimal, it is a great medication. We use different medications to work on different parts of a problem. We try to use the safest or lowest dosage possible to prevent bad side effects. This is called Rational Poly-pharmacy. Years ago people might have thought you were a druggie if you took a lot of different pills. If we use Rational Poly-pharmacy along with different non-medical treatments, we often can treat the person more efficiently. So when you think about a virus and the different areas that can be affected you can see why different medications might be used.

### **Needles and Probes – Needles and Probes - Why do we use all theses Needles and Probes?**

Interventional Pain Medicine uses all sorts of methods to treat people. Injecting a small amount of a medicine, means a smaller amount of overall medicine was used; but hopefully enough at just the right spot to get the job done. With x-ray guidance, nerve stimulators and other guidance methods, we can now put different medications where they are needed most. Not everyone does everything and so different doctors may be needed to do this. Different injections may be: trigger point, subcutaneous, scar injections, local motor or sensory blocks, spinal epidural, intrathecal injections, autonomic system nerve blocks can be done locally or regionally. Implantable delivery systems are available today as well. Spinal Cord stimulation can also be done for a select few. TENS units are great and by far something that can be done early. Instead of manual acupuncture or electrical Acupuncture you can sometimes get similar affects without some of the nasty sided effects from different medications. Rational Treatments used can help significantly.