Nasty skin infections and rashes

COLD sores, athlete’s foot, fungal nails, thrush — they may not be life-threatening but they can really get you down. In the fourth part of our unique series, we ask the experts what you can do to shift those niggling infections...

HOW TO GET RID OF ATHLETE’S FOOT

DRY, flaky, red, and unbearably itchy — athlete’s foot is a highly contagious fungal infection affecting the soles of the feet and in between the toes. Skin can look white and ‘soggy’ or small blisters can form. The fungus lives under the skin, giving it its proper name, can be hard to shift and is right at home on human skin. It dines on keratin, a protein that is one of the main parts of the outer layer of skin and thrives in sweaty trainers and between toes.

‘In and of itself it’s not dangerous,’ says Walayat Hussain, a consultant dermatologist at Leeds Teaching Hospitals NHS Trust and a spokesman for the British Association of Dermatologists. ‘But it becomes very itchy and you can get a secondary infection if you’re scratching.’

In many cases ignored or poorly treated fungal infections will continue to spread and over time become harder to shift. Metabolic hygiene is key when it comes to tackling athlete’s foot, says Mr Hussain — especially after sweaty exercise. And it rarely gets better on its own. So don’t just blame your worn-out running shoes and...
hope for the best.

‘It’s any warm and moist environment
that the fungus or yeast like, so if
you’ve got athlete’s foot, no mat-
ner what trainers you’re wearing,
you are always going to have that
problem. If you’ve got a really old
pair of trainers, it’s good to get a
new pair. But I wouldn’t be ditch-
ing those really expensive new
Nikes just because you’ve been
diagnosed with athlete’s foot.’

More important is to treat it
with an over-the-counter anti-
fungal product, which come as
creams, sprays and powders.

Make sure you wash and dry
feet thoroughly, and allow them
to breathe by choosing cotton
socks and shoes made of natural,
breathable materials, such as
leather. A GP can also prescribe
steroid cream if an infection is
particularly sore and itchy.

As athlete’s foot is so conta-
gious, don’t share towels and
wash them frequently.
It’s possible to pick up fungal
infections from weights at the
gym, or from skin-to-skin contact
with someone already infected.

That’s why it’s advisable to wear
flip-flops in public spaces, such as
showers, pools, and changing
rooms. Other steps to prevent its
return are to avoid wearing the
same shoes for more than a
couple of days and don’t use
moisturiser on your feet — more
moisture is not what you need.

COLD SORES: A CURSE FOR LIFE

HERPES — most widely experi-
enced as a dreaded cold sore on
the lips that starts with an omi-
nous tingle and bursts into an
scabby blister — is the contagious
infection that keeps on giving.
Once you’ve caught it, says Mr
Hussain, ‘you’ve got it for life’.

According to the World Health
Organisation more than 67 per
cent of humans carry the herpes
simplex virus, which can be
passed on in secretions from the
mouth, eyes or genitals.

There are two varieties — type
1, an oral infection, and type 2,
which is genital herpes.

The warning you shouldn’t kiss
babies when you have a cold sore
is sound advice, but clearly widely
ignored: most people with herpes
type 1 are believed to have
contracted it by the age of two.

You may know nothing about it
when you’re first infected — often
it produces only a short-lived red-
ness of the skin, rather than a
tingle and blister, according to
the British Association of Derma-
tologists. Or it may come with a
temperature, swollen lymph
 glands and soreness and blisters,
in the mouth and on lips.

Once you’ve been infected, the
virus enters sensory nerves near
the surface of the skin and takes
up residence in the central nerv-
ous system, where it is protected
from the body’s immune
response. Here, it will lie dormant
until it is reactivated by anything
from sunlight to a bout of flu, at
which point it travels back along
the nerve to the skin.

It’s not known why UV rays
‘wake up’ the virus, but use of
sunscreen every day can prevent
this happening. Running a fever
can also bring the virus back into
action — indeed, cold sores used
to be known as ‘fever blisters’.

Cold sores usually last a week
or more from the first tingle to
the blister clearing up — until the
next time. That might be months
or even years away, but the virus
will always be there, lurking.

There are no preventive
treatments, but hope may be on
the horizon.

Some people report that a
cream containing penciclovir [an
anti-viral drug] will prevent cold
sores; others prefer to prevent
outbreaks with a herbal cream
containing lemon balm, mint,
such as Lomatherpan,’ says
Marian Nicholson, director of the
Herpes Viruses Association. ‘New

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CAN GOOD BACTERIA MAKE YOUR SKIN GLOW?

FEWER than 50 per cent of the cells on our faces are our own — instead they belong to microbes such as bacteria. Some estimate there are about 100,000 bacteria per square centimetre on the skin. While some cause harm (propionibacterium bugs are thought to contribute to acne), many protect us from infections.

According to Laura Bowater, a professor of microbiology at Norwich Medical School, the bacteria compete with each other for space and nutrients. So if skin is colonised by beneficial bacteria, there is no room for harmful microbes. Just as probiotics — or ‘friendly’ bacteria — are used to promote a healthy gut, they are now added to creams for healthy skin. The theory is with some skin conditions there is an imbalance in the bacteria population which can lead to inflammation and acne.

Researchers at the University of California San Diego tested a cream for atopic dermatitis, a type of eczema, that contains good bacteria from a patient’s own skin. They found these patients had lower levels of the protective bacteria S. epidermidis and S. hominis, so they mixed them into a cream and used it on the areas with atopic dermatitis. Every patient showed greater than a 90 per cent drop in the eczema-linked S. aureus bacteria.

Mother Dirt (£5.80/100ml, fonctionSELF.co.uk) is a spray being trialled for acne and eczema. It contains bacteria that feed on ammonia on the skin, which would otherwise be used by skin-aggravating bacteria. Without this fuel, the bad bacteria die off. Aurelia Cell Revitalise Day Moisturiser (£22, aurelia.co.uk) claims its probiotic ingredients increase collagen production and improve skin repair.
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Tablets and possible vaccines are in the pipeline, but it is still anyone’s guess if they will work well enough to bring to market.

Over-the-counter treatments for cold sores, which contain the anti-viral drug aciclovir, rarely have much impact unless applied at the moment that first telltale tingle is felt, says Mr Hussain. Though if treatments are applied in time, the length of an outbreak can be shortened by 12 per cent. It’s not a lot — down from an average of seven days to six and a bit.

Other over-the-counter creams, such as Lidocaine BP 5 per cent of the anaesthetic lidocaine, are designed to numb the cold sore’s tingling sensation.

One study, published in The Lancet, found such lidocaine preparations stopped 50 per cent of outbreaks in their tracks, shortening the course of the rest from an average of 4.9 days to 1.9.

‘There’s no detailed research as to why,’ says Marian Nicholson. ‘One could speculate that numbing the nerve stops the flow of nutrient fluids on which the virus rides down to the skin surface.’

Anti-viral drugs such as aciclovir, famciclovir and valaciclovir work better in tablet form, says Mr Hussain, as they attack the virus from within. But he adds: ‘I wouldn’t prescribe anti-virals for a run-of-the-mill case, as by the time the patient goes to the doctor it’s probably too late to do any good.’

However, for patients who get many cold sores throughout the year, prescription anti-virals taken regularly at a low dose may be an option.

As a doctor, one needs to find the lowest dose of aciclovir someone needs to take, maybe one or two tablets a week, to keep the virus switched off,’ says Mr Hussain.

‘It is possible to establish an effective regime in some who are getting ten to 12 outbreaks a year, which is quite debilitating. The number of episodes can drop down.’

Ask your GP if this sounds like you.

THE TRUTH ABOUT THRUSH AND SEX

THRUSH — which can affect both men and women — is a yeast infection caused by Candida albicans, a fungus found naturally in and on the body. It leads to redness and itching at the head of the penis or soreness at the entrance to the vagina, some discharge and a stinging sensation when passing urine in men and women.

Candida albicans is normally kept under control by the immune system and the balancing effect of other bacteria. But that balance can be disrupted when your immune system is weakened or if you take antibiotics, causing candida to multiply.

Contrary to popular belief, says Mike Kirby, professor of men’s health at the University of Hertfordshire and The Prostate Centre in London, thrush is not a sexually transmitted disease, nor should it be associated with sexual promiscuity.

‘It is a candida yeast infection which is in the environment,’ he says. However, it can be passed from person to person so men should wear a condom if they or their partner has it.

Women who get thrush frequently are advised to avoid perfumed products, including shaving gels, soaps, wipes and vaginal deodorants.

Good hygiene is the best way to prevent thrush, says Professor Kirby. When they do catch it, men need to keep the area clean and use an anti-fungal drug, such as Fluconazole, available over the counter as tablets.

Women can treat thrush with over-the-counter anti-fungal medicines, available as pessaries and creams inserted into the vagina with an applicator, or as capsules.

These may cause upset stomachs, and shouldn’t be taken by women who are expecting or breastfeeding, as the active ingredient fluconazole has been shown to cause harm when taken extensively during the first three months of pregnancy.

WHAT’S CAUSING THAT BUMPY RASH?

An itchy rash, often with small, flat-topped, raised bumps, lichen planus is non-contagious and can appear almost anywhere on the skin and mucous membranes. It can affect the scalp, palms, soles of the feet, and inner lining of the mouth.

Lichen planus is a skin condition that can affect men and women of any age. It can be confused with other conditions such as psoriasis, seborrheic dermatitis, and atopic dermatitis.

The signs are ‘itchy and itchy flat bumps, or papules, often grouped together,’ he says. They measure about 3mm to 5mm across.

The clue is in the name: ‘lichen’ means small bumps and ‘planus’ means flat.

Though most frequently found on the wrists, ankles and lower back, ‘it can also pit and even destroy nails,’ adds Mr Alexandroff.

In bad cases, nails may split along their length or be eaten away, as if by a fungus.

The scalp is also vulnerable, but this is rare. Here, the condition can permanently damage follicles and cause hair loss.
The diagnosis of lichen planus may be made by a dentist. 'It often creates lacy changes on the mucous membrane on the inside of cheeks and lips, and can also give oral ulcers,' says Mr Alexandroff. These ulcers — normally more widespread than the mouth ulcers we all get — may be extremely painful but can be tackled with antimicrobial and painkilling mouthwashes, available over the counter.

More rarely, it is found on the penis, where it causes purple or white ring-shaped patches. Unlike other patches of lichen planus, these often do not itch, says consultant dermatologist Welayat Hussain.

Lichen planus can affect the genital area in women too, 'but this is less common'. The cause is not fully understood, says Mr Hussain, 'but it is thought to usually be a reaction to drug treatments or an anti-inflammatory response'.

It has been linked to antimalarial tablets and disease-modifying anti-rheumatic drugs (DMARDs) injected into some arthritis patients.

There is no cure. But you can alleviate symptoms with steroid creams and ointments, which can be bought over the counter; stronger versions must be prescribed. In severe cases a GP or dermatologist may prescribe antihistamines, light treatment with an ultraviolet B lamp, or drugs such as acitretin, a retinoid (derived from vitamin A) which works by slowing cell growth in the skin, and cyclosporine, which suppresses the immune system.

Left alone, it will heal in about 18 months, though it can recur. It will persist longest in the scalp, nails or mouth, where it can last for several years.