

SHINGLES

By Mary J. Rogel, PhD, LAc

My Reasons for Writing This Article

In going through the experience of shingles (herpes zoster), I have learned some things about it that I have never encountered in the literature or heard from patients. As I read what others recommended, I sometimes wondered if we even were talking about the same condition. Following is the account of my experience with shingles, which I hope will be instructive for others because:

- I am able to describe the very early symptoms, prior to the eruption of the classic pustules that allow the condition to be diagnosed.
- Because of timing and traveling, I did not have ready access to medical care and elected to treat the condition entirely with the herbs I had on hand.
- With herbs, I was successfully able to control the pain, prevent the eruptions from maturing into fluid-filled pustules, and stop the episode without secondary damage.
- My clients who had shingles or who have known people with shingles tell me that my case healed quickly. I have no scars and no post-shingles pain.

For these reasons I have documented my experience and am making it available to other practitioners.

Caveat

Even though I was able to manage the outbreak successfully, in the final analysis, I would not necessarily recommend that others do what I did, unless there are no other options. Western medicine has anti-viral medications that stop shingles quickly. There is no reason not to use them, especially when there is risk to one's eyesight. Some sources say that shingles presents a risk to the lungs and brain, as well. These risks are not worth taking. However, they do need to be balanced against the risks involved in taking the anti-viral medications, which I understand stress the liver. The important thing is to make a reasoned, informed choice, and to make it quickly. By the time the symptoms appear, the virus has already been active for perhaps as much as a week. The anti-viral Western medications are effective in the first three days, presumably from the appearance of lesions. Consult your physician about anti-viral medications, even if you have had shingles for more than three days. New medications are always becoming available, and there may be a medication that will be effective.

*“Only the wounded
physician can heal.”
– Albert Schweitzer*

I provide the information below to aid in:

1. early diagnosis, so that you or your patient may seek early medical treatment,
2. treating the condition while the medication is taking effect,
3. treating people who were not able to obtain medication in a timely manner or for whom the medication was not completely effective, and
4. treating post-herpetic pain.

Viral Surprises

These are some of the surprises I encountered, and the clinical questions they raise:

- **My attack of shingles began as any other viral attack begins**, with malaise, fatigue, and a sense of being ill, but in the absence of any clear indication of what kind of illness it might be. How many attacks of shingles are averted because astute practitioners support the immune system?
- **The pain that preceded my outbreak was indistinguishable from many other chronic problems** I have had, except that the symptoms occurred simultaneously and they were worse. The root problem occurred in the neck, at a site that is a chronic problem for me. When I treated it during the episode, it always relieved the pain, immediately. Had I treated it at the time the pain first appeared, could I have averted the attack?
- **There was no way I could have predicted the pattern of eruptions**, given the pattern of pain preceding the outbreak. Sources say that the eruptions occur in the area of pre-eruption pain. My pain occurred on the right side in the neck, face, and entire right side of the head, but especially in the anterior margin of the sternocleidomastoidius, the upper teeth, and the eyeball, and to a lesser extent the temporomandibular joint and the bony area behind the ear. The eruptions, in contrast, occurred along the entire length of my eyebrow, in a vertical line from BL1 to BL8 (i.e., from the tip of the eyebrow near the nose along a line extending from there to the crown of the head) with the worst from BL1 to the hairline, and on a secondary line along the GB line containing GB8 (i.e., above the upper edge of the ear). The trigeminal nerve was clearly involved. Would treating it have prevented the eruptions?
- **It is possible to control the pain**. Most of the time, my pain levels were 0-2 on a scale from 0-10, with 10 being the worst. I was often uncomfortable, but I can hardly describe what I felt most of the time as pain. As the episode played itself out, I know for certain that internal anti-inflammatory herbs controlled the pain; but how important were the other things that I did (e.g., calming and sedating the nerves, internal vs. topical anti-inflammatories, internal vs. topical anti-virals, antispasmodics, manipulation, magnets), and did their importance change during the various stages of the outbreak?
- **The pain is not constant**. It fluctuates, and significant episodes can be brought on by seemingly insignificant triggers, or for no apparent reason at all. Aggressive treatment controlled it.
- **Factors that have nothing to do with shingles but that are occurring along the same nerve can be magnified dramatically – but temporarily**. I was having a minor dental problem prior to the outbreak of shingles. Because the virus attacked the trigeminal nerve, the involved tooth became a major focal point of shingles pain. It appeared that I was having a major dental crisis; but three days later, the tooth was a minor problem again. Had I sought dental treatment during the apparent crisis, I may needlessly have lost the tooth. It is very difficult to distinguish shingles pain from other sources of pain; and it is very difficult to determine if the other sources of pain need to be treated or only the shingles pain needs to be treated. In my case, treating the shingles pain cleared up all other sources of pain as well.

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- **Shingles does not attack only the elderly and immune-compromised.** I am in my fifties, and I personally know more people under 60 who have had shingles than people over 60 (and most people in my acupuncture practice are over 60). My younger brother had it in his twenties. Contrary to accepted knowledge, none of us is or was ever immune-compromised. At the time mine occurred, I had been taking a strong anti-viral, anti-bacterial, anti-fungal herb for years because it successfully controls and is healing an antibiotic-resistant dental infection that I have had for 20 years (on the opposite side from where the shingles attacked). I had also been using a non-bovine glucosamine supplement with herbal anti-inflammatories for months for general joint support and for assistance in healing a hairline fracture in my foot, sustained 3-4 months earlier. So what triggers an attack of shingles? The herbs I was already taking turned out to be extremely important for controlling the pain and killing the virus after it attacked. Why were they unable to prevent the attack? Is it a matter of dosage?
- **The virus is what I would call “robust.”** When the symptoms of a cold begin to diminish, I feel certain that the virus will not reappear. Even if I stop taking the herbs that are responsible for killing the cold virus, the cold will not reappear, though the symptoms may take longer to dissipate. Apparently this is not true with the varicella virus (chickenpox). Even with all the symptoms practically gone and all the lesions either very faint or scabbed over, the virus attempted to reassert itself when I decreased the amount of anti-virals and anti-inflammatories I was taking. New lesions appeared quickly, without warning (no pain, no additional swelling) and with pustules, which had never appeared with any of the other lesions. Increasing the doses of the herbs took care of the problem, but clearly one should not be quick to reduce the anti-virals and anti-inflammatories as the symptoms decrease.
- **Sugar feeds the virus.** Cold and anything else that irritates the nerve makes it go crazy. Sugar is doubly damaging to the nerve. Not only does sugar provide food for the virus, but sugar also creates inflammation.
- **Having shingles is tiring!** It was a big surprise to realize how tiring it is to fight the varicella virus. I finally resorted to anti-oxidants and other formulations just so that I would not feel so tired all the time.

Treatment Pearls

To summarize, these are the treatment strategies that worked for me.

- Hit the virus hard, and don't let up. Use sufficient dosages to suppress the virus, and take a sufficient number of doses to control the symptoms. Continue using high doses even after it seems that you don't need them any more.

- At a minimum, use a combination of herbs to kill the virus and to calm the inflammation and swelling caused by the virus in the nerve. The more ways you have of attacking the virus and its effects, the more effective your treatment will be.
- Use a combination of internal and topical formulas, as well as any other treatment strategies you have, such as manipulation, acupuncture, and magnets.
- Treat the nerves carefully and gently, as you would treat any nerve problem. Injured nerves are easily re-injured, by too much cold, too much heat, too much activity, too much rest, and over-treatment.
- Treat the spasms aggressively. The spasms injure the nerve.
- The traditional acupuncture treatment techniques that I was taught in school involved light needling along the pathway of the affected nerve. This method was only mildly effective, and the effects lasted only as long as the needles were in place. In contrast, aggressive treatment of the tendons and ligaments at the spinous processes and facet joints with large needles (#8 gauge Japanese) and no retention stopped the spasms and provided instant and long-lasting pain relief. Treating the body of the muscles can cause contractions that irritate or damage the nerve. Treating at the spine is highly effective. (Acupuncturists who want more information on how to needle at the spine will find detailed information in my article on the lamina points in OMJournal, 2007, Fall/Metal issue, Vol. XV, Issue 6, pp. 14-23.)
- Treat symptoms as soon as they appear. Don't wait. They only get worse.
- When treating post-shingles pain for my patients, I am finding that my aggressive strategy of treating at the spine is working better than the traditional treatments that I have been doing for years. I have not done enough of these treatments yet over a long enough period of time to say so definitively, but early results are very promising.
- Choose an anti-inflammatory diet. In a nutshell, increase the cold-water fish (salmon, sardines, mackerel, and halibut) and decrease or eliminate sugar, refined flour, red meat, most dairy, and any food that gives you a histamine reaction (e.g., nightshades, nuts, berries, soy – everybody is different). As an alternative, switch to a mucusless or vegan diet.

Treatment Protocol and Procedures

These are the treatments that I found to work the best for me. I am now trying them on my clients, with better success than I was getting with more traditional treatments.

To Kill the Virus

- Lomatium Dissectum (the most important)
 - ◆ Internally – capsules
 - ◆ Externally – alcohol tincture as part of the swabbing solution
- CA-25 (a strong blood-cleansing formula that supports the action of Lomatium)
 - ◆ Internally -- capsules
- Black Walnut Tincture
 - ◆ Internally – can be used, but I did not
 - ◆ Externally – used as part of the swabbing solution
- Eyebright (when the eye is involved)
 - ◆ Eyewash – infusion
 - ◆ Internally – a good way to use left-over infusion not needed for eyewash

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To Stop the Pain

- Flex Protex (the most important)
 - ◆ Internally – capsules
- Antispasmodic Tincture
 - ◆ Internally – can be used, but I did not
 - ◆ Externally – used as part of the swabbing solution
- Lobelia (also an ingredient of the Antispasmodic Tincture)
 - ◆ Internally – used 1-3 droppersful in water, as needed
 - ◆ Externally – can be used as part of the swabbing solution
- Serramend (anti-inflammatory enzyme)
 - ◆ Internally – capsules
- Re'Leve Pain Cream (anti-inflammatory)
 - ◆ Externally – cream
- Tamu Oil (anti-inflammatory)
 - ◆ Externally – used as part of the swabbing solution
- Magnets
 - ◆ I personally used magnet wraps, which stay in place without adhesive; but I have used small 9000 gauss stick-on magnets for my clients.
- Acupuncture
 - ◆ The most effective points were at the spinous process and facet joint at the root of the affected nerve.

For Energy

- Flex Protex capsules
- Pycnogenol capsules
- Serramend capsules
- Acupuncture

To Reduce Scarring

- Serramend capsules
- Tamu Oil

Here is another way of arranging the information.

Take Internally

- Lomatium Dissectum capsules
- CA-25 capsules
- Flex Protex capsules
- Serramend capsules
- Antispasmodic tincture
- Lobelia tincture
- Eyebright infusion (if the eye is involved)
- Pycnogenol

Swabbing Formula

- Lomatium Dissectum alcohol tincture
- Antispasmodic tincture
- Lobelia tincture
- Black Walnut tincture
- Tamu Oil

Other

- Eyebright infusion for eyewash, if needed
- Re'Leve Pain Cream topically
- Magnets and/or magnet wraps

Notes

- I found that the most important items in this protocol are Lomatium Dissectum capsules and tincture to kill the virus and Flex Protex to control the inflammation in the nerve. These I took throughout the episode. All the others I used as needed, according to the stage of the outbreak.
- To prepare the swabbing solution, choose the tinctures that you want to use and place several drops of each together on a cotton ball. Put the alcohol tinctures on the cotton ball first, and put the oils on top of the alcohol tinctures.
- Lomatium has a strong anti-viral effect. However, I would recommend a cautious approach when using Lomatium tincture topically on someone who has never used the herb before. My experience is that the alcohol tincture can produce an itchy rash when it is applied to a virus in the skin or in a nerve, though I have never seen this reaction when the capsule is taken internally. I myself have never had an itchy rash while using the alcohol tincture, but I had been taking the capsules for years before the tincture became available. Almost all of my clients for whom I used the alcohol tincture topically for skin or nerve viruses have had the rash. There are several options that may help you to avoid the rash:
 - ◆ Use the capsule first, and let it begin the killing of the virus internally.
 - ◆ If you elect to use the tincture topically, begin slowly. Dilute with the Antispasmodic formula or the Tamu Oil or both, and start with only a drop of Lomatium. If no rash appears, then very slowly, drop by drop, increase the amount of Lomatium tincture in the mix. You only need several drops in the mix anyway. Until you are certain that there will be no rash, I would not use the Lomatium in the mix every time.
 - ◆ If you have a Dandelion tincture, add it to the topical mix.
 - ◆ If the rash appears, continue using the capsules (if you are using them) but stop using the Lomatium tincture and begin taking large doses of Dandelion root capsules or Dandelion root tea immediately. The rash is very itchy, so you want to quiet it as rapidly as possible. You may also swab with Dandelion tincture, or bathe the area in a Dandelion infusion. When the itchiness is gone, you may slowly and very cautiously re-introduce the Lomatium tincture into the swabbing mixture.

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Herbs and Supplies Used

Below are all the herbs, herb formulas, and pain control products I used. All are available through my office, East Point Associates, Ltd, and our website, www.eastpointassociates.com; or you may obtain them from the sources I have listed.

East Point Associates, Ltd. • 1525 East 53rd Street, Suite 705 • Chicago, Illinois 60615-4530 • 773-955-9643 voice;
773-955-1470 fax • www.eastpointassociates.com • mjrogel@earthlink.net

Name	Ingredients	Actions	Source
Antispasmodic Tincture	Alcohol tincture of Skullcap, Lobelia, Cayenne, Valerian Root, Skunk Cabbage, Gum Myrrh, Black Cohosh	Calms nerves, relieves spasms, reduces pain, moves blood	Obtained from The Herb Finder, but they no longer carry it.
Lobelia Tincture	Alcohol tincture of Lobelia	Sedates and activates nerves, reduces pain	The Herb Finder PO Box 170 Santa Clara, Utah 84765 800-780-6934
Lomatium Dissectum Tincture	Alcohol tincture of Lomatium Dissectum (also available as glycerin tincture)	Anti-viral, anti-fungal, antibiotic	Mountain Oaks, LLC PO Box 155 Doyle, California 1-866-775-1570
Lomatium Dissectum capsules	Lomatium Dissectum	Anti-viral, anti-fungal, antibiotic	Mountain Oaks, LLC
Black Walnut Tincture	Alcohol tincture of Walnut	Anti-viral, anti-fungal, considered a "specific" for shingles	The Herb Finder
Tamu Oil	Tamanu Oil, Avocado Oil, Peppermint Oil	Anti-inflammatory, regenerates skin, softens scars, reduces pain	Health Concerns 8001 Capwell Drive Oakland, California 800-233-9355 510-639-0280

Name	Ingredients	Actions	Source
Serramend capsules	Serratiopedtidase enzyme	Anti-inflammatory, reduces edema and pain, digests scar tissue, speeds healing	Health Concerns
CA-25 capsules	Echinacea, Red Cover, Plantain, Larrea, Artemesia, Blue Flag, Paul D'Arco, Oak Bark, Dandeion, Burdock, Sheep Sorrel, Cascara Sagrada, Black Walnut, Cloves, Blue Violet, Yellow Dock, Aloe, Celandine, Calendula, Poke Root, Buckthorn, Oregon Grape, Sassafras, Sarsaparilla	Cools Blood Heat, cleans the Blood Liver, and Bowel	The Herb Finder
Re'Leve Pain Cream with emu oil	Menthol, Deionized Water, Vegetable Glycerin, Witch Hazel, Aloe Vera, Yucca Extract, Grapefruit Seed Extract, Sodium Hydroxymethylglycinate, Pure Winterized Emu Oil, Carbomer, Orange Peel Extract, Decyl Polyglucose	Anti-inflammatory, reduces edema reduces pain	Re' Products 2016 Gabriel Dr. Las Vegas, Nevada 89119 702-214-4945 office 702-303-0037 cell They also have an anti-inflammatory "Footlube" made with emu oil and geranium oil. Also available from: East Point Associates 773-955-9643
Flex Protex capsules capsules	Stabilized Rice Bran Derivative, non-bovine Glucosamine Derivative, Boswellia, Turmeric, Yucca, Ashwagandla	Anti-inflammatory, promotes joint health	Available from: East Point Associates 773-955-9643
Eyebright capsules for making washes and compresses	Bayberry Bark, Eyebright Herb, Golden Seal Root, Red Raspberry Leaf, Cayenne	Anti-inflammatory, antibiotic, astringent	The Herb Finder
Pycnogenol	French maritime pine	Anti-oxidant	Many local sources; we get ours from Swanson
Magnet wraps	Magnetic beads strung on nylon-coated steel wire	Reduces inflammation spasms, edema, &	Available from: East Point Associates 773-955-9643

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End Notes

In this section, I describe the symptoms as they presented themselves on a daily basis, and I detail how I treated them.

Early Symptoms

If my experience with shingles is at all typical, then the early symptoms masquerade as many other conditions. Until the eruptions began to appear, I could not distinguish the symptoms from those of cervical nerve entrapment or the sequelae of what may have been an insect bite on the neck. With the aid of hindsight, I describe below the early progression of the disease. Day 1 was June 4, 2006.

In the days prior

Several unusual things occurred:

- Perhaps two weeks earlier, I awoke with a bright red, perfectly round spot on my neck, about 2 inches in diameter. There was no sensation other than that it burned like fire when water hit it. After I treated it with Zheng Gu Shui (anti-inflammatory liniment), it disappeared in two days, leaving no mark and no pain. I have no idea what it was.
- A tooth on the same side that had been bothering me for months off and on began bothering me a bit more persistently, to the point that I started thinking about going back to a dentist.
- A long-quiescent hemorrhoidal tag flared into a hemorrhoid, with pain in the entire S2 dermatome.

Otherwise, nothing remarkable was going on, and stress was lower than it had been in a while.

Day 1, Sunday

We left in the morning on a day-long car trip to visit family in Ohio. It was the easiest beginning of any trip we have taken. However, shortly after getting on the road, I began experiencing marked fatigue, malaise, poor mental focus, and a sense of being sick without actually having any symptoms except for increased tooth pain and persistent neck pain at the C3 facet on the right side, which is a frequent site of neck pain for me. This time it was accompanied by significant spasms in the neck muscles and into the head on that side. The spasms responded to massage, extension exercises, and magnets.

Day 2, Monday	The spasms continued, now accompanied by mild nerve pain in the neck. Pain was controllable with the use of Re'Leve emu-oil pain cream and magnets.
Day 3, Tuesday	An enlarged lymph node appeared in the neck at the approximate site of the red spot that had appeared several weeks earlier. This may have been coincidence. The pain increased in intensity and spread throughout the entire right side of the neck, head, and face, including the upper teeth and the eyeball. It continued to be controllable with Re'Leve emu-oil pain cream and magnets.
Day 4, Wednesday	Same symptoms as Day 3, with swelling on the head and behind the ear, and with a reduction of muscle spasms; and same treatment.
Day 5, Thursday	While driving back to Chicago, bumps began to appear above the eyebrow, and swelling increased behind the ear. By evening, eruptions began to appear above the eyebrow and on the forehead. Since I was now at home and had access to additional herbs, I began taking Lobelia tincture hourly in water to control the pain. The eruptions made it clear that this was probably shingles, so I increased the antiviral (Lomatium Dissectum) and anti-inflammatory (Flex Protex) herbs I was already taking for other reasons, and I added a strong blood cleanser (CA-25). I also began using Lobelia tincture (to calm the nerves) and Lomatium tincture (to kill the virus and to dry up the eruptions) topically on the affected areas. I continued using a magnetic necklace.

Managing the Outbreak

I was certain of the diagnosis by the next morning. Since I now had full access to all my herbs, I put the treatment regimen into high gear. This is what happened.

Day	Symptoms	Treatment
6	Woke with slightly better defined eruptions. Now I was sure it was shingles.	<p>Topically, swabbed the affected area approximately hourly throughout the day, evening, and whenever I awoke during the night, using Antispasmodic, Lobelia, and Lomatium tinctures.</p> <p>Internally, increased dosages of</p> <ul style="list-style-type: none"> ● Lomatium capsules (16-20 per day, base dose prior to shingles had been 4-8 per day), ● Flex Protex (12 per day, compared to 3-6 pre-shingles), ● CA-25 (1-2 per day with the intention to increase as tolerated). <p>Magnets for pain control became optional; I used them periodically.</p>
7	Woke with badly swollen upper eyelid, but eruptions were stabilized and beginning to dissipate without ever maturing. There was still quite a bit of swelling behind the ear and on the head.	<p>Eyewash, Eyebright eye wash to reduce swelling in the eyelid.</p> <p>Topically, same regimen as Day 6, but added Black Walnut tincture.</p> <p>Internally, same as Day 6; at the end of the day I drank any Eyebright not needed for eyewashes.</p>

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Day	Symptoms	Treatment
8	Upper eyelid still badly swollen on waking, but eruptions were clearly lessening. Swelling and pain in the head, face, and neck were significantly reduced, and the enlarged lymph node was reduced in size. Now it was possible to palpate other slightly enlarged lymph nodes on both sides of the neck. By late evening, upper eyelid swelling lessened slightly, but new swelling was beginning to appear under the eye on the cheekbone.	Eyewash , increased frequency. Topically , same as Day 7, but did not need to swab with the tinctures as frequently. Internally , same, but added the supplement Serramend, an enzyme that reduces inflammation, edema, and scar tissue.
9	Upper eyelid swelling continued to lessen, and the new swelling on the cheekbone disappeared, but another swelling appeared under the eye closer to the inner canthus. The swelling in the scalp was basically gone, but there was a little more tenderness at and below the ear in the neck, where the symptoms first appeared, and on the top of the head. By the end of the day, the eyelid swelling was noticeably improved, and some of the smaller eruptions on the forehead were diminished.	Eyewash , reduced frequency. Topically , added Tamu Oil to the swabbing formula. Internally , same as Day 8
10	The larger eruptions began to dry up without ever forming fluid-filled pustules. Several granules washed out of the tear duct, and the eyelid swelling reduced further. The swelling in the scalp was gone, but tenderness on the top of the head persisted, and some of the earlier pains returned briefly, particularly in the teeth, the ear, the TMJ, and the neck. All except the pain on the top of the head reduced significantly and eventually went away after acupuncture to the C3 facet.	Herbs , same as Day 9 Acupuncture , single needle to the C3 facet, right side, not retained.

Day	Symptoms	Treatment
11	The smaller eruptions continued to dissipate, and the larger eruptions continued to dry up. Swelling in the eyelids continued to reduce, and pain levels remained low. Acupuncture at the C3 facet stopped any threatened neck pain.	Herbs , same as Day 9 & 10; added Pycnogenol anti-oxidant formula early in the day for tiredness; added Yin Qiao and apple cider vinegar and honey later to ward off a cold. Acupuncture , single needle to C3 facet, right side, not retained.
12	Another granule washed out of the tear duct, and the eyelid swelling no longer obstructs vision. Later in the day, the upper eyelid of the left eye began to swell.	Herbs , switched from Eyebright wash to Eyebright compress. All else the same, including Yin Qiao and apple cider vinegar and honey.
13	Eye swelling persists but continues to reduce.	Topically , discontinued the nut oils; later also discontinued Lobelia and Antispasmodic tinctures because the pain levels had dropped so much. By day's end was swabbing only with Lomatium tincture and again used the Eyebright compress. Internally , all herbs the same, including Yin Qiao and apple cider vinegar & honey.
14	The lesions are drying; the smaller ones are almost gone. Tenderness is in the same places, but minor. Eyelid swelling is the least it has been. For the first time, fatigue is abating. Swollen lymph nodes are almost normal, with slight puffiness and tenderness in the neck. The threatened cold did not materialize.	Topically , swabbed only with Lomatium. Internally , reduced all herbs to pre-shingles levels; CA-25, Pycnogenol, and apple cider vinegar and honey; discontinued Yin Qiao.
15	Continued improvement. Lesions are dried, very little swelling or tenderness anywhere on face or neck; eyelid swelling diminishing right but increasing left; energy levels almost normal; lymph nodes almost normal. Tenderness and some swelling persist at the top of the head, and I notice a secondary line of eruptions along the BL channel to BL8 and another along the GB channel on the line that contains GB8. These apparently had been held in check until I reduced the Lomatium and Flex Protex.	Herbs , same as Day 14, but will increase Lomatium capsules and Flex Protex to control threatened new outbreak.
16	I made an interesting discovery today. This is an amazingly robust virus, even sneaky. The small lesions have virtually disappeared, and the large ones are drying up and scabbed over; but new ones are popping up in the midst of those that are healing. I must not have been taking enough Lomatium to suppress them. By the end of the day, the new lesions are drying. All other symptoms continue to decrease, and the swelling is almost gone from both eyes.	Herbs , increased the dosages of Lomatium, Flex Protex, Serramend, and CA-25 and increased the frequency of swabbing with Lomatium Tincture.

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Day	Symptoms	Treatment
19	All the lesions are now drying to the point that the scabs started falling off today.	Herbs , dosages of all formulas are down to baseline for the first time since the outbreak began.
22	I made another interesting discovery about this virus today. Eating a bowl of jello apparently made my teeth too cold and triggered a tremendous bout of nerve pain, primarily in the tooth that bothered me before shingles, but also in other areas of the trigeminal nerve. It was surprisingly intense and long-lasting, and it required a significant increase in Flex Protex to control it. Afterward, the nerve was sore for several days, and a few more eruptions appeared at the lateral edge of the eyebrow.	Herbs , same except a temporary, but significant, increase in Flex Protex to control the pain in the trigeminal nerve.
25	All lesions are losing their scabs or gone. Only residual soreness remains in the eyebrows	Herbs , all dosages at baseline, except Flex Protex as needed. It seems very important to keep the inflammation under control.
29	The lesions are disappearing but not gone. If I fail to take Flex Protex as soon as I feel symptoms begin to return, the inflammation returns, though not as quickly.	Herbs , all dosages at baseline, except Flex Protex as needed.
36	The lesions linger and sometimes threaten to reassert themselves, but they are faint except on the eyebrow. Today I had another episode of cold-induced nerve pain, as happened two weeks ago, in the same tooth, but also in the adjacent teeth and along the entire second branch of the trigeminal nerve with faint echoes into the first and third branches and the GB20 area. Again, it was surprisingly intense and long-lasting; and it required a significant increase in Flex Protex to control it, along with cervical manipulation and magnets.	Herbs , all dosages remain at baseline, except a significant increase in Flex Protex to control the cold-induced pain, and I swab the lesions occasionally with Lomatium tincture. Other , manual manipulation of the neck to control the cold-induced pain, plus magnets.

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Day	Symptoms	Treatment
37	This episode of pain has been harder to control than the previous one. Hot or cold made the pain worse, and even allowing the upper tooth to touch the tooth below it was exquisitely painful and sent electrical flashes along the trigeminal nerve. The entire upper jaw on the right side was super-sensitive, and the back of the head became twisted with spasms. Riding in a car aggravated the nerve.	Herbs , in addition to baseline herbs, Flex Protex and Lobelia every couple of hours, day and night. Acupuncture , classical acupuncture barely took the edge off the pain, and the effect was short-lived. Relief came after extensive of the right side cervical facets. Other , afterward I used large quantities of Re' Leve on my face and wrapped my head in magnets. During the night, I took more herbs and applied more Re' Leve.
38	By morning, the anti-inflammatories had a noticeable effect, but the right side of my jaw felt like the teeth themselves were swollen. By evening I was able to manipulate my head and straighten out my jaw a little better, and the pain had reduced enough that I could chew soft things.	Continued herbs , emu oil, and magnets throughout the day; and by evening was able to manipulate my head.
39	The episode of cold-induced pain is not gone, but the symptoms are significantly reduced. I have learned to continue with high doses of herbs and to continue using topicals and magnets.	Continued high doses of herbs, topicals, and magnets, even though the pain is subsiding. This time I also have been swabbing the eyebrow lesions with lomatium tincture, and there has been no threat of renewed lesions.
40	The tooth pain is gone, but sensitivity in the trigeminal nerve still lingers.	I am continuing the treatment with only a slight reduction in dosages.
43	There was a third pain episode like the previous two, but this time there was no precipitating event. It simply began to appear late last night, at about the same time of day that the previous two had appeared. The symptoms were much the same as previously. Pain began in the usual tooth and spread to the neighboring teeth	This time I treated the episode aggressively, and it was basically gone in about 12 hours, compared to 3-4 days for the previous ones. Herbs , frequent doses of Flex Protex throughout the night, and swabbed the neck and face with Lomatium and Lobelia tinctures.

Day	Symptoms	Treatment
43 (cont)	and the opposing tooth, with swelling in the upper and lower gums and in the neck. It followed the second and third branches of the trigeminal rather than the first (where the lesions are), and it followed the main part of the nerve from the spine onto the neck and face. Oddly, this time it was primarily in the ST channel, and it produced pain and swelling in the area of ST 3, 4, 5, 6, 7, 9, 43, and 44. ST 43-44 is the site of a recent (healed) fracture in the foot, and it has never been part of the shingles pain before.	Acupuncture , aggressive needling of the cervical facets and spinous process ligament and tendon attachments. Other , manual manipulation of the back of the skull until it finally adjusted and became symmetrical, rubbed in liberal amounts of Re'Leve, wrapped my head and face in magnets, and wrapped my upper body and head in blankets and slept. Twelve hours later the pain and swelling were essentially gone; only minor nerve sensitivity lingered.
66	Nothing of note has occurred since my last entry, so I suppose it is safe to say that the virus has gone dormant again. The lesions on my eyebrow are still pink and visible, but they have not changed during the past month. The tooth has returned to its pre-shingles state, as has everything else. •	Using herbs and other treatments as though I do not have shingles.