Aromatherapy and Chicken Pox
Revised June 2011

Chicken pox, the background
Varicella zoster virus, or VSV, is a member of the herpes family producing two distinct diseases; chicken pox which occurs mainly in childhood and subsequently, shingles (more common in adults) which results from the reactivation of the dormant virus residing in dorsal roots or nerve ganglia.

Initial exposure to the chicken pox virus, either by direct contact or by airborne transmission, may have been up to twenty one days prior to symptoms emerging. However chicken pox is usually only identified and diagnosed after the ‘spots’ appear although for a few days before this, the child is generally miserable, feverish and appears to have a cold. The ‘spots’ are actually itchy, watery blisters that usually crust over within a day, but remain itchy until the scab falls off naturally. These lesions may continue to appear in crops for up to five days; the fresh skin lesions are highly infective. If scratched (and preventing anyone, let alone small children, from scratching is very difficult) the scabs can be knocked or picked off with resultant scarring and potential for superimposed infection. Lesions can occur all over the body, in all ‘orifices’ and frequently occur on the scalp. Fever may continue until the final lesions appear. Chicken pox often seems to occur during warm times; springtime is common and the warmth will make the symptoms worse.

Generally, chicken pox does not require allopathic intervention – usually rest and symptomatic control of itching is sufficient – and there do not appear to be any effective allopathic remedies available for chicken pox. There are rarely secondary infections but when they occur, they can be swift and severe. The most commonly encountered are pneumonia and superimposed bacterial infection of the lesions. In the adult or immuno-compromised, the infection can have fatal consequences.

Aroma-therapeutic goals for chicken pox
The aim of the treatment is fivefold:
• reduce irritation/inflammation
• cool the skin
• dry out the lesions
• calm the child who may be irritable
• support the immune system and improve health status

Formulation details
The essential oils used are Roman Chamomile (Anthemis nobilis) Lavender (Lavendula angustifolia), Bergamot (Citrus aurantium ssp.bergamia) and Peppermint (Mentha x piperita)
These oils are suspended in a dispersing base in a ratio of one part oil to four parts dispersant, which allows the oils to disperse safely in water.

Rationale for the choice of essential oils in the preparation
• Roman Chamomile and Lavender to reduce skin inflammation and irritation, calm the child and induce sleep (Buchbauer et al., 1991; Rossi et al., 1988). Roman Chamomile is also a powerful antioxidant which helps protect against further skin damage (Piccaglia et al., 1993).
• Bergamot is chosen to relax and also to cheer the miserable child. Traditionally, Bergamot is used in aromatherapy for Herpes virus infections, including chicken pox and shingles (Price and Price, 1999; Davis, 1999; Cooksley, 1996)
• Peppermint gives the sensation of cooling on the skin and relieves itching (Bromma et al., 1995; Galeotti et al., 2002). It has also demonstrated antiviral activity against some members of the Herpes virus family (Schumacher et al., 2003).
• All the essential oils were also chosen to support the child’s general health status. It is considered that small quantities of essential oils used regularly will assist with reinforcing the child’s ability to resist stress and improving immune function.
Putting oils in a dispersing base is important to ensure there is no risk of oil droplets floating on the bath water’s surface that could cause irritation/contact dermatitis especially as children are frequently less than five years old when they acquire chicken pox.

**Using the formulation**

Twelve to fifteen drops of the prepared formulation are used in a bath which equates to a dose of approximately three drops of combined essential oils per bath dose. If the child is fretful and hot or a bath not appropriate, three drops of the prepared formula can be added to a bowl of warm water to tepid-sponge the child. This may be repeated as often as needed, although in reality it would not be more than three times a day. Where there are other children in the family it is often the case that they will be bathed together (whether or not they have chicken pox) and the essential oils in the formulation will be beneficial for them too.

The bath should be run first then the drops of the essential oil preparation swished into the water before the child is put into the bath. They are then allowed to stay there for as long as they choose to but ideally at least ten minutes. No other product should be used in the bath (soap, shampoo, bubble bath…).

Due to the risk of increased skin sensitivity when exposed to UV rays caused particularly by Bergamot, the child should be kept out of the sun following bathing. However, as the child is likely to be unwell and usually resting at home for the duration of chicken pox infection, this precaution is rarely needed.

**Why bathing is so efficient**

In the bath, the emulsified essential oils will automatically contact all skin folds etc especially around the genital area which, if affected by chicken pox can be very uncomfortable. For younger children still in nappies, the lower abdomen is an area which can cause real problems if lesions are present. The bath water can also be used to rinse the head without the child becoming aware that he is being ‘treated’ and consequently protesting! Bathing is also a recommended allopathic treatment for relief of symptoms.

**Storage details**

The prepared bath mix should be kept in a cool dark place and specifically not the bathroom windowsill in full sun. To be realistic however it may be kept in a bathroom cupboard.

The ‘use by’ date on the label will usually only allow a week or two which is sufficient time for the remedy to work for the child in question. If another child subsequently develops chicken pox, it is better that they have a fresh batch.

**The Case Histories**

Harry was twelve months old and only slightly affected with chicken pox. He began treatment on day five/six of the lesions appearing.

Alice was four years old and moderately affected. She began treatment on day two/three.

Tom was twenty seven months old and the worst affected. He began treatment during the pre-outbreak stage

All children were treated until the crusts were no longer problematic.

This trio of siblings was generally very boisterous and the illness made them particularly irritable. Harry was not badly affected. Alice was moderately affected with lesions all over the body and was very difficult about not scratching. Tom developed the lesions later and had the worst case of chicken pox but healed quickly. The children are always bathed in the same bath water if not all three in the bath together.

The children enjoyed the baths and were allowed to bathe up to three times a day as it seemed to calm them. There appeared to be a soothing effect with a reduction in irritation and consequent scratching. The crusts healed quickly and fell off without leaving scarring on any child, apart from one on Alice's face where a crust was knocked off when she fell. They all recovered quickly from the infection despite being a family which generally seems prone to lingering colds and infections. Tom had a particularly nasty case of chicken pox but recovered easily and appeared unworried by the irritation.
However the concrete testimony as to the efficacy of the bath mix came from elsewhere! The family's cleaning lady had a 14 year old daughter who liked to come and play with the children, often spending time with them at weekends. The family alerted the girl's mother to the chicken pox outbreak but was told that her daughter had already had chicken pox so there was no risk. However, in due course, the fourteen year old broke out with chicken pox lesions. She was comprehensively covered in spots and very miserable. On the usual day for her mother to visit the family, the daughter came too as she couldn't go to school and there was no longer danger of infection to anyone in the household. The family's mother suggested the girl have a bath with the children's bath mix. The bath was so relieving, calming, refreshing and cooling that she had three baths in total while her mother carried out her work through the day. The bath mix was proclaimed indeed to be a 'magic' cure.

Another client contacted me as her almost three year old son had broken out in lesions that morning. She received the remedy within a couple of hours of her call and gave him two baths a day for three days after which she felt he no longer needed them. The lesions crusted over with very little scratching and after five days virtually all the lesions had healed.

**A related case**

A colleague asked for help for the son of her client, a three year old boy with autism who had previously contracted chicken pox and still had scabs on his scalp which he couldn't be prevented from scratching, causing them to bleed. I suggested that she use three to five drops of Lavender oil to one teaspoon (5mls) olive oil that should be kept in a cool dark place between applications. The oil was to be used three times a day, applied topically to the scabs. If the child was scratching, more of the remedy could be used. No shampoo was to be used for a few days as that would dry the scalp. Within days, the inflamed, itchy scabs were disappearing and forgotten.

**The sweet smell of success!**

Since first preparing this formulation in March 2003, it has been used many, many times, always with similar results. Children find it soothing, with a swift reduction in irritation and they all appear to recover very quickly, usually within a maximum of five days depending on the stage at which they start the treatment.

Whilst the formulation was obviously carefully thought out and its beneficial effects anticipated, it has been very satisfying to receive the validation that comes through the feedback each time another child uses it. And with each success the case for the clinical use of essential oils rather than 'just some nice smell' is reinforced.

**References**


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