



This Itching Has to GO !

Skin Care for Polio Survivors

By Marny Eulberg, MD
[Primary Care Perspectives](#)

Question: I have a question about skin care. I have excessive itching on on my lower extremities - specifically on hips & buttocks. Polio has affected both my right and left sides. I can sleep only on my right side and when I sit, I do so leaning over to right side. Do you have any suggestions on what cream can be used to help stop the itching?

I do believe it could be indirectly related to polio as there is pressure on the skin because of lack of padding from missing muscles. I am now affected on my upper torso because of the way I lay and sit in my chair. My shoulder and arm are dropped on the left side. Scoliosis is very present and my stomach muscles are gone. I am barely walking with the use of a Nitro walker and have very little balance since polio onset.

Dr. Eulberg's Response:

In introducing myself, I am a polio survivor who is a retired family physician. I have seen over 1,500 polio survivors in a polio clinic since 1985.

I am so sorry that you have been plagued by the itching for so long. I know how annoying itching is for me even when it lasts for only a few minutes or hours.

First, let me say that itching or any skin problem is NOT directly related to prior polio. But, it can be *indirectly* related to polio if there is unrelieved pressure on the skin because of lack of padding from missing muscles or sensitivity or allergy to linings or paddings for braces.

However, those of us who contracted polio in the United States are mostly all over 65 years old and so the maladies that affect everyone as they age are affecting us too. Itching is common for people as they age because the skin becomes thinner and drier. It may sound like “splitting hairs” but the causes of itching without any apparent skin rash and the causes of itching **with** a rash are most often two different things.



Note: You did not mention any rash so I will address itching without a rash. However, if you have a rash that shows multiple red areas with a center in each that began as a small blister and now is drying up and if it is in a pattern that follows a nerve you may have shingles. Check out <https://en.wikipedia.org/wiki/shingles> for a description and pictures. Shingles (herpes zoster) happen in people who had chickenpox sometime in their lifetime and it only happens on one side of the body stopping in the mid-line.

Now back to itching without a rash: there are a number of causes with the most likely being dry skin (xerosis), followed by sensitivity/allergy to wool or some synthetic fibers; soap used for bathing or for laundry; a number of medications including opioid containing pain medicines, some blood pressure medicines esp. the ACE inhibitors (their generic name usually ends in “...pril”) or amlodipine; amiodarone—which is used to control certain abnormal heart rhythms, some over the counter or prescription pain medications such as Tylenol (generic name acetaminophen), Motrin or Advil (ibuprofen), Aleve (naproxen), some diuretics (commonly known as “water pills” because they make a person urinate more than usual), simvastatin or niacin—used to treat high cholesterol; allopurinol—to prevent gout; or some chemotherapy drugs.

It also seems strange but some products to treat itching like Caladryl can actually make the itching worse when used for more than a few days. Then there are several systemic disorders (affecting more than one part of the body) that can cause itching without a rash and these include thyroid problems, liver disease, kidney disease, diabetes, iron deficiency, some tumors, and HIV.

Some things you can do to decrease the itching are:

- Apply cool to cold compresses,

continued . . .



- Avoid drying out the skin with hot baths or showers (use lukewarm water instead),
- Use mild, non-drying soaps such as Dove or Cetaphil,
- Use a humidifier in the house especially if the air is dry,
- Keep the temperature in the house on the cool side, and
- Apply a moisturizing cream or ointment after a bath and while the skin is still damp (Eucerin or other lanolin containing creams are good but even Crisco works --but it is messy).
- You can also use over the counter hydrocortisone creams or ointments such as Cortizone 10. The ointments stay on better and may burn less when applied because some creams contain alcohol.
- If sleep is a problem due to the itching, you can try the over-the-counter allergy pills - like Benadryl (generic name= diphenhydramine) or Claritin (loratadine) or Allegra (fexofenadine) or Zyrtec (cetirizine).

Have you seen a doctor about this? If you are going to see a doctor try *not* to use the hydrocortisone for about a week before seeing the doctor because it can “cover up” the rash enough to make a diagnosis difficult.

Also, when really tempted to scratch, it is better to use a cool to cold compress or rub the area with ice because then you don't risk breaking the skin and causing a secondary infection.

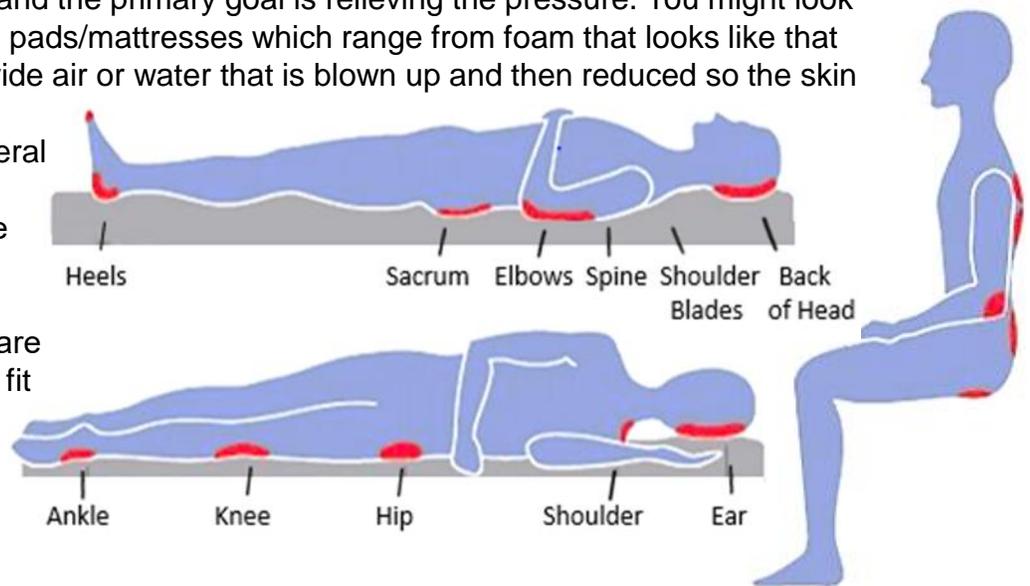
I also believe it could be indirectly related to polio as there is pressure on the skin because of lack of padding in areas where pressure happens from sitting or lying down in the area of missing muscles. These sores, referred to as “Pressure Sores” have four stages.

- Stage 1 - This is the mildest stage. These pressure sores only affect the upper layer of your skin. Symptoms of a [Stage 1](#) Pressure Sore: Pain, burning, or itching are common symptoms. The spot may also feel different from the surrounding skin: firmer or softer, warmer or cooler.
- Stage 2 through Stage 4 are deeper –
 - They involve the deeper layers of skin going all the way down to bone in Stage 4
 - These need to be seen/evaluated by a health care professional.

A wise plastic surgeon when asked what kind of topical medications should be put on a “pressure sore” said, “You can put anything you want on it except the patient!” which emphasized the point that pressure is the problem and the primary goal is relieving the pressure. You might look into some of the pressure relieving pads/mattresses which range from foam that looks like that inside egg crates to mats that provide air or water that is blown up and then reduced so the skin experiences alternating pressures every few minutes. There are several available on Amazon, put “Pressure-pads-bed-sores” into the search box. They appear to cost from about \$50 to \$400. If the problem is on one's bottom, there are also similar cushions or devices to fit into your wheelchair or favorite chair.

Would you consider using a motorized mobility device (scooter or wheelchair)? With the weakness of one arm and the scoliosis, a wheelchair would provide better support. But I do know polio survivors can be very stubborn about considering using any of these devices.

I am concerned about what happens if you fall and I don't want your wife to get hurt trying to help you up from the floor! I hope this helps.



[Marny Eulberg](#)