

## Recurrent Fungal Infections

Doctors have excellent treatments for skin fungus infections that occur on the feet, nails, groin, hands and other locations. Unfortunately, there is a strong tendency for fungal infections to recur in many people even after effective clearing with medication. This is because we all have our strengths and weaknesses. Some people are prone to allergies. Others get lots of colds. Others get stomach ulcers. And some people are prone to recurrent skin fungus infections.

The tendency for fungus to recur in many adults, especially on the feet and toenails, is a genetic condition. Their skin cannot recognize the fungus as foreign and get rid of it. After having a fungus there for a while the body's immune system learns to live with the fungus and no longer tries to get rid of it.

Children only rarely get fungal infections of the feet, especially before the age of five. Their bodies still react vigorously to the fungus. For some reason, they are more likely to get it on the scalp than adults are.

Fungus is all around us. On floors, in dirt, and on other people. It is hard to avoid forever. It likes warmth and moisture, making certain parts of the skin more vulnerable. A fungus is a superficial skin problem, not an internal one. It does not spread by going inside the body. Cortisone creams, tried by many patients, help fungus grow! The rash may get less red and itchy at first, but spreads out and recurs, itchier than ever, when the cortisone is stopped.

A fungus sheds "spores", a little like tiny seeds, which wait for the right moment to grow into new fungus. The most common place for these spores to collect is in shoes. Therefore, after effective treatment, a fungus may recur quickly where spores are present. Fungus doesn't care what color your socks are. White socks offer no advantage. Absorbent cotton or wool socks are best.

Some rules for prevention: Remember, nothing works one hundred percent. Try combinations of these ideas.

- Use the medicine completely and as recommended. The fungus may still be present long after it is no longer visible as a rash
- Keep feet clean, cool and dry. Change socks. Wear shoes that breathe" like leather, rather than plastic.
- Make sure shoes fit correctly and are not too tight.
- Apply an anti-fungal lotion, like Lotrimin or a prescription antifungal cream (Iamisil, Oxistat) to the bottom of your feet, and on the nails, about twice a week. This may help prevent early re-growth of the fungus. In some cases, I will prescribe a preventive oral medication.
- Avoid walking barefoot, especially in bathrooms, locker rooms, gyms, on carpeting, and in public bathing areas. Wear slippers or stand on a towel or piece of paper.
- Keep toenails short, cut straight across and avoid ingrown nails. Do not use the same clippers on abnormal nails and normal nails.



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- Family members and close personal contacts should treat any fungus infections they may have. Avoid trading back and forth.
- Apply an anti-fungal powder, like Zeasorb-AF to your shoes every day, to keep spores from growing.
- Discard old shoes, boots, slippers and sneakers. Do not share footwear with others.
- If you have had a body fungus, in the groin or elsewhere on the skin, consider using an anti-dandruff shampoo, like Selsun Blue on this area twice a month. Lather up and leave it on the skin for about five minutes, then wash off completely. In some cases a preventive medication can be prescribed.