

## Dr Scurr: I've got an itchy scalp

For about a year, I've had an itchy scalp. My GP prescribed a shampoo, but it didn't make much difference. I see from the internet that the problem is quite common; some people suggest tea tree shampoo or dabbing each affected location with vinegar. After trying both of these, I still haven't found a cure. For a 76-year-old I have a good head of hair and have used 'Silvikrin with oil' hair dressing for most of my life. Unfortunately, they no longer produce this and I changed to Brylcreem - I'm not sure if that is the cause or coincidental. Could you please advise how to alleviate or, better still, cure the problem, as it is very annoying and embarrassing.

P. Rice, Hornchurch, Essex.

Dr Scurr says... A man of your years with a good head of hair is both fortunate and unusual - so I understand how frustrated you feel to have this problem.

I suspect your change from one type of hair dressing application to another (Brylcreem) is a red herring, and the likely cause of the itching is a reaction that has developed to a yeast (*pityrosporum ovale*) that lives on the skin of all of us.

The yeast itself is microscopic, but in some people it causes excessive flaking of the skin ('dandruff' as we usually call it). However it doesn't always cause dandruff, but may cause just itching.

The itch is due to a low-grade inflammatory reaction - basically your skin is reacting to the presence of the yeast.

It's a problem that affects men and women of all ages, and it's not just the scalp that can react in this way - you can also get the problem on the eyebrows or in the ear canals.

What triggers it? It seems to be something that is genetically determined, so in some ways you are fortunate you have had many years without it.

Although tea tree oil seems to have acquired a reputation for treating skin/scalp conditions (as an antiseptic), with a yeast infection like this what you need is an antifungal shampoo, ideally one containing ketoconazole (trade name Nizoral).

This is prescription-only - you need to ask your GP for it. Use it twice weekly for four weeks and then switch to a shampoo containing tar (such as Polytar) which you can buy over the counter without a prescription.

Tar contains minute amounts of chemicals such as phenols and cresols which are effective at preventing the yeast from building up again.

Again, use this type of shampoo twice weekly for the long term. While an itchy scalp is a common and annoying problem, anti fungal treatment is usually highly effective.

I recently caught the flu, which turned into a nasty head cold and chesty cough. As well as suffering impaired hearing, I lost my sense of smell and taste. I've since been on two courses of antibiotics and although my hearing has returned, two weeks later I still have no taste or smell - is this something I should be worrying about?

Sam Hayes, Isleworth, Middlesex.

Dr Scurr says... What you've described is, in fact, a known complication of sinusitis when that follows a cold.

The good news is that you will definitely recover - the bad news is that until you do, you'll find food pretty boring. It often surprises people to learn that our ability to taste food is actually linked to a food's aroma, rather than to signals from the taste buds in your mouth.

Our taste buds allow us to perceive only bitter, salty, sweet and sour flavours.

Otherwise the majority of taste sensations come via odour molecules from the food - these stimulate the olfactory (smell) nerves at the top of the nose, which then send signals to the brain.

The brain uses this information to identify the odour; without it, all food tastes pretty much the same.

## **ASK DR SCURR**

To contact Dr Scurr with a health query, write to him at Good Health, Daily Mail, 2 Derry Street, London W8 5TT, or email [drmartin@dailymail.co.uk](mailto:drmartin@dailymail.co.uk), including contact details.

Dr Scurr cannot enter into personal correspondence. His replies cannot apply to individual cases and should be taken in a general context.

**Always consult your own GP with any health worries.**

This can sometimes be a problem with patients who've suffered a head injury, as the olfactory nerves have been severed; in these cases, there is nothing that can be done.

However, much more common is the kind of thing you've experienced- - when you have an infection, the delicate nasal lining can swell, the mucus builds up and the odour molecules aren't able to reach the olfactory nerves.

That's why having even just a cold can make food seem so dull.

The antibiotics you've been given have helped clear the infection from your ears, which is why you can now hear properly.

But you've still got a lingering problem in your nose.

I suggest the following: mix a pint of water with a teaspoon of baking powder (sodium bicarbonate) and a heaped teaspoon of table salt (sea salt crystals if you are posh).

This solution is called 'alkaline nasal douche' and will help clear out the mucus as well as soothe the inflammation.

Keep it in the fridge, and two or three times a day snort a couple of teaspoons of the solution in each nostril from the palm of a cleanly washed hand.

This will make you sneeze and cough and splutter.

You need to do this for at least two weeks. If it fails to restore your sense of smell then see your GP, as the next move is to use steroid nose drops twice daily to tackle the inflammation.

The secret with nose drops is to administer them while you're kneeling, with your head down (your GP or practice nurse will demonstrate).

If you use nose drops when upright, most of the medication will just whiz down your throat - with this technique, you ensure it hits the top of the nose and stays there long enough to act. Steroid drops usually work after week or two.

**By the way . . .**

If being ill is not in itself bad enough, then there are the small, mean humiliations people like to heap upon you.

One of my patients is disabled and has recently given up driving because her condition has deteriorated.

I tried to reassure her she could still be mobile as there were always taxis, for which the disabled receive a subsidy through various schemes.

But she explained the problem was getting in and out of a taxi - health and safety rules prevent the driver from helping her. Or at least that's what she

had been told.

Then I thought again. In my experience taxi drivers are some of the most sane and normal people you could ever meet; independent, often interesting, usually helpful.

Could my patient have got it wrong?

So I decided to research the advice and training given to taxi drivers.

Sorry to get technical, but bear with me. First, the Disability Discrimination Act - under planned new regulations, all public transport (including taxis) has to be accessible to disabled passengers.

Indeed, by 2020 it will be an offence if a taxi fails to conform to accessibility regulations.

The current Act also requires taxi drivers to assist disabled people in accessing the vehicle and help them with any luggage they carry.

Then there's the very clear and specific advice from the Disabled Persons Transport Advisory Committee.

The key statement to drivers is 'your attitude and understanding are vital'; the advice points out that if a driver is not sure how to help or is not willing to assist elderly or disabled passengers, those people will have lost an invaluable source of independent mobility.

So if you're disabled do not accept it if a taxi driver refuses to help you get into the vehicle - it is part of his job to do so.

This is one area where Health and Safety legislation is not the real problem - it's the one bad apple in the taxi driver box.

And if your GP refuses to treat you for an infection of the grounds of his 'health and safety', he too is pulling a fast one. Don't be bullied.

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