
spa | the ring you do NOT want to find in your spa

by Sherry Taylor and Linda Rae

THE WORD “RINGWORM” HAS nothing to do with worms or jewelry, and nobody should ever be excited to find out that a client has it. The term refers to a common, highly contagious skin infection caused by mold-like fungi called dermatophytes. They live on the outermost layer of skin and feed on dead tissue, hair and nails. As the fungus multiplies, it spreads on the body in a circular, wormy and ring-like pattern. It can affect several areas of the body including the face, scalp, groin and feet. In medical terms, ringworm is referred to as a tinea infection.

Ringworm is spread from person to person as well as through contact with contaminated objects, particularly moist or damp surfaces. If an infected person even brushes up against an item, that object will become contaminated. It is important to be cautious about sharing towels, clothing and hairbrushes, as well as going barefoot in public places. Major culprits include public showers, locker rooms, school gyms, pools and athletic clubs. A client will not be able to receive a facial, wax or massage service if ringworm is present.

Known as a zoonotic disease, ringworm can also affect and be transmitted by animals, including dogs, cats, pigs and horses. Cats are especially vulnerable. When ringworm is suspected, ask the individual if they have had contact with animals, engage in sports, sweat a lot, wear tight clothing or have been around someone who has the infection.

“The plaques appear as flat, red and scaly lesions that slowly develop a raised border, which spreads in all directions to form a worm-like appear-

ance,” states Robert A. Sarro, M.D., of Dermatology Associates of the Palm Beaches. “Left untreated, it will enlarge or expand centrifugally.” Sarro suggests asking the individual how long the lesions have been apparent, whether there are any associated symptoms and if any treatments have been used. Depending on the severity of the infection, small bumps that look like blisters may also occur and symptoms may worsen with sun exposure. It is important to note that although ringworm can mimic eczema or psoriasis, neither condition involves the advancing border of ringworm, nor do the red, scaly lesions of ringworm take on the silvery appearance of psoriasis plaques.

Refer to a dermatologist for a definitive diagnosis. “Dermatological treatments initiate with topical anti-fungal agents,” says Sarro. “If the tinea infection does not respond to a topical agent, oral medications may be prescribed. Treatment should be continued for at least one week after the infection clears.” In addition, applying an effective dandruff shampoo to the affected area for five minutes, two to three times each week may reduce the risk of the spores shedding and spreading.

A physician should be consulted immediately if the affected area shows increased pain, redness, swelling or drainage—or if a fever develops. ■

Sherry Taylor is a paramedical skin care instructor at Florida College of Natural Health, Fort Lauderdale, FL. Linda Rae, a paramedical esthetician, is the owner of Linda Rae Skin Care.

Ringworm prevention tips

- Keep skin clean and dry. Expose the affected area to the air as much as possible.
- Wear cotton clothing or undergarments.
- Wash towels after each use.
- Wash clothing, towels and bedding in hot water with chlorine bleach.
- Try not to let the affected area come in contact with healthy skin, as it can easily spread from one area to another.

At home remedies

- Apply clear nail polish one time each day to help to suffocate the ringworm.
- Mix 2 drops of tea tree with 1 drop lavender with 1 tsp of carrier oil. Apply it several times per day.
- Soak a paper towel or cloth in apple cider vinegar and apply for 15 minutes several times throughout the day.
- Apply a black walnut or colloidal silver solution to the area several times each day.
- Soak in a bath with a generous amount of Epson salts to soothe the skin.

