

SYMPTOMS

The lesion becomes increasingly painful.

The lesion becomes very itchy.

Patients may suffer from a burning sensation on their feet.

In extreme cases the surface of the skin may break and an infection may develop.

CAUSES

A chilblain is an abnormal reaction to cold.

Elderly people with a poor circulation are at a greater risk.

Young adults who work outdoors or in cold conditions, such as butchers, are also at risk.

If the skin is chilled and then followed by too rapid warming such as a gas fire, a chilblain may develop.

Damp living conditions can also be a contributing factor.

The sudden onset of very cold water on the skin can also lead to a chilblain.

Other contributing factors include dietary, hormonal imbalance and people who suffer from anaemia.

WHAT NOT TO DO

Don't:

- scratch them.
- place your feet close to fires or electric radiators/heaters.
- rest your feet on hot water bottles.
- sleep with your electric blanket on high temperature settings.

WHAT THE CHIROPODIST WILL DO

Advise soothing lotions such as witch hazel and calamine.

If the chilblain is infected, the chiropodist will apply antiseptic dressings.

The chiropodist may recommend a mixture of friar's balsam and weak iodine to paint onto the lesion and/or Lanolin ointment to rub in to the feet at night to retain heat.

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The Society of
Chiropodists
& Podiatrists

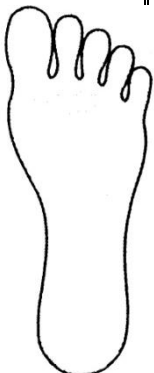
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CHILBLAINS

What are Chilblains, how are they caused
and what treatments are available.



Chilblains

These localised, warm, red, itchy areas with associated swelling appear commonly on the toes and other areas of the feet in cold weather. Females are particularly prone to chilblains, especially those with a history of 'poor circulation'.

In cold weather the small blood vessels in the skin, (the arterioles), constrict e.g. get smaller. This is to minimise the amount of heat loss by the body to its surroundings. The skin then becomes cold as the metabolic rate of the surface tissues reduces with the lowering of temperature.

Normally, when the body's surrounding becomes warmer, i.e. coming into a warm room from the cold outside, the arterioles relax and increase the flow of blood to the skin.

However, in some cases the relaxation of the arterioles in certain areas is delayed so that when the skin tissues become warmer and their metabolic rate increases, there is an insufficient supply of oxygen to the tissues and the affected part turns bluish.

If at this stage, the arterioles relax no permanent damage will have resulted to the tissues, but if the circulation continues to be restricted the metabolites, (waste products of tissue metabolism), will not be removed and will be accumulated in the area.

This causes the blood capillaries to become more permeable and leads to a local increase in tissue fluid, a process which in itself increases the metabolites in the area. Local damage is then done to the tissue by the accumulated metabolites.

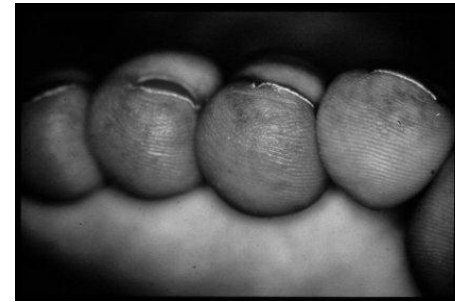
The skin tissues are unable to respond with the normal damage limitation exercise, (inflammatory process), whilst the arterioles remain constricted.

This constitutes a CHILBLAIN.



Once the blood flow through the arterioles improves inflammation is established and the arterioles become fully dilated as the redness, swelling and pain in the form of fresh exposure to the exciting cause -COLD- the inflamed stage is frequently prolonged.

Treatment is non-specific. The process of repair to the damaged tissue often takes several weeks, especially whilst the cold weather persists.



Various chilblain creams and ointments are available from the Pharmacist which contain an analgesic, (pain relieving); a property that reduces the associated pain. Anything that helps keep feet warm and cosy is helpful i.e. loose fitting socks, (or a couple of thin pairs), and boots-nothing tight since this would further restrict the blood flow.

Avoiding standing around getting "stone cold feet".

Avoiding drastic temperature changes such as plunging very cold feet into hot water or holding them close to a fire or hot radiator.

In severe cases "broken chilblains" may occur which require antiseptic dressings and prolonged problems may require a consultation with your Doctor.

A summary is shown overleaf.

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