

The natural medicine cabinet in your kitchen



You may not think of your kitchen as a convenient pharmacy, but parents used common kitchen items successfully to treat various maladies long before CVS and Walgreens were invented.

Crisco— May not be healthy to eat, but smeared on skin, it's an old fashioned but effective treatment for eczema or [dry skin](#).

Oatmeal— Crush and put into the end of a hosiery sock. Float the sock in the bathtub for a natural way to moisturize skin.

Olive Oil—

- Put a couple drops into the ear three times a day

to loosen ear wax (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).

- For cradle cap, rub into your baby's scalp and use your fingernail or a soft brush to loosen the greasy flakes.
- Also use to kill [lice](#). Work the oil through the scalp, tuck hair into a shower cap and wash off in the morning. Although studies are unclear on how well this method works on lice, it certainly is worth a try.

White vinegar-If [swimmer's ear](#) is suspected, mix rubbing alcohol one to one with vinegar and drop a couple drops in the ear to stop the swimmer's ear from progressing (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).

Ginger– Boil ginger to make a tea to take the edge off nausea

Honey– Shown to soothe coughs-give a teaspoon of dark (buckwheat, for example) honey three times a day. However, NEVER give honey to a child who is younger than one year of age because it may cause infant botulism

Lemon– An old singer's trick–combine lemon juice with honey in tea to alleviate hoarseness

Salt– Mixed into lukewarm water, gargling with salt water will help ease sore throat pain

Baking soda:

- Mix with water to make a paste to help soothe itchy skin, from maladies such as [poison ivy](#).
- Can also be mixed with water to make toothpaste if you run out of your usual minty whitener.
- Another use of baking soda: one part baking soda with 4 parts corn starch makes a natural underarm deodorant.

Sugar: Mix sugar into weak tea (or your ginger tea from above) and give small amounts frequently to soothe your **older** child's

nausea and help rehydrate after vomiting.

Ice: Ice not only decreases swelling when applied to injuries, it can also be used to combat the itch of bug bites and poison ivy.

Kitchen sink: This is an excellent place to wash any cut, scrape, or bleeding wound under running water with soap. Immediately after a burn, rinse the burned skin under cold water for several minutes to limit the extent of the heat injury. Contrary to popular lore, DO NOT put butter on a burn. You may, however, put butter on your toast. In small amounts.

Naline Lai, MD and Julie Kardos, MD

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Teething warnings and tall tales



Amber bead necklace

About five years ago, we started noticing Amber Bead Necklaces adorning the necks of infants. We also noticed a plastic giraffe named Sophie. These relative newcomers are the latest in a long line of treatments that claim to soothe the discomfort of teething. Some work. Some don't. And some are dangerous.

If you look at the consumer product safety commission recalls over the years, recalled teething devices and other baby products usually have a two things in common: they have small pieces that can come off and become a choking hazard, or they can cause a baby's neck to become caught and cause strangulation.

We worry about Amber Beads necklaces. They fit all the potential safety hazard criteria. Although they are not to be chewed on (they purportedly work by excreting a mysterious substance into the skin of an infant), you never know when a bead will pop off and pose a choking hazard or the necklace will get caught and cause strangulation. Besides, we find it odd that parents would be willing to let an unknown substance seep into their baby's skin.



Sophie the giraffe

Also, the FDA has repeatedly warned against the use of topical anesthetics. Benzocaine gels can lead to methhemoglobinemia, a rare but serious and potentially fatal condition. Adults will sometimes use viscous lidocaine prescribed for themselves on a baby's gums, but any numbness extending to the back of the throat can make it difficult for babies to swallow.

Ultimately, the best cure for teething discomfort is the emergence of a tooth. Until then, chewing on a safe toy or cool wash cloth and an occasional dose of acetaminophen or ibuprofen (if over six months old) can be helpful.

Be patient with teething. "Curing" teething does not cure all maladies. In fact, parents should be aware of these symptoms which are **NOT** caused by teething:

- **Teething does not cause fever.** Fever usually indicates infection somewhere: maybe a simple viral infection such as a cold, or maybe a more severe infection such as pneumonia, but parents should NOT assume that their baby's fever is caused by teething. These babies could be contagious. Parents should not expose them to others with the false sense of security that they are not spreading germs
- **Teething does not typically occur in four-month-olds.**

Usually the first teeth erupts at around six months of age. Some don't get a tooth until their first birthday. Most drooling and mouthing behavior prior to six months, such as babies putting hands in their mouths, is developmental. Although you may not see a tooth erupt for a few months, babies at this age still enjoy gnawing on a toy.

- **Teething does not cause diarrhea severe enough to cause dehydration.** If a child has severe diarrhea, then he most likely has a severe stomach virus or another medical issue.
- **Teething does not cause a cough severe enough to increase work of breathing.** Babies make more saliva around four months of age and this increased production does result in an occasional cough. But babies never develop problems with breathing or a severe cough as a result of teething. Instead, suspect a cough virus or other cause of cough such as asthma.
- **Teething does not cause pain severe enough to trigger a change in mental state.** Some children get more cranky as their gums swell and redden with erupting teeth. But, if parents cannot console their crying/screaming child, the child likely has another, perhaps more serious, cause of pain and needs an evaluation by her pediatrician.

From a logic standpoint, if teething causes symptoms as babies get their primary teeth, shouldn't incoming permanent teeth cause the same symptoms? Yet we've never heard a parent blame teething for a runny nose, rash, cough, fever, or general bad mood in an eight, nine, or ten-year-old child who is growing permanent teeth.

Maybe these parents are too busy bemoaning the cost of early orthodontal work.

Julie Kardos, MD and Naline Lai, MD

Soothe the itch of poison ivy



Recently we've had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, **poison ivy is NOT contagious**. You can catch poison ivy **ONLY** from the plant, not from another person.

Also, **contrary to popular belief, you can not spread poison ivy on yourself through scratching**. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

- **Hydrocortisone 1%.** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day
- **Calamine lotion – a.k.a. the pink stuff.** This is an active ingredient in many of the combination creams. Apply as many times as you like.
- **Diphenhydramine (brand name Benadryl)- take orally** up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti itch properties.
- **Oatmeal baths** – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)
- **Do not use alcohol or bleach**– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen. However, **infections cause pain** – if there is pain associated with a poison ivy rash, think infection. **Allergic reactions cause itchiness**– if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure. Infection usually occurs on the 2nd or 3rd days. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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The best allergy medicines for kids



Gepetto always said his son had allergies, but the villagers knew better

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you choose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Is it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child’s body, called histamine. Prescription antihistamines are not necessarily “stronger.” In fact, at this point there are very few prescription antihistamines. The “best” choice is the one that alleviates your child’s symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don’t tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours

and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become “hyper” and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, Flonase, which used to be available by prescription only, is a steroid allergy nose spray that is

quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

The best medication? Get the irritating pollen off your child. Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

Naline Lai MD and Julie Kardos, MD

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Prepare your child for a younger sibling



A thrilling moment in the office is when a mom of a patient shares with me that she is pregnant again. I say, "Wonderful!" What better gift to give your firstborn than a sibling! And I love being a part of good news! As an older sister myself, as a mother of three children, and as a pediatrician, I know the net result of adding another child to the family is positively fabulous.

Although the news is good, sometimes parents are anxious. Here are some suggestions of how to prepare your child for a younger sibling:

For most kids under the age of three to four years, time literally has no meaning.

At best, everything in the past occurred yesterday, and everything in the future will occur tomorrow. So in general, there is no magic moment to announce a forthcoming new baby. A few weeks ahead of time, simply start talking about “when a baby comes to live with us.” Don’t expect your child to really believe you until you walk into the house with the baby. And don’t be surprised if your firstborn asks, “When is it leaving?” Kids this age do not understand the idea of “forever” or “permanent.”

Believe it or not, your second newborn might not be all that demanding.

Parents often feel guilty about bringing a second baby into the home. They worry they will not have as much time for their firstborn. Well, here’s one secret. Newborns aren’t all that demanding. Unlike with your first born, you will never have the time or urge to stare endlessly at your second born while she sleeps.

By the second time around, you will realize that feeding, changing, and washing a newborn take up relatively little time. Your firstborn will likely continue to be the center of attention. She is, after all, much more interesting now that she can pretend and play simple games. Believe me when I tell you that you CAN play *Candyland*® and breastfeed an infant at the same time. You CAN burp an infant while reading aloud to a toddler. You CAN change a diaper while pretending you and your toddler are wild jungle animals. You CAN make a formula bottle while telling a terrifically exciting story to your toddler.

A word about visitors and gifts:

The best part of a gift, to a toddler, is opening it, NOT what’s in it. So don’t worry about trying to make sure your older child gets a gift for every gift the new baby gets. Just

allow your toddler to open all the baby's gifts (if she wants to) because "babies don't know how to open presents, but big kids do!" Also, newborns don't care who holds them so visitors are a perfect chance to hand off the baby and get on the floor and play with your toddler. To a toddler, parents are the most important and interesting people in the world. Even if ten people walk in to visit the baby, your toddler will not be jealous if YOU are the one playing with her.

By three years old, kids understand taking turns.

In addition to the above tips, if your eldest asks why you need to hold/feed/care for the baby "so much," just explain that it's the baby's turn. Then reinforce how glad you are that your eldest is able to talk, feed herself, play with toys, and maybe use the potty. Remind her that her ability to be independent make her more similar to Mommy and Daddy than to a baby.

You have plenty of love to go around.

Finally, realize whether your firstborn embraces her younger sibling with open arms or pretends that the new baby does not exist, you will have plenty of love to go around. Your heart is big enough for everyone. Dr. Lai tucks each of her three children in at night with the words, "I love you more than anyone in the universe."

Truth be told, **no one will make your younger child laugh as loud and long as her older sibling.** Also, older babies are much more interesting than newborns. Even "luke warm" older siblings will warm up as time progresses and the baby becomes more interactive. You will appreciate this the most when your younger child becomes a toddler. He will find his older brother or sister so entertaining that he will generally stay near his older sibling. Your younger child will not be as apt to wander out of a room if his sibling is around. While you will not have a baby sitter for a while, you will have a tattle-teller.

In the meantime, tell lots of “when you were a baby” stories to your older child. Toddlers are egocentric (they all think the world revolves around them) and they will LOVE being the main character in your stories. Bring out baby pictures and videos of your firstborn to share. Be sure to point out how far she has come and all the great things she can do now as a big kid.

Don't feel pressure to “get everything done” before the new baby arrives. Potty training for the oldest can wait (it's not that glamorous anyway). You don't have to take your oldest child out of the crib (the baby is in a bassinet for a couple months) and your oldest's teeth won't pop out because you haven't weaned the pacifier.

I end with a personal story:

When I was pregnant with my twins, many of our friends commented to us about our firstborn son, “Boy, you are really going to rock his world.”

HIS world, I would think to myself. How about OUR world?

In order to prepare him for his transition from “only child” to “big brother” we emphasized to our son (who was three at the time) that most older brothers get only ONE baby. Our son would be getting TWO babies! He was excited about having two instead of one. For years afterwards, whenever he heard about a pregnant aunt, friend, or neighbor, his first question was always, “Oh, how many babies is she having?”

Out of the mouths of babes....

Julie Kardos, MD and Naline Lai, MD

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Toddler Discipline Tips: tantrums and tranquility



As we prepare for a session on child development and behavior at Homefront: Family Preservation Center, a center for temporary emergency housing in Mercer County, New Jersey, we realize that we haven't shared with you in a little while one of our most popular podcasts.

Join us as we talk about tips on toddler discipline:

<https://www.twopedsinapod.org/wp-content/uploads/2009/09/Episode-8-Toddler-Discipline.mp3>

Julie Kardos, MD and Naline Lai, MD

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Deception in Packaging: Navigating the Nutrition Information Highway



Today, we welcome Health Coach Mary McDonald's insight on how to read food labels for nutritional content...

Have you ever stood in the cereal aisle staring at the rows and rows of choices and feeling like a deer in headlights? You know that you want to select a cereal that is healthy for your family, but you are not sure which one to choose. So, you

start reading the nutrition claims on the front of the box. "Multi-grain. Low fat. Good source of vitamins and minerals. No high fructose corn syrup." You select a cereal that you think is a good option, only to find out later that the first two ingredients are sugar and grains that are void of nutrition. Navigating the nutrition information highway can be extremely complex, even for an educated person.

One of the reasons for the confusion is the mass influx of marketing from major food manufacturers. According to the Federal Trade Commission, the 44 major food and beverage marketers spent \$2.1 billion marketing food to youth in 2006. A second report in 2012 compared data from 2006 to 2009 and found that total spending on food marketing to youth dropped 19.5% to \$1.79 billion. But, spending on new media, such as online and viral marketing, increased 50%. The report found that the overall picture of how marketers reach children did not change significantly.

With the major food manufacturers sending constant messaging about the health benefits of their products, a consumer can get very confused about what is healthy to eat. Couple this with the fact that most formal nutrition education ends when a person graduates from high school. Therefore, the major food manufacturer, whose purpose is to sell food, has become the nutrition education for our society. This creates a perfect storm and makes it really difficult to know what is healthy to purchase and consume. So, how we fix this problem? Here are a few quick tips that can help you navigate the nutrition hype:

1. **Don't look at the front of the packaging to determine if a product is nutritionally sound.** Remember, the claims on the packaging are designed to sell more products. In our fast-paced society, it's easy to fall into this trap, but ignore the marketing because there is more reliable information in the ingredient list. Which brings me to my next point.
2. **Read the ingredient list.** You may be surprised if you

open your pantry and start to read the labels on the food sitting on your shelves. Many products contain ingredients that are difficult to pronounce, let alone know what they are. What is more concerning is the fact that some ingredients are deceptive in the way that they are represented. For example, enriched wheat flour sounds like a nutritious ingredient, but in reality it is a refined grain that is very similar to white flour. Enriched wheat flour is milled to strip the bran and germ and then some vitamins and minerals are added back in. When reading your labels, don't be fooled into thinking that you are eating something packed with nutrition when you see enriched wheat flour. If you are looking for a nutritious grain, then look for labels that say whole-wheat flour, and make sure that it is one of the first ingredients on the label.

3. **Five is the magic number.** Michael Pollan, the author of *Omnivore's Dilemma*, suggests that you should not eat anything with more than five ingredients, or with ingredients you don't recognize or can't pronounce. In my opinion, this is singularly one of the best pieces of advice. When you use this rule of thumb, it will naturally lead you towards healthier foods with less additives and preservatives. For example, compare labels on snack bars. According to *Eat This Not That*, the "coating" on Special K Double Chocolate Protein Meal Bar is made with trans fats, soy, and sugar with a little cocoa processed with alkali, artificial flavor, polysorbate 60 and other artificial ingredients. And that's just the outside! Then there are the "Chocolatey Chips," which is market slang for "not real chocolate." Instead they are just more sugar, soy, trans fats, and artificial flavors mixed with a little cocoa that's been "alkalized," a type of processing that destroys up to 75 percent of the healthy nutrients in the chocolate. Compare that snack bar to Clif Kit's Organic Peanut Butter bar that has only four (yes, 4) ingredients:

Organic Dates, Organic Peanuts, Organic Almonds, Sea Salt. I recognize all of those ingredients!

4. **Positive nutrition messaging.** One of the best ways to achieve success in any goal is to surround yourself with positive messaging. I have connected with a variety of websites that provide great nutrition education. Eatright.org, a division of the Academy of Nutrition and Dietetics, and Nutritionaction.com, a division of Center for Science in the Public Interest, are two credible sources. Search for a site that fits your needs and sign up for free newsletters. The information will come to you and you can choose when and what to read. It's that simple.
5. **Cook more at home.** Yes, cooking at home can be one of the most effective ways to navigate the nutrition information highway. I realize that this is not always easy considering work, school, and sports schedules. But, it is important to make time for the things that matter most. What can be more important than the health of you and your family? Just like a major roadway, navigating the nutrition highway is complex. Fortunately, we live in a time when there are a variety of ways to receive information.

Mary McDonald, MA

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If you live in Bucks County, PA, the Doylestown Food Co-op will be hosting a screening of the documentary, *Fed Up*, hosted

by Katie Couric. This is an eye-opening account of how we view the food that we consume. The screening takes place Thursday 3/26/15 at 7 pm at the County Theatre in Doylestown, PA.

Measles outbreak: Would you recognize measles in your child?



A typical measles rash, courtesy of the public health library, Centers for Disease Control and Prevention

Who knew when we first published this post in June 2014 that another measles outbreak would occur in the US. In light of the numerous measles cases that emerged out of the California Disneyland exposure, we re-publish signs of measles in children. Parents who have children who are not completely

immunized against measles should be especially vigilant.

Measles typically starts out looking like almost every other respiratory virus— kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the Immunization Coalition site. Many kids also develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base 1-2 days before rash. Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine or if their immunized child was exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found here. For global stats on measles, please see this World Health Organization page.

There is no cure for measles and there no way to predict if your child will have a mild or severe case. Fortunately, one dose of the MMR (Measles, Mumps, Rubella) vaccine is 92-95% effective at preventing measles, and two doses are 97-99% effective at preventing measles. That's the best we can do, and this protection rate works great when everyone is vaccinated. The American Academy of Pediatrics recommends giving the first dose of MMR vaccine at 12-15 months and the second dose at school entry, between 4-6 years of age.

If parents refuse the MMR vaccination for their children, then more people are left susceptible to measles. This leads to

more people who can spread the disease when it hits a community. Measles is one of the most contagious diseases known: 9 out of 10 unvaccinated people exposed to measles will become sick, and infected people are contagious even before symptoms appear. One of the reasons behind the increase in measles cases is the increase in unvaccinated children. One patient of Dr. Kardos's was a four-year-old boy who was behind on his vaccines and hospitalized for measles pneumonia. Before he was diagnosed he exposed an entire Emergency Department to measles.

In our global world, another reason for the spike in measles cases is the increase in travel between countries. In fact, young children traveling internationally should now get the MMR vaccine outside of the routine schedule. If you plan on traveling, check here to see if you need to give your child the MMR vaccine on an early schedule.

With increased vigilance and vaccination, hopefully measles will once again become a disease few doctors have ever encountered. After all, vaccines did eradicate small pox. The last case of smallpox in the United States was in 1949, and the last case in the world was in 1977. In the meantime, you'll know how to "spot" a case of measles too.

Julie Kardos, MD and Naline Lai, MD

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Dry, chapped hands: home remedies



Raw hands- recognize your kid?

I wash my hands about sixty times a day, maybe more. This frequent washing, in combination with cold Pennsylvania air, leads to chapped hands. Here are the hands of a patient. Do your children's hands look like these?

To prevent dry hands:

- Don't stop washing your hands, but do use a moisturizer afterwards.
- Whenever possible, use water and soap rather than hand sanitizers. Hand sanitizers are at minimum 60% alcohol- very drying. Be sure to fully dry hands after washing.
- Wear gloves or mittens as much as possible outside even if the temperature is above freezing. Remember chemistry class- cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss.
- Before exposure to any possible irritants such as the chlorine in a swimming pool, protect the hands by layering heavy lotion (Eucerin cream) or petroleum based product (i.e. Vaseline or Aquaphor) over the skin.

To rescue dry hands:

- Prior to bedtime, smother hands in 1% hydrocortisone ointment. Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a petroleum oil based product such as Vaseline or Aquaphor in place of the hydrocortisone.
- If your child has underlying eczema, prevent your child from scratching his hands. An antihistamine such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.
- For extremely raw hands, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember how much fun it was to smear glue on your hands and then peel off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

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Should I vaccinate my child?



"Let's skip this ride."

Should I vaccinate my child? Yes, yes, yes!

The recent measles outbreak originating in Disneyland among mostly-unvaccinated children and adults highlights how important it is to continue to immunize children against preventable infectious diseases, even if we think they are rare.

There are many deadly diseases we can't prevent, but we do have the power to prevent a few. We now have the ability to prevent your children from getting some types of bacterial meningitis, pneumonia, and overwhelming blood infections. With vaccines we can prevent cases of mental retardation, paralysis, blindness, deafness, and brain infections. Immunizations are a safe way of boosting children's natural immune systems. Yet some of our parents continue to doubt the

benefits of vaccines and to fear harm from them.

Let's look at another kind of prevention. You would never drive your car without putting a seatbelt on your child. Even if you don't know anyone who was in a fatal car accident, you still buckle you and your child up. You may know a kid who emerged from a car accident with only a scrape, yet you still buckle you and your child up.

You may never know a child who is paralyzed by polio or who died of whooping cough, but it does happen and can be prevented. Just like with car accidents, it's better to prevent the injury than to play catch-up later. Dr. Kardos's grandfather routinely rode in the front seat of his car without his seatbelt because he "had a feeling" the seatbelt might trap him in the car during an accident. Never mind that epidemiologists and emergency room doctors have shown people are much more likely to die in a car accident if they are not wearing a seat belts, he just "had a feeling."

We know no one likes a needle jab, but for most vaccines, no one has invented any better way of administration.

When it comes to your children, parental instinct is a powerful force. We routinely invite our patients' parents to call us about their children if their instincts tell them something might be wrong, and we always welcome and at times rely on parents' impressions of their children's illnesses to help us make a diagnosis and formulate a treatment plan.

However, in the face of overwhelming evidence of safety and benefits of vaccines, we pediatricians despair when we see parents playing Russian roulette with their babies by not vaccinating or by delaying vaccinations. We hope fervently that these unprotected children do not contract a preventable debilitating or fatal disease that we all could have prevented through immunizations.

There is no conspiracy here. We both vaccinate our own

children. We would never recommend any intervention where the potential for harm outweighs the potential for good. We have valid scientific data that every year vaccines save thousands of lives. One of them could be your child's life.

Should you vaccinate your child?

YES!

Julie Kardos, MD and Naline Lai, MD

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Updated from our earlier 2011 post

Visit these posts for more information about vaccines: [How Vaccines Work](#), [Evaluating Vaccine Sites on the Internet](#), [Do Vaccines cause autism?](#) and [Closure: there is no link between the MMR vaccine and autism](#)

Also, please visit the recent Institute of Medicine's analysis of vaccine side effects.