Did You Know?
Many different receptors can cause pain, and treatment with a combination of medications may be the best answer?

**INTERVIEW**

### Compounding for Chronic, Debilitating Disease

An Interview with Pieter J. de Wet, MD, FAAFP, ABHM

Pieter J. de Wet, MD, FAAFP, ABHM, is a family physician specializing in holistic medicine. He maintains a joint practice with a gynecologist in Tyler, Texas, at the Tyler Total Wellness Center, which he established in 1997. Dr. de Wet obtained his medical degree from the University of Pretoria in Pretoria, South Africa. He was the associate program director of the family practice residency program at the University of Texas Health Center at Tyler, Texas, and served as chairman of the Center for Nutrition and Preventive Medicine, which he established at that institution in 1994. His decision to leave academic medicine was based on his commitment to developing a medical practice in which the interaction of body, mind, and spirit are considered in each treatment protocol. Here Dr. de Wet explains the use of compounded medications in his practice to treat patients who suffer from chronic, debilitating disease.

### Describe your practice.

Tyler is the mecca of medicine in east Texas, a center of referrals from a larger area of about 3 million people. Our current census at the Tyler Total Wellness Center is about 4000 patients, most of whom are middle-aged or elderly women and men. We specialize in the management of chronic diseases, especially those that are metabolic.

### Relief of Neuropathic Pain with Topical Combinations

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On January 29, 2002, a physician at a local pain clinic referred a 42-year-old white woman with reflex sympathetic dystrophy (RSD) to Tache Pharmacy. RSD is a neuropathic pain syndrome that occurs occasionally after an injury to either soft tissue or bone. Symptoms include persistent burning pain in areas involving affected nerves, along with swelling, changes in sweat production and skin color, and damage to skin, hair, nails, muscle, and bone. Symptoms often worsen with increased sympathetic output, such as occurs during the “fight or flight” response. This patient was experiencing muscle spasms, leg pain, and muscle rigidity, which kept her confined to a wheelchair.

She had been attempting to control her pain with meperidine (Demerol), but had problems taking it because it upset her stomach. Long-term therapy with opioids is a viable therapeutic option for patients with RSD but is usually reserved as a last resort when other therapies have failed.

After consulting with the patient and performing dermatome mapping to identify the nerves affected by pain and spasms, we discussed the options with her physician. The patient was initially prescribed topical ketamine 15% in pluronic lecithin organogel (PLO), with instructions to apply 1 mL of the topical formulation to the affected areas...
Bioidentical hormone replacement — most frequently?

Biochemical and physical makeup. A compounded formulation can be prepared according to a prescription or a commercial entity counterpart. The formulations of thesecompounds can be easily adjusted according to the patient’s changing medical needs. The use of compounded hormones, antibiotics, and numerous supplements to correct underlying nutrient imbalances and deficiencies, she returned to her home in Montana. She was experiencing severe fatigue and symptoms of fibromyalgia. She had been affected by her disease, and she had begun to notice a change in her appearance. In fact, the derailed manifestations eventually disappeared. She has exhibited no new symptoms of scleroderma since that pattern. Her physical appearance is now completely normal. Every 3 months, she is reevaluated in our clinic and her treatment protocol is reassessed.

What should your colleagues know about compounded medications?

If you are really interested in helping your patients to heal and not just in treating symptoms, which provides the illusion of health, then prescribing compounds is absolutely essential.

Neuropathic Pain

of her legs three times daily. Ketamine inhibits N-methyl-D-aspartate (NMDA) receptors, which play a vital role in the generation and maintenance of pain. She continued this treatment for approximately 1 month, but was still having problems with muscle rigidity. In early March, her physician prescribed baclofen 4% to be added to the ketamine 15% PLO to help alleviate the muscle rigidity. As before, 1 mL of this preparation was to be applied three times a day to the affected areas. The patient still experienced some pain, but in early April her physician changed the prescribed combination to ketamine 15%/loperamide 5%/guaifenesin 10% in PLO, with instructions to apply 1 to 2 mL three times a day to the affected area. Loperamide is a fast-acting mu receptor agonist that relieves pain, and guaifenesin causes muscle relaxation. The patient experienced immediate relief with this combination and continued using it until March 2003, when she began undergoing physical therapy. At this point, her physician prescribed the addition of lidocaine 2% to the combination to help relieve the pain. Since that time, the patient has done well with continued physical therapy and topical application of this preparation, ketamine 15%/loperamide 5%/guaifenesin 10%/lidocaine 2%, applying 1 to 3 mL three times daily. She experiences immediate pain relief lasting 6 to 8 hours with each treatment. This patient’s goal is to walk without assistance.

References