recurrent aphthous stomatitis (RAS), a painful condition also known as mouth ulcers or “canker sores.” While commercial products are available, medications can be prepared by a compounding pharmacist in special bases that adhere to the site, as well as in unique combinations and dosage forms. As is the case with medications, compounding offers a greater range of treatment possibilities, and the dose may be tailored more specifically to the needs of the individual patient.

Polyphenol sulfonic acid complex, which was marketed under the commercial name Negatan several years ago, is applied directly to the site. Although it burns upon application, the ulcer is essentially cauterized, and in most cases no further symptoms are reported; in some situations, however, a second application is needed.

In 2002, a woman in her early 50s consulted me at the Tyler Total Wellness Center in Tyler, Texas, for treatment of scleroderma (systemic sclerosis), a chronic connective tissue disease that had been diagnosed 3 years earlier. Despite receiving conventional therapy—prednisone and other immunosuppressive drugs—this patient’s health had continued to deteriorate. The skin on her face, neck, and fingers had taken on the stretched, shiny appearance typical of the disease, and she was experiencing severe fatigue and symptoms like those of fibromyalgia.

Approximately 300,000 people in the United States are affected by scleroderma, a multisystem disorder involving inflammatory and sclerotic changes of the skin, blood vessels, and some internal organs. This disfiguring disease is 3 to 4 times more common in women than in men. It occurs most frequently in individuals aged 25 to 55 years but has been reported in every age group.

After evaluating the patient, including hormone levels, I recommended the following treatment regimen. The treatment was initiated at the Tyler Total Wellness Center, but many of the components continued on an outpatient basis after the patient returned to her home in Montana.

Continued on reverse

M O U T H  U L C E R S

COMPONDED ALTERNATIVES FOR MOUTH ULCERS

A compounding pharmacist can offer a variety of unique and highly effective treatments for recurrent aphthous stomatitis (RAS), a painful condition also known as mouth ulcers or “canker sores.” While commercial products are less than completely effective in some cases, medications can be prepared by a compounding pharmacist in special bases that adhere to the site, as well as in unique combinations and dosage forms. As is the case with most medications, compounding offers a greater range of treatment possibilities, and the dose may be tailored more specifically to the needs of the individual patient.

One particularly effective preparation for RAS is one that actually was once commercially available, but was removed from the market by its manufacturer. Polyphenol sulfonic acid complex, which was marketed under the commercial name Negatan several years ago, is applied directly to the site. Although it burns upon application, the ulcer is essentially cauterized, and in most cases no further symptoms are reported; in some situations, however, a second application is needed.

Continued on reverse
TREATMENT OF SCLERODERMA

Cont’d.

- Dehydroepiandrosterone (DHEA) 75 mg and pregnenolone 80 mg in troche form (one-half troche twice daily). After 2 years, when the patient’s disease had been in complete clinical remission for some time, the daily dosage of DHEA was decreased to 25 mg and that of pregnenolone to 40 mg.

- Tri-Est (a combination of estriol 80%, estradiol 10%, and estrone 10%) 5 mg, progesterone 400 mg, and testosterone 1 mg in troche form (one-half troche twice daily). This dosage has remained unchanged.

- Desiccated thyroid tablets, USP (Armour Thyroid) 90 mg, 1 tablet per day. For this patient, treatment with Armour Thyroid was initiated at a lower dosage (30 mg daily), which was increased by 30 mg every 7 days to the maintenance dosage of 90 mg daily. The patient continues to take this daily.

- Intravenous micronutrient therapy consisting of vitamins C, B, B6, B12, and folic acid; a trace-mineral combination of zinc, manganese, chromium, and selenium; N-acetyl cysteine; methylsulfonylmethane; glutathione; and heparin 3 times a week to treat disease-related malabsorption and malnutrition. This therapy was given according to the following schedule: 2 full weeks initially, then for 1 week each month for 2 months, then for 1 week every 3 months. For the past 2 years, the patient has received this therapy once or twice every 3 to 6 months.

- A combination of hydrogen peroxide, magnesium sulfate, manganese, and dextrose 5% water administered intravenously twice weekly as part of a biooxidative regimen to treat possible underlying infections caused by Mycoplasma, Chlamydia, Epstein-Barr virus, Cytomegalovirus, herpesvirus 1, herpesvirus 2, or Candida. This treatment was given for 2 weeks initially, then for 1 week per month for 2 months, then for 1 week every 3 months for 1 year.

- Antibiotic therapy comprising oral minocycline 100 mg daily on Mondays, Wednesdays, and Fridays; intravenous clindamycin for a total of 10 days, dosed as follows: 300 mg daily for 2 days, increased by 300 mg every 2 days to a maximum of 900 mg daily; and oral fluconazole 100 mg twice daily for 7 days, then 100 mg for 21 days, then 100 mg twice a week for 2 more months. The oral minocycline therapy has continued daily for two and a half years. This intravenous antibiotic regimen was repeated every 3 months for 1 year. (Note: We usually initiate treatment with minocycline at least 2 weeks before therapy with intravenous clindamycin so that the patient’s initial reaction to oral therapy can be evaluated. Because this patient’s home is far from our clinic, treatment with the two antibiotics was initiated on the same day.) The patient has been and continues to be monitored closely for the development of treatment-related adverse effects, and her gut is protected with oral probiotics between oral antibiotic doses.

- Far-infrared twice weekly during the patient’s week-long visits at our clinic, which are scheduled every 3 months.

- Hyperbaric oxygen therapy once daily for 14 days. This treatment is usually administered for 10 to 40 days, but because this patient is claustrophobic, she underwent only five treatments over a 1-week period and then terminated this component of her therapy.

Within a day or two after initiation of this treatment regimen, the patient noticed that she had begun to feel better. After completing all intravenous therapy at the Wellness Center, she returned to her home in Montana with a supply of the orally administered compounded hormones and antibiotics used during her treatment at the clinic as well as the following oral supplements to correct underlying nutrient imbalances and deficiencies: fish oil, B vitamins, antioxidants such as vitamins E (mixed tocopherols) and C, alpha-lipoic acid, selenium, grapeseed extract, magnesium, calcium, zinc, vitamin D, adaptogenic herbs (gingesh, ashwagandha [Withania somnifera L.]), bovine adrenal extract, digestive enzymes plus hydrochloric acid to be taken with food, probiotics (such as Lactobacillus acidophilus), aloe vera, L-glutamine plus licorice extract to treat “leaky gut syndrome” (i.e., intestinal permeability), proteolytic enzymes to treat inflammation of the skin and joints, glutathione plus milk thistle to enhance liver function, and N-acetylcysteine, as well as oral and intravenous hyaluronic acid to soften the skin.

Three months after the conclusion of her treatment at the Wellness Clinic, the signs and symptoms of this patient’s disease had resolved. Her energy level and stamina had increased, the inflammation in her joints had resolved, and the hardened, thickened skin on her face and neck had begun to soften. (The dermal manifestations of scleroderma eventually disappeared.) Since that time, with continued treatment, the patient has developed no new signs or symptoms of scleroderma, and her physical appearance is completely normal. She returns to the Wellness Center every 3 months for re-examination and reassessment of her treatment regimen.

Reference


Migraines: Compounded Treatment Options

Many people suffer the effects of painful migraines on occasion. Sometimes, the pain can be downright debilitating, and it may be accompanied by nausea or other uncomfortable symptoms. Several compounding options exist for the successful treatment of migraines. One option is a lidocaine nasal spray (or nasal drops), which can curb migraine pain quickly after administration in many patients. Other dosage forms that can be used vary widely, including oral capsules or liquids, suppositories, or sublingual drops and rapid-dissolving tablets. These can be compounded with many active ingredients, including the following:

- ergotamine
- pentobarbital
- various opium-derived narcotics (such as hydrocodone)
- lidocaine
- piroxicam and other nonsteroidal anti-inflammatory drugs
- ketamine
- caffeine citrate

COMPOUNDED ALTERNATIVES FOR MOUTH ULCERS

Cont’d.

Another highly effective compounded treatment is a preparation of misoprostol mucoadhesive antibiotic powder. This is a dry powder blend of misoprostol and diclofenac which, when applied to the site, forms a sticky gel that adheres to the sore and forms a protective barrier. The gel is resistant to friction and thus acts as a “bandage” to protect the ulcerated mucosa, greatly reducing pain and irritation.

Other compounded options for treating RAS include tetracaine, lidocaine, or benzocaine lotions or sprays to numb the area, and incorporation of commercially available products into a more adherent base or a mouth rinse. Misoprostol also may be prepared in a mouth rinse formulation. Strengths and forms of compounded preparations vary, as formulations are custom made according to the dentist’s or physician’s orders and the patient’s needs.

SUGGESTED READING


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