Vanquishing Cold Sores
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Cold sores, which are caused by a herpesvirus, are fluid-filled blisters that develop on the gums and the lips. The primary infection usually occurs in children. Recurrences can be triggered by sun exposure, fever, menstruation, and stress.

COLD SORE BLISTERS ARE CONTAGIOUS
Arginine is required for the herpesvirus to replicate. Because lysine competes with arginine for intestinal transport, a diet rich in lysine and low in arginine may have an antiviral effect. Whether the herpesvirus becomes active depends in part on the ratio of lysine to arginine consumed. Arginine triggers the virus into hyperactivity, so taking extra lysine alters that ratio and subdues the virus.

PREVENTION
L-Lysine, which is found in brewer’s yeast, legumes, dairy, wheat germ, fish, and meat, does not cure a cold sore but instead helps to relieve the symptoms. One thousand milligrams of capped lysine taken orally 3 times daily may be effective as both prevention and treatment for cold sores.

AVOIDANCE
Some experts suggest that avoiding foods high in arginine, such as chocolate, nuts, and gelatin, can help to reduce the incidence of cold sores. This is true for gelatin, so taking lysine in a gelatin capsule is counterproductive to cold sore prevention! However, lysine supplements are also available as tablets and in veggie caps.

A research study in Germany showed that cold sores treated with topically applied lemon balm cream 1% healed in 5 days, instead of 10 days if untreated. When applied regularly, lemon balm may also decrease the frequency of cold sore recurrence.

I have compounded a lip cream with lysine and lemon balm. There is now an excellent commercial product on the market, “Morgan’s Lysine Lip Balm.” There have been times when I have bought out the wholesaler for this product.

School’s Back In Session:
TIPS ON TREATING AILMENTS THAT CHILDREN DEVELOP WHILE AT DAYCARE OR SCHOOL

A vast number of skin disorders provide an almost overwhelming potential for the compounding pharmacist to assist in therapeutic outcomes.

DIAPER RASH
Diaper rash can often be treated successfully with a combination of antifungal and anti-inflammatory agents, but anal excoriation of bile products can cause a difficult-to-treat rash. Cholestyramine ointment 10% applied with diaper changes, after thorough washing and drying, has been shown to be effective for such hard-to-treat rashes. The infant undergoing treatment should produce or receive adequate biotin, as intractable diaper dermatitis is an early sign of biotin deficiency.

REFERENCES:
HEAD LICE

Head lice can be safely and effectively treated with Malathion 0.5%, a lotion which is 95% ovicidal and shows a residual effect up to 4 weeks. Inverteron 0.8% lotion, which has been shown to be 25% to 50% ovicidal, is another choice of treatment. Practitioners or patients who may prefer a more natural treatment may be interested in combinations of aromatic oils, which have been used with reported clinical success. The aromatic head lice oil formula provided in this article was originally found in a nurse’s handbook on drugs.

FORMULATION FOR TREATMENT OF AROMATIC HEAD LICE OIL

- Olive oil                         qs 480 mL
- Rosemary oil 20 mL
- Eucalyptus oil 20 mL
- Pennyroyal oil 20 mL

For 480 mL

Rx

METHOD OF PREPARATION

1. Combine and mix the pennyroyal oil, the eucalyptus oil, and the rosemary oil.
2. Add sufficient quantity of the olive oil to make up 480 mL.

DIRECTIONS FOR USE

1. Wash the hair with a strong shampoo that contains no conditioner. Note: The water used should be as warm as the patient can stand.
2. Rinse well and towel-dry the hair.
3. Comb the aromatic head lice oil through the hair and scalp with a regular comb for about 5 minutes. CAUTION: Avoid getting the oil into the eyes. If this happens rinse the eyes with cold water.
4. After 5 minutes of combing the aromatic head lice oil into the hair with a regular comb, begin combing through the hair with a metal lice-comb. Comb a section at a time, checking and removing the lice and nits from the comb with a tissue or a toothpick or rinse the comb in hot water. A toothbrush also works well for cleaning the lice-comb.
5. Depending on the length of the hair, space at least 30 strokes over the head.
6. Tie the hair up in a cotton bandana and leave the aromatic head lice oil on the hair and scalp for several hours, preferably overnight. Note: Protect the pillows by placing a towel under the head.

7. After several hours, or in the morning, repeat the combing procedure as explained above in step 3. Note: Dipping the comb in vinegar will ease nitr removal at this time.
8. After lice and nitr removal, wash the hair with a strong shampoo that contains no conditioner. Rub the shampoo into the dry hair; then wash the shampoo and lather. Note: This technique helps remove the oil and makes the hair easier to shampoo.

Note: One application usually rids the patient of head lice, but, if lice are still present, treatment may be repeated on the following morning.

Note: Although this preparation for lice treatment may be sold over-the-counter in some states, a prescription may be required in others. Please check your state regulations.

REFERENCES:


KELIODES AND SCARS

Tamanust 0.1% cream has been demonstrated to be effective for treatment of keloids and hypertrophic scars. Other agents that might be used similarly are trans-retinoid acid, pentoxifylline (PTX), caffeine, and ethoxy diglycol. Transil in has been shown to be effective to inhibit the collagen synthesis in keloid fibroblasts and collagen accumulation in hyperplastic granulomatous inflammations. Clinically, it has been applied as a 1% cream or transdermal gel. In a study designed to show effects on skin aging and wrinkling, topical used 3% cream was reported to reduce scarring in 6 to 8 weeks of daily application. Studies have indicated that PTX may inhibit the release of inflammatory interleukins that increase collagen formation. At a concentration as low as 0.02%, caffeine was shown to decrease collagen production in vitro. In a study of the effect of different xanthines on collagen production, the control group that used only ethoxy diglycol exhibited some inhibition of collagen production compared with the placebo group.

REFERENCES:


WARTS

A favorite treatment for common and plantar warts remains cimetine 10% and/or deoxy-D-glucose 0.2% (in a transdermal preparation to be rubbed in and around the wart twice daily).

These proven antiviral agents allow for avoidance of the typical painful agents and surgical procedures, as well as reported clinical success.

REFERENCES:


VANQUISHING COLD SORES

Patients should consult their physician or pharmacist for information on cold sore prevention. Note: The information provided in this column is not intended to diagnose or treat any medical condition. Patients should be encouraged to check with their physician before taking any medication or dietary supplement.

REFERENCES:


PRESCRIPTIONS

APROXIVAR 5% Lidoacaine Hydrochloride 2% Topical Gel

Dispense 5 g

Apply 3-4 times a day to cold sore. Wash hands thoroughly before and afterwards. For external use only.

Lemon Lip Balm Cream 1%

Dispense 5 g

Apply 5 times a day to cold sore for 14 days or until healing of herpes lesions is complete. For external use only.

Cholesterinerpramide powder 10 g Aquaphor ointment 100 g

Dispense 120 g

With each diaper change, thoroughly wash and dry the diaper area and apply ointment sparingly. For external use only.

Lamivon 0.1% Water-soluble cream base

Dispense 30 gm

Apply sparingly to scar two times a day. For external use only.

Cimetidin 5% 2-Deoxy-D-glucose (2-DDG) 60 mg

In Pluronic Lecithin Organogel

Dispense 30 mL

Apply sparingly on and around wart(s) twice a day. For external use only.