

# PHARMACY

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Thank you for entrusting in the compounding services at Madison Medical Compounding Pharmacy to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to working with you. Please don't hesitate to let us know how we can assist you and your practice.

*LeAnn Chambers, Pharm.D. and Matthew Chambers, Pharm.D.*

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## Customized Solutions for Podiatry

The following problems can be helped with compounded medications:

- Anti-Fungal Therapy
- Arthritis/Inflammation
- Athlete's Foot
- Diabetic Neuropathy
- Molluscum Contagiosum
- Nail Infection/Removal
- Plantar Warts/Warts
- Wound Care
- Iontophoresis and Phonophoresis



## Therapy for Onychomycosis (Fungal Nail)

A recent large prospective study has shown that onychomycosis is among the most significant predictors of foot ulcers in patients with diabetes. As the severity of onychomycosis may be associated with the length of time the individual has had the infection, early intervention is advisable owing to the progressive nature of the fungal infection. If left untreated, thickened toenails can cause pressure and irritation, and thus act as a trigger for more severe complications.

In the treatment of onychomycosis, compliance, drug interactions and the potential for adverse events associated with antifungal therapy are important considerations. Diabetic patients frequently take concomitant medications, and therefore, topical therapy may be preferred. Most antifungal medications are not used topically and are not commercially available as topical preparations due to concerns about lack of penetration. However, we can

solve this problem by dissolving the preferred antifungal agent in pharmaceutical-grade DMSO (a penetrant enhancer). Because topical therapy results in lower systemic blood levels of medications, topical therapy reduces the potential for serious adverse events associated with oral antifungal therapy.

***Ask us about Urea Plasters for Non-Surgical Nail Removal.***

## Diabetic Foot Ulcer Infection Treated with Topical Compounded Medications

Case Report: “An adult diabetic male with three toes amputated on his right foot presented with an ulcer infection on his left foot, unresponsive to conventional antifungal oral medication for over two months. The ulcerated foot wound had a large impairment on the patient’s quality of life, as determined by the Wound-QoL questionnaire. The compounding pharmacist recommended, and the physician prescribed two topical compounded medicines.”

Treatment was initiated with Zeasorb® Super Absorbent Powder (a commercial antifungal) that was compounded to include clotrimazole 2%, ibuprofen 2%, and metronidazole 2%. This preparation was applied twice daily for 6 days to dry up the discharge and treat the infection. During this treatment, the “pocket of infection” opened and revealed a much deeper wound, at which time a second compounded medication was prescribed. It contained the following ingredients: clotrimazole 2%, ibuprofen 2%, metronidazole 2%, nifedipine 0.2%, and dexpanthenol 3% in a proprietary topical anhydrous silicone base. This preparation was applied twice a day for 7 days, to the time of wound closure.

The foot ulcer infection was completely resolved following 13 days of treatment, and no longer impaired the patient’s quality of life. “This scientific case study highlights the value of pharmaceutical compounding in current therapeutics, the importance of the triad relationship, and the key role of the compounding pharmacist in diabetes care.”

[Intl J Pharm Comp. Jan-Feb 2017; 21\(1\):22-27](#)

**Wound Care** involves debridement (removal of dead tissue), cleansing (usually accomplished by irrigating the wound), maintenance of a moist environment, prevention of infection and further injury, and provision of materials needed to improve healing.

**Topical dosage forms such as gels and sprays** are used in conjunction with various dressings to treat wounds. Gels are water-soluble, tend to keep the area moist, and are easily removed from the wound using a gentle stream of warm water or saline. Almost any active ingredient can be formulated into a gel. Solutions can be used for irrigation, baths, soaks and sprays. An advantage of sprays is that the wound area does not need to be touched and sprays can have a cooling effect. Although some medications are commercially available as creams, creams may be more difficult to remove from the wound cavity and may affect the granulation process. Therefore, it may be preferable to compound the active ingredients into a gel or solution. Medications can also be prepared as powders that can be dispensed in a bellows bottle and puffed onto the affected area.

***We customize medications to meet each patient’s unique needs.***

***The use of topical formulations for the treatment of wounds decreases the risk of adverse effects and potential drug-drug interactions associated with systemic medications and can result in significantly improved healing***

## Don’t Let Athlete’s Foot Become a Summer Bummer!

Along with summer's heat and humidity comes an increase of tinea pedis, more commonly known as athlete's foot. Athlete's foot is a contagious fungal infection that affects the skin on the feet, but can sometimes spread to the hands, armpits, and groin.

The success of using topical therapy for athlete's foot and fungal skin infections requires that

the medication can be adequately absorbed and is used for a prolonged period of time to eradicate the fungal infection.

By prescription, our compounding professionals can prepare creams, solutions, lotions, powders, and foams containing combinations of medications such as ketoconazole, miconazole, clotrimazole, ibuprofen, undecylenic acid, and urea, or even Amphotericin B, in the concentrations that are most appropriate for a specific patient. We can also use natural ingredients like tea tree oil and lavender oil and can select the best base depending on the condition being treated.

<https://www.dermatologistoncall.com/blog/dont-let-athletes-foot-become-a-summer-bummer/>

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