

# PreScription

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New cure for arthritis – how many times have we seen this headline, coming from different sources for different purposes, from commercial companies to promote their products to research scientists after publicity to gain support for research funds? How about the conflicting research reports we see in the literature, one study showing one thing and another showing the opposite? What and who can we believe? The old adage generally holds, “If it’s too good to be true, it probably is.”

Nearly 43 million Americans have arthritis, but most are not receiving treatment that could make their lives more comfortable; they tolerate unnecessary pain and gradual, increasing damage to their bodies. Three primary types of arthritis include (1) osteoarthritis (sometimes called *wear-and-tear arthritis*), affecting more than 20 million Americans; (2) rheumatoid arthritis, affecting more than two million Americans; and (3) gout, also affecting more than two million Americans.

As pharmacists, we are usually the first point of contact for patients complaining of painful or stiff joints, as patients request an analgesic. What can we recommend? How do we respond to questions about the new miracle cures that our patients are exposed to on radio and television, through the mail and on the Internet?

Unfortunately, current treatments still appear to be more symptomatic than curative. There is no arthritis miracle drug and it is probably unreasonable to think that we can expect a new drug to instantly reverse physiological changes that have been progressing for years in the body. In other words, a ten- to 14-day course of therapy is not going to cure a person’s arthritis.



Progress is being made and, until a cure or preventive is found, there is a lot we can do as compounding pharmacists.

For example, many health-care providers are unaware of the availability of compounded topicals containing penetration-enhancing agents. It is obviously safer for patients to use topical nonsteroidal anti-inflammatory drugs than to subject their gastrointestinal tracts to the irritation and erosion associated with nonsteroidal anti-inflammatory drugs. Compounded capsules, injectables and preparations for iontophoresis and phonophoresis are additional examples of ways we can assist our patients in obtaining relief from arthritic pain and stiffness, and contribute to an enhanced quality of life. For more information on arthritis, contact the Arthritis Foundation at 800-283-7800; or visit its website at [www.arthritis.org](http://www.arthritis.org).

*Loyd V. Allen, Jr.*

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## Erratum

In “Stability of an Extemporaneously Formulated Levothyroxine Sodium Syrup Compounded from Commercial Tablets” (*IJPC* 1997:1(1):60-64), the following corrections should be made: (1) on p. 62, in paragraph two, the first sentence should read, “Two hundred tablets of levothyroxine (200 µg) were crushed in a mortar to a fine powder”; (2) on the same page, Table 3 should read, “Levothyroxine Tablets 200 µg.”



#### ON THE COVER

The iron mortar and pestle featured on our cover was made by the Albert Manufacturing

Company of Los Angeles, CA, in the early 1900s. It is owned by Col. Allen F. Almquist III, RPh, University Place, WA.

PHOTO OF DR. ALLEN – PAUL SCHMIDT ©