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ULCER REMEDIES

The spray for **mouth** ulcers can also be aimed on **genital** or **anal** ulcers and the syrup/wash can be swabbed on. (Women can keep the syrup/wash in place using a panty-pad or make-up wipes). Steroid creams can also help. For ulcers in the cervix or vagina, steroid pessaries/douches are available.

SPRAY

Becotide 50 inhaler or similar [beclomethasone dipropionate, budesonide, fluticasone propionate]

Instead of inhaling the spray, aim it on to the ulcers. Use frequently (spray each ulcer about every 2 hours) during the day until ulcers go (dosages in leaflet apply to asthma only), and start as soon as warning tingles, sores or lumps appear. If ulcers form at the back of throat or in pharynx inhaling the spray may help as it gets deposited further back.

This is more practical than the mouthwash below as the inhaler can be carried about all day and doesn't need refrigerating, but the mouthwash is more soothing and better if the whole mouth feels sore as it can cover the whole area and provides a coating for a while.

SYRUP

Do not give to a child who would swallow it

20 x 250mg Terramycin capsules or 20 x 250mg oxytetracycline tablets
(you may have to get the oxytetracycline as a 'special' order from the pharmacist)
100 ml syrup BP
4ml Adcortyl (in vials of 1ml) [triamcinolone acetonide 10mg/mL]
[Orange tincture]

Grind tablets or open up capsules and mix into syrup; flavour with orange to taste if required. Add Adcortyl and shake well. Hold 5-10ml (about 1-2 teaspoons) in the mouth several times a day for a while (eg 10mins if possible) until ulcers have cleared. Don't swallow. Start using mixture as soon as warning tingles, sores or lumps appear. Keep mixture refrigerated and shake frequently. Don't keep longer than a week because mixture deteriorates. If there is a gap between outbreaks of ulcers start with a fresh mixture each time. It may be more convenient to get a month's supply at a time (as above) divide ingredients into 4, keep separately and mix up when required. Note use-by dates though.

Please give your pharmacist a little time if this is made up for you.

ALTERNATIVE WASHES

Sucalfate suspension 1g/5 mL.

Use 4-6 times a day. Do not swallow

Do not give the wash below to a child who would swallow it

1 Betnesol 500mcg soluble tablet [soluble betamethasone]

1 doxycycline 100mg capsule

Dissolve Betnesol and doxycycline in a small amount of water and hold in the mouth for a while (eg 10 mins), several times a day. Or use Betnesol alone. Do not swallow.

PASTE

A paste called Adcortyl in Orabase is very effective but it can be difficult to get it to stay in the right place for ulcers in awkward areas (eg roof of mouth, tonsils). [triamcinolone acetonide 0.1% in adhesive paste)]

THALIDOMIDE

Another good treatment for ulceration that resists most treatments is thalidomide.

When it is used for Behçet's ulcers it is usually given at 50mg and taken every day whilst there are ulcers, then stopped until the next batch. Gaps between batches tend to lengthen. If the gaps are only ever a few days then taking it at 50mg three days a week continuously can help. Some doctors prescribe 100mg doses but increasing the dose increases the likelihood of side-effects.

A serious side-effect is damage done to a developing foetus, so thalidomide must never be taken if there is a chance of a woman getting pregnant while she is actually on it. Women who have taken it can have a family, but they must stop the thalidomide for at least 3 monthly cycles before attempting to get pregnant, to make sure it has cleared from their system, and obviously must tell the doctor who is prescribing it what they intend, well in advance.

Another side-effect is peripheral neuropathy (damage to nerves beyond brain and spinal cord), usually showing up as numb or tingling patches, on both sides, in hands or lower arms or feet or lower legs. Doctors generally do a nerve-conductivity test in advance of giving thalidomide to establish a reference baseline, and they monitor every 6 months or so or each time the cumulative dose reaches 10gm. (Always ask for this to be done if it is not offered automatically). If they see signs of the nerves being affected, although there may be no noticeable symptoms, they will stop the thalidomide, or if symptoms appear before the next check-up. If peripheral neuropathy occurs it can be halted if thalidomide is stopped in time, but it may not always go away.

Other side-effects are drowsiness, 'hangover', tremor, constipation, nausea, weight gain, oedema (puffiness), tinnitus, allergic rash, possible depression of thyroid. Most of these can be managed by adjusting the dosage.

Thalidomide is not available from GPs but is obtained through hospital doctors. It is prescribed on a 'named patient' basis, that is, it is provided specifically only for the person named.