Capsaicin

Drug info: Capsaicin (Zostrix®)

A vanillyl alkaloid derived from hot peppers, available without a prescription for topical treatment of the pain of herpes zoster and diabetic neuropathy. Beneficial in some patients with either of these conditions (response rate at 8 weeks was 90% for PHN, 71% for diabetic neuropathy, vs. 50% with placebo in either group), although the high placebo response rate is disturbing and many authorities are skeptical ¹⁾.

Expensive. Side effects: include burning and erythema at the application site (usually subsides by 2–4 weeks).

R Manufacturer recommends massaging the medication into the affected area of the skin TID-QID (apply a very thin coat). Some authorities recommend q 2 hr application. Avoid contact with eyes or damaged skin. Supplied as Zostrix® (0.25% capsaicin) or Zostrix-HP® (0.75%).

Used topically, capsaicin aids in controlling peripheral nerve pain.

Supraorbital and supratrochlear neuralgia.

For postherpetic neuralgia of questionable efficacy.

Suprascapular nerve: In cases where a mass is not the underlying cause, initial treatment consists of resting the affected UE, PT (including gentle conditioning), NSAIDs, topical capsaicin cream, and sometimes corticosteroid injection.

Meralgia paresthetica: capsaicin ointment applied TID .

Diabetic neuropathy: effective in some.

Trigeminal neuralgia: 1 gm applied TID for several days resulted in remission of symptoms in 10 of 12 patients (4 relapsed in < 4 mos, but remained pain free for 1 yr after 2nd course) ²⁾.

Case series

A total of 53 patients with hemorrhagic stroke were included. Results showed no statistically significant difference in cough reflex in both groups after the intervention (p > .05). The degree of cough in the intervention group was stronger than that in the control group (p = .046). No statistically significant difference was observed in the number of patients with swallowing reflex in response to water between the groups (p > .05). The presence/absence of post-swallow residue of the intervention group was stronger than that of the control group (p = .032). No statistically significant difference was observed between the Glasgow Coma Scale scores of the groups after the intervention (p > .05). substance P (SP) in the intervention group was significantly increased (p = .031). The Clinical Pulmonary Infection Score was significantly lower in the control group, and the difference was statistically significant (p = .028).

Capsaicin nebulization can help enhance the number of coughs in response to capsaicin, reduce postswallow residue, and increase the level of substance P (SP) in patients with a hemorrhagic stroke which has a positive effect on pulmonary inflammation. This study provides intervention points for cough and swallowing rehabilitation after a hemorrhagic stroke ³⁾.

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Chao W, You-Qin M, Hong C, Hai-Ying Z, Yang-Li, Su-Xue J, Lan X, Zhong W. Effect of Capsaicin Atomization on Cough and Swallowing Function in Patients With Hemorrhagic Stroke: A Randomized Controlled Trial. J Speech Lang Hear Res. 2023 Jan 30:1-10. doi: 10.1044/2022_JSLHR-22-00296. Epub ahead of print. PMID: 36716393.

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