

#5- CENTRALIZED PAIN AND NEUROINFLAMMATION TREATMENT IS CRITICAL TO REACH 90*

“MARCH TO 90”

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WHAT IS CENTRALIZED PAIN?

Severe chronic pain may develop a focus or “hot spot” inside the brain and/or spinal cord. This “hot spot” is caused by cells called “microglia” and they form neuroinflammation. Once you develop centralized pain within a “hot spot” or “spots” of neuroinflammation, the usual treatments for acute and chronic pain don’t work very well.

HOW DO YOU KNOW IF YOU HAVE CENTRALIZED PAIN?

The hallmark is “constant” pain (“24/7”). It may lessen, but it never totally goes away. Why? The “hot spots” of neuroinflammation form a “battery” which never shuts off unless medically treated.

Here are the characteristics of centralized pain. Review this list and make your own determination.

- ✓ Constant pain, with stabbing, shooting, jerking or burning pain
- ✓ Sudden flares of extreme pain
- ✓ Fatigue
- ✓ Electric build-up-often “shocking “or experiencing “static electricity” when touching items.
- ✓ Insomnia
- ✓ Episodes of heat or sweating
- ✓ Cold hands/feet, redness of hands, feet and pain sites
- ✓ Burning hands, feet or buttocks
- ✓ Blood pressure and pulse periodically elevate
- ✓ Ringing in the ears

FALLACY OF OPIOIDS AND OTHER TREATMENTS

Before centralized pain and neuroinflammation were recognized, it was assumed that opioids, epidural injections, electrical stimulators, high dosages of gabapentin, buprenorphine, Suboxone®, and other drugs would control pain. This has been a widespread misconception and error. It has led to prescribing of high dose opioids and unnecessary procedures as the first line of treatment to control the devastating pain from this condition. Why? It was not understood that centralized pain and neuroinflammation produce a physiologic condition known as “descending pain”. With this new knowledge, we now have better options!

FAILURE TO TREAT DESCENDING PAIN AND NEUROINFLAMMATION WILL RESULT IN NOT ONLY INADEQUATE AND INCONSISTENT PAIN CONTROL, BUT NEUROINFLAMMATION MAY SPREAD AND LEAD TO NEUROLOGIC IMPAIRMENTS SUCH AS MEMORY LOSS, TREMORS, AND LOSS OF FUNCTION.

DESCENDING PAIN – JUST WHAT IS IT?

Normally pain signals (electricity) travel from the injury or disease site such as the knee, hip, shoulder, or cauda equina, and ASCEND up the spinal cord to the pain control centers in the brain. Descending pain is the

pain signals (electricity) that originate in the “hot spot” or “battery” of neuroinflammation and DESCEND downward in not only through the spinal cord but also down through the vagus nerve and sympathetic nervous system, which is outside the spinal cord. Key Point: DESCENDING PAIN is not well controlled by opioids, anti-inflammatory agents, or antidepressants. Only a few agents will control descending pain. Most pain control agents work primarily on ascending pain.

AGENTS TO CONTROL DESCENDING PAIN

We have identified these agents which appear to help control neuroinflammation and descending pain. Some are listed here and, in our protocol, which is available to medical practitioners on request.

- ✓ Stimulants (e/g/ amphetamine derivatives)
- ✓ Clonidine
- ✓ 5-Hydroxytryptophen (5-HTP) (Health Food Store)
- ✓ Taurine (Health Food Store)
- ✓ Ketorolac
- ✓ Nandrolone
- ✓ Tizanidine

TREATMENT TIP: DISCHARGING EXCESS ELECTRICITY FROM CENTRALIZED PAIN THAT BUILDS UP OVERNIGHT

Patients should identify the area where the pain first starts in the morning and apply a topical pain reliever there. Also, rub that area with a magnet or copper- it will release the excess electricity (descending pain) that builds up overnight. Repeat daily each morning.

KEY TO 90

The successful clinical treatment of a patient with centralized pain is a combination of low dose opioids and the treatment of neuroinflammation and descending pain using some of the agents listed above to control descending pain.

* 90 milligrams of daily morphine equivalence

Stay on the “March to 90” by following our updates on these websites:

www.familiesforiprelief.com
www.arachnoiditishope.com
www.foresttennant.com
www.hormonesandpaincare.com

SPECIAL NOTE TO PATIENTS

Please show the above list of drugs to your local physicians, pharmacists, and nurse practitioners. You must plan on getting your future pain care in your local community with a low dose of opioids and alternatives. You MUST NOT plan on crossing state lines to obtain drugs very long after June 30, 2018.