

COPING WITH DOPAMINE DEFICIENCY
THE MOST MISUNDERSTOOD MANIFESTATION OF IPS

As this chronicle is being written thousands of persons are needlessly suffering because of misunderstanding and a lack of knowledge surrounding dopamine deficiency. Why this is the case is simply a mystery. A century ago, doctors at the Brompton Hospital in London recognized the clinical symptoms of dopamine deficiency and created a concoction they called the “Brompton Cocktail.” At that time, they realized that persons with severe painful disease who were in the late stages of life needed an opioid plus a stimulant-like drug such as caffeine, ephedra, or cocaine in order to effectively relieve pain and suffering. Since the 1920’s, numerous scientific studies have documented that drugs which mimic or activate dopamine relieve pain and will boost the pain-relieving effects of opioids, anti-inflammatories, and neuropathic (GABA) agents. *

CURRENT NECESSITY

Essentially all persons with IPS have dopamine deficiency. You must take what is called a “dopaminergic agent” for pain relief and function particularly if your opioids have been restricted.

WHY A DOPAMINE DEFICIENCY?

Inflammation in the brain and spinal cord produced by a severe, painful disease such as arachnoiditis, Ehlers-Danlos, stroke, sickle-cell, arthritis, RSD/CRPS*, or traumatic brain injury will cause a dopamine deficiency.

MANIFESTATIONS OF DOPAMINE DEFICIENCY

Attention Deficit Disorder	Amotivation
Weight gain	Fatigue/lethargy
Tremors/jerking	Increased pain

TREATMENT: BEST WITH DOPAMINE SUBSTITUTES

Phentermine	Adderall®
Phenmetrazine	Methylphenidate (Ritalin®)

BIGGEST MYTH

Most doctors believe that dopamine substitutes will raise blood pressure (BP), pulse rate (P), or cause insomnia. This does NOT happen in the dopamine-deficiency state of IPS. In fact, BP and P usually go down, and sleep is enhanced.

*RSD/CRPS-Reflex sympathetic dystrophy/complex regional pain syndrome.

*GABA- Gamma Aminobutyric Acid-The main biochemical that controls bioelectric currents.

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4931 W. Central, Wichita, KS, 67212 phone: 626-919-7476 Fax:316-260-4077
E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com www.intractablepainsyndrome.com*

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