



HOW IPS DEVELOPS

IPS is constant, incurable pain that has cardiovascular and endocrine complications.

IPS is a tragic, horrible disease. Now that we know that IPS exists, it is important to know how it develops, and if it can be prevented. If it cannot be prevented it should be treated as soon as it is identified.

NEW DISCOVERY

This past year (2020), we have researched how IPS develops and have determined a clinical profile for identification of IPS. Our findings show that 20% of persons with IPS suddenly develop the syndrome following an accident or injury. In most of these cases a surgical or medical procedure such as an epidural injection caused an instantaneous case of IPS. Most cases, about 80%, developed IPS after a long period of chronic, “on and off” pain. Spinal inflammatory disorders (SCID) such as arachnoiditis or cauda equina inflammation have been found to be the major causes.

Regardless of whether IPS developed instantly or over time, the realization that IPS had set in was when the person woke up one day and realized that their pain was “constant” and did not go away despite trying physical measures like chiropractic adjustments or taking medicinal agents like Motrin® or gabapentin. They could not get the pain to stop, and soon found their sleep was also affected, and they needed a sleep aid to even get a couple of hours of sleep.

BIOLOGIC DEVELOPMENT OF IPS

IPS is initiated with what is called an “originating pain site.” This is a specific, identifiable anatomic spot. The most common “originating site” is the low back or spine. Other “originating sites” are the neck, chest, pelvis, or foot. The “originating site” can be caused by a medical condition such as pancreatitis or arachnoiditis, or a traumatic injury of which the most common are vehicular, falls, or surgical.

The “originating site” develops painful inflammation and electric currents which will enter via nerve transmission into the spinal cord and brain. The brain and spinal cord (the central nervous system or CNS) has a network of neurological systems composed of biochemicals called neurotransmitters and “action points” called receptors. These receptors take the electric currents from an “originating site” and dissipates and disperses them throughout the CNS. This is how pain is blocked. If the “originating site” heals, pain stops.

Unfortunately, if the “originating site” sends too many electric currents, either acutely or chronically, the currents which are “hot” and “toxic,” will form inflammation in the CNS and damage and/or destroy and knock out some of the CNS’s pain control network causing the pain to become constant. Once this happens the CNS will start to over-react to any potential pain input. This is called “central-sensitization.” The cardiovascular and endocrine systems initially try to bring about healing, but the “constant” signaling soon makes both systems dysfunction and pathologic changes occur.

****Any person who has chronic pain on most days each week is a potential candidate for developing IPS. ****

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