



BEST REMEDIES FOR FLARE-UPS

Beginning in about 1895 the standard was established for treatment of severe pain flare-ups, and it essentially remained the same for about a century: an injectable short-acting opioid-morphine, codeine, hydromorphone, or meperidine. About mid-way through the last century some short acting opioid suppositories were made—plain opium, morphine, or hydromorphone. In the last third of the last century sublingual or buccal (dissolve in the mouth) fentanyl was developed in the form of tablets, troches, oral spray, or lollipop.

Two non-opioid injections have been made in recent years for flare-up pain—ketorolac and ketamine.

ESSENTIAL FOR IPS

Every person with IPS must have a pre-set, strategy and plan for severe pain flare-ups. Furthermore, the plan needs to be such that it can be done in your home—not at the emergency room or the hospital. Be prepared. Discuss your need for flare-up treatment with your medical practitioners.

MAJOR CAUSE OF OVER-DOSE

Most drug overdoses (OD's) happen when desperate patients don't have a potent short acting pain reliever at home and ready for emergency use. They try to self-treat an unexpected flare-up themselves without using short acting flare-up medications and specific instructions from their doctor.

**Planning and preparation is the best prevention when you have IPS.
Have a plan in place for flares-ups.**



Flare-ups are harmful to your endocrine, and cardiovascular systems.

You may have to learn self-injection for flare-ups.



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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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