

“SEVEN (7) COMPONENTS OF IPS TREATMENT”

IPS requires a care program custom-made for each individual person depending on the underlying painful condition and clinical severity. The International Classification of Diseases (ICD-10), has classified “intractable pain” as a disease, and assigned it the code of R-52. The 7-component treatment outlined here is to aid patients, families, and medical practitioners in formulating an individualized IPS care program.

1. Suppression of Inflammation

Underlying Cause: The injury or disease that originally produced the pain may continuously generate inflammation that requires suppression by a variety of means. Some common measures: anti-inflammatory agents, electromagnetic therapies, local injections, or topical agents.

Central Nerve Inflammation (CNI): IPS is caused by central nervous system (CNS) inflammation (neuroinflammation) that destroys or damages neurotransmitter systems. Only some agents cross the blood brain barrier and suppress neuroinflammation. Some common agents: naltrexone, ketorolac, indomethacin, methylprednisolone, acetazolamide, dexamethasone.

2. Sleep Restoration

It is during sleep that the CNS regenerates the neurotransmitters you need for pain control. Adequate sleep is necessary for this to occur. Some common agents: Ambien®, trazadone, temazepam (Restoril®), amitriptyline, melatonin, Benadryl®.

3. Control of Electric Currents

Some drugs now called “neuropathic” normalize electric current conduction which is erratic due to nerve damage. Some common agents: gabapentin, pregabalin (Lyrica®), benzodiazepines (Klonopin®, Valium®).

4. Pain Control

The constant pain of IPS is composed of two types of pain: ascending and descending. IPS control requires agents for both types.

Ascending- Some common agents: cannabinoids, opioids, ketamine, clonidine, and naltrexone (if not already on opioids), kratom.

Descending- Some common agents: amphetamine salts (Adderall®), phentermine, modafinil, methylphenidate, mucuna.

5. Hormone and Neurotransmitter Supplementation

Groups of hormones now known as neurosteroids, and biochemical molecules known as neurotransmitters, are made in the brain and spinal cord. Their function includes suppressing inflammation, rebuilding damaged tissue, and to provide pain control. Analgesic/pain-relieving drugs will not be effective if any neurosteroid or neurotransmitter is deficient. Neurotransmitter testing is now available.

Hormones: DHEA, pregnenolone, testosterone, progesterone.

Neurotransmitters: dopamine-noradrenaline, serotonin, GABA.

6. Anabolic Measures (“Tissue Building”)

In IPS, tissue degeneration is constantly present due to inflammation. Some genetic connective tissue/collagen diseases such as Ehlers-Danlos Syndrome have a built-in, constant tissue degenerating component (“catabolic”). Tissue building (“anabolic”) measures are essential to counteract tissue degeneration, and several agents have been identified that do this: nandrolone, human chorionic gonadotropin (HCG), colostrum, deer antler velvet, and amino acid/collagen supplements are recommended.

7. Spinal Fluid flow/Disease Specific Exercise

Spinal fluid circulates in and around the brain and spine. It washes out biologic waste products such as inflammation. It also brings nutrients to the inflamed and/or damaged nerves for healing. Exercises that enhance spinal fluid flow include walking, rocking in a chair, and gently bouncing. Practice exercises/stretchers that will prevent tissue shrinkage, paralysis, or dysfunction of your extremities or other organs that are specific for your underlying condition.

All seven components should be considered for inclusion in the IPS care program.

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