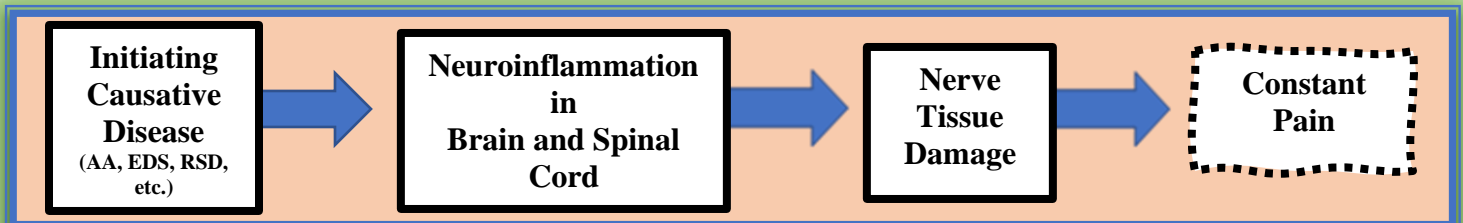


IPS PATIENTS HAVE TWO KINDS OF PAIN: NEUROINFLAMMATORY AND NEUROPATHIC

Constant (“24/7”) pain (IPS), as opposed to intermittent or periodic pain, demands an understanding as to its basic cause and the therapeutics to effectively deal with it.

FOUR STEP PROCESS IN THE DEVELOPMENT OF IPS



NEUROINFLAMMATION

Anyone who has had cellulitis, pimple, or boil knows that inflammation HURTS. Inflammation in the brain and spinal cord, now called neuroinflammation, like all inflammation causes pain, plus damage to some of the neurotransmitter-receptor systems and other nerve tissues that normally eliminates pain. It is not clear as to whether neuroinflammation can burn out on its own or whether any drug can eliminate it. It can AND MUST be controlled and suppressed, however, or a person with IPS, from whatever the cause, will progressively deteriorate with increased pain, suffering, and impairment.

NERVE TISSUE DAMAGE- “NEUROPATHIC”

Today the pain that results from damage and destruction of nerve tissue is called “neuropathic.” Almost all symptomatic medications prescribed for pain are now classified as “neuropathic,” because they reduce, block, or suppress the bioelectricity that produces pain. All of the following drugs are considered symptomatic and neuropathic: opioids, benzodiazepines, anti-seizure, muscle relaxants, anti-depressants, and stimulants. Popular names include gabapentin, oxycodone, Cymbalta®, and Lyrica®. Implanted electrical stimulators will usually suppress neuropathic pain for a short time, but the pain will return.

KEY MESSAGE- BE CLEARLY ADVISED

Neuropathic (“symptomatic”) agents including implanted electrical stimulators DO NOT control or suppress neuroinflammation, regenerate damaged nerve tissue, or treat the basic cause of your pain. The majority of pain management clinics only provide symptomatic treatment.

CRITICAL MESSAGE TO IPS PATIENTS

Recent research and discovery have taught us that each of the four steps in the development of IPS MUST be controlled or treated to prevent progressive deterioration, increased pain, and multiple mental and neurological impairments. Subsequent chronicles will address the “new way” to treat IPS, which is to tackle all 4 steps.

1. Cause of pain
2. Neuroinflammation
3. Damaged Nerve Tissue
4. Neuropathic Pain

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