STARTING THREE-COMPONENT MEDICAL PROTOCOL
FOR MRI-DOCUMENTED AA

Component One (Suppression of Autoimmunity and Inflammation):

a. KPV (lysine, proline, valine polypeptide) Sub-cu – 100 to 200 mcg, on three to five days a week +
b. Palmitoylethanolamide (PEA) with luteolin (Mirica®, Glialia®, or other) 630 mg once or twice a day
c. Ketorolac 10 to 30 mg one or two times a week (oral, troche, injection)
d. Methylprednisolone PO 2 to 4 mg one or two times a week (Option: 10 mg by injection 1 to 2 times a month.)

Component Two (Regeneration of Tissue):

a. *BPC-157 (Body Protective Compound Polypeptide) sub-cu 100 to 200 mcg on three to five days a week +
b. Colostrum in AM and PM, follow dosage on the label

Component Three (Pain Relief):

a. Continue any medication, including an opioid, that is providing pain relief
b. Low dose naltrexone (LDN) 1.0 mg in AM and PM, if not on opioids
c. Any gamma amino butyric acid surrogate (GABA): gabapentin, pregabalin (Lyrica®),
   diazepam (Valium®) alprazolam (Xanax®) topiramate (Topamax®) or other
d. Sleep aid if necessary: amitriptyline, tryptophan or other
e. Pain flares: ketorolac 10 to 30 mg and/or methylprednisolone 10 to 20 mg by injection
   Option: 6-Day Medrol® Dose Pak

Notes:

A. Dosages and frequencies of all medications will almost always need to be changed over time.
B. Add ancillary treatments such as electromagnetic therapy or additional medications once this protocol is in place.
C. Some specific dietary and physical measures are deemed essential and are provided in other bulletins.

+How to prepare injectable polypeptides: Inject 3 cc (ml) of sterile or bacteriostatic water into the vial
   with dry powder. Draw up .10 to .20 cc (ml) for initial injection.

*BPC-157 is available as a sublingual preparation.