



**CHRONICLE 68** 

## **AUTOIMMUNITY IN CHRONIC PAIN CONDITIONS**

Part Three of Three Parts

## PART THREE: CONTROL AND SUPPRESSION

### THE VICIOUS CYCLE OF INFLAMMATION AND AUTOIMMUNITY

A disease or injury that produces chronic pain, will cause tissue inflammation and degeneration. Tissue particles enter the blood stream and produce autoantibodies that attack one's own tissues and produce more inflammation, pain, and tissue destruction. Treatment and control must be focused on breaking this cycle. To date, treatments of chronic pain induced autoimmunity is just beginning to be recognized as an unmet need, and a subject of research.

#### **CONTROL AND SUPPRESSION RECOMMENDATIONS**

At this time there is no specific, published treatment for chronic-pain-induced-autoimmunity. Based on our early investigations we recommend the following:

#### CONTROL AND SUPPRESSION OF AUTOIMMUNITY

Vitamin C- 2000-4000 mg. 1. Daily:

> Vitamin B12- 1000-1500 mcg. Multivitamin-mineral tab/cap

(Obtain our "Nutritional Program" for additional recommendations)

Replenish deficient key hormones

Ideally a blood test for cortisol, pregnenolone, DHEA, and testosterone should be done -replace any that are low.

Anti-Autoimmune Agents- Non-prescription-Use one or more.

(Curaphen®) Curcumin/ Boswellia Combination, or other Curcumin combinations Colostum (Mirica®) Luteolin/Palmitoylethanolamide (PEA) Combination Deer Antler Velvet

Andrographis or Andrographis combinations

Licorice root/Ashwagandha

- Low-Dose Corticosteroid Options:
  - a. Hydrocortisone 5-10 mg. daily.
  - b. Methylprednisolone 4mg. 2 to 3 times a week.
  - c. Dexamethasone 0.5mg. 2 to 3 times a week.
  - d. Prednisone 5 mg. 2 to 3 times a week.
  - e. Adrenaplex® or Adrenal Cortex® (non-prescription) Use daily as instructed on label.
- 5. Low-dose Naltrexone (LDN)
  - .5 to 4.5 mg. twice per day (NOTE: Should not be used if one takes a daily opioid).

# **Special Invitation**

We now believe that control and suppression of autoimmunity is essential to bring relief and recovery to the person with IPS. We invite all parties to send us any ideas or experiences that you believe should be shared.

> Published as a public service by the Intractable Pain Syndrome Research & Education Project of the Tennant Foundation

4931 W. Central, Wichita, KS, 67212 Phone: 626-919-7476

E-mail: tennantfoundation92@gmail.com

www.arachnoiditishope.com

www.intractablepainsyndrome.com

Fax:316-260-4077