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


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

3. Anti-Autoimmune Agents- Non-prescription-Use one or more.
   (Curaphen®) Curcumin/ Boswellia Combination, or other Curcumin combinations
   (Mirica®) Luteolin/Palmitoylethanolamide (PEA) Combination
   Andrographis or Andrographis combinations
   Licorice root/Ashwagandha

4. 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).