Bulletin 6
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THE MEDROL® (Methylprednisolone) TEST FOR INFLAMMATION AS A CAUSE OF PAIN

Chronic pain is caused by one of 3 pathologic problems: (1) inflammation in nerves, (2) degeneration of nerves or receptors, (3) nerve entrapment or compression. A 6-day Medrol® dose pak is not only a treatment but will almost always tell a patient and practitioner if the cause of pain is inflammation.

WHY THE DOSE PAK?

Blood tests for inflammatory markers such as C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), and cytokines such as interleukin 10 may or may not reflect inflammation in the cauda equina, arachnoid, or peripheral nerves. The 6-day Medrol® dose pak will suppress inflammation if it is present in nerves. Subsequently, you will experience improvements in such symptoms as more leg/foot strength, bladder/bowel control, greater muscle flexibility, more energy, and less pain

TEST RESULTS AND FOLLOW-UP:

If you improve with the 6-day Medrol® test, you will need to continue with methylprednisolone, 4 mg on 2 to 3 days a week.

If one does not improve after the 6-day Medrol® dose pak, it means that nerves and/or receptors have degenerated, or you have compression or entrapment of a nerve. For neuroregeneration, medicinals such as HCG, nandrolone, medroxyprogesterone, DHEA and peptides (i.e., BPC-157, AR 290) are recommended to hopefully regrow nerves. Nerve entrapment or compression may require a surgical option. A medicinal class known as "neuropathic" may improve bioelectric conduction in nerves that have degenerated or are compressed and include Valium®, gabapentin, Lyrica®, Soma®, ashwagandha, and Kava.

In Summary:

It is essential to know if pain is due to inflammation, neurodegeneration, nerve entrapment, or compression because pain relief measures are different for these different causes.

References:
1. Takedo et al. Effect of methylprednisolone on neuropathic pain and spinal cell activation in rats. Anesthesiology 2001;100:1249-1257.
2. Stubhaug et al. Methylprednisolone and ketorolac rapidly reduce hyperalgesia around a burn injury and increase pressure pain thresholds. Acta Anesth Scand 2007;51:1138-146.

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