REPORT

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MY PAIN KEEPS GETTING WORSE

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When a chronic pain patient perceives that their pain is getting worse, the immediate and necessary action is to obtain additional pain relief medications. Surprisingly, in the author's experience, few pain patients want to know why their pain is getting worse, and even fewer take any action to prevent further worsening. This is a grave mistake.

Why Pain Progressively Worsens

It is because some neurologic tissues are degenerating (eroding or rusting) and can no longer adequately process the bioelectricity that relieves pain. Neurologic tissue degenerates due to inflammation produced by autoimmunity, infection, or abnormal metabolism.

The Necessity

While additional pain relief medication may temporarily resolve the immediate problem of misery and suffering, degeneration of neurologic tissues must be stopped or curtailed, or pain will worsen over time.

How to Approach the Problem

It is not clear as to the most prominent cause of tissue degeneration and inflammation. In fact, our studies have found multiple causes in most pain patients who have worsening pain. Due to this, we recommend multiple measures be initiated in the person whose pain is worsening.

My Favorite First Step

In a patient who has progressively worsening pain, I like to initiate a preventive program with a 6-Day Medrol® Dose Pak. This is the best way to determine if inflammation is currently active and causing tissue degeneration. If pain and other symptoms improve with the Dose Pak, it means that the inflammation was suppressed with corticosteroids. After the Dose Pak is finished and there is symptom improvement, low dose, periodic administration of methylprednisolone or dexamethasone are in order. I recommend 1 to 3 times a week dosing which will help suppress inflammation while avoiding steroid complications. See Table for low dose, periodic administration.

Blood Test Options

A blood test panel for cytokines will often show elevations documenting the presence of chronic inflammation. We have found that about 70% of patients with adhesive arachnoiditis (AA) have cytokine elevation.

A second blood test recommended is Epstein-Barr virus antibodies. High elevation suggests a past viral reactivation may have produced an autoimmune process or tissue colonization that may be causing tissue degeneration and pain. A Lyme test should be considered. Some persons have discovered that Lyme has been a causative factor in their pain, but the infection may never have been suspected or detected. A hormone blood panel of pregnenolone, DHEA (dehydroepiandrosterone), progesterone, estradiol, and testosterone will show a deficiency that

may be a cause of worsening pain, since these hormones are necessary for tissue regeneration and healing. Screening tests for autoimmune diseases such as the anti-nuclear autoantibody (ANA) may identify a previously unsuspected autoimmune disease.

The blood tests recommended here are aids is stopping the progression of pain. While desirable, they are not essential to the implementation of the measures presented here.

Anti-Inflammatory Medicinals

Trials with anti-inflammatory agents should be done. The most potent agent for neuroinflammation is ketorolac. It is available as a 10 mg tablet or an injection (30 or 60 mg). A single dose of ketorolac may produce pain relief which is evidence of active inflammation that needs to be controlled. A trial of ketorolac 10 mg orally or 30 mg IM twice a week for three weeks will usually result in symptom improvement.

We support the use of some herbal anti-inflammatory agents. The Table lists those that have been popular with severe, chronic pain patient. As a general rule an herbal anti-inflammatory should be taken twice a day (morning and evening). Take an herbal for 10 days. Continue it if you believe it helps your pain. If not, stop it and try another one. My best recommendation is to identify two herbals and alternate their use (Example: one on Mon-Wed-Fri and other on Tues-Thurs-Sat).

The best prescription alternative to ketorolac that I've identified in diclofenac. Dosage is about 75 to 100 mg a day. Some medical practitioners will not prescribe ketorolac but will prescribe diclofenac. The necessity of a daily medicinal for inflammation cannot be over-emphasized as worsening pain can always be traced to inflammation and tissue degeneration.

Sugar Restriction and Metformin

Elevation of blood sugar interferes with pain control mechanisms and also promotes inflammation and infections. Blood sugar rises when food classified as a sugar or starch are eaten. Even though one is not diabetic or prediabetic, blood sugar may cause worsening pain by any of the biologic mechanisms listed above. The Table lists the common sugars and starches that may cause surges in blood sugar (glucose). The high sugar foods in the Table have to be restricted.

A growing measure is the use of metformin. We recommend a three-week trial of metformin (500 mg at bedtime or 250 mg twice a day). Continue after 3 weeks if pain is reduced. Metformin has been shown to reduce neuroinflammation and promote glial cell actions that reduce pain.

Tissue Regeneration

Tissue inflammation and degeneration are the culprits in worsening pain. It only makes sense to shut down the inflammation and simultaneously try to regenerate tissue. Our basic recommendation is the daily use of a general composition hormone. General composition means

it has several hormones that are known to promote tissue healing and restoration of tissues. We recommend daily use of one of these general composite hormones: (1) colostrum (see label for instructions), (2) DHEA (200 mg a day), (3) deer antler velvet (see label for instructions). In addition to a daily general composite hormone, we recommend a diet that includes a daily protein food. Also, an amino acid or collagen supplement is advised.

Peptides

A peptide is a chain of 20 or more amino acids of the 25 that the body uses for a wide variety of metabolic purposes. Some peptides have been discovered that promote healing and tissue regeneration. Five are currently being used by persons with intractable pain. The use of peptides to help stem the worsening of pain. Although there are no controlled studies, the clinical reports have been so positive that one or more peptides should be given consideration. The peptides are available as oral, injectable, and nasal preparations. The most popular to date is Body Protection Compound (BPC-157). A peptide trial should be 2 to 3 weeks. If it relieves pain, continue the peptide on a 2 to 3 days a week schedule. If no relief try a different peptide.

Hormone Replacement

Ideally a person with worsening pain can obtain a hormone blood panel to tell if there is a deficiency that needs replacement. Testosterone deficiencies have been a common problem in both male and female pain patients. Other hormones may also become deficient in severe, chronic pain as the body uses them for healing and pain control. Adequate hormone levels are necessary for the biologic pain control suppression response and tissue regeneration. Pain is reduced on a 2 to 3 day a week program can be maintained. Ivermectin is not only an anti-parasitic drug, but also a potent anti-inflammatory agent that may reduce pain.

Summary

Worsening pain means that there is ongoing degeneration of neurologic tissues. The degeneration of tissue is due to inflammation, infection, or a metabolic abnormality such as excess blood sugar or hormone deficiency. A search for the likely causes of tissue degeneration must be attempted. Multiple measures are recommended to stop or subdue ongoing tissue degeneration and prevent pain from worsening.