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# WHY THE NEW ANTI-INFLAMMATORY PROTOCOL IS SUPERIOR TO THE OLD ONE

The key to adequate treatment consists of 3 components: (1) pain control, (2) suppression of inflammation and autoimmunity, (3) restoration of damaged tissues. In the past few years, the recommended protocol to suppress inflammation and autoimmunity has been corticosteroids and ketorolac. Following considerable research and experimentation, our starting recommended protocol now consists of:

1. Pregnenolone 200 mg twice a day
2. DHEA (dehydroepiandrosterone) 200 mg twice a day
3. PEA (palmitoylethanolamide) 600 – 1200 mg twice a day

## The New Protocol is Superior Over the Old One for These Reasons:

- ✓ Increased pain relief
- ✓ Avoid corticosteroids
- ✓ Non-prescription
- ✓ More consistent
- ✓ Holds power over time
- ✓ Fewer side effects

## Attributes of Medication:

Pregnenolone: Precursor to progesterone and allopregnanolone. Biologic functions include healing of spinal injuries and control of inflammation. Pain relief due to valium-type action.

DHEA: Precursor of estradiol and testosterone. Accentuates pain relief. Natural functions include spinal tissue healing and suppression of inflammation.

PEA: Provides both local and central (glial) cell pain relief by inflammation control and tissue restoration.

## Should a Person Switch to the New Protocol?

- ✓ Do not switch if you are doing well on the older protocol
- ✓ When switching, do all 3 medicinals at the same time. Not one at a time
- ✓ It is permissible to mix the two protocols

## Continue Other Treatment Components:

The new protocol is for inflammation suppression. A person with AA will still require specific pain relief medication (i.e., opioid, neuropathic agent) and restoration (peptide, hormones, electro-medicine, exercise).

**Caution: We believe that the pain of AA is hard to control unless a person is on one of the two anti-inflammatory protocols.**

*This educational information is provided as a public service by "Arachnoiditis Hope."*
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