



**STARTING THREE-COMPONENT MEDICAL PROTOCOL
FOR MRI-DOCUMENTED AA**

Component One (Suppression of Autoimmunity and Inflammation):

- a. Palmitoylethanolamide (PEA) with luteolin (Mirica®, Gialia®, or other) 630 mg once or twice a day on 3 to 5 days a week
- b. Whole or pure adrenal gland supplement 3 to 5 days a week
- c. Ketorolac 10 to 30 mg one or two times a week (oral, troche, injection)
- d. Methylprednisolone PO 2 to 4 mg one or two times a week (Option: 10 mg by injection 1 to 2 times a month.)

Component Two (Regeneration of Damaged Tissue):

- a. *BPC-157 (Body Protective Compound Polypeptide) sublingual or spray. May combine with TB (Thymosin Beta) 500 mg 1 to 2 dosages a day on 3 to 5 days a week
- b. Colostrum, 500 mg 1 to 2 dosages a day on 3 to 5 days a week

Component Three (Pain Relief):

- a. KPV (lysine, proline, valine polypeptide) Sub-cu – 100 to 200 mcg or oral spray on 3 to 5 days a week
- b. Continue any medication, including an opioid, that is providing pain relief
- c. Low dose naltrexone (LDN) 1.0 mg in AM and PM, if not on opioids
- d. Any gamma amino butyric acid surrogate (GABA): gabapentin, pregabalin (Lyrica®), diazepam (Valium®) alprazolam (Xanax®) topiramate (Topamax®) or other
- e. Sleep aid if necessary: amitriptyline, tryptophan or other
- f. Pain flares: ketorolac 10 to 30 mg and/or methylprednisolone 10 to 20 mg by injection
Option: 6-Day Medrol® Dose Pak

Notes:

- A. Dosages and frequencies of all medications will almost always need to be changed over time.**
- B. Add ancillary treatments such as electromagnetic therapy or additional medications once this protocol is in place.**
- C. Some specific dietary and physical measures are deemed essential and are provided in other bulletins.**
- D. Some medications in this protocol are reported to suppress Epstein Barr viral reactivation.**
- E. Unless necessary for pain control, we recommend that no medication be taken every day to avoid tolerance and side effects.**