Neuropathic Pain & Nerve Repair Protocol

Overview

This protocol targets neuropathic pain and peripheral nerve injury through a multi-compound regenerative framework combining neurotrophic peptides, mitochondrial stabilizers, immune modulators, and central sensitization regulators.

Clinical Targets

- Peripheral neuropathy
- Post-surgical nerve damage
- Diabetic neuropathy
- Complex Regional Pain Syndrome (CRPS)
- Radiculopathy
- Post-herpetic neuralgia

Expected Outcomes

- Reduction in neuropathic pain intensity
- Improved nerve conduction and sensory function
- Decreased central sensitization
- Enhanced mitochondrial stability within neurons
- Reduced risk of pain chronification

Core Neuro-Regenerative Stack

Peptide	Route	Dose	Frequency	Duration
BPC-157	SubQ	500 mcg	Twice daily	8–12 weeks
ARA-290	SubQ	2–4 mg	Three times weekly	8–12 weeks
SS-31	SubQ	1.0 mg	Daily	8 weeks
Selank	Intranasal	400 mcg	Twice daily	4–8 weeks
KPV	SubQ	500 mcg	Daily	6–8 weeks

Phase Structure

Phase 1: Neuro-Inflammatory Control (Weeks 1–4)

- BPC-157 twice daily
- ARA-290 three times weekly
- SS-31 daily for mitochondrial support
- KPV daily for inflammatory modulation
- Selank twice daily to reduce central sensitization

Phase 2: Active Nerve Regeneration (Weeks 5–8)

- Maintain BPC-157 and ARA-290
- Continue SS-31 through Week 8
- Assess sensory improvement and pain trend
- Taper Selank if central symptoms stabilize

Phase 3: Remodeling & Consolidation (Weeks 9–12)

- Continue BPC-157 and ARA-290 as indicated
- Discontinue SS-31 after 8 weeks unless clinically necessary
- Taper KPV
- Reassess neurological recovery and pain thresholds

Rationale

ARA-290 functions as the protocol's primary agent — an innate repair receptor (IRR) agonist derived from erythropoietin that promotes nerve repair and reduces neuropathic pain through non-opioid mechanisms. BPC-157 provides neurotrophic support with demonstrated reparative effects in preclinical nerve injury models. SS-31 stabilizes neuronal mitochondrial membranes and reduces oxidative stress. Selank modulates GABAergic signaling to reduce central sensitization. KPV supports inflammatory regulation without broad immunosuppression.

Monitoring Parameters

- Neuropathic pain scoring (VAS or neuropathic pain scale)
- Sensory assessment (light touch, vibration, temperature)
- Functional neurological evaluation
- Metabolic markers in diabetic patients
- Clinical reassessment at Weeks 4, 8, and 12

Contraindications

- Active malignancy
- Pregnancy or breastfeeding
- Uncontrolled systemic infection
- Severe hepatic or renal impairment
- Known hypersensitivity to any compound

Clinical Disclaimer

This protocol is intended for informational and educational purposes for licensed healthcare professionals. These compounds and strategies are not intended to diagnose, treat, cure, or prevent any disease.