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Milnacipran relieves chronic pain and depression



Milnacipran is the first in a new class of antidepressants known as Norepinephrine Serotonin Reuptake Inhibitors (or NSRI's). It has equal potency for inhibiting the reuptake of both serotonin and noradrenaline. Extensive studies provide clear-cut evidence of its efficacy in both severe and moderate depression in hospitalized and community settings.

What makes Milnacipran different from the Selective Serotonin Reuptake Inhibitors (SSRIs) – drugs like Prozac® – and Selective Norepinephrine Reuptake Inhibitors (SNRIs) – drugs like Effexor – is that Milnacipran affects two neurotransmitters, norepinephrine and serotonin, almost equally (a 3:1 norepinephrine to serotonin balance). In contrast a SNRI, tends to act much more on serotonin than norepinephrine, (Effexor has a 1:30 norepinephrine to serotonin ratio).

Since the 1990s, treatment for depression has relied upon the single acting SSRIs, but in many ways, the SSRIs fall short. Most SSRIs have unwelcome side effects, the most common being an increase in erectile dysfunction and a decrease in libido (sex drive). Also, the vast body of evidence shows that drugs that increase serotonin alone, or norepinephrine alone, are equally effective in treating depression. However, norepinephrine is clearly more important in treating pain. Until recently, the most effective way to increase both norepinephrine and serotonin was through administering a tricyclic anti-depressants (TCAs).

TCAs affect 6 different targets, and as a consequence, they have numerous side effects including dry mouth, weight gain, drowsiness, fatigue, confusion, disorientation, cardiac abnormalities... Which is why Milnacipran is a potential lifeline for so many people. It can affect multiple pain mechanisms in a manner similar to that seen with some tricyclic anti-depressants, but without the negative side effects.

Trials involving 1032 patients show that Milnacipran provides antidepressant efficacy similar to that of imipramine and significantly superior to that of the SSRIs. Analysis of over 3300 patients shows that both the general and cardiovascular tolerability

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of Milnacipran are superior to those of the TCAs with fewer cholinergic side effects. The tolerability of Milnacipran was comparable to that of the SSRIs, with a higher incidence of dysuria with Milnacipran, and a higher frequency of nausea and anxiety with the SSRIs.

As a result of this, and other, research, Milnacipran is now the new therapeutic option for depression, offering clinical efficacy in the range of the TCAs combined with a tolerability equivalent to that of the SSRIs. In addition, Milnacipran is a promising treatment for chronic pain conditions like Fibromyalgia and Lupus.

Fibromyalgia and Lupus

Fibromyalgia Syndrome (FMS) is a chronic pain syndrome that is estimated to affect 2-4% of the general population. The symptoms of FMS can be debilitating, and are characterized by chronic and widespread pain throughout the body, often accompanied by severe fatigue and poor sleep. Treatment options are limited as there are no drugs specifically approved by the U.S. Food and Drug Administration for the treatment of FMS. In tests, Milnacipran-treated patients showed significant improvements in pain, fatigue and mood compared to those who received a placebo.

Systemic Lupus Erythematosus (Lupus) is an autoimmune disease where the body has turned on itself. In a Lupus sufferer, antibodies can attack over 116 different types of their own proteins as if they were foreign, dangerous viruses or bacteria. Trials using Milnacipran seem to demonstrate a large degree of pain relief in sufferers plus a general feeling of well-being.

Dosage:

Dosages for depression are usually in the order of 25mg to 50mg daily (maximum 100mg).

Caution:

Like most anti-depressants there are contraindications with other anti-depressants and MAO inhibiting drugs, including Gerovital-H3, Deprenyl and Manerix, therefore combined use is not advised unless under the guidance of a physician. Furthermore, we do not advise combination with other Serotonin or Noradrenaline enhancing agents such as Adrafinil, Modafinil, Paxil, Prozac®, Yohimbine and Zoloft unless you are under the guidance of a physician.

To see the full ingredients in this product, and its "approved" uses/dosages, as well as potential side effects and contraindications please [click here](#).

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