Arachnoiditis
Bulletin 15
November, 2017

GETTING STARTED TO TREAT AND SURVIVE ADHESIVE ARACHNOIDITIS (AA)

A MESSAGE TO PATIENT'S WHO CAN'T FIND HELP

by

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THE GOOD NEWS

Since the 1970's, I have been trying to not only understand how adhesive arachnoiditis (AA) develops but how to treat it. Our first big breakthrough did not occur until about five years ago when it was discovered that a small cell called the microglial cell, in the brain and spinal cord (CNS) produces neuroinflammation which may be progressively destructive to nerve tissue and cause pain to be permanently imbedded or captured within the CNS. This is the root cause of AA's neurologic, mental, and physiologic impairments as well as constant, disabling pain. The second breakthrough has been the discovery that certain neurohormones and a class of drugs now called microglial suppressors have been identified. The 3rd breakthrough has been the discovery that some hormones, when administered, produce some healing and regeneration of nerve tissue and the arachnoid lining of the spinal canal. Put together, these recent breakthrough have permitted the development of first generation clinical protocols that appear to greatly halt the progression of AA, reasonably control pain, restrain neurologic impairments, and give the AA sufferer some quality of life. Although these early protocols now allow us to reject the notion that AA is a hopeless, untreatable condition, the protocols are early, imperfect, and will be improved over time.

THE BAD NEWS

AA sufferers who have had access to the new protocols have rightly spread the word that they are getting enough help to have some hope of relief, happiness, and a future. This rightful response to the AA treatment breakthroughs is resulting in an overwhelming demand to get medical help. The bad news is that few doctors even understand AA or know enough to implement the new protocols.

Be clearly advised. The AA protocols are complex and bring to medical practice an approach that is quite new and different. No doctor can simply look at the protocol and/or attend a 1 hour seminar

and be able to prescribe the necessary agents. Regrettably, I must tell you that I have learned that doctors everywhere will need some time to understand and implement the new AA protocols.

Don't give up on American doctors. They have demonstrated an amazing ability to implement protocols for such diverse disorders as HIV, diabetes, and heart failure. Give American doctors a couple of years and they will all know a lot about AA and be able to help. Just last month I gave a 1 hour lecture on AA at Pain Week. Eighty-four doctors and nurse practitioners signed up to learn more about it so they can administer and prescribe the new protocols in their local community.

YOUR RESPONSIBILITY

There is a lot you can and should do while awaiting a doctor or nurse practitioner that can administer the protocols. You can and should implement some measures that will allow you to survive, maintain your mind and health, and carry out your family, vocational, or other obligations. Too many AA patient's give up, commit suicide, or go to bed to await an early death.

GET THE BEST PAIN RELIEF POSSIBLE FROM YOUR HEALTH FOOD STORE

1. Obtain one or more of these natural pain relievers from a local health food store or internet. Instructions will be on the label. **No prescription needed**.

    a. Kratom
    b. Palmitoylethanolamine (PEA)
    c. Cannibis (CBD) oils/extracts

2. Obtain one or more of these natural anti-inflammatory agents from a local health food store or internet. Follow instructions on the label. **No prescription needed**.

    a. Turmeric/Curcumin
    b. Boswellia
    c. White Willow Bark
    d. Serrapeptase

3. Get some hormonal support from your local health food store. **No prescription needed**.

    a. Pregnenolone 25 to 50 mg a day
    b. DHEA 25 to 50 mg a day

ASK YOUR PERSONAL DOCTOR OR NURSE PRACTITIONER IF THEY WILL PRESCRIBE 2 OR 3 ITEMS FROM THE FOLLOWING LIST:

1. Nerve Impulse Inhibitor - one of these: gabapentin, toperimate, tizanidine.

2. A bedtime sedative, if pain keeps you awake

3. A topical, rub-on pain reliever such as lidocaine.

4. Any short-acting opioid for pain flares which is within the dosage guidelines and regulations that your practitioner must follow.

5. An injection of ketorolac (30 mg) once a week.

6. One of more of these to be taken on 3 to 5 days a week:

    a. Methylprednisolone 4 mg or dexamethasone . 5 mg, take at 3-4:00 pm
    b. Metformin 500 mg, take at bedtime
    c. Indomethacin, 25 to 50 mg once a day with a meal
    d. Acetazolamide, 62.5 to 125 mg with a meal
    e. Pentoxifylline, 400 mg with a meal

7. Prescribe <u>oxytocin and/or ketamine</u> for pain flares. These are new pain relievers that, in most patients, have opioid potency and should be taken before an opioid is used.

    Dosages: a. Oxytocin 20 to 100 units in sublingual tablet or troche;
    b. Ketamine 25 to 50 mg in a sublingual tablet or troche.

<u>DO THESE THINGS:</u>

1. KEEP WALKING AND MOVING
2. KEEP STRETCHING
3. KEEP UP YOUR HOPE, SPIRITS AND RELIGIOUS BELIEFS
4. KEEP ABREAST OF NEW KNOWLEDGE AND RESOURCES ABOUT AA
5. JOIN ONE OR MORE OF THE AA SUPPORT GOUPS
6. GET OUR PATIENT HANDBOOK FOR MORE TIPS
7. DON'T STOP LOOKING FOR EXPERT HELP

<u>DON'T DO THESE THINGS:</u>

1. OBTAIN STREET OR ILLEGAL DRUGS
2. GIVE UP, COMMIT SUICIDE, OR WITHDRAW FROM SOCIETY AND GO TO BED

Check the new website for resources (www.familiesforiprelief.com).