



## **Arachnoiditis Bulletin 22 September, 2018**

### **STEM CELLS AND ELECTRIC STIMULATORS: SHOULD I TRY THEM?**

There is not a day goes by that we don't get asked, "What do you think about this or that new treatment"? The most common inquiries today involve stem cells and electric stimulators.

#### **HERE IS OUR CURRENT VIEW ON THESE 2 MEASURES**

1. STEM CELLS: An exciting development. Many techniques are being used under this broad title. In addition to cells, some non-cellular substrates that mimic or activate one's own stem cells (e.g. laminins) are being tried. To date we have received mixed (some good, some worthless) reports on effectiveness, but none have reported any harm from any of the various stem cell therapies. Also, we have not received enough positive reports to **highly** recommend the treatment.

BOTTOM LINE: Any AA patient who wants to try a stem cell treatment is on their own for expense, risk, and benefit as experience with stem cells is still very meager.

2. ELECTRIC, IMPLANTED STIMULATORS: Unfortunately, electrical, implanted stimulators have developed an undeserved, negative opinion and attitude among many AA patients, advocates, and physicians. Why? Greed and ignorance. We believe that electric, implanted stimulators have a definite place in the treatment of select patients with AA. Why the controversy? Four reasons: (1) cost; (2) some physicians are telling patients that there is no other treatment; (3) some physicians are recommending stimulators BEFORE or as a SUBSTITUTE for medical treatment; and (4) some physicians are implanting leads that are directly implanted into the lumbar spine where the nerve root clumps and adhesions are located.

**Our Recommendation: New and expensive treatments should only be added to a good neuroinflammatory, neuroregeneration, and pain control protocol that fails to keep the patient comfortable enough to avoid being bed-bound and capable of carrying out activities of daily living. Stem cells and stimulators should be additive to a good medical regimen and not a prelude or substitute.**

This protocol is provided as a public service by the Arachnoiditis Education Project of the Tennant Foundation.

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