



ARACHNOIDITIS
Bulletin 9
September, 2018

MY TREATMENT ISN'T WORKING ANYMORE

One of the most common complaints we receive is that a patient's pain control has stopped working. When this occurs one's first instinct is to raise the dosage of pain medication, but that is not usually the best course of action as the increased dosage may also not work or will soon cease to work.

We recommend the following 2, very specific, measures when pain control ceases or diminishes.

FIRST RECOMMENDATION

Obtain a hormone blood panel for these six hormones: pregnenolone, DHEA, cortisol, estradiol, testosterone, progesterone.

Be advised: a deficiency of any of these 6 hormones may prevent pain control medication from being effective.

If you have a deficiency of one of these 6 hormones, you should supplement the deficient hormone.

SECOND RECOMMENDATION

Review your treatment protocol. Are you taking neuroinflammation (e.g. ketorolac, methylprednisolone, curcumin) and neuroregeneration agents (e/g. HCG, nandrolone, pregnenolone, DHEA)? Far too many patients and physicians still think that AA is just a pain problem that only requires symptomatic pain medications like opioids and gabapentin.

AA is often a progressive, neuroinflammatory disease, and we have found that it may have to be treated with specific neuroinflammatory and neuroregeneration agents or the disease and pain will likely, over-time, simply worsen.

*Published as a public service by the
Arachnoiditis Research and Education Project of the Tennant Foundation
336½ S. Glendora Ave., West Covina, CA 91790-3043
Phone: 626-919-7476 Fax: 626-919-7497
E-mail: veractinc@msn.com*

www.arachnoiditishope.com www.foresttennant.com www.hormonesandpaincare.com