



**INFLAMMATORY OR DAMAGED NERVE (NEUROPATHIC) PAIN  
WHICH DO YOU HAVE?**

Every person with AA or other spinal canal inflammatory disorder (SCID) needs to determine if their pain is primarily inflammatory, neuropathic, or both. WHY? The treatments are different.

**KEY FACTS**

1. AA is fundamentally an inflammatory disease that involves two different intraspinal canal tissues: the cauda equina nerve roots and arachnoid-dural covering of the spinal canal.
2. Inflammation causes damage to the nerve roots so electricity either can't pass or it doesn't pass in a smooth, natural flow.
3. Nerve damage that blocks or alters electricity conduction is called "neuropathic" pain.
4. AA usually has both inflammatory and neuropathic pain, but inflammation may resolve and leave behind damaged nerve roots and neuropathic pain.
5. The inflammatory and neuropathic pain of AA may develop the Intractable Pain Syndrome, which is constant, incurable pain with cardiovascular, endocrine (hormonal), and autoimmune complications.
6. Persons with AA usually need to treat both kinds of pain – inflammatory and neuropathic but one type may be predominant.

**IS YOUR PAIN INFLAMMATORY?**

A blood test for inflammatory markers is helpful but not totally diagnostic. If your pain improves with a trial of ketorolac (1 or 2 injections) or a corticosteroid (Medrol® Dose Pak or dexamethasone) you have active inflammation that must be treated. We recommend botanical anti-inflammatory agents until all pain has ceased. Examples: curcumin/turmeric, andrographis, serrapeptase.

**SOME NEUROPATHIC, PAIN RELIEF MEDICATIONS - EXAMPLES**

**Gabapentin, diazepam, carisoprodol, topiramate, Lyrica®, Cymbalta®**

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