



LUMBAR-SACRAL ADHESIVE ARACHNOIDITIS (AA) UPDATE 2021

CAUSES AND TREATMENT GOALS

2nd of 2 Parts

CAUSES OF ADHESIVE ARACHNOIDITIS (AA):

MAJOR

- ✓ Herniated/protruding disc
- ✓ Genetic connective tissue/collagen disorder of the Ehlers-Danlos type (EDS)
- ✓ Spinal canal covering (dural-arachnoid) damage: trauma, puncture, contusion, chemical

MINOR

- ✓ Autoimmune disorder
- ✓ Infection - Viral/Lyme

CONTROLLABLE - NOT CURABLE: The intraspinal canal inflammation of AA, like rheumatoid arthritis, appears to be controllable but not curable. Once inflammation starts inside the spinal canal, it will “come and go” which is labeled “exacerbations” and “remissions”. Persons who have documented AA by history, symptoms, blood tests, and MRI should plan on a long-term inflammation suppression and tissue regeneration program.

GOALS OF TREATMENT IN ORDER OF PRACTICALITY

1. Prevent progressive deterioration of AA that can lead to paralysis of legs and arms, bladder and bowel dysfunction, autoimmunity, intractable pain syndrome, early death.
2. Maintain physical and mental functions of ambulation, sexual activity, bladder/bowel control, and reading, writing, and arithmetic ability.
3. Permanently reduce pain and suffering and prolong life.

TREATMENT: We maintain our longstanding advice to build a 3-component medication protocol: (1) suppress inflammation, (2) rebuild (regenerate) damaged tissue, and (3) pain control. The 3-component medical protocol should be enhanced by a special nutrition program, specific physical measures, and electromagnetic administration (specifics available on request).

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