



**HOW TO IMPROVE PAIN CONTROL
WITH ADHESIVE ARACHNOIDITIS (AA)**

Most inquiries to our AA Research & Education Project concern uncontrolled pain. This bulletin summarizes the major issue that seems to be present in almost all persons with AA who have poor pain control.

THE FALSE IDEA: Some persons with AA feel that more pain relief drugs, particularly opioids, will solve their problem. The fact is that we regularly review cases in which persons with AA are taking 2 or 3 opioids or even have an implanted intraspinal canal pump that contains fentanyl or Dilaudid®, but they still don't get enough pain relief to get out of bed and function. So, what's gone wrong?

THE MAJOR PROBLEM: In essentially every case of failing pain control, we find that the person is doing little or nothing to suppress intraspinal canal inflammation and restore damage to their nerve roots and spinal canal covering. Our research is clear. A person with MRI-documented AA can't expect adequate pain relief unless they have a definite, daily routine to simultaneously suppress intraspinal canal inflammation and restore tissue damage to cauda equina nerve roots and the spinal canal covering.

DEFINITION OF AA: AA is an intraspinal canal inflammatory disorder in which cauda equina nerve roots are glued by adhesions to the inside of the spinal canal covering. This definition tells it all. AA is fundamentally intraspinal canal inflammation, so unless the initial inflammation is suppressed or extinguished, it will likely continue to spread and cause more pain.

FIRST STEP IN GOOD PAIN CONTROL: Adequate pain control to have a good quality of life can be difficult to achieve. The first step, however, is to have a **DAILY** program to suppress intraspinal canal inflammation and restore or heal some tissue damage to cauda equina nerve roots and spinal canal covering. We recommend you obtain a list of drugs, botanicals, hormones, nutrients, and physical measures that are popular in the AA community and that either suppress inflammatory or restore damaged tissue. Share your list with your family and medical practitioner. You may have to try multiple agents to develop a program that gives you better pain control.

SOME SECOND STEPS: Persons who have AA and poor pain control need a blood test for inflammatory markers, glucose, and these hormones: cortisol, pregnenolone, DHEA, testosterone. If your pain is constant (24/7) review our "Intractable Pain Syndrome" website that is totally dedicated to relief from constant pain.

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