



ADHESIVE ARACHNOIDITIS (AA)  
BULLETIN 75  
FEBRUARY 2022

## **ADHESIVE ARACHNOIDITIS (AA)** **AND THE INTRACTABLE PAIN SYNDROME (IPS)**

IPS is defined as constant pain with cardiovascular, metabolic, and endocrine (hormone) complications. In this past year we have discovered that spinal canal inflammatory diseases are the underlying causes of the vast majority of cases of IPS. Adhesive arachnoiditis (AA) is probably No.1.

**THE SPINAL CANAL INFLAMMATORY DISORDERS:** We have identified these specific diseases as spinal canal inflammatory diseases which can lead to IPS: adhesive arachnoiditis, non-adhesive arachnoiditis, chronic cauda equina inflammation, epidural fibrosis, Tarlov cysts, rheumatoid spondylitis, multiple sclerosis, protruding discs.

Reflex sympathetic dystrophy (CRPS) is known to be caused by an inflammatory process inside the spinal cord. Collagen diseases, either genetic such as Ehlers-Danlos or acquired (viral/toxins), may initiate a number of spinal canal inflammatory disorders. Diabetes is a significant potentiator of these diseases. Sugar or glucose is “fertilizer” for inflammation.

**CONSTANT PAIN IS A RESULT OF INFLAMMATION:** Constant pain results when inflammation inside the spinal cord or brain damages tissues that normally shut down pain.

**PREVENTION AND CONTROL OF IPS:** It is clear that both prevention and control of IPS is incumbent on proper diagnosis and treatment of the initiating spinal canal inflammatory disease. To date, IPS has been treated principally with symptomatic opioids, neuropathic agents, and antidepressants. Although in early stages, protocols for AA have shown ability to halt progression of the disease and, in some cases, bring about some permanent healing.

**GOAL OF THE RESEARCH AND EDUCATION PROJECT:** Our overall goal is to bring diagnosis and treatment of AA to every community. When we started this project, we were oblivious to the fact that AA is usually preceded by other spinal canal inflammatory diseases. A major objective of the project is to prevent the development of IPS.

**TAKE HOME MESSAGE:** Persons with constant pain and IPS must know if a specific spinal canal inflammatory disease is the basic cause of their condition. They must also fully understand that suppression and control of spinal canal inflammation will likely have to be a major component of their treatment.

*Published as a public service by the Arachnoiditis Research & Education Project of the Tennant Foundation  
336-338 S. Glendora Ave., West Covina, CA 91790-3043  
Phone: 626-716-2689 Fax: 626-919-7497  
E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com*

*This information is not intended to diagnose, treat, cure, or prevent any disease, as this information is for educational purposes only, and is not a substitute for medical advice, diagnosis, or treatment. Please refer to your local qualified health practitioner for all medical concerns.*