

## **INTRASPINAL CANAL INFLAMMATORY DISORDERS AND IPS**

It has been known for some time that lumbar (low back) and cervical (neck) spine disorders are the major causes of IPS. To date the major treatments have been surgical interventions, physical therapy, epidural or facet corticoid injections, and more recently, nerve ablation (death of the nerve). Diagnosis of back and neck problems have been rather vague, and non-descriptive using such terms as low back pain, radiculopathy, and failed back syndrome.

Although considerable progress has been made in therapeutic advances, low back and neck pain continues to plague millions of people with pain, suffering, and the need for relief of pain with medications including opioid drugs, non-surgical and surgical interventions, and implanted electric stimulators.

### **NEW RESEARCH**

Our research effort along with others, is attempting to find the root causes of back and neck pain in an obvious effort to both prevent and treat IPS. We have discovered that inflammation of the intraspinal canal (inside the spinal canal) tissues may become inflamed leading to permanent nerve damage. The tissues involved include the covering of the spinal canal that is primarily composed of the arachnoid and dural layers and the cauda equina nerve roots which extend down from the spinal cord. Most serious and most surprising is that the intervertebral discs between vertebrae that slip or herniate into the spinal canal may become inflamed and then continue to spread that inflammation to the arachnoid-dural covering, exiting nerve roots, and the cauda equina. The initial causes of intraspinal canal inflammation may be traumatic, genetic, infectious, or autoimmune. For example, the hereditary collagen disorders of the Ehlers-Danlos Syndrome type and the infections of Epstein-Barr and Lyme may initiate or contribute to the development of intraspinal canal inflammation. If left untreated, this inflammation then spreads to other parts of the spinal canal causing greater pain and further nerve damage.

### **ACTIONS FOR PERSONS WITH IPS DUE TO BACK AND NECK PAIN**

1. Familiarize yourself with arachnoiditis and chronic cauda equina inflammation.
2. Determine if you have a hereditary collagen disorder, autoimmune disease, or infection.
3. Determine if you have active intraspinal canal inflammation.

### **KEY POINT**

Slipped and herniated discs in the neck and lower back may become inflamed and will then continue to spread inflammation to the arachnoid-dural covering and cauda equina. Symptomatic drugs for pain and muscle relaxation will likely not stop progression of intraspinal canal inflammation. Anti-inflammatory agents that cross the blood brain barrier are key to halting this.

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