



CASCADES OF INFLAMMATION: BASIC CAUSE OF IPS

The greatest research breakthrough in recent years that will provide much hope for persons with IPS has been the discovery of the “inflammatory cascades” inside the brain and spinal canal (CNS). Most persons with IPS have two inflammatory cascades, one in the brain and the other in the lower spinal canal. They are called cascades because one area of inflammation can ignite another in a continuous chain reaction and spread. Now that this is known, there are specific measures to take to reduce or halt this process.

1. INFLAMMATORY CASCADE-BRAIN

Excess electric currents enter the brain from a bodily site of damage or diseases. In response to tissue injury, inflammation initially begins around receptors and spreads to other parts of the brain just like inflammation (Cellulitis) does on the skin.

EXCESS ELECTRICITY spread→→ **INFLAMMATION OF RECEPTORS** spread→→ **NEURONS** spread→→

KNOCK OUT OF NEUROTRANSMITTERS spread→==**CONSTANT PAIN**

2. INFLAMMATORY CASCADE- LOWER SPINAL CANAL

Inflammation usually starts in a protruding intervertebral disc or due to a puncture, infection, or injury to the dura-arachnoid covering of the spinal canal.

PROTRUDING DISC INFLAMMATION spread→→ **DURA ARACHNOID COVERING** spread→→ **CAUDA**

EQUINA NERVE ROOTS spread→→ **INFLAMMATORY MASS OF NERVE ROOTS** spread→→

ENTRAPPED NERVE ROOTS spread→==**SENSORY AND NEUROLOGIC DEFECTS, AND CONSTANT PAIN**

KEY FACT:

Once inflammation starts in either the brain or inside the spinal canal, it may not ever cease or “burn-out.” It may even silently continue to spread and damage CNS tissue with progressive pain and disability. While pain relief is always the first thing on the mind of an afflicted person, measures to control and suppress the inflammatory cascade are essential. There are multiple specific measures that must be taken.

CAUTION

Normal anti-inflammatory agents don't usually enter the brain or spinal canal in adequate amounts to be very helpful. You must use agents that cross the blood brain barrier.

*Published as a public service by the
Intractable Pain Syndrome Research & Education Project of the Tennant Foundation
4931 W. Central, Wichita, KS, 67212 Phone: 626-919-7476 Fax: 316-260-4077
E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com www.intractablepainsyndrome.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.

Next Issue: Recommended Measures

*Published as a public service by the
Intractable Pain Syndrome Research & Education Project of the Tennant Foundation
4931 W. Central, Wichita, KS, 67212 Phone: 626-919-7476 Fax: 316-260-4077
E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com www.intractablepainsyndrome.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.