



Tennant Foundation

Arachnoiditis Research Project

SPECIAL ANNOUNCEMENT

ENHANCED NEW PROTOCOL - JUNE 2019

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The 10th Edition of our medical protocol for medical practitioners is now available. This announcement explains some of its intent and advancements over prior editions.

1. This protocol is simplified, condensed, and intended for use by primary care medical practitioners, not pain specialists.
2. Since arachnoiditis is a spinal, neuroinflammatory disease, the major focus is on treatment of this underlying cause as well as pain control. It is intended as a STARTING protocol for lumbar-sacral and cervical arachnoiditis in newly identified patients.
3. The medications are primarily old, relatively inexpensive and available in local pharmacies, compounding pharmacies, health food stores, and internet.
4. The protocol is designed to overcome the prevalent belief that arachnoiditis is only a pain problem to be treated with symptomatic pain medication by specialists. Medical practitioners need to know that the medications called for in the protocol are perhaps new to them but equally safe when compared to the medical regimens used for such chronic diseases as hypertension, hypercholesterolemia, asthma, diabetes, and schizophrenia.
5. We have identified some new medical agents and/or dosages to give medical practitioners multiple selections. For example, we have determined that diclofenac and indomethacin may often be utilized as ketorolac substitutes. Our starting hormone is no longer human chorionic gonadotropin but pregnenolone or medroxyprogesterone.

Special Concern: Over the past 6 months the Arachnoiditis Research Project has daily received communications from patients who are not finding satisfactory relief and suffering mightily. Many patients complain bitterly about forced reduction of opioid dosage. In reviewing several hundred cases we are of the firm opinion that patients will continue to suffer, deteriorate, and be unable to reduce and tolerate a reduced opioid dosage unless they are on a 3-component arachnoiditis treatment program: (1) anti-neuroinflammation, (2) neuroregeneration, (3) pain control.

BE CLEARLY ADVISED: OUR RESEARCH SHOWS THAT OPIOID DOSAGES ESCALATE AND LATER BECOME FAR LESS EFFECTIVE UNLESS THE PATIENT TAKES SPECIFIC AGENTS TO SUPPRESS NEUROINFLAMMATION AND HORMONES OF THE NEUROSTEROID CLASS TO REGENERATE DAMAGED NERVE TISSUE.