



ARC (**ARACHNOIDITIS**) NEWSLETTER

Volume2, No.4

October-November-December 2002

As the end of the year 2002 approaches we have to balance the great moments versus the adverse events that we may all have experienced. On the brighter side the ARACHNOIDITIS FOUNDATION, Inc. has remarkably contributed a great deal to the Arachnoiditis Universe of patients affected by this dreadful disease. This is the fourth quarter newsletter that will appear on our Website, it will be sent to all patients, professionals and a number of charities, grantors and donors that throughout last year generously provided gifts, grants and donations to this modest but productive non-profit organization.

ARACHNOITIS IN TELEVISION

On November 20th, 2002 at 5:00PM, one of the largest and best thought of Television Station in the Southeast **WPLG, Channel 10** of Miami, FL aired a wonderful interview on ARACHNOIDITIS. Anchor lady **Amber Statler** dedicated a substantial amount of time to this disease interviewing Dr. J. Antonio Aldrete and patient Mr. Gerrick Busl. It was the best representation of the symptoms of Arachnoiditis, as well as, a detailed description of the impact that they produce on the patients quality of life. By far it was the greatest media exposure, at **prime time**. To view the show you may search <http://www.click10.com> Under certain circumstances and with specialized equipment you may even download it, or order the video directly.

PATIENT'S EXPERIENCES

PART 1

I write this in the belief that it will give some encouragement and hope to those who have suffered and continue to do so.

My life changed in May 1996, when my husband aged 35 died as a result of a tragic accident. He had just completed the legal adoption of my 3 children, whose own father had died of a stroke two years previously. At that time, I just could not imagine anything else that could go wrong in my life. Since then my children have been fiercely protective and paranoid about anything happening to me. Little

did I know in May 1996 that almost exactly 2 years later I would myself be brushing with death and left permanently scarred both physically and mentally.

I had suffered from a bad back from a combination of minor childhood riding accidents, trying to lift a pianola when I was pregnant ! and more recently, from a fall on the ice in 1996 just before my husband died. Though my back niggled and flared up every now and then I was still very mobile and able to ski, play football, ice skate, golf and tennis.

Fed up with the recurring niggles I went to see an orthopaedic surgeon in the Isle of Man in late 1996, he suggested an epidural steroid injection and a combination of a general and local anaesthetic. It all sounded simple and straightforward. I was all set to have this but at the last minute changed my mind. The children were not keen on me going in to hospital and having an anaesthetic. I wish I had continued to take their advice and had been dissuaded from ever putting myself at risk, albeit unwittingly and unknowingly. In December 1997 we all went skiing, snow boarding and ice skating but on my return in January 1998, the back pain was niggling again so I decided to see the surgeon once more. He persuaded me to go ahead with the procedure which he had previously recommended which he felt sure would alleviate the problems. Very little was explained, no information on the drugs etc. to be used, no information about any risks etc.

So in March 1998 I underwent an epidural injection of steroids, together with a general and local anaesthetic though I did not realize I had been given a local as well until afterwards. I was not told what drugs were being used. I expected a miracle cure! and was very disappointed that it did not work as I had hoped. I returned to the surgeon again in April 1998, and he persuaded me to let him have a second attempt at the treatment, which was supposed to be the same as the first one. This 2nd procedure went ahead in the 3rd week in April, and with the surgeon's blessing, 4 days later I went to Tunisia to a luxury spa hotel for a short holiday with my new partner. It was to be our first real holiday together.

On the outward journey I started to feel a bit strange, my head hurt with the pressure in the plane, but I put this down to blocked ears, but within a day I was feeling like I had never felt before. I can best describe it as like snakes crawling up my legs, I felt very spaced out but I soldiered on, I did not want our little romantic break to be spoilt by anything. So with a brave face we toured the city of Tunis. I remember joking that maybe someone had slipped something in to my drinks in the Kasbah!

By the second day the "snakes" were getting worse and now they were crawling up my back, my partner even tried massaging my back and legs to no avail. The 3rd day I began to feel sick, and by the 4th day on our return home, I had to struggle to make it to the plane. I felt so sick I could not even bear to sip the free champagne, so I knew I must have been really ill! My head was spinning, and my legs felt they were going to give way. How I made it home I don't know. If my holiday in Tunisia had been any longer, I certainly would not have been here now.

I rang my doctor as soon as we landed, he told me to get home and said he would come and see me.

I really don't remember too much more, I got home, went to bed, by now any lights, including daylight were giving me a bad headache, my hips felt as if they were dislocated, I was losing control of my limbs. The doctor came, he said he thought I had meningitis and that I must go straight to hospital. I was so ill that I really can't remember much. Once I got to hospital the relief orthopaedic surgeon (as the one who had given me the injections was on holiday) said I needed another "epidural"... I remember feeling as if both my hips were dislocated. He did not say anything about meningitis. I later discovered that I was by then already suffering from full blown meningitis, and a spinal abscess was forming; both caused by the 2nd epidural which had been administered prior to my visit to Tunisia. For some reason even though my symptoms were classic symptoms of meningitis these and my own doctor's diagnosis seemed to have been completely ignored and overlooked by the hospital and the orthopaedic surgeon. I was given morphine for the severe pain but I was too ill to argue or fully understand what was going on and I was barely conscious, all I remember is being very sick, was vomiting and had terrible pain. I remember being wheeled off again to the operating theatre where unbelievably, as I later discovered the relief orthopaedic surgeon then subjected me to a 3rd epidural. I was not aware of what was happening or being done as I was too ill but I learnt afterwards I had been given another steroid injection, together with a local and general anaesthetic.

I don't think it takes much imagination to guess what happened next, but obviously I survived or I would not be writing this !!! I became desperately ill. 4 days after being admitted to the hospital, and after a totally unnecessary and positively dangerous 3rd procedure administered when I already had meningitis, the doctors at the hospital finally realized there was something seriously amiss. Spinal fluid obtained at a lumbar puncture some 6 days after I had been taken ill confirmed staphylococcus aureus. I think the doctors panicked and I was flown out of the Isle of Man to Liverpool in an air ambulance at only a few hundred feet because of the pressure in my head, by then on death's door to a top neurological hospital. It was not a private hospital even though I had private medical coverage but a National Health System hospital. My chances of survival were apparently slim, and the risk of paralysis and complications very high, the prognosis was not good. By now besides the meningitis, and abscess I was also suffering from encephalitis which I subsequently discovered was caused by air that had apparently got in to my head from the 2nd and 3rd epidural. The pain was so bad I will never forget it. Even the slightest movement of my head had me screaming in agony.

As I lay in bed, in the no hopers ward, having been told quite brutally I would probably not survive, or at best would be left paralyzed, it really gave me no choice but to gather what reserves I had mentally to fight for my life. I knew I could not let my children and my family down, and no matter how ill, weak and sick I felt I had to force myself to get through this.

It would have been so easy just to lie there and fade away. What could I do? I could not move, I was still being violently sick, I had a host of tubes and drips attached to me and the pain was the worst I have ever experienced. The hospital was in a badly dilapidated state, it was about to be closed down and moved to “a new premises”, everything was in a run down state or broken including the phone box, the windows would not open. I made a plan. I set myself targets. My ambition was to be able first to get in to a wheelchair to get taken to the only phone that worked down the corridor. It took nearly 10 days before I was able to do this, taking drips and all with me. Each day I forced myself to move a little bit more, even though the pain was excruciating. I had to do it. I remember the first time I made it from my bed to the phone, I had no strength by the time I reached the phone to lift my hand to put the money in, and I cried with frustration and pain. I felt so humiliated by not being able to do such a simple thing. Lifting the phone to my ear was like climbing a mountain but speaking to my children gave me then hope and courage to battle on.

Gradually as the days went on I pushed myself to do more and more. The joy of being allowed to be wheeled to breathe fresh air, (drips tubes and all) in the hospital grounds was a triumph I will always remember. The sun was shining and I knew the perseverance had all been worthwhile and that I would make it.

Unbelievably I left hospital just 4 weeks after being stricken, proudly I forced myself to walk in to the taxi though I had to complete the rest of my journey by plane with the aid of a wheel chair. The recovery however has been a great deal longer. I was kept on antibiotics for 6 months. Since the “epidurals of 1998” I have suffered from a long list of debilitating side effects and my immune system has been compromised. I have seen at least 20 specialists, including dermatologists, neurologists, eye surgeons. My symptoms, all of which have manifested themselves encompassing impaired vision (now diagnosed as homonymous superior quadrantanopia), numbness and continuous pins and needle sensations and aching in my limbs (arms, legs, hands, feet), headaches, partial incontinence, continuous outbreaks of herpes (shingles) on my back, loss of coordination, loss of balance, headaches and pressure in my head, and my hair has fallen out (that was the most embarrassing). I have been diagnosed by two leading experts as having arachnoiditis. This is clearly identifiable on the scans which I had taken after the epidurals. There was no arachnoiditis visible on the scans taken before the epidurals.

How did this happen ? Could it have been prevented? Is there anything that can be done now? Yes there are answers. I will write about this in Part 2.

Never give in, never give up hope, believe in yourself and your strength, recovery is so much mind over matter, remember there are always others much less fortunate and far worse off than you.

Virginia Dowty, Isle of Man, UK

RESEARCH

Some of the research projects funded by the Arachnoiditis Foundation, Inc. are being conducted at the “Proyecto CAMINA”, an animal laboratory located in Mexico City that has engaged in the study of spinal cord injuries for some time. It is funded by private grants and government subsidies. The Medical Director of CAMINA, neuroscientist, Dr. Gabriel Guizar, together with veterinarian Angelina Martinez, anesthesiologist Dr. Socorro Romero and a dedicated Staff including chemists, immunologists, pathologists and neurologists have worked for years under the auspices of neurosurgeon Dr. Ignacio Madrazo who pioneered the medullary adrenal gland implants to the brain for the treatment of Parkinson’s disease. Though they have worked mostly with traumatic injuries to the spinal cord, they are thrilled about exploring chemical injuries as seen in ARC. A few of their many recent publications ought to give an idea of the quality of their work as follows :

Garcia Lopez P, Guizar-Sahagun G et al: Effects of high and low spinal cord injury on the oral pharmacokinetics of Paracetamol in rats. *Pharm Pharmacol Commun* 1999;5:1-3.

Grijalva I, Guizar-Sahagun G, Salgado Ceballos H, Madrazo, I et al: Improvement of host-graft adhesion by enzymatic manipulation of the subacute spinal cord contusion area in the rat. *Transplantat Proceed* 1996;28:3340-3342.

Guizar-Sahagun G, Grijalva I, Madrazo I et al: Development of post-traumatic cysts in the spinal cord of rats subjected to severe spinal cord contusion. *Surg Neurol* 1994;41:241-249.

Guizar-Sahagun G, Grijalva I, Madrazo I, et al: Neuroprotection of completely lacerated spinal cord of adult rats by homotopic and heterotopic transplantation. *Restorat Neuro Neurosc* 1994;7:61-70

And many more,

Thus far since January of this year, a major project has been conducted at “CAMINA” by performing histological and functional studies in rats, having developed the first experimental model for arachnoiditis. The importance of this achievement is that we can now compare effects from intrathecal phenol injections to those produced after the injections of 0.9% saline, kaolin, polyethylene glycol and other irritant substances. As a matter of fact, even a plain laminectomy (without injections) also produces meningeal damage, clumping of nerve roots and demyelination of axons, a finding that many sufferers of ARC have actually endured.

As much as we have learned in 11 months, more puzzling questions have come to mind. We need to test for dose-effect relationship and refine the methodology. Challenging and exciting is that now we can begin (in another six months) to determine what we can do to prevent the inflammatory stage of ARC from going into the proliferative (adhesive, scarring) phase. Eventually we hope to try to find cures for the latter stage. Though, I realize that this is indeed the most difficult task ahead of us it may not happen as soon as all of us want.

Nevertheless, most patients suffering of ARC now are in this late and, at present, incurable stage. We must try to work on new approaches to improve the quality

of life, reduce the pain, increase understanding, inform HMOs and government authorities of the great need to assist these patients.

In the mean time we must prevent more cases by informing doctors of the potential risks of some spinal procedures.

INFORMATION FRONT

Mind you Arachnoiditis was first described in 1868 and has gone throughout several periods of flaring interest when more patients ended up affected by it followed by some lapses with less notoriety. These ups and downs have been usually related to the introduction of medical treatments or “in-vogue” surgical procedures on the spine, whether myelograms, laminectomies, injections (neurolytics, steroids, blood patches) or fusions.

The gradually growing series of patients (>370) that I have examined personally, having confirmed their diagnosis by imaging studies, have left little doubt that there is usually a cause and effect relationship. From this review we can say that the correlation between the possible injurious event and the type of lesion seen in the MRI or CAT scan films can lead us to identify the procedure that caused it. There are of course exceptions, the most common being when a patient has been subjected sequentially, to multiple procedures (myelogram, laminectomy, epidural steroid injection, blood patch, etc) without a diagnostic test (MRI) in between each of them; then, it is nearly impossible to determine the cause.

The work presented at the Annual meeting of American Society of Anesthesiologists has also shown that enhanced and clumped roots are usually seen when injections of irritant substances (myelogram, spinal and epidural anesthesia, blood, steroids or neurolytics (phenol, alcohol, 10% sodium chloride) are given. After surgery (laminectomies and fusions) in addition to clumped and enhanced nerve roots, we have seen deformed and deviated thecal sacs, intrathecal calcifications and peridural fibrosis; more rarely dilatation of the sac and pseudomeningoceles were noted. Syringomyelia cases were diagnosed in only few cases of upper lumbar and thoracic anesthesia. As a form of Glossary :

THECAL OR DURAL SAC	= is the wrapping containing the spinal cord, nerve roots and cerebrospinal fluid (CSF)
INTRATHECAL CALCIFICATION	= Small point of scarring where calcium particles deposit
DEMYELINATION	= removal of the protective layer covering the nerve roots
PERIDURAL FIBROSIS	= is the growth of scar tissue around the sac
PSEUDOMENINGOCCELE	= accumulation of CSF in a pseudo sac produced by a rent or tear of the dural sac
SYRINGOMYELIA	= a cavity formed inside of the spinal cord usually containing CSF.

*** ALERT * ALERT * ALERT * ALERT * ALERT ***

ON Nov. 18, 2002, "USA TODAY" carried a small notice on page 6D informing THAT THE FDA HAD ISSUED A WARNING to consumers, pain clinics and other health facilities that injectable drugs made by "Urgent Care Pharmacy" of Spartanburg, S.C. may not be sterile. These drugs included baclofen, clonidine, fentanyl, morphine, hydromorphone which were improperly sterilized as it was found that the pharmacy that prepared specially ordered prescription drugs was ill equipped to ensure sterility of its injectable products. ALL THESE DRUGS ARE USED IN INFUSION PUMPS that thousands of patients with ARC have connected to their spine. This should have been a **red alert** warning by the FDA and USA TODAY should have carried it in its first page not, 6D. Other drugs that were found to have been contaminated with a rare fungus included betamethasone, methylprednisolone, papaverine and Super Trimix. At least four patients developed meningitis, just what a patient with ARACHNOIDITIS DOES NOT NEED.

Advice to all patients that receive injectables, either by infusion or single injection (epidural steroids, Fentanyl, morphine etc,) make sure that the hospital or surgicenter obtains them directly from the manufacturer, get the brand name not the "composed" version of them, which is cheaper. The process of sterilization is made by filtration not by other methods that are commonly used by large laboratories that maintain quality control in their production process. This may have happened in many of the cases in which the pump had to be removed because of infections that could occur at the time of implantation (soon after surgery) or by introducing bacteria during refills of the pump; make sure that doctors, wearing sterile gloves fill the pumps. This access for bacteria, fungus or virus to the central nervous system is new, we **ALL NEED TO BE ON THE ALERT**. Remember the pharmacist that was diluting the cancer treatment infusions; having him in jail did not help the many patients that failed to receive the proper dosage of chemotherapy meds. It seems that GREED IS CONTAGIOUS.

*** ALERT * ALERT * ALERT * ALERT * ALERT ***

On the same issue of USA TODAY, ironically on "a better Life" section, evidently the manufacturer of the anti-inflammatory drug BEXTRA, a competitor of Celebrex and Vioxx used to treat rheumatoid arthritis and osteoarthritis has issued warnings to patients with allergy to any of these medications, aspirin and sulfa drugs of the possibility of severe crossed allergic reactions, including rash, that have required hospitalization. Some patient, who has tried them all, once told me, "the only difference among them is, how fast they eat your stomach". WISE WORDS.

MEDICAL MALPRACTICE CRISIS

You may have heard that many obstetricians have moved out of the state of Mississippi because of extraordinary rises in malpractice insurance coverage; while surgeons in Scranton, Pennsylvania cancelled surgery one day in protest for the same reason. Furthermore, neurosurgeons have seen their malpractice

insurance premiums soar double or triple and I can tell you that my own policy as of August 1st increased 400% for only half of the coverage. There is a crisis, but the reasons for it are not quite clear. Some attribute it to larger rewards given by sympathetic jurors, others have chosen the manner by which lawyers get paid; in the past they got paid by contingency, but now it seems that plaintiff's lawyers are paid by the hour, plus expenses and still received contingency.

Since defense attorneys also get paid by the hour it seems that the discovery and the deposition process have gotten longer and longer. Settlements do not come until just before the trial, in the meantime the clock is ticking; regardless which of the opposing parties loose, the lawyers always win.

However, organized medicine is fumbling trying to find a weak link among the liability consortium. It seems that they have found it in the expert witnesses, which have become the villain and the target of everyone's anger. Some medical organizations are demanding that their members that serve as Expert Witness in liability actions, first submit their opinion to the Society or Association for approval. This is not only ludicrous, but probably unconstitutional. Another opposing view is that Expert Witnesses, in a way, contribute to improving the standards of care that otherwise the medical profession would be slow in changing. At any rate, we have not heard the last word yet.

ANNOUNCEMENT

***Now open in Birmingham, Alabama
The first REAL Arachnoiditis Clinic***

Accepting patients

***For Diagnosis, for Treatment and
for Hope***

Contact 205-970-6090 ext. 6200

for appointments with

J. Antonio Aldrete, M.D., M.S.

If I am not in the office, please, leave a message

“INFORMED CONSENT”

For those who have not read this great novel by Roger Radford I would like to give you a review since I truly enjoyed reading his book. Roger, a former foreign correspondent for the Associated Press and journalist with Reuters, has not only given a great insight into the disease as experienced by patients but he has also presented a thick and intriguing plot as the owners of a drug company try to deny the patient's claims and some members of the medical community engage in a major cover up (fiction of course).

This is not his first novel, he has thrilled his readership before with such titles as "The winds of Kedem" and "Schreiber's Secret", film rights were sold for the latter. Roger has put in black and white some of his own experiences and suffering expressing them in a superb manner. You may acquire his novel on line at www.booklocker.com

Do remember, it is fiction.

THE MYSTERY OF ARACHNOIDITIS

Patients frequently ask why wasn't my disease found before?
Why did they wait to tell me until after the MRI?

The most likely explanation is that most of the symptoms of Arachnoiditis are not well known. Not uncommonly patients have another spinal condition for which diagnostic tests are being performed (herniated discs, spinal infections, etc) or they are receiving spinal injections (steroid epidural or facet joint) to treat another ailment of the spine. At any rate the symptoms of both disease may superimpose on each other, making a precise clinical diagnosis difficult.

According to a study of patients with confirmed arachnoiditis that appeared in the book "Arachnoiditis: the silent epidemic" burning pain in the lower back and/or the lower extremities is the most frequent symptom, occurring after an injurious event; it may also be followed by dysesthesia (abnormalities in sensation, from numbness, to tingling, exaggerated tender sensation when rubbing the skin (also called allodynia), muscle spasms, generalized sweating, bowel, bladder and sexual dysfunction among others are the most frequent complains that patients with ARC have. Whenever these manifestations appear suddenly after an injurious event, a Neurology consult and an MRI, are promptly indicated.

There is no need to "wait and see", since there is a window of opportunity that may prevent it from going from the inflammatory phase to the proliferative stage when the lesions become permanent. Our message is TREAT, DO NOT WAIT.

THE PERSONAL TOUCH

Not too long ago health healers recognized the emotional state of patients as a significant factor on the prediction of disease outcome. They consider faith, trust and hopefulness important contributions for the healing processes. As modern medicine has advanced, we physicians, have embarked in a trend toward efficiency keeping the science but doing away with the art part of our profession. Monitoring, internet, telephone and beepers have become the means to communicate with our patients in other words, the patient-doctor relationship has become more electronically computerized and less of a touch contact.

One of my professor once told us “Patients should not be burdened with more knowledge than what they request” that was one premise that I threw overboard. Fortunately, I was exposed to enough masters of the “bed side manner approach” that I was influenced for life; 45 years later I am convinced that if I give patients the time and with the proper attitude we may find out that they wish to know a great deal more than we have been willing to allow for.

The image of the technology oriented, time guided impersonal physician that is more concerned about the patient’s disease and his /her procedure than about the emotional turmoil that the patient is experiencing is one that I do not reflect on. In discussing the procedure ahead, we must show concern about their well-being and repeatedly try to alleviate their anxiety, as well as, their pain; as a matter of fact we can have more success with the former than with the latter.

Taken in part from “THE PERSONAL TOUCH” by J. Antonio Aldrete, MD, MS editor of the Series “The Human Factor; Anesthesiology News, Vol. 3, 1983.

DONATION REQUEST FROM THE ARACHNOIDITIS FOUNDATION, INC.



Arachnoiditis Foundation, Inc.

P.O. Box 4627
Seaside, FL 32459-4627

Tel (205) 970-6090 Fax (205) 968-8100
E-mail: taldrete@arachnoiditis.com
Web site: www.arachnoiditis.com

ARACHNOIDITIS (ARC) is a disease of the spine that involves the dural sac, spinal cord and nerve roots that starts with acute inflammation and progresses to fibrosis and scarring of these organs. It is usually acquired from infections, trauma or from medically related invasive procedures (spinal surgery, injections, myelograms spinal anesthesia and others). Hundreds of thousands of individuals are affected by this disease; many do not even know that they have it, because the diagnosis has not been made. Thanks to the information dispersed by the Foundation more doctors are now becoming familiar with the symptoms and the diagnosis of ARC. More importantly by publication in medical journals, lectures and scientific exhibits at scientific meetings, plus the initiation of our quarterly “ARC Newsletter” we have raised the awareness of the fact that ARC can be initiated by incidental happenings during invasive diagnostic, pain management and surgical procedures on the spine suggesting that the risk/ benefit ratio of every interventional treatment needs to be re-evaluated.

By conducting basic research, an animal model for the study of arachnoiditis, that will allow us to investigate every substance that may possibly cause it, but more importantly, in the near future different medications can be tried to define a possible cure. Not that we want to give false hopes, but persistence and determination usually reward good science. When would such reward come? We do not dare to predict. In addition, our clinical observations have allowed us to identify if the causative agent was a needle trauma or an irritant substance, vs. a spinal operation. Four different very complimentary reviews of the book "ARACHNOIDITIS; THE SILENT EPIDEMIC" were published in American, British and Asian journals. This book has now been made available to patients at the reduced cost of 25.00 US dlls for patients with this disease. The book continues to be in such demand that soft cover volumes were reprinted.

The ARACHNOIDITIS FOUNDATION, Inc is a non-profit organization founded and dedicated for the purpose to:

- a) Disseminate awareness about ARACHNOIDITIS, the severe constant pain that it causes, the dysfunction it produces in certain organs and its chronic disabling and debilitating nature.
- b) Make available information about how to prevent, diagnose and treat ARACHNOIDITIS to medical doctors, nurses, therapists, allied professionals, health maintenance organizations, authorities, governmental health care agencies and the public in general.
- c) Request GIFTS, DONATIONS and GRANTS from patients, health professionals, legal professionals, drug and equipment manufacturers, private charities and the public in general.
- d) Fund basic and clinical research on the causes, the diagnosis and the treatment of ARACHNOIDITIS.
- e) Provide scholarships, seed grant monies, organize and support meetings and to present conferences that would foster, stimulate or advance the understanding and knowledge about ARACHNOIDITIS.

As you can see the objectives of the ARACHNOIDITIS FOUNDATION, Inc. are many and they are challenging, nevertheless all of us are determined to solve them. We cannot accomplish this alone, so we are asking for your help and support in this monumental task.

YOUR KIND AND GENEROUS DONATION (tax deductible) in the form of \$25.00____, \$50.00____, \$75.00____, \$100.00____, 1000.00 or more_____ would be greatly appreciated. I can assure you that it will be destined and dedicated in its entirety to the fulfillment of the Foundation's objectives (as we have no administrative expenses).

As a token of appreciation for your support, the FOUNDATION will send you a copy of the book "Arachnoiditis: the silent epidemic". If you already have it, you may donate it to the medical library of your choice. On behalf of the ARACHNOIDITIS FOUNDATION and of the many patients that will benefit from your gift, I wish to express our most sincere gratitude. Have a Happy Holiday Season.

J. Antonio Aldrete, MD, MS
Founder and President

The hopes of many patients suffering from Arachnoiditis are perhaps better expressed in this pyramid of phrases that my patients have shared with me, a confidence that I have treasured for their meaning and sentiment:

*

Get back my life.
Walk beyond the mailbox.
Not be depressed and lonely.
To have sex without pain. Not sweat all the time.
Be able to go back to work. Get out of bed feeling normal.
Get off from all these medicines. Play with my kids as I used to.
Hope for something good for a change. Be able to pick up and carry my grandchildren.
Not to be embarrassed by my bladder malfunctioning. Have a three day holiday without pain.
Be able to walk through a shopping mall and enjoy it. Sleep a whole night and wake up without hurting.

Let's continue to work so we can change this despair and hopelessness.

For more information visit our WEB SITE www.arachnoiditis.com, read the five issues of our ARACHNOIDITIS NEWSLETTER, or contact me at my e-mail taldrete@arachnoiditis.com

Your tax deductible contribution to the Arachnoiditis Foundation, Inc. will allow us to learn more about arachnoiditis so we can eventually prevent it and treat it.

NEW SECTION

We have been approached by arachnoiditis sufferers and family members who feel isolated and would like to talk with other patients under similar circumstances and exchange experiences. Therefore, we would like to provide an opportunity for them to post their E-mail addresses in our newsletter and ask other ARC sufferers to contact them.

If you like to have your E-mail address posted, contact us at taldrete@arachnoiditis.com

OUT REACH

Candy Wilson in the Florida area would like to be contacted by other arachnoiditis sufferers.

Her E-mail address is aircom_1@msn.com

CALL FOR LETTERS, ARTICLES, CONFESSIONS POEMS, DEBATES, etc.

Readers are invited to write short, but meaningful, articles on any subject related to Arachnoiditis. They may be submitted with the author's name or anonymously, however, with the understanding that:

- a. The Editorial Board reserves the right to modify them or alter them to conform with the style and the "Objectives" of the ARC Newsletter.
- b. The copyrights will be waived with the assurances that the Editorial Board will not derive any profit from any of these publications.
- c. They are simple, constructive and civil.

Thank you.

The Editorial Board

DISCLAIMER

Personal information (e-mail, location, etc) on the authors of reports will be made available upon request, as long as the authors authorize it. The editors are entitled to modify the material so it can comply with the objectives of the Newsletter. Neither the Arachnoiditis Foundation, Inc, nor the Editors of the Newsletter are responsible for the opinions or concepts herein expressed. They represent the author's point of view.

Arachnoiditis Foundation, Inc.

P.O. Box 4627, Seaside, FL 32459-4627

E-mail: aldrete@arachnoiditis.com

YOUR DONATION WILL HELP TO LEARN MORE ABOUT ARACHNOIDITIS