



**MULTIPLE SCLEROSIS, SYSTEMIC LUPUS, AND
ADHESIVE ARACHNOIDITIS ARE ALL EPSTEIN-BARR (EBV) CONNECTED**

Discovery of 2025: A most important scientific discovery in 2025 that is relative to chronic pain treatment is that the Epstein-Barr virus is connected to systemic lupus erythematosus (SLE). It joins multiple sclerosis and adhesive arachnoiditis, that have already been found to be connected to EBV.

True Autoimmune Versus Autoimmune-Induced Disease: EBV has brought a new and profound understanding of chronic pain care. True autoimmune diseases have long been known as genetic and run in families. Examples are psoriasis, scleroderma, and rheumatoid arthritis. EBV has been found to trigger genetic genes to produce these diseases. Stanford University researchers have just announced that EBV will activate the gene that causes SLE. MS and AA are not genetic autoimmune disorders. EBV has been found to induce local tissue degeneration by a self-destructive or autoimmune process called molecular mimicry. EBV can enter cells and turn some into “carnivores” that attack cells. In MS they destroy the sheath that surrounds nerves. In AA these altered cells attack cauda equina cells producing inflammation, adhesions, pain, and neurologic impairments such as bladder dysfunction. A core treatment of AA is, therefore, to stop inflammation from starting and spreading.

Other EBV Complications: Besides molecular mimicry, EBV during reactivation may produce what is called an autoantibody. This is a protein that circulates in the blood stream and may attack cells causing inflammation, cellular destruction, and pain. There is growing evidence that this may result in fibromyalgia, small fiber neuropathies, and arthritis. Another pathologic development is that EBV may land in tissues and continue to live and create micro-colonies of live viruses. This is the mechanism of EBV-induced cancer and appears clinically to be a contributing factor in some cases of AA and in central nervous system glial cells. Consequently, this is the reason that a short course of ivermectin is recommended.

Actions to Take: Persons with AA or another EBV-connected disease need to control EBV and its complications by three basic approaches. EBV blood testing is highly recommended.

1. Inhibit reactivation with diet and select vitamins and minerals
2. Suppress reactivation and eliminate viral colonies with medicinal agents
3. Suppress inflammation in spinal and brain tissues

Major Problem: Many people with AA self-proclaim that EBV doesn't apply to them. After all I got AA from a fall or after surgery. Don't kid yourself. Reactivated EBV loves to silently and without warning invade a damaged arachnoid membrane and cauda equina after your injury has occurred.

Good News: The recent discoveries regarding EBV diseases have brought many new resources and institutions to the fore. Better control and hopefully curative measures will thus be forthcoming. Arachnoiditis Hope has already drafted protocols to prevent reactivation and to deal with the virus if it is already activated (posted on our website).

This educational information is provided as a public service by “Arachnoiditis Hope.”

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