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DO YOU HAVE CENTRAL PAIN?

If you have attended a pain clinic or seen a pain specialist in the last 10 years, chances are that you were told you have central pain, central sensitization, or neuropathic pain. Think back. Were you told what it means to have this condition, or why you have it, or what is to be done about it? The good news is that central pain has been discovered and is understood. The bad news is that it is understood by few physicians and many have tried to use it as a tool to resist opioid and benzodiazepine treatment.

Bottom Line: Every chronic pain patient needs to know if they have central pain and incorporate its control into their treatment program.

The Discovery: Several years ago, neuroscience researchers discovered that a group of brain cells called glial or microglial control pain signals to the brain. Pain is a form of bioelectric energy that travels in waves like electricity. When a wave of pain hits the brain, the glial cells normally dispose of it like a garbage disposal does to waste. Unfortunately, if glial cells become damaged, they will not reduce or eliminate pain. Central pain should technically be called "glial cell dysfunction."

Recognition of Central Pain: When glial cells become dysfunctional, pain never remits. You know you have central pain when your pain never goes away (24/7). Blood pressure may be inconsistent. An elevated temperature and sweating is common.

Cause of Glial Cell Damage: Damage to the glial cells is due to neuroinflammation which causes cellular disintegration and dysfunction. It is uncertain among researchers as to why pain patients develop glial cell neuroinflammation. The prevailing belief is that it is a result of an autoimmune process. The leading candidate is Epstein-Barr virus.

Treatment of Central Pain: Central pain may or may not respond to opioid and neuropathic agents such as gabapentin. Space doesn't allow a good reason. Be advised that there is a critical need to identify agents that will suppress neuroinflammation and heal glial cells. Attached is a Table of agents that have reports and experience of effectiveness.

Medications

Palmitoylethanolamide (PEA)

Neurosteroids

Methylprednisolone
Dexamethasone
Ketorolac

Herbal/Natural Medicinals

- Curcumin
- Serrapeptase
- Astragalus
- Quercetin
- Resveratrol
- Luteolin
- Andrographis

This educational information is provided as a public service by "Arachnoiditis Hope."
Tennant Foundation, 336 ½ S. Glendora Ave., West Covina, CA 91790.
Email: tennantfoundation92@gmail.com Fax: 626-919-7497 Website: www.arachnoiditishope.com