



# ADHESIVE ARACHNOIDITIS (AA)

## Bulletin 12

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## FEAR OF CORTICOSTEROIDS IS A BARRIER TO EFFECTIVE TREATMENT FOR AA

The well-known complications of corticosteroids inhibit all medical practitioners from using them unless “absolutely necessary”. We believe that the intermittent use of the corticosteroids methylprednisolone and dexamethasone is “absolutely necessary” for maximal treatment effectiveness of AA.

Our key message is that these 2 corticosteroids can be safely and effectively given on an intermittent, low dose basis. Examples of safe dosage: (a) one dose, once a week, (b) one dose, twice a month; (c) low dose on 2 to 3 days a week.

Why the necessity? AA is an inflammatory disease of the lower spinal canal. This inflammation from AA involves 2 different anatomic structures: (1) cauda equina nerve roots; (2) arachnoid-dural (meninges) covering of the spinal canal. There are different forms of inflammation generated by different glial cells and the arachnoid lining. Corticosteroids have anti-inflammatory, pain relief, and autoimmune suppression actions that are different than that of naltrexone, ketorolac, and opioids.

Here is a list of the physiologic actions of methylprednisolone and dexamethasone in the brain and spinal cord:

- Suppresses inflammation by acting on different glial cells
- Calms overactive neurons
- Suppresses autoimmunity
- Activates cannabinoids and gamma aminobutyric acid for immediate pain relief

Special Note: Only methylprednisolone and dexamethasone among the commercial corticosteroids are effective for AA. The common corticosteroids, prednisone and hydrocortisone, are not effective for AA, as they either don't cross the blood brain barrier, enter spinal fluid, or act on glial receptors.

Either methylprednisolone or dexamethasone can be intramuscularly injected with ketorolac for flares. Injectable opioid medication is to be administered subcutaneously and can be given in conjunction with the above medications for flares.

Bibliography for this bulletin available by request of on our website.

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