



ADHESIVE ARACHNOIDITIS (AA) Bulletin 19 July 2020

SPINAL FLUID SEEPAGE

After reviewing over 600 MRI's from persons with AA, we have come to the conclusion that at least ½ of the persons with AA have had some "seepage" or "leakage" of spinal fluid through the arachnoid-dural spinal canal covering into the tissues between the spine (bone) and the skin. This discovery has been made possible because the dye used in contrast MRI's can be seen outside the spinal canal if there is "seepage". Usually the "seepage" is slow ("drip at a time") in contrast to a "leak" ("a steady stream"). One can have sort of a cross between a leak and a seep. Spinal fluid is not meant to leave the spinal canal as it is toxic to the muscles, nerves, tendons, and connective tissue in the lower back.

The cause of seepage is inflammation. AA is an inflammatory mass that may grow and erode through the arachnoid-dural spinal canal covering and allow spinal fluid to seep into the non-spine tissues. The good news is that seepage can usually be stopped with the anti-inflammatory agents that are recommended for AA treatment:

- Methylprednisolone
- Curcumin-turmeric
- Pregnenolone
- Ketorolac
- Dexamethasone
- Naltrexone
- DHEA
- Diclofenac

A contrast MRI is the final say-so, but active seepage can be suspected if one of the following is present: (1) pain when you push on the tissues around the spine; and (2) pain relief with lidocaine (patch or gel).

Chronic seepage may cause the following: scarring of tendons and muscles so you can't extend your arms to their fullest; and indentation of tissue ("crevice") along the spine.

Recommended treatments for active seepage are the anti-inflammatory agents listed above PLUS these measures:

Homeopathic rubs (Traumeel® or other)
Castor oil rub under heat
Laser or radio wave (Provant® or other)
Cortisone injection along (not into) the spine

****LAST RESORT: ANABOLIC HORMONES**

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