January 2020

MEDICAL GUIDE
FOR ADHESIVE ARACHNOIDITIS (AA)

MEDICAL AND PHYSIOLOGIC MEASURES

MEDICAL TREATMENT HAS 3 GOALS:

1. Reduction of Inflammation in the Spinal Canal
2. Pain Control
3. Healing of Damaged Nerve Tissue

PHYSIOLOGIC MEASURES HAVE THE FOLLOWING GOALS:

1. Prevent Limb Paralysis
2. Enhance Spinal Fluid Flow
3. Maintain Electrical Conduction
4. Improve Oxygen Availability
5. Heal Damaged Nerve Tissue
6. Provide Nutritional Support

PHYSIOLOGIC MEASURES FOR DAILY USE: Start as soon as possible after a diagnosis of AA.

1. Stretch, extend, and flex arms, hands, legs, and feet
2. Walk with arms swinging
3. Rocking in chair or mild bouncing on a trampoline
4. Deep breathing and breath holding
5. Magnet rubs/copper jewelry (magnet with 10 lb. pull)
6. Water soaking in pool, tub, jacuzzi
7. Straight leg raising while reclining
8. High protein, anti-inflammatory diet with collagen supplements. Examples: meat, seafood, poultry, eggs, cottage cheese, vegetables, fruits.

A bibliography with the scientific references that help support this guide can be found on our website.

Provided as a public service by the Arachnoiditis Research and Education Project of:

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MEDICAL TREATMENT

STEP ONE – REDUCE INTRASPINAL INFLAMMATION AND PAIN

A. Start daily use of one of these anti-inflammatory agents:
    a. Diclofenac, 25 – 50 mg BID to TID
    b. Indomethacin, 25 mg BID to TID
    c. Low dose naltrexone (if not on opioids), .5 to 1 mg

B. Start standard pain control (some choices are listed):
    a. Neuropathic agent: gabapentin, topiramate - other
    b. Analgesic: oxytocin, ketamine, codeine, tramadol - other
    c. Lidocaine patch or gel to lumbar-sacral area

C. Start physiologic measures

STEP TWO – 7 TO 10 DAYS LATER

A. Add a low dose, potent, anti-neuroinflammatory agent to be taken on 2 to 3 days a week:
    a. Ketorolac (Oral 10 mg, Troche 30 mg, or Injection 30 mg)
    Or
    b. Methylprednisolone, 2 to 4 mg
    Or
    c. Dexamethasone, .5 to .75 mg

B. Maintain enough pain control so that the patient can walk, stretch, flex, and carry out normal activities of daily living. Consider sleep medication.

C. Check on compliance with physiologic measures

STEP THREE – 3 TO 4 WEEKS LATER AFTER STARTING TREATMENT

A. Consider a hormonal agent on 3 to 5 days a week:
    Choice of:
    a. Pregnenolone, 200 to 300 mg a day, start at 50 mg and work up
    b. DHEA, 200 to 300 mg a day
    c. Medroxyprogesterone, 10 mg, 2 times a day

B. Continue pain control with neuropathic, analgesic, and topical agents as well as any sleep or topical agents. The goal is to maintain ability to ambulate, stretch and flex limbs, and carryout activities of daily living. Consider a mild stimulant if constant pain is present (e.g. methylphenidate, dextroamphetamine, modafinil).

C. Check on compliance with physiologic measures

STEP FOUR – 6 TO 12 WEEKS AFTER START OF TREATMENT

If the patient has made improvement, add medications or adjust dosages as indicated.

If the patient is NOT doing well:

1. Consider a hormone blood panel of cortisol, DHEA, estradiol, pregnenolone, progesterone, and testosterone. Replenish any hormone that is deficient.
2. Adjust current medication to attain as much comfort and function as possible.
3. Consider adding or substituting one of these agents which may assist in controlling intraspinal canal inflammation:

    a. Acetazolamide, 125 to 250 mg a day
    b. Metformin, 500 mg 1 to 2 times a day
    c. Pentoxifylline, 400 mg a day

4. Consider one of these anabolic hormones for a 1-month trial. Take these hormones 3 days a week:

    a. Human chorionic gonadotropin, 250 to 500 units
    b. Nandrolone, 25 mg troche, BID

ANCILLARY AND OPTIONAL MEASURES

1. Electric stimulation or electromagnetic therapy: laser, infrared, pulsed radio wave (Provant® or other)
2. Gentle back massage therapy
3. OTC anti-inflammatory/hormonal/analgesic supplements (curcumin, adrenal cortex, Traumeel®, colostrum, CBD products, palmitoylethanolamide (PEA), corydalis)
4. Corticoid/homeopathic injections near but OUTSIDE the spinal column
5. Acupuncture

Special Procedures:

1. **Once a patient is stabilized on a medical regimen, trials of intravenous lidocaine, vitamin C, or ketamine, stem cells, or hyperbaric oxygen may be helpful.**
2. **Intractable pain that cannot be controlled by this medical guide may require high dose or intrathecal opioids or an implanted electrical stimulator.**

Education: It is highly recommended that family be actively involved in the treatment process and that adhesive arachnoiditis patients join support and social groups comprised of other persons with the disease. Psychologic therapy is highly recommended with psychologists and clergy who understand the intricacies of lifetime, debilitating diseases.