



## METHYLENE BLUE: A NEW PAIN RELIEVER

Over the past 1-2 years the medicinal, palmitoylethanolamide (PEA), was discovered to be a non-opioid pain reliever. It is now known that it helps both local and central pain. PEA has been urgently needed because of the poor accessibility (see below) of opioid drugs. The menu of non-opioid pain relievers is small: ketamine, oxytocin, CBD, marijuana, kratom. I am pleased to add to the list: methylene blue (MB).

**Background:** MB was invented in 1870 as a textile dye. It was first used medically in 1891 as an anti-malaria drug. Since that time, it has been used for a variety of medical conditions. Its best-known value has been treatment of severe pain associated with head and neck cancer. About a year ago, Arachnoiditis Hope began receiving reports that it was being used by persons with AA. Some had stopped taking opioids.

**Safety:** MB has been used extensively. It is a monoamine oxidase inhibitor so patients who are taking an anti-depressant should bypass MB.

**Availability:** There are multiple sources to purchase MB over the internet. It is inexpensive and the dosage is on the label.

**Mixing with Other Agents:** MB can be taken to boost the effect of opioids or PEA.

### **The Ridiculous Scare About Short-Acting, Low Potency Opioids:**

The medical world is well aware of the CDC guidelines and prosecution of physicians who prescribed high dose opioids to questionable patients. There never was, nor is there now, a governmental assault on the use of short-acting, low potency opioids: tramadol, codeine, hydrocodone (Vicodin®), oxycodone-acetaminophen (Percocet®). I cannot identify a single case in which a physician was disciplined for prescribing a short-acting, low potency opioid to an MRI-documented case of adhesive arachnoiditis (AA).

### **Time to be Practical:**

Every AA patient needs to try PEA and MB. One can no longer be confident that their doctors and insurance plans will cover opioid drugs. The movement to force all patients to stop taking potent or high dose opioids doesn't seem to be calming down. Their goal is to stop high dose opioids and use electric stimulators, intrathecal pumps, or buprenorphine/methadone.