REPORT
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THE ORIGINATION OF THE PREGNENOLONE, DHEA, PEA TREATMENT FOR AA

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We have recently announced that we have discovered an alternative treatment to low dose methylprednisolone and ketorolac for AA. These two agents in combination have been our recommended treatment for several years. Their main shortcomings are well-known side effects. Consequently, many physicians and patients resisted steroid" treatment. Methylprednisolone is a member of the corticosteroid class of hormones that have complications such as osteoporosis, adrenal shutdown, hyperglycemia, and weight gain. Ketorolac is a potent anti-inflammatory that may produce gastrointestinal bleeding and glomerulonephritis.

The new alternative of pregnenolone, DHEA (dehydroepiandrosterone), and PEA (palmitoylethanolamide) at first glance may seem like an incongruous combination. We have already heard, on several occasions, "Where did that treatment come from?" This is a logical question for any person unfamiliar with the three agents. Pregnenolone and DHEA are neurosteroids and PEA is a natural pain reliever produced in the body.

I became aware of the concerted efforts by basic science researchers studying neurosteroids (NS) when I was editor of the medical journal, Practical Pain Management. My investigation into the use of NS in laboratory animals was almost shocking. NS are a small group of hormones produced in the brain and spinal cord. Among the body's NS functions are the ability to heal, restore damaged tissues, and relieve pain. These hormones are called steroids because they have a chemical structure closely identical to that of corticosteroids. The studies in laboratory animals that had their spinal cord or brain tissues intentionally damaged are impressive. NS were repeatedly found to repair brain and spinal cord. For example, a study in 1994 involved rats that had their spinal cord severed so that their hindquarters would drag when walking. A treatment of 50-50 pregnenolone and DHEA produced total healing of the rats. Unknown to most of the pain management field is that there are many similar studies that duplicate the 1994 seminal study.

There are only about five major NS produced in the CNS. Three are available for clinical use: pregnenolone, DHEA, and progesterone. I began my own clinical research by administering these 3 NS to intractable pain patients. All 3 reduced pain and reduced the need for opioids.

Results on these studies are in my new book, Primer on Neurosteroids in Chronic Pain Care (Amazon).

About 3 years ago I began to recommend pregnenolone and DHEA to adhesive arachnoiditis (AA) patients. Also, palmitoylethanolamide (PEA) began to emerge as a valuable component of AA treatment. This body chemical only activates in the body to relieve pain. Over two dozen double-blind studies show its worthiness. Of special importance is that it is made in glial cells and is the first medicinal to really show results in reducing central pain. Some German physicians claim they have cured hundreds of chronic pain patients with PEA. Dosages have been worked out.

The actual use of all 3 medicinals was initially done by patients. The first patient stopped all opioids, corticosteroids, and ketorolac because he found these 3 agents to be more effective in both pain relief and other symptoms. All new medical treatments have to start with a single case ("N" of one). The message of the one has spread, and I've now initiated this new measure in several patients. Word seems to be spreading fast.

Of interest in this matter is that pregnenolone was the major drug used for rheumatoid arthritis prior to the invention of the corticosteroid, prednisone in 1951. A dosage of 400 to 600 mg a day was required.

To date, the new alternative is finding success. All 3 drugs can be obtained without a prescription, so every AA patient can obtain effective medication. The new alternative doesn't have to be used. Willing patients and doctors will find that the old standby of methylprednisolone and ketorolac to be effective. Put another way, patients and doctors now have two choices. I plan to systematically evaluate the new alternatives within the next year.