MULTI-RECEPTOR PAIN THERAPY IS ESSENTIAL IN ADHESIVE ARACHNOIDITIS (AA)

AA is an inflammatory, autoimmune, nerve entrapment disease of cauda equina nerve roots and the arachnoid membrane. It causes chronic pain that may be mild, moderate, or severe. To control it, multiple receptors in the brain and spinal cord must usually be medically activated within each 24-hour period. Receptors are microscopic, anatomic sites that are so-called because they receive neurotransmitters, pain signals, and medications. Once they receive a specific medication, they can enact a biologic action to relieve and control pain.

KEY MESSAGE: Our studies of persons with AA have revealed that, in general, those who have the best pain relief medically activate three or more different receptors in a 24 hour period. Persons with AA should review the 7 receptors and their medical activators in the Table below. Persons with AA, along with their medical practitioners, should develop a multi-receptor therapy program.

RECEPTOR	SOME RECEPTOR ACTIVATORS
Adrenergic	Tizanidine, clonidine
Cannabinoid	Marijuana, CBD, palmitoylethanolamide (PEA)
Dopamine	Dextroamphetamine, amphetamine salts (Adderall®), methylphenidate, lion's mane, ginseng, mucuna, Modafinil®
Endorphin/opioid	Opioids, naltrexone, kratom, oxytocin, human chorionic gonadotropin (HCG)
Gamma aminobutyric acid (GABA)	Diazepam, gabapentin, pregabalin, carisoprodol, kava, baclofen, ashwagandha
N-methyl-d-aspartate	Ketorolac, ketamine
Serotonin	Amitriptyline, nortriptyline, duloxetine, melatonin, tryptophan

SPECIAL NOTE:

If multi-receptor therapy fails to aggressively control pain, high dose opioids, a long-acting opioid, an implanted electrical stimulator, or an intrathecal opioid "pump" should be considered.