THE FOUNDATION OF ADHESIVE ARACHNOIDITIS (AA) TREATMENT

Effective treatment of AA requires: (1) pain relief, (2) suppression of inflammation and autoimmunity. A 3rd component of treatment, tissue regeneration and restoration, isn't usually effective unless pain relief and inflammation measures are in place.

Arachnoiditis Hope Recommendations:

1. Pain relief – most persons with AA should start treatment with one agent from these two medication groups:

Short-acting, low potency opioid: tramadol, codeine, hydrocodone, oxycodone/acetaminophen

Neuropathic Agent: gabapentin, baclofen, diazepam, duloxetine

2. One of these two inflammation measures is required:

Corticosteroid	Non-Corticosteroid
Methylprednisolone 4 mg	Pregnenolone 100-200 mg
Ketorolac 10-30 mg, 1 to 3 times a week	Dehydroepiandrosterone (DHEA) 100-200 mg twice a day
	Palmitoylethanolamide (PEA) 600-1200 mg twice a day

Major Observation Problem: Many persons with AA want to skip the foundation of treatment (pain and inflammation control) and find a quick "fix." We constantly see patients who try peptides, hormones, electromedical, stem cells, and others without adequate pain and inflammation control.

Special Pain Notes: A few AA patients find pain relief other than an opioid (i.e., marijuana, methylene blue, ketamine), but there is usually no substitute for opioids. Potent opioids such as fentanyl and hydromorphone may be needed in severe cases. Same for electrical stimulators and intrathecal opioid pumps. An AA patient must have one or more pain relievers to control their pain each day.

Summary: Every person with AA should review their treatment program and determine if they are being treated with the foundation of AA care: pain and inflammation control.