



**THE ENDURING EFFICACY OF METHYLPREDNISOLONE
AND KETOROLAC FOR ADHESIVE ARACHNOIDITIS (AA)**

When my associates and I formed Arachnoiditis Hope about 8 years ago, a top priority was to find treatments that brought some pain relief and comfort to AA patients. Then, as now, no treatment for AA is offered in medical textbooks, and many physicians still claim there is no treatment for AA and that “nothing can be done.”

A Protocol Emerged: Dr. Antonio Aldrete had informed us that intravenous methylprednisolone (MP) suppressed the pain and inflammation of acute AA (i.e., post epidural). He had not used this corticosteroid for ambulatory, ongoing treatment of AA. With good luck a female physician with severe AA informed us that she tried “about everything,” and that ketorolac was the single drug that relieved AA pain. At first, we experimented with single injections of MP and ketorolac. Their pain was relieved for a few hours in almost every case. About that time some physicians studying adrenal exhaustion published that low dose, intermittent corticosteroids could do their job without the side effects of cortisone. A study published in the Journal of the American Medical Association said ketorolac was safe unless used in high dosages for over 5 consecutive days. We decided to take a tip from low dose naltrexone. Why not low dose, intermittent MP and ketorolac. This birthed the protocol that has now endured for over half a dozen years. Both drugs taken 1 to 3 days a week at low dosages has, far and away, been our best treatment. Days are skipped so side effects are seldom and the combination works in almost every patient.

Supportive Studies: One scientific study with burn patients combined the use of MP and ketorolac in patients and found it exceedingly effective. Ketorolac was found to suppress the N-methyl-d-aspartate receptor (NMDA) in the central nervous system which is why it relieves spinal pain when no other anti-inflammatories will. MP and dexamethasone, the alternate corticosteroid, have receptors in the spinal cord and will, therefore, heal spinal tissues while prednisone and hydrocortisone are usually ineffective. In a shocking Wall Street Journal editorial (May 3, 2023) ketorolac was touted as the only known alternative to opioids and that a bottle of oral tablets should be in almost every American medicine cabinet!!

Call for Study Participants: Arachnoiditis Hope is gathering data and experiences from any AA patient who has used the combination of MP and ketorolac. We have an urgent, worldwide demand to put MP and ketorolac experiences in a research report. We need your help. If you have used MP and ketorolac please send us your name and email so we can include you in this research endeavor.

Summary: The low dose, intermittent use of MP and ketorolac has now been used for several years and continues to be our best treatment with few side-effects. New protocol alternatives have been developed but may not be as effective.

References:

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This educational information is provided as a public service by “Arachnoiditis Hope.”

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