SPECIAL ANNOUNCEMENT

THE FIRST PUBLICIZED TREATMENT STUDY FOR ADHESIVE ARACHNOIDITIS

I and my associates, Dr. Martin J. Porcelli, and Jennifer Sands, RN, have just published the study "Low Dose Methylprednisolone and Ketorolac Treatment for Adhesive Arachnoiditis."

It has been published in the International Journal of Emergency Medicine & Pain Management. Here is a link to the paper.

https://medwinpublishers.com/IJEMPM/low-dose-methylprednisone-and-ketorolac-treatment-of-chronic-adhesive-arachnoiditis.pdf

Because arachnoiditis was identified and defined in medical dictionaries in 1873, the absence of a published treatment for approximately 153 years has left patients in a dangerous vacuum. Into that vacuum came dismissal, therapeutic nihilism, medical abandonment, and the repeated phrase so many patients have heard: "There is nothing that can be done." This publication changes that conversation.

This publication represents the first publicized, peer-reviewed medical treatment study for chronic adhesive arachnoiditis. It should be understood not as the final answer, but as the first public medical step in an expanding treatment-development effort.

For the first time since arachnoiditis was identified and defined in medical dictionaries in 1873, patients and physicians now have a peer-reviewed published medical treatment study for chronic adhesive arachnoiditis. This does not mean the search for AA treatment is complete. It means the era of saying that nothing has ever been published must end, and a new treatment-development era has begun.

Adhesive arachnoiditis is a progressive inflammatory spinal disease in which cauda equina nerve roots become bound by adhesions to the arachnoid membrane, often resulting in severe intractable pain, neurologic impairment, loss of mobility, bowel and bladder dysfunction, and profound functional decline.

It is fitting that the first published treatment for AA is ketorolac and methylprednisolone. These two drugs have been the most reliable and consistent medicinals for AA. Going forward, we believe the new treatment now being introduced utilizes neurosteroids, biologic pain relievers, neurohormones, and peptides. Let's hope that the first study is just the beginning of better treatments.

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