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METHYLPREDNISOLONE (MEDROL®): ESSENTIAL IN TREATMENT OF AA*

In 2010, an International Congress on Arachnoiditis was held in France. The international authorities at this meeting agreed that methylprednisolone (MP) was the one medicinal that would treat AA. This was based on clinical experience and multiple studies (see references below) that showed MP would suppress inflammation and promote healing in damaged spinal cords. The single recommendation of the Congress was to use MP intravenously at a dose of 1000 mg a day for treatment of AA that occurred after spine surgery. They had not, at that time, developed protocols to use methylprednisolone for other than IV emergency use.

Development of Low Dose MP: Arachnoiditis Hope has made the development of MP for long-term treatment of AA a top priority. We have developed dosage schedules for emergency, flare, and ongoing maintenance treatment. They are presented here.

Essential Treatment: We consider low dose intermittent use of MP an essential, ongoing maintenance treatment of AA. No other medicinal has emerged that consistently suppresses inflammation of AA. Use of MP enhances pain relief and neurologic functions and prevents rapid deterioration of AA.

Emergency Treatment: 100 to 1000 mg intravenously for five days.

Flare Treatment Options:

a. 10 – 20 mg by subcutaneous or intramuscular injection
b. A 6-day Medrol® Dose Pak

Initial Ongoing Maintenance Treatment Options:

a. 4 mg oral on 2 days a week (i.e., Monday, Thursday) Can increase to 3 days a week.
b. 10 mg injection twice a month

Medical Ignorance: There is the misguided misconception that all corticosteroids will harm or "burn out" the adrenals. This is only true if a corticosteroid is taken on a daily high dose basis. A low dose (4 mg) twice a week or a 10 mg monthly injection of methylprednisolone causes no adrenal harm. Adrenal suppression is prevented if days of no methylprednisolone are interspersed with dosage days.

Combined with Other Treatments: MP can and should be continued with other AA treatments including opioids, hormones, peptides, and electromedical measures.

References:

1. Takedo, et al. Effect of methylprednisolone on neuropathic pain and spinal glial activation in rats. *Anesthesiology* 2004;100:1249-1257.
2. Ratchevsky AG, et al. Efficacy of methylprednisolone therapy for the injured rat spinal cord. *J Neurosci Res* 2002;68:7-18.

*Dexamethasone may sometimes substitute for methylprednisolone.

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