

## INFLAMMATION CONTROL IS THE CORE OF TREATMENT FOR ADHESIVE ARACHNOIDITIS



Inflammation in the arachnoid membrane and cauda equina progressively causes pain, nerve damage and destruction, adhesions, scarring, and multiple neurologic impairments of legs, feet, bladder, gastrointestinal tract, and sex organs. Healing, tissue regeneration, and pain relief can't be adequately attained without inflammation being suppressed. Given here are medical-nutrition measures (some physical measures may also help) to suppress AA inflammation.

**Special Note:** This document was in part greatly motivated by cases we have reviewed in which zero attempts were made to suppress AA inflammation.

**Major Medications:** Low dose, intermittent ketorolac and one of two corticosteroids, methylprednisolone or dexamethasone. Dosages are ketorolac 10 to 30 mg on 1 to 3 days a week, and for methylprednisolone 4 mg or dexamethasone 0.5 mg on two to three days a week. An alternative to corticosteroids is pregnenolone 200 mg in AM and PM on 5 days a week. Alternatives to ketorolac are diclofenac or indomethacin 75 to 100 mg a day.

**Herbal and Peptide Anti-Inflammatories:** In addition to the above, herbals: astragalus, ashwagandha, curcumin, resveratrol, quercetin, serrapeptase, luteolin, and peptides: glutathione, KPV, thymosin, BPC-157 are recommended for inflammation control. A herbal and a peptide are recommended for use in AA. These can be taken on different days. Some new products contain more than one herbal or peptide, and they are highly recommended.

**Diet:** Daily protein, fruits, and vegetables. Most fruits and vegetables are anti-inflammatory, and protein provides the amino acids that are the building blocks of natural body anti-inflammatory biochemicals. Sugars and starches (carbohydrates) must be restricted.

**Suppression of Epstein-Barr Virus (EBV) Complications:** We recommend persons with AA test for EBV antibodies. If the results are elevated, prevention and elimination measures are recommended to control viral reactivation, autoimmunity, and colonization. (Specifics therapies available on request) EBV appears to be a major generator of ongoing inflammation in most cases of AA.

**Summary:** Control and suppression of AA inflammation is the core treatment to achieve pain relief, recovery, and prevention of progressive deterioration.

Reference: Bilello J, Tennant F. Patterns of chronic inflammation in extensively treated patients with arachnoiditis and chronic intractable pain. *Postgrad Med* 2016;92:1-5.