THE NEW NON-CORTICOSTEROID TREATMENT FOR ADHESIVE ARACHNOIDITIS (AA)

Methylprednisolone and other corticosteroids have been the mainstay of AA treatment for many years. Understandably, there has been great resistance of patients and physicians to use corticosteroids due to their notorious complications. Corticosteroids are known to cause osteoporosis, hyperglycemia, weight gain, and adrenal suppression. Arachnoiditis Hope has been pursuing an alternative treatment for years and we are pleased to report we have discovered one. Patients and physicians now have a choice.

The New Alternative

1. Pregnenolone, 200 mg twice a day
2. Dehydroepiandrosterone (DHEA),200 mg twice a day
3. Palmitoylethanolamide (PEA), 600 to 1200 mg twice a day

Origin of the Treatment

Pregnenolone and DHEA are in the same class as hormones that are produced in the brain and spinal cord. They are called neurosteroids since they have a similar chemical structure to corticosteroids. They do not have complications like corticosteroids. These neurosteroids are naturally produced in the brain and spinal cord (central nervous system) to suppress inflammation, promote tissue restoration, and relieve pain. PEA is a natural body that is produced to suppress inflammation, tissue restoration, and pain relief. Interestingly, pregnenolone was used as the main treatment for rheumatoid arthritis and lupus before corticosteroids were invented. These 3 medicinals, when taken together, have a potent anti-inflammatory, healing, and pain relief effect.

When to Start

This new treatment can be initiated at the start of treatment, or a patient can shift to it at an time.

All 3 Drugs or Separate

The 3 drugs in the treatment can be used separately, but the 3 together are much more effective.

Side Effects

DHEA may cause hair loss or bleeding irregularities in premenopausal women. Reduce dosage in these cases. Overall, there are far fewer side effects than corticosteroids.

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