



## ADHESIVE ARACHNOIDITIS (AA) Bulletin 21 August 2020

### BEST DRUGS FOR AA AND IPS

#### FEATURE: PREGNENOLONE

Our intense research into AA (adhesive arachnoiditis) and IPS (Intractable Pain Syndrome) goes back well over a decade, and over time some specific drugs have emerged as “BEST” in that they help “most patients, most of the time”. The next several bulletins will highlight some of the “Best Drugs” by explaining their mechanisms. Every person with AA and/or IPS and their medical practitioners need to understand the reasons why these drugs work “best”, so individual treatment plans can be developed.

#### KEY FACT

**AA is an intraspinal canal inflammatory disorder.  
IPS is a brain and spinal cord inflammatory disorder.**

**WHY IT WORKS:** This is a hormone made in the adrenal gland, ovary/testicle, brain, and spinal cord. It is now classified as a neurosteroid because it is made in the brain and spinal cord (CNS) and suppresses inflammation and regenerates nerve tissue in those organs. It is sometimes called the “mother” of all hormones since it converts to cortisol, progesterone, and allopregnanolone. The later two hormones are almost essential to suppress the inflammation of AA and IPS as well as promote regeneration of damaged nerve cells in the brain, spinal cord, and cauda equina. All persons with AA, IPS or both should start a trial of 25 to 50mg a day and work up to a maintenance dose of 200 to 300mg a day. This daily dose can be split or taken as one dose. It can be taken daily or on only 2 to 5 days a week.

**Be advised: Doctors and nurse practitioners, including endocrinologists, know little about this hormone as it has no known medical use except for treatment of AA and IPS.**

**TESTING:** Laboratories now have a blood test for pregnenolone levels. Our research shows that a low blood level is associated with increased pain and a poor response to opioids.

**HISTORY:** Pregnenolone raises mental alertness and it is prescribed by some MD’s for its cognitive (mental) preservation, and antiaging effects. Prior to prednisone it was the primary drug used for treating rheumatoid arthritis and was administered at a dose of 400 to 600 mg a day.

**AVAILABILITY:** Non-prescription. Health food stores, pharmacies, and the internet.

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