



**ADHESIVE ARACHNOIDITIS (AA)
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PROTOCOL FIRST – THEN TRY NEW TREATMENTS

We are constantly asked about new and risky treatments for AA. They include stem cells, intravenous infusions, DMSO, thecoloscopy, epiduroscopy, Viagra®, implanted electrical stimulators, intrathecal pumps, facet injection and nerve ablation. Our recommendation and opinion is solid and fixed: **“BE ON A GOOD 3-COMPONENT PROTOCOL – THEN TRY NEW, RISKY TREATMENTS!”**

THREE BASIC FACTS

1. AA is a lifetime disease that can be controlled – not cured with rare exception. All the new and risky treatments may reduce, but not eliminate, your pain and neurological impairments. After the treatment you will still need a 3-component protocol albeit with possibly less medication needs.
2. The new and risky measures may not help. Then what do you do?
3. Be prepared for side-effects, complications, and even more pain if you are willing to take the risks of new treatments.

ARE YOU ON A BASIC PROTOCOL FOR AA?

1. Suppression of Spinal Canal Inflammation: Some common agents used are ketorolac, methylprednisolone, dexamethasone, low dose naltrexone, diclofenac, indomethacin, adrenal gland products, turmeric/curcumin, serrapeptase, boswellia, and andrographis.
2. Regeneration of Damaged Cauda Equina and Arachnoid Tissues:
 - a. Nutrition: protein, vitamins C, B-12, magnesium, boron, selenium
 - b. Physical: walking stretching, rocking, water soaks, magnets, copper, deep breathing, arm swings, trampoline walking
 - c. Hormonal Stimulation: colostrum, deer antler velvet, pregnenolone, DHEA, testosterone, estrogen, HCG, nandrolone
3. Pain Control with Some Common Receptor Activators:
 - a. Endorphin: naltrexone, opioids, oxytocin
 - b. Dopamine: phentermine, Mucuna, methylphenidate, dextroamphetamine, amphetamine salts (Adderall®)
 - c. Gamma Amino Butyric Acid: gabapentin, pregabalin (Lyrica®), diazepam (Valium®), carisoprodol (Soma®), lorazepam (Ativan®), topiramate (Topamax®), alprazolam (Xanax®), pure GABA, valerian root
 - d. Other: ketamine, palmitoylethanolamide (PEA), CBD marijuana

SUMMARY: Every AA patient needs to periodically review their treatment program to determine if one or more of the 3 components is deficient. Once you are satisfied you have a good, baseline, 3 component protocol, we encourage new treatments.

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