



# ADHESIVE ARACHNOIDITIS (AA)

## Bulletin 10

### March 2020

## NALTREXONE

### MAXIMIZING ITS EFFECTIVENESS

Naltrexone in low doses (LDN) has become our first drug of preference for persons with adhesive arachnoiditis (AA) and/or the Ehlers-Danlos (EDS) class of disorders.

This bulletin is to bring you our latest information to maximize relief and recovery.

Range of Dosage: 1 to 14 mg a day

Split Dosage: Best – take half in morning and half in evening

Titration: Start at .5 to 1.0 mg twice a day. Within two weeks increase the dosage to about 1.5 to 2.0 mg twice a day. If pain relief is not satisfactory, raise the dose intermittently over 4 to 6 weeks to a maximum of about 14 mg taken 7 mg in the morning and evening.

For Best Results: In addition to LDN, take ketorolac and/or one of the corticosteroids, methylprednisolone or dexamethasone, 1 to 3 times a week.

Always: Daily – walk, water soak, and stretch your arms and legs to full extension.



This is our best treatment recommendation if you are NOT on opioids.

Naltrexone relieves pain and controls neuroinflammation.



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