



LOW DOSE, INTERMITTENT ADMINISTRATION OF FOUR CONSISTENT AGENTS FOR AA

AA is a terrible debilitating disease with great suffering and shortened lifespan if not aggressively treated. Unfortunately, the pharmacologic agents that have been the most consistent and effective may have side effects if used on a high dose, regular basis. Consequently, physicians are reluctant to use them. Four agents have shown consistent positive treatment results. It is recommended that these four be used on a low dose, intermittent basis to achieve effectiveness while avoiding side effects.

AGENT 1 – KETOROLAC (TORADOL®): This agent cannot be given for over 5 consecutive days due to renal toxicity. To be safe, we recommend a 15 to 30 mg injection be given once weekly, or to be even more cautious, once every two weeks. If ketorolac isn't used, we recommend diclofenac with a starting dose of 50 mg given 2 or 3 times a day.

AGENT 2 – METHYLPREDNISOLONE: The most consistent corticosteroid has been methylprednisolone. For safety, it can usually be given one to three times a week at an oral dose of 4 mg. Dexamethasone is the best alternative to methylprednisolone, and some AA patients respond better to it. The same applies to dexamethasone at an oral dose of .5 to .75 mg.

Another low dose, intermittent strategy is a monthly or bimonthly injection of methylprednisolone. Patients can be taught to give their own injections, or they can be given in the practitioner's office. Patients with AA usually like to have vitamin B-12 mixed with their injectable corticosteroid.

AGENT 3 – HUMAN CHORIONIC GONADOTROPIN (HCG): This hormone has the singular function of nerve repair and maintenance. It also raises blood hormone levels of estrogen, testosterone, and progesterone. It has been, in our hands, the one agent that has brought about great results such as recovery from leg paralysis or lowering back pain to a point that opioids are not required. Starting dose is 250 to 500 units on 2 to 3 days a week. Dosage can be raised. We recommend a three-month trial.

AGENT 4 – LOW DOSE NALTREXONE (LDN): This agent provides pain relief and suppresses inflammation and autoimmunity. Starting dose is 0.5 to 1.0 mg given twice a day. The maximum dose we have seen is 7.0 mg twice a day. LDN can be taken daily on a less frequent schedule such as 3 to 5 days a week. A low dose opioid such as tramadol codeine, or hydrocodone, can usually be taken with LDN on an as-needed basis.

SPECIAL NOTE: Although other agents are known by us to have therapeutic value in selected patients, the four agents listed here, when taken on a low dose, intermittent basis have, in our experience, provided consistent and superior outcomes.