



ADHESIVE ARACHNOIDITIS (AA)
Bulletin 27
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RECOMMENDED STARTING TREATMENT PROTOCOL		
ADHESIVE ARACHNOIDITIS	CHRONIC CAUDA EQUINA INFLAMMATORY DISORDERS	CERVICAL ARACHNOIDITIS

- A. Low dose naltrexone (LDN)—Start at .5 to 1.0 mg twice a day. Can work up to maximal dosage of 7.0 mg twice daily over a period of 2 to 12 weeks
- B. Ketorolac – injection or troche – 30 to 60 mg on 1 to 3 days a week or bi-monthly
- C. Central-acting corticosteroid – methylprednisolone 4.0 mg or dexamethasone .5 to .75 mg on 1 to 3 days a week or bi-monthly
- D. Dietary measures/supplements
 - a. Curcumin 900-1800 mg a day
 - b. Pregnenolone 200-250 mg a day
 - c. Diet: high protein/low carbohydrate/high vegetable-fruit
- E. Physical measures
 - a. Walk with arm swings
 - b. Full length stretching of arms, legs and feet
 - c. Water soaking: tub, shower, jacuzzi, pool
 - d. Side-to-side leaning and stretching
- F. Pain control: Standard treatment with analgesics, neuropathics, and adrenalin/dopamine surrogates.

SPECIAL NOTE: Bedtime sedatives are usually required.

*Cannot use LDN in patients who take daily opioids. We recommend that one or more of these anti-inflammatory drugs be taken if the person takes daily opioids for pain control: diclofenac, pentoxifylline, indomethacin, acetazolamide, or metformin. Many persons who take LDN can take an occasional low dose opioid for pain flares. EXAMPLES: codeine, tramadol, hydrocodone 5mg, or oxycodone 5mg.

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