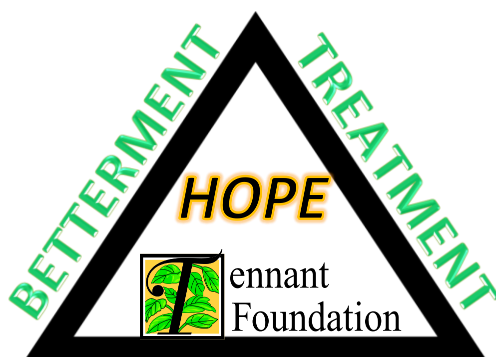
EMERGENCY AND STARTING PROTOCOLS FOR LUMBAR-SACRAL ADHESIVE ARACHNOIDITIS (AA)



METHOD USED AND RECOMMENDED BY THE ARACHNOIDITIS RESEARCH AND EDUCATION PROJECT OF THE TENNANT FOUNDATION

Adhesive arachnoiditis (AA) is a progressive, inflammatory, adhesive disease inside the spinal canal. It causes attachment of cauda equina nerve roots to the arachnoid-dural (meninges) covering of the spinal canal. Untreated, nerve roots become trapped, impaired, and destroyed within the inflammatory mass of adhesions that may result in paraparesis, autoimmune manifestations, spinal fluid flow obstruction, and bladder, bowel, and sex organ dysfunction. Lifespan is shortened. Treatment is specifically targeted at suppressing inflammation within the spinal canal and the protection and regeneration of nervous system tissue. AA is listed on the registry of the National Organization of Rare Disorders.

MISSION: To bring diagnosis and treatment of adhesive arachnoiditis to every community.

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STARTING PROTOCOL FOR ADULTS WITH MRI-CONFIRMED ADHESIVE ARACHNOIDITIS

1. Low dose naltrexone .05 to 1.0 mg once a day on 5 to 7 days a week. (If not on opioid drugs.)

2. Methylprednisolone 2 to 4 mg or dexamethasone 0.25 to 0.5 mg once a day on 3 days a week.

3. Ketorolac (injection or troche) 15 to 30 mg once a day on 1 to 2 days a week.

4. Pregnenolone, 200 to 300 mg or Medroxyprogesterone 10 mg 2 times a day on 3 days a week.

5. Any symptomatic pain relief drugs that provide comfort and function.

NOTES AND EXPLANATIONS

1. Optional: Prior to starting the protocol, a serum hormone panel of cortisol, DHEA, estradiol, pregnenolone, progesterone, and testosterone is recommended. Low serum hormones should be replenished.

2. Inflammatory markers of ESR, CRP, and cytokines may or may not be elevated. If elevated, treatment should be guided to bring the marker into normal range.

3. Corticoids and other medications are initially started at low, intermittent dosages so they can be adjusted as needed. Note: The European Rheumatism Society has recently published a study showing that a low, daily corticoid equivalence dose of 5 mg of prednisone for one year did not produce complications.

4. Most anti-inflammatory and corticoid preparations are not effective in AA since they may not cross the blood brain barrier and attach to receptors on glial and other cells that are inside the spinal canal.

5. These exercises are highly recommended to accompany this medication protocol: (1) daily walking; (2) water soaking; (3) range-of-motion and stretching of upper and lower extremities.

6. Patients who have AA and a genetic connective tissue disease of the Ehlers-Danlos/Marfan type may require, in addition to this protocol, one or more potent anabolic hormones (human chorionic gonadotropin, testosterone, human growth hormone, nandrolone).

7. Patient and family education materials, scientific references, and special reports that explain and support this protocol are available on request.

8. Dietary supplements and non-prescription drugs for inflammation, hormone replenishment, and pain relief are acceptable and recommended. Anecdotal patient reports endorse these agents: curcumin, colostrum, serrapeptase, adrenal and gonadal extracts, deer antler velvet, corydalis, palmitoylethanolamide (PEA).

9. Once under treatment with this protocol, electromagnetic (laser, radio-wave, infrared) and electric current therapies may help achieve comfort and function.

EMEGENCY PROTOCOL FOR SUSPECTED OR LIKELY ADHESIVE ARACHNOIDITIS (AA) AFTER A SPINAL TAP, SPINAL SURGERY, OR EPIDURAL INJECTION

This protocol is recommended anytime within 4 months of the inciting procedure.

1. Ketorolac (Toradol®) 30 to 60 mg (injection) once a day for 3 consecutive days.

2. Medrol® (methylprednisolone) 6-Day Dose Pak.

3. Medroxyprogesterone 10 mg 2 times a day for 6 days.

Simultaneously administer the above for 6 days and then transfer the patient to the starting protocol.

SPECIAL NOTE: This protocol can be preceded by methylprednisolone, 500 mg, given intravenously for 3 to 5 days.

PROTOCOL CONSULTANTS

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