



## **OUR BASIC MEDICAL PROTOCOL FOR ADHESIVE ARACHNOIDITIS (AA)**

When Arachnoiditis Hope was formed eight years ago, we had enough experience under our belt to know that treatment of AA required 3 medical components:

1. Suppression of inflammation
2. Regeneration of the cauda equina and arachnoid membrane
3. Relief of pain

Our recommended basic protocol has evolved over the past eight years based on our review of about 2000 cases. The starting treatment protocol is given here plus a summary of additional measures once the protocol is implemented.

### **Basic Protocol:**

**A. Relief of Pain:** Choice of a short-acting opioid for pain flares and exacerbations.

Less Potent: tramadol, codeine, buprenorphine, hydrocodone, oxycodone with acetaminophen

More potent: oxycodone plain, morphine, fentanyl, hydromorphone

### **B. Suppression of Inflammation and Autoimmunity**

1. Methylprednisolone 4 mg or dexamethasone 0.5 or 0.75 mg on 2 or 3 days a week
2. Ketorolac 10 mg with meals on 2 days a week or a 15 to 60 mg injection one day a week

**C. Regeneration of Cauda Equina and Arachnoid Membrane:** Dehydroepiandrosterone (DHEA) 200 mg in AM and PM

**Supportive Diet, Vitamins, and Minerals:** The basic protocol is supported by a daily protein, low carbohydrate, sugar-restrictive, anti-inflammatory diet (daily fruits and vegetables), plus vitamins C, B-12, D and the minerals, magnesium and selenium.

**Spinal Fluid Flow Exercises:** Rocking in a chair or gentle bouncing on an indoor trampoline are recommended.

**Advanced Treatment Measures:** After a person is stabilized on the basic protocol, some additional measures are designed to permanently reduce pain and symptoms can be added. Additional measures include peptide/hormone administration, Epstein-Barr eradication, adhesion dissolution, electromagnetic therapy, and central pain therapy.

**Cessation of Deterioration:** The basic protocol represents our best approach to stop deterioration. We are concerned when the basic protocol is not followed.

**Alternatives to Corticosteroids and Ketorolac:** We have alternatives, but they do not appear as consistent and effective.

**Summary:** We recommend a basic treatment protocol as it has been consistent in treating most AA cases. Once established, we recommend additional measures in an attempt to permanently reduce pain and neurologic impairments.