PROTOCOL FOR TREATMENT OF
ADHESIVE ARACHNOIDITIS: THREE COMPONENTS

Diet and Dietary Supplements: A daily protein, low carbohydrate, anti-inflammatory diet. A daily amino acid supplement plus vitamins C, B-12, D, and one of these minerals: magnesium, selenium, boron.

Two Types of Daily Exercises:

1. Muscle/nerve strengthening and protection: walking, extending and flexing extremities, light weightlifting.
2. Spinal fluid flow: rocking, arm swings, deep breathing.

Component 1: Suppression of Inflammation and Autoimmunity

1. Methylprednisolone, 4 mg or dexamethasone 0.5 mg on 2 days a week. Option is pregnenolone 200 mg BID on 5 to 7 days a week.
2. Ketorolac, 20 to 30 mg (PO or IM) on 2 days a week. Options are diclofenac or indomethacin, 50 to 100 mg a day.
3. Take one or more of the following herbal anti-inflammatories: astragalus, ashwagandha, curcumin, luteolin, serrapeptase, resveratrol, quercetin, andrographis.

Component 2: Regeneration of Injured/Damaged Neural Tissues

1. Take an anabolic hormone supplement daily. DHEA, 100 to 200 mg BID, or colostrum, 1000-2000 mg BID.
2. Take one or more regenerative peptides daily. KPV, glutathione, BPC-157, thymosin, AR290.
3. Option: Hormone blood tests for testosterone, progesterone, pregnenolone, DHEA, estradiol. Replace any that are deficient.

Component 3: Pain Relief

1. Continue any current pain relief medications and measures that the patient reports to be effective.

2. Patients Not on Opioid Medication: Low dose naltrexone. Starting dose is 1.0 mg BID. Can be raised up over time to 7.0 mg BID.

3. Acute Flares – Non-Opioid Medication Options:

a. Journavx® (suzetrigine), 50 mg every 12 hours as needed for acute pain flares.
b. Palmitoylethanolamide (PEA) with luteolin (Mirica™ or other), 600 to 1200 mg g 4-6 hrs
c. Ketamine troche or buccal tablet, 5 to 20 mg g 4-6 hrs

4. Low Dose Opioids – Options: Use for flares and/or baseline pain.

a. Tramadol
b. Codeine
c. Hydrocodone with acetaminophen (Norco®, Vicodin®)
d. Oxycodone with acetaminophen (Percocet®).

5. Neuropathic agent: choice of gabapentin, baclofen, diazepam, alprazolam, carisoprodol.

6. Central Pain: If pain is constant with periodic episodes of tachycardia, hypertension, sweating, and vasoconstriction (cold hands/feet) (i.e., central pain or centralization) add a descending pain medicinal: choice of tizanidine, clonidine, methylphenidate, amphetamine salts (Adderall®). Option: Palmitoylethanolamide (PEA) for amelioration of central pain, 600 mg BID 1st month, 1200 mg BID 2nd month.

Special Situation:

1. Failure of LDN or Low Dose Opioid to control Pain: Switch to a potent long-acting opioid. Options: fentanyl patch or a morphine or oxycodone long-acting preparation.

2. Severe Pain Flares: Short acting hydromorphone, oral 2.0 to 8.0 mg. For optimal relief, use ultra potent hydromorphone injectable (50 mg/ml). Five (5.0) mg is only 0.1 cc which is injected subcutaneously under the skin (Source: Anazao Laboratories, Tampa, Florida).

3. Medical Failure to Relieve Pain: If potent opioid therapy fails to relieve pain, consider intrathecal opioids or implanted electrical spinal stimulator.

Special Note: Pain control in persons with AA may fail or be inadequate unless the following measures are instituted:

1. Suppression of spinal canal inflammation with a corticosteroid (methylprednisolone or dexamethasone) and ketorolac or equivalent.
2. Replacement of deficient serum hormones such as testosterone, pregnenolone, and DHEA.
3. Suppression of a reactivated Epstein-Barr virus with specific antiviral medicinals.

Special Notes:

1. This protocol should be continued as long as pain exists. When pain is permanently reduced consider stopping or reducing some medicinals.
2. Epstein-Barr blood testing for reactivation and possible autoimmunity and colonization is recommended to determine if antiviral measures should be implemented.
3. Patients on this protocol who fail to relieve pain and achieve adequate functions for daily living, should be considered for an implanted electrical stimulator or intrathecal opioid pump.

Disclaimer: Protocols published by Arachnoiditis Hope do not claim clinical effectiveness or absence of side effect or complications. Protocols are published as a public service for voluntary use by medical practitioners.

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