



## ALTERNATIVES TO CORTICOSTEROIDS AND KETOROLAC IN ADHESIVE ARACHNOIDITIS (AA)

Suppression of inflammation and neuroinflammation is the core of treatment for arachnoiditis, adhesive arachnoiditis, and central (constant) pain. For several years we have recommended, based on clinical experience, the simultaneous administration of a corticosteroid, methylprednisolone or dexamethasone plus ketorolac, for the ongoing treatment of AA. This remains our treatment choice, but many persons with AA are unable to obtain either or both a corticosteroid and ketorolac. There is little hope for improvement of AA without potent inflammation suppression treatment. Consequently, we have identified alternatives for corticosteroids and ketorolac for those persons with AA who do not have access to them for whatever reason.

### Alternative to Methylprednisolone or Dexamethasone:

1. Whole adrenal gland supplement – follow label instructions  
PLUS
2. Pregnenolone – 100 to 200 mg in morning and evening

### Alternatives to Ketorolac: Choice of:

1. Diclofenac – 75 to 100 mg a day
2. KPV peptide in morning and evening
3. Thymosin peptide in morning and evening

### Insurance and Enhancement – Herbal Anti-inflammatories:

The herbal anti-inflammatory agents shown here have been tried by many persons with AA who believe they are effective. All of them not only suppress inflammation but have been shown to prohibit Epstein-Barr virus reactivation. We recommend the regular use of 1 or 2 to help ensure the best opportunity to suppress the inflammation of AA.

<u>Table</u>	
Resveratrol	Curcumin
Astragalus	Ashwagandha
Quercetin	Luteolin
Serrapeptase	

**Neuroinflammation – Healing Potential:** In addition to the above, we recommend one of these 3 composite regeneration-healing hormones to enhance anti-inflammatory treatment:

1. Colostrum – follow label instructions
2. Deer antler velvet – follow label instructions
3. DHEA – 100 to 20 mg in morning and evening

**Summary:** Adequate control and treatment of AA is based on a potent anti-inflammatory protocol. Persons with AA who don't have access to a corticosteroid or ketorolac are advised to attempt our best recommended alternatives which are given here.

Reference: Guth, et al. Key role for pregnenolone in combination therapy that promotes recovery after spinal cord injury. *Proc Nat Acad Sci* 1994;91:12308-12312.

*This educational information is provided as a public service by "Arachnoiditis Hope."*

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