



Arachnoiditis Bulletin 4

RECOMMENDED BLOOD PROFILE TO TREAT ADHESIVE ARACHNOIDITIS (AA) AND CAUDA EQUINA NEUROINFLAMMATION (CEN)

This blood profile can now be obtained through local clinical laboratories.

| <u>INFLAMMATORY MARKERS</u> | <u>HORMONES</u> |
|--|-----------------|
| Erythrocyte Sedimentation Rate (ESR) | Cortisol |
| C-Reactive Protein High Sensitivity (CRP) | Estradiol |
| Cytokines | DHEA |
| ✓ Interleukins, 2,4,5,6,8,10,12,13,17 (2 receptor, 1 beta) | Pregnenolone |
| ✓ Tumor Necrosis Factor | Progesterone |
| ✓ Interferon GAMMA | Testosterone |

WHY THIS BLOOD PROFILE IS NECESSARY FOR TREATMENT

1. Elevated inflammatory markers – even 1 – suggests that neuroinflammation may be present in the nerve roots or arachnoid covering.
2. Low or high serum hormone levels suggest that pain and neuroinflammation are out of control.

OUR USUAL RESPONSE TO LAB RESULTS

- ✓ Normal Inflammatory Markers – Indomethacin low dose of 25-50 mg 3 to 5 days a week
- ✓ High Inflammatory Markers – Ketorolac injection 30 mg 1 to 3 times a week plus a microglial cell suppressor: metformin, minocycline, acetazolamide, pentoxifylline
- ✓ Low Serum Hormones - Replacement

We find that when basic neuroinflammatory treatment is in place, pain control is better, disease progression and deterioration markedly slows or stops, and neurogenesis (nerve regrowth) begins.

Neuroinflammation Control + Neurogenesis = SUCCESS

Special Note: All patients with MRI-confirmed AA/CEN are treated with an afternoon, low dose of corticosteroid, methylprednisolone or dexamethasone, on 3 to 5 days a week.

The Arachnoiditis Education Project is provided by the Tennant Foundation.

Contact Information:

334 S. Glendora Ave., West Covina, CA 91790-3043

Fax: 626-919-7497 E-mail: veractinc@msn.com

www.arachnoiditishope.com www.hormonesandpaincare.com www.foresttennant.com