



**Arachnoiditis
Bulletin 10
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STARTING PROTOCOL FOR ARACHNOIDITIS TREATMENT
(Neuroinflammation Control and Some Neurogenesis)

Method of Forest Tennant M.D., Dr. P.H. – Adopted April 15, 2017

<u>BASIC REGIMEN</u>		
1	Indomethacin 25 to 50 mg	With a meal on 3 to 5 days a week
2	Metformin 500 mg	At bedtime on 3 to 5 days a week
3	Dexamethasone .5 mg or methylprednisolone 4 mg	At 3:00 PM on 3 to 5 days a week
<u>OPTIONS</u>		
1	Ketorolac 30 mg	By injection or by nasal spray, 1 to 3 times a week. Use for patients with elevated serum inflammatory markers.
2	Pregnenolone 100 mg	Orally on empty stomach 3 to 5 times a week
3	Estradiol .5 mg	Orally on 3 days a week or topical cream 2 mg per ounce of cream 3 days a week. Rub on ¼ ounce.

IMPLEMENTATION NOTES

1. Dosages of all medication can be raised to achieve more effectiveness.
2. Topical estradiol is more effective under heat or infrared.
3. Indomethacin and ketorolac are anti-inflammatory agents known to enter the central nervous system.
4. Only dexamethasone and methylprednisolone have been found by us to be effective corticosteroids in arachnoiditis. If one appears ineffective, switch to the other.
5. Pain relief is provided by standard opioid and non-opioid medication not listed on this protocol.
6. Not every measure in this protocol need be administered or prescribed to get a good therapeutic effect.
7. These agents can substitute for any listed in the protocol: acetazolamide 75 mg, minocycline 100 mg, pentoxifylline 400 mg.
8. The neurogenesis protocol is a separate document.

NOTE: This protocol is regularly updated.

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