



**Arachnoiditis  
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**BEST TREATMENT FOR ADHESIVE ARACHNOIDITIS (AA)**

At this time our clinic is following slightly over 100 MRI-documented cases of AA. Some we have treated 5 or more years. At the end of 2017 we did an outcome assessment of our cases to give the AA community an up-to-date report on which treatment protocol is doing best.

Here is the protocol that - to date - has shown to be the best combination of treatment agents:

1. Ketorolac - 30-60 mg (injection or troche) on 2 to 3 days a week;
2. Methylprednisolone (Medrol®) 4 mg in late afternoon on 3 days a week;
3. Human chorionic gonadotropin (HCG) 500 units on Mon., Wed., and Fri. (troche or injection);
4. Good pain control with conventional agents.

Be clearly advised that the above regimen may not "work" for everyone, but it's a good place to start.

Although we don't yet have enough experience to highly recommend any of these agents, they have been given, in addition to the above regimen, and have helped select patients: (1) medroxyprogesterone, (2) clarithromycin, (3) human growth hormone, and (4) nandrolone.

Our starting protocol is available on request.

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