



**Arachnoiditis
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A CLINICAL TRIAL FOR A NEUROINFLAMMATORY SPINE DISEASE

We routinely receive inquiries from patients and families about a person who has severe lumbar pain, numerous symptoms, and a history of spine surgery, epidurals, trauma, or spinal tap. Neuroinflammation in the spinal canal, cord, or covering are now given specific names such as arachnoiditis, cauda equina syndrome, Tarlov cysts, or epidural fibrosis. The presence of neuroinflammation may be a cause or result of these conditions.

Even though an MRI, blood test for inflammatory markers, physical exam, and symptoms may highly suggest the presence of neuroinflammation, they are not confirmatory.

In our opinion, the best way to confirm the presence of a neuroinflammatory disease of the spinal components is to do a short clinical trial of ketorolac and methylprednisolone. Any physician or nurse practitioner can carry out this clinical trial:

1. Ketorolac - 30 to 60 mg by injection or troche for 3 consecutive days;
2. Methylprednisolone (Medrol®) 6 day dose pak. Start the first dose on the day that ketorolac is started.

Interpretation: If pain and other symptoms improve with this clinical trial, a logical conclusion is that a neuroinflammatory disease such as arachnoiditis or cauda equina neuroinflammation is present. In this case, we highly recommend on-going treatment with the latest version of our protocol for adhesive arachnoiditis. It is available on request.

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