



ARACHNOIDITIS Bulletin 18-Revised September, 2018

THERAPEUTIC TRIALS

WHAT ARE THEY AND WHY ARE THEY ESSENTIAL?

The most common questions we get are: (1) Do I have AA? (2) If I have it, what do I do now? and (3) Why has my pain control stopped working?

If you or an acquaintance relates to one of the above 3 questions, you are a candidate for therapeutic trials with ketorolac and methylprednisolone.

KETOROLAC AND METHYLPREDNISOLONE HAVE BEEN THE MOST CONSISTENT, EFFECTIVE DRUGS TO CONTROL THE NEUROINFLAMMATION OF AA AND KEEP PAIN CONTROL WORKING.

Any MD or NP can easily provide a “therapeutic trial” with these 2 agents.

KETOROLAC

Take an injection or troche of 30 to 60 mg on 2 consecutive days.

METHYLPREDNISOLONE – TAKE A 6-DAY DOSE PAK (MEDROL® IS THE TRADE NAME)

INTERPRETATION

If, after or during the therapeutic trial, you feel better, sleep more, have increased energy, less pain or other positive feelings, you know that you have uncontrolled neuroinflammation and need to add ketorolac and/or methylprednisolone to your treatment protocol.

USUAL DOSAGES

- a. Ketorolac 30 mg by troche or injection on 1 to 3 days a week;
- b. Methylprednisolone 4 mg, oral tablet on 3 to 5 days a week.

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