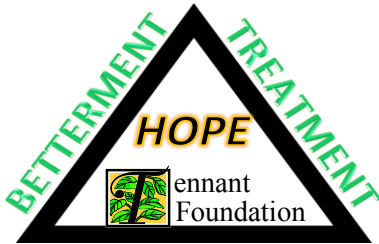


# ARACHNOIDITIS (ARC) TREATMENT ALERT #1

October, 2018



This "Treatment Alert" is the 1<sup>st</sup> urgent notice relaying our newest discoveries and findings about arachnoiditis (ARC). These "Alerts" are designed to share our latest thinking and recommendations with MD's, NP's, PA's and patients on how AA patients can achieve better relief and recovery from their disease.

## LOW DOSE NALTREXONE (LDN)

### THE OBSERVATION

AA patients taking LDN are doing remarkably well. Some patients even appear to be achieving almost a full recovery: they are able to go about their pre-ARC daily activities without most of their pain and dysfunction symptoms.

### WHY DOES LDN WORK?

Neuroinflammation is a major cause of pain. LDN is a potent neuroinflammation suppressor. Plus, LDN also activates the nervous system's pain centers that increase pain relief. You get two ARC fighting actions in one treatment.

### DOSAGE

Ranges from 0.5 to 4.5 mg a day. Most patients start at 0.5 or 1.0 mg and work up. Patients usually take LDN on 5 to 7 days a week. A compounding pharmacy can make LDN capsules, usually for a low monthly cost.

### IMPORTANT TREATMENT LIMITATION

**PATIENTS ON DAILY OPIOID DRUGS CANNOT TAKE LDN.**

### ADDING LDN TO YOUR CURRENT TREATMENT PROTOCOL

You can add LDN to your current protocol. LDN can be taken with other neuroinflammatory control and neuroregeneration drugs including ketorolac, methylprednisolone, Serrapeptase, curcumin, and all neurohormones. Some patients on LDN have been able to stop using, or lower their dosage of other drugs.

### RECOMMENDATION

**ALL AA patients NOT ON DAILY OPIOIDS should give LDN a 1 to 2-month trial. You will know in this time frame whether it is helping you.**

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