



ADHESIVE ARACHNOIDITIS (AA)

Bulletin 11

March 2020

KETOROLAC (Toradol®) ESSENTIAL FOR MOST PERSONS WITH AA

Ketorolac (Toradol®) continues to be reported as “essential” treatment by the vast majority of persons with AA since AA is caused by inflammation. There are over a dozen prescription anti-inflammatory drugs on the market, but only ketorolac, indomethacin, and diclofenac are reported to be effective in persons with AA.

Ketorolac is by far the most consistent, effective, anti-inflammatory but it can only be taken on an intermittent basis. In other words, skip one or more days between doses.

Why ketorolac is so effective:

- It is both a pain reliever (about equal to morphine) and anti-inflammatory.
- Effective inside the brain and spinal canal
- Very soluble, can be easily injected
- Suppresses the N-methyl-D-aspartate spinal receptor (NMDA) that helps cause intractable pain syndrome
- Can be mixed and injected simultaneously with methylprednisolone, dexamethasone, B₁₂, and the opioids morphine, hydromorphone, and meperidine
- Can be used on a weekly or bi-monthly basis if a person is on naltrexone or daily opioid

Starting Dose is 10 – 15 mg

How Administered: injection or compounded troche

Cautions: Major concern is gastrointestinal bleed. Look for black stools. Persons over the age of 70 must be cautious. Anyone taking anti-coagulants (blood thinners) or who has renal disease must take a low dosage of ketorolac and be monitored with a regular blood test for hemoglobin, blood count, and renal function.

References: A bibliography in support of this bulletin is available on request.



Ketorolac should be a part of every program to treat AA.

You can take ketorolac just once a month for safety.



Published as a public service by the Arachnoiditis Research & Education Project of the Tennant Foundation

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