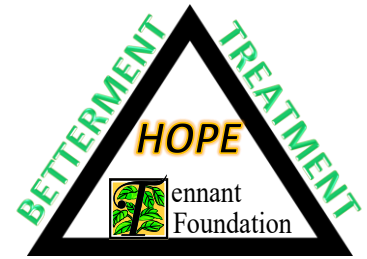


**SUGGESTED STARTING TREATMENT PROTOCOL**  
**FOR ADHESIVE ARACHNOIDITIS**  
**SHORT VERSION**



- A. Low dose naltrexone – .05 to 7.0 mg twice a day\*
- B. Ketorolac – injection or troche – 15 to 60 mg on 1 to 3 days a week or bi-monthly
- C. Corticosteroid – methylprednisolone 2.0 to 4.0 mg or dexamethasone .5 to .75 mg 1 to 3 days a week or bi-monthly
- D. Dietary measures/supplements
  - a. Curcumin 900-1800 mg a day
  - b. Pregnenolone 200-250 mg a day
  - c. Diet: high protein/low carbohydrate/high vegetable-fruit
- E. Physical measures to be done daily
  - a. Walk with arm swings
  - b. Full length stretching of arms, legs and feet
  - c. Water soaking: tub, shower, jacuzzi, pool
  - d. Side-to-side leaning and stretching
- F. Pain control
  - a. Standard treatment with analgesic, neuropathic, and adrenergic/stimulant agents

\*Cannot use naltrexone in patients who take opioids. Substitute diclofenac, indomethacin, acetazolamide, or metformin.

**SPECIAL NOTE: This protocol is only applicable to persons who have MRI-documented adhesive arachnoiditis. The longer protocol we recommend is on our website or available by request.**