



STARTING MEDICAL TREATMENT PROTOCOL FOR AA

We recommend a three-component medical protocol to treat AA. Here are our starting recommendations which can and will undoubtedly need to be revised as the patient is followed, over time.

Component One – Suppression of Spinal Canal Inflammation and Autoimmunity

- a. Diclofenac 50 mg, 2 to 3 times daily
- b. Ketorolac 10-30 mg by injection, oral, or nasal administration on a weekly or bimonthly basis
- c. Methylprednisolone (Options)
 1. Oral-2 to 4 mg on 2 to 3 days a week
 2. Injection weekly or bimonthly, 10-20 mg

Component Two - Regeneration of Tissue

- a. Dehydroepiandrosterone (DHEA) 25 to 75 mg daily
- b. Nutritional measures-daily
 1. High protein, anti-inflammatory diet
 2. Protein-collagen supplement
 3. Vitamin C, 2000 to 4000 mg
 4. Vitamins: B₁₂, D₃
 5. Minerals: choice of one or more: magnesium, selenium, boron
- c. Physiologic measures-daily
 1. Walks with arm swings
 2. Water soaks
 3. Stretching and extending legs, feet, and arms
 4. Rocking

Component Three – Pain Control

- a. Low dose naltrexone* (LDN) 0.5 to 1.0 mg given twice a day
- b. Neuropathic agent, choice: diazepam, clonazepam, gabapentin, carisoprodol, pregabalin
- c. Bed-time sedative if needed: amitriptyline 25 to 50 mg
- d. Palmitoylethanolamide (PEA) for pain flares

Special Notes:

- *1. LDN cannot be started in a person who takes daily opioids. Continue opioids if this is the case. Maximal LDN dosage is 7.0 mg twice a day.
2. Oral ketorolac must be taken with food or antacid. Daily use not recommended.
3. Shown here is the starting protocol. Follow-up will undoubtedly require changes in dosage and/or treatment agents, and the addition of other measures.