TREATMENT OF EPSTEIN-BARR-VIRUS IN ADHESIVE ARACHNOIDITIS

Treatment of EBV in AA is directed toward prevention of reactivation of the virus and suppression of autoimmunity.

1. PREVENT REACTIVATION OF:

Rationale: EBV normally remains in a parasitic, "latent" or "dormant" stage, however, it will periodically "reactivate" under times of physiologic stress.

VITAMIN C – 2000 - 4000 mg a day
LYSINE - 3000 MG A DAY
ZINC OR SELENIUM – daily

Options and additions: vitamin D^3, K^2, B^{12}, E, coconut oil, luteolin, quercetin, curcumin. Commercial agents - e.g., Monolaurin™, Dr. Zelko™, and Advance Immune Support™.

2. SUPPRESSION OF AUTOIMMUNITY

Methylprednisolone 4 mg, Dexamethasone 0.5 mg, or prednisone 10 mg, on 1 to 3 days a week
Alternative: a corticosteroid injection weekly or bi-monthly
Options and additions: methotrexate, plaquenil, chloroquine

3. INFLAMMATION SUPPRESSION AND REGENERATION OF TISSUES

Rationale: Autoimmunity causes a constant attack on cauda equina nerve roots and the arachnoid membrane resulting in inflammation, tissue destruction and severe pain.

Ketorolac, 10 - 30 mg weekly, oral, or injectable
Colostrum, 1000 - 2000 mg daily
Polypeptides, BPC 157 w/thymosin-beta, and/or KPV (lysine, proline, valine) 2 to 3 days a week

Options and additions: dehydroepiandrosterone (DHEA), 100 to 200 mg a day, whole adrenal gland

NOTES
1. Antiviral drugs have not been consistent but can be given a short-term clinical trial.
2. Chronic, established autoimmunity is not curable, but is usually controllable (example: rheumatoid arthritis).
3. EBV IgG antibodies are markers of established autoimmunity and may not show a decrease with treatment.
4. Treatment effectiveness can be monitored by interleukins and other inflammatory markers.