

THE ARACHNOIDITIS HOPE PROTOCOL FOR CHRONIC SPINAL CANAL INFLAMMATORY DISORDER (CSCID)



CSCID is a painful chronic inflammatory condition that affects multiple tissue sites in the lumbar-sacral canal which may include these conditions or tissues: arachnoid membrane, cauda equina, degenerated discs, epidural fibrosis, tethered cord, Tarlov cysts, ligamentum flavum. Diagnosis is made by a combination of history, symptoms, and MRI confirmation.

Initiating Measure: 6-day Medrol® Dose Pak. The degree of symptoms improvement is an assessment of the severity of spinal canal inflammation.

Ongoing Treatment:

#1 Control of Pain:

- A. Low dose naltrexone 0.5 to 1.0 mg twice a day. Raise dosage as needed to maximum of 4 mg twice a day.
- B. Neuropathic Choices: Diazepam, clonazepam, lorazepam, alprazolam, gabapentin, baclofen, pregabalin
- C. Palmitoylethanolamide (PEA) with luteolin 600 to 1200 mg twice a day
- D. As needed for pain flares: A short-acting opioid

Opioid Choices: Tramadol, buprenorphine, codeine, hydrocodone, oxycodone-acetaminophen, hydromorphone

#2 Suppression of Inflammation and Autoimmunity (Treatment of causation)

- A. Daily protein (seafood, beef, poultry), and anti-inflammatory (fruits and vegetables). Sugar restricted foods. Vitamins C, B-12, D and minerals magnesium, selenium, zinc
- B. Options: diclofenac, meloxicam, pentoxifylline, acetazolamide, thymosin, KPV peptide
- C. Choice: Supplement with one or more: curcumin, resveratrol, luteolin, glutathione, serrapeptase, andrographis, ashwagandha, lysine
- D. Options if above are ineffective:
Ketorolac 10 to 30 mg 1 to 3 days a week, plus methylprednisolone 4 mg 1 to 3 days a week, or dexamethasone .05 mg 1 to 3 days a week,

#3 Regeneration of Inflamed Tissues (Attempt to gain some permanent recovery)

- A. Spinal fluid flow exercises – swinging, rocking, trampoline, deep breathing, arm swings and physical exercise (walking, stretching, flexing, massage, weightlifting)
- B. Choice: Daily supplement of colostrum, deer antler velvet, dehydroepiandrosterone (DHEA) or pregnenolone 100 to 200 mg twice a day
- C. After stabilization on components one and 2, select one of two peptides and administer with the growth (anabolic) hormone HCG
Peptides: BPC-157 with thymosin, or ARA 290
Hormones: human chorionic gonadotropin (HCG)
Add on option: Electro-medical measure (electric current or electromagnetic energy)

Disclaimer: Protocols published by Arachnoiditis Hope do not claim clinical effectiveness or absence of side effects or complications. Protocols are published as a public service for voluntary use by medical practitioners.