



Dr. Techy says, "Low dose dexamethasone may be a critical treatment for chronic microglial suppression".



LOW DOSE CORTICOID TREATMENT OF NEUROINFLAMMATION

NOTICE

Low dose corticosteroid administration in our hands appears very helpful in adhesive arachnoiditis and some other severe intractable pain states such as RSD/CRPS.

RATIONALE

My associate, Dr. John Bilello of Ridge Dx Labs, and I have been measuring cortisol and some neuroinflammatory markers in normal, chronic intractable pain (CIP) and documented adhesive arachnoiditis (AA) patients. The CIP and AA patients have much lower serum cortisol levels than normal.

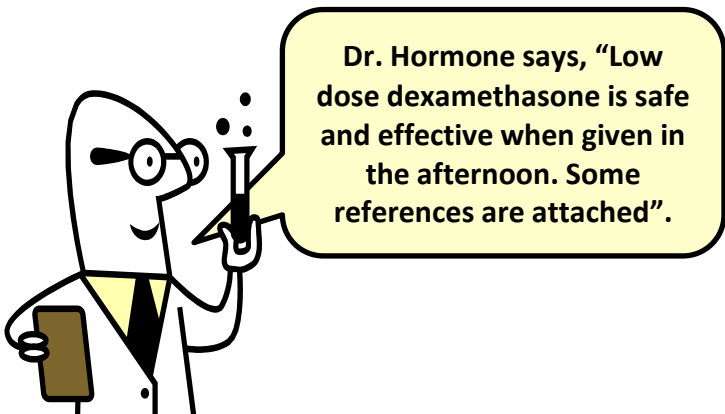
BRIEF SUMMARY		
SERUM CORTISOL LEVELS (ug/dl)		
NORMAL CONTROL	CIP	AA
12.58 ± 4.78	10.72 ± 7.1	6.52 ± 4.06

CLINICAL PROTOCOL

AA patients and CIP patients with elevated inflammatory markers (ESR/CRP) are now started on a low dose of dexamethasone (.75 – 1.0 mg) at 3:00 PM every other day. The dosage is increased per clinical response.

EXPERIENCE

To date, we have found great, positive clinical response in pain reduction, flare prevention, opioid sparing, and improved mental and physical functions. Above all, progression of the disease (e.g. paraparesis, loss of bladder control) is eased.



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