Table S1: Summary of main data on clinical presentation, diagnosis, and treatment of brain diseases.

DISEASE	Clinical presentation	Diagnosis	Treatment
Brain neoplasia	Behavioural changes Seizures Neurological deficits of a focal brain lesion	CBC, biochemistry, urinalysis Thoracic radiography, abdominal US MRI: test of choice CSF: nonspecific findings Biopsy: definitive diagnosis	Symptomatic: corticosteroids and antiepileptics. (MST: 65 days) Chemotherapy: glioma (lomustine, carmustine, temozolamide), meningioma (hydroyurea) Surgery: meningiomas (MST: 386 days), gliomas (technically demanding) Radiation therapy: increase survival and seizure freedom
Cerebrovascular disease	Acute neurological signs of a focal brain, thalamic or cerebellar lesion	CBC, biochemistry, urinalysis Blood pressure measurement, Thyroid, and adrenal function MRI: test of choice CT: sensitive for acute haemorrhage CSF: nonspecific findings	Symptomatic: fluid and oxygen therapy Etiologic: if an underlying cause was identified Fibrinolytic therapy: not evaluated
Idiopathic vestibular syndrome	Acute vestibular signs Nystagmus Facial neve paralysis: common Absence of Horner's syndrome	CBC, biochemistry, urinalysis Blood pressure measurement, Thyroid function Otoscopic examination MRI/CT: absence of improvement with symptomatic therapy	Symptomatic: fluid therapy, antiemetics (maropitant, ondansetron). Betahistidine? Physiotherapy?

Table S2: Summary of main data on clinical presentation, diagnosis, and treatment of spinal cord diseases.

DISEASE	Clinical presentation	Diagnosis	Treatment
Intervertebral disc protrusion	Chronic, progressive myelopathy Pain: nerve root compression	Radiography: nonspecific findings MRI: test of choice	Medical: relative rest, analgesic, anti-inflammatory drugs, physiotherapy Surgery: lateral corpectomy, hemilaminectomy and annulectomy Others: perineural glucocorticoid injection, medical ozone
Degenerative myelopathy	Chronic, progressive upper neuron myelopathy of the pelvic limbs but that progress to the thoracic limbs and brainstem Not painful	MRI: discharge other myelopathies CSF: absence of anomalies SOD1 Definitive: postmortem	Physiotherapy Curcumin?
Spinal cord neoplasia	Chronic, progressive myelopathy (preference T3-L3) Pain	Radiography: osteolytic lesions bone tumours, pathological fractures MRI: test of choice. Classification of the lesion: extramedullary, intradural-extramedullary, intramedullary	Symptomatic: analgesics and anti-inflammatory drugs Surgery: difficult in intramedullary tumours Chemotherapy: lymphoma and bone neoplasia Radiation therapy