

- Posture: consider ways of ensuring good posture during tasks such as: getting out of bed; making beds; lifting; standing; sitting; holding your head (avoid neck collars); shopping; cooking; driving; reading; watching TV; eating out/cinema (take a lumbar support); getting into bed; lovemaking; sleeping (note: make sure you have a bed that suits your needs)
- Use of aids: as above: avoid collars/corsets (they encourage muscle weakness); use a stick only when absolutely necessary (it can cause uneven gait and stress on the spine); support bandages if necessary for short periods.
- Treatment of muscle spasms: anti-spasmodic drugs such as baclofen can reduce the spasms (But try to avoid medication such as diazepam (valium) which can sometimes be used as a muscle relaxant: it is highly addictive and can cause significant problems, especially relating to interactions with other prescribed medication. More details on muscle spasms are available in [Itches and Twitches](#).)
- Resist the temptation to become immobile: this can have serious knock-on implications: muscle wasting causes further weakness; immobility increases the risk of osteoporosis, which can, in turn, cause further problems.
- Exercise as much as possible within the constraints of the condition; there is no an easy formula for this, but as a broad rule of thumb: if exercise makes the pain worse for less than an hour, then it is OK, if more than an hour, it is excessive; this can be tricky if the increased pain has delayed onset; however, bear in mind the adage: 'use it or lose it'; note also that exercise (especially aerobic) helps to promote deep sleep, which can be reduced in conditions such as fibromyalgia
- Warm baths/spa bath (jacuzzi) can warm the muscles and help reduce muscle pain.
- Weight: it can be hard to keep the weight down, especially if we are on medication that increases it; but try not to get too overweight: it puts added strain on joints.
- Dietary supplements: there are a number of different supplements which anecdotally help with joint problems. (see below for the ones I am on).
- Try not to worry: often people are concerned that arachnoiditis has 'spread' and has to be affecting the whole of the spine in order to account for the widespread pain; however, in the vast majority, the spread of the pain is a secondary feature and does not signify spread of the arachnoiditis.
- Assessment by a physiotherapist or chiropractor may be very helpful in discerning the major troublespots and potential areas for therapy. Chiropractors in particular tend to be expert in making sense of a complex situation and can often be helpful in reducing some of the peripheral problems, although of course, this has to be done with great care not to trigger a flare up (I take Arnica 30C, a homoeopathic remedy, just before treatment, then 3-4 hours later and sometimes after a further 3-4 hours; this helps to prevent a reaction to the treatment, which can occur even if it is gentle). A cautionary note: always ensure you consult only chiropractors who are registered with the British Chiropractic Association.
- Other possible treatments include: Massage (particularly of the Shiatsu type) can be most helpful in tackling problem areas, acupuncture, which has been found useful in some cases.

Note: further details on various strategies are available in the article [WHOA!](#), available on this website; this covers a wide variety of possible therapies which might be of help.