A number of these measures will fall into one of two categories: common sense or "complementary techniques."

The latter includes the nutritional, herbal and homoeopathic modalities. These should be regarded purely as supplementary measures and are in no way meant to be thought of as "alternative" to conventional medical treatment.

The majority of the suggested supplements and herbal preparations are well known and have been used effectively (at least in anecdotal reports) to treat similar conditions to arachnoiditis.

It has been said that "what many of the natural therapies demand is a basic humility-a willingness to accept that however much we know about the structure of the golf ball we will never deduce from this alone the rules or attractions of golf as a game-and this sort of humility is hard to find in our technological world."

In USA, the National Institute for Health (NIH) Technology Assessment Panel on Integration of Behavioural and Relaxation stated:

"The medical education that society offers to its physicians treats illness as an anatomical problem, which means that most doctors have a tendency to see their patients' needs in purely physiological terms. This does not encourage openness to other forms of therapy...There is a lack of consensus on what constitutes a successful outcome, and what follow-up should consist of. This translates into a lack of coherent strategies and standard procedures."

WHOA!..... A broad outline:

1.ANALGESIA (pain relief):

This is a vital component of care of someone with chronic (intractable) pain.

Thus far, the medical profession has regarded pain as somewhat of a side issue.

However, more recently, professionals such as Dr. Forest Tennant have spoken about the adverse effects of untreated intractable pain (IP) and have suggested that it is a disease or syndrome in its own right, rather than just another clinical sign or symptom.

Tennant maintains that IP stresses the body constantly, resulting in excess of certain chemicals circulating in the bloodstream.

The 3 principle ones are:

Adrenaline: (leading to fatigue, insomnia, panic attacks, muscle pain, bowel spasm, headaches, depression etc.)

Insulin: (leading to low blood sugar and therefore feeling faint, sweaty, possibly aggressive between meals; also causes muscle wasting and weakness)

Cortisone: the stress hormone secreted by the adrenal glands (leading to immune suppression thus vulnerability to infection; diabetes, osteoporosis, skin rashes)

Tennant goes on to suggest that IP patients may commonly be diagnosed with Myofascial Pain Syndrome (MPS) or Fibromyalgia and that immune imbalance may lead to a systemic lupus-like condition.

Certainly this suggestion has been reflected in the 1999 Arachnoiditis Survey.

The commonest therapeutic approach is a triad of an opiate (morphine or related drug), low-dose antidepressant (such as amitriptyline) and an anti-convulsant (such as tegretol or neurontin).

In addition, an anti-inflammatory drug (NSAID) may be used and perhaps also a muscle relaxant (such as baclofen). (Further details on these drugs are available in other articles on this site.)

Just as Robert Bennett MD, FMS researcher Oregon Health Services University, Portland, Oregon stated:

"There is no justification for saying that opioids don't work and should not be given to FMS patients. This is not evidence-based medicine, it is peer-pressure based medicine!"

So the same should be considered true of arachnoiditis patients, who experience severe nerve pain in addition to the fibromyalgic symptoms!

Medication can be taken orally or via a patch on the skin (fentanyl, distalgesic) or sometimes in suppositories.

Invasive techniques such as the morphine pump are not advised as they can have serious adverse effects (and long-term use of more than 5 years or so has yet to be evaluated sufficiently to give confidence of its safety.)

(i) Nerve pain: antidepressants (e.g. amitriptyline) in low dose; anticonvulsants (e.g. tegretol/ gabapentin) can be very helpful; narcotics (morphine and related drugs) may be necessary in quite high doses, but note that the risk of psychological addiction is extremely small (0.1%)

(ii) Musculoskeletal pain including myofascial type: opiates (narcotics) may be necessary

(iii) Inflammatory pain e.g. joints: non-steroidal anti-inflammatory drugs (NSAIDs such as ibuprofen, naproxen, voltarol): the traditional type carry a high risk of gastric side-effects, but the newer COX-2 inhibitors such as Vioxx and Celebrex are less likely to cause this problem

(iv) Visceral pain (such as irritable bowel type symptoms): responds poorly to opiates. Drugs such as buscopan and colofac may be helpful for abdominal cramps. Peppermint oil, liquorice or fennel tea can be helpful measures to try.

Indigestion and heartburn type symptoms are quite common, possibly as side-effects of medication: these may respond to drugs such as Losec or to antacids. Measures such as raising the head of the bed and a milky drink before bedtime can help to reduce nighttime heartburn. Antacids may be taken, but not at the same time as Losec or NSAIDs as they may interfere with absorption of these drugs.

Some patients may need to be investigated for Helicobacter pylori as this organism is implicated in the development of gastric and duodenal ulcers and it may be worthwhile to undertake therapy to eradicate this bacterium in order to minimise the risks of ulceration.