

WHOA! (WHOListic Approach) to ARACHNOIDITIS

A MULTIMODAL (holistic) APPROACH TO PALLIATIVE TREATMENT OF ARACHNOIDITIS.

SUMMARY:

1.Pain relief

2.Physical treatments (such as massage)

3.Exercise

4.Treating specific problems (e.g. muscle spasms)

5.Managing side-effects from medication; Allergies

6.Nutritional approach

7.Phytomedicine: herbal/homoeopathic

8.Lifestyle measures

9.Psychological treatment; spiritual matters

10.Information

11.Support groups

12. AIDS and other Practical Ideas

13. CONCLUSION

Arachnoiditis is an incurable condition, which causes severe neurogenic pain and a wide range of debilitating systemic symptoms.

A curative treatment being to date unavailable, we must turn our attention to palliative methods of reducing the serious suffering that arachnoiditis patients experience.

Being syndromic in nature (i.e. symptoms in more than one body system¹) and a lifelong condition once diagnosed, it is vital that doctors adopt a multidisciplinary approach.

In order to achieve this, patients are best treated by a team comprising the expertise of practitioners from various specialties to assist the pain specialist: neurology, neurosurgery, orthopaedics, rheumatology, urology, physiatry, physiotherapy, etc.

However, let's not forget that a substantial part of the approach can come from the patient, not

the doctor:

Some years ago, an American psychologist called Lawrence LeShan wrote a book about 'Holistic Health'(i).

He maintained that:

'We learned to depend less and less on ourselves and our own hard work, our own self-development, and our own self-healing abilities. In medicine, the physician was expected to have a 'magic bullet' for all problems including our unease at the state of our lives and our unhappiness at our lack of fulfilment.'

LeShan stressed that doctors need to relinquish the 'mechanistic view of illness' and instead, view the patient as a 'whole person', using 'holistic medicine'.

He suggested that a patient is 'a person with a disease (a dysfunction of processes), an illness (how he feels) and a life-style.' One cannot usefully separate the three.

LeShan also emphasised the importance of the patient becoming closely involved with the management of his illness.

The Wellness Clinic at the Walter Reed Army Medical Centre in the USA has 2 aims which are of help to the chronically ill:

1. To help individuals adapt the disease to their life rather than their life to the disease. A part of this is to enable them to see the differences between pain, pain behaviour (what you do in response to pain) and suffering (which they describe as resistance to pain and disease which renders people less able to function)

2. To help individuals who are not responding to medical treatment to bring more of their own resources to help in their programme.

Paracelsus, the sixteenth century physician, said " Man is his own doctor and finds healing herbs in his own garden. The physician is in ourselves, and in our own nature are all the things we need."

Recognising our own strengths and resources can be very beneficial; it allows us to regain a sense of control, our self-esteem and gives us back hope.

The accepted medical model for disease is based on the Cartesian viewpoint: the human body is, in effect, regarded as a machine. Pain is a red light, disease is mechanical trouble.

Instead of the suffering person, sickness is at the epicentre of the medical system.

The surgeon-philosopher Kenneth Walker wrote (ii)

"Now a human being is much more than a number of organs cleverly packed into a minimum of space and wrapped around with a covering of waterproof sheeting. He is a mysterious complex mind, body and spirit, no one of which can be disturbed without the rest of him becoming disordered. The broken machinery concept of disease was therefore that highly dangerous thing, a half-truth masquerading as a whole truth, an idea which, followed too blindly...gave rise to a legion of errors."

As long ago as 1927, Peabody wrote (iii):

"The most common criticism made at present by older practitioners is that young graduates have been taught a great deal about the mechanism of disease, but very little about the practise of medicine-or, to put it more bluntly-they are too 'scientific' and do not know how to take care of patients."

This means that in essence the doctor is focussing on the illness in the person rather than the person who is ill.

Of course, there has been the development of the idea of "psychosomatic disease" which recognised a link between mind and body.

However this only goes part of the way to looking at the patient holistically, and furthermore, has been used to explain that which scientific tests have failed to explain: in other words, if tests for organic (physical) disease come back negative, then the patient is deemed to be suffering from a psychological condition.

We would do well to bear in mind what Hippocrates (he of the famed Medical Oath) wrote:

"it is not enough for us (the physicians) to do what we can do. The patient and his environment and external conditions have to contribute to achieve the cure."

As LeShan has suggested, we, as patients, should be "actively and knowledgeably involved" in our treatment.

In his book, LeShan cited a patient with a long-term illness who said

"Every doctor I've ever met had more confidence in his evaluation of my condition than in my evaluation of my condition."

We need to work WITH the doctor(s).

"The patient has to participate in his own treatment... Participation is more than taking a pill every day. He must choose a diet, exercise, relaxation etc. ... When a patient says, 'What

can I do to help?' you are in a new ball game." (M.Meitus MD) (iv)

One point we should all bear in mind, and a vital one, is that each of us is unique, so that a programme that suits one of us will not necessarily suit another.

As Hippocrates said

"If you give the same nutrient to a patient with a fever and a person in health, the patient's disease is aggravated by what adds strength to the healthy man." So it is with all of us, for although we have broadly similar diagnoses, we are still very much individuals and each one of us is unique with respect to the treatment we need and how we respond to it.

This article, therefore, is only an OVERVIEW of the possibilities; it is NOT a prescription and should certainly not be viewed as such.

[i] LeShan Lawrence, *Holistic Health* (Turnstone Press, 1984)

[ii] Walker, Kenneth *Patients and Doctors* (Harmondsworth, Middlesex, Penguin, 1957) p.96

[iii] Peabody, Francis W. *Journal of the American Medical Association* 1927; 88: 877 "The care of the Patient."

[iv] Meitus M, quoted from LeShan *Holistic Health* (Turnstone Press, 1984) P.108