As I explained at the outset, muscle and joint pain in conjunction with generalised malaise in arachnoiditis tends to be part of a fairly complex picture and it can be difficult to see the proverbial wood for the trees.

In the end, in essence, the treatment can be appropriately based, as I have said, on whether the condition involves inflammation or not; a great many of the most helpful measures are basic and easy to apply.

One of the most important messages to glean from this article is that maintaining the best degree of mobility possible is a vital strategy in helping to avoid some of the secondary problems we can encounter.

The second point is that symptoms spreading out from the spinal areas into the limbs, especially the upper limbs, can be very worrying, bringing concerns as to possible spread of arachnoiditis.

However, as we have seen, the likelihood is that secondary musculoskeletal problems such as those seen in FMS and MPS are occurring although these are, of course, every bit as debilitating as the primary spinal problems we started out with.

I have not embarked upon detailing the various pharmacological strategies that could potentially be used if it turns out rheumatoid or lupus are part of the problem.

Suffice to say, there is an enormous body of research which allows new treatments, such as the new generation of NSAID, COX-2 inhibitors such as Vioxx, to be developed, as well as more specific medication such as the disease-modifying anti-rheumatic drugs (DMARDs) which are now being used to combat rheumatoid arthritis and similar conditions.

Details on NSAIDs, the most commonly used anti-inflammatory drugs, are available in Treatment articles on this website.

They may be suitable for some people, but should only be used with medical supervision; whilst brufen (Ibuprofen) is available over the counter (as Advil), a cautionary note: there may be serious adverse effects, especially gastrointestinal, and you should not take these tablets until you have consulted with your doctor.

There is a particularly good book which might be of interest and help: it addresses all sorts of issues about chronic illness and has a great deal of practical advice to offer:

It is called: " Arthritis at Your Age? " Regrettably, I don't know its publishing details, but a visit to your local library might be of help in tracking it down.

Devin Starlanyl and Mary Ellen Copeland have published a helpful book " Fibromyalgia & Chronic Myofascial Pain Syndrome: A Survival Manual " (New Harbinger Pubns; ISBN: 1572240466 June 1996)

Dr. Starlanyl is herself a sufferer with FMS. I have had some contact with her and read her articles and found them to be helpful and easy to digest.

For further information about Chiropractic, contact the **British Chiropractic Association**: Blagrave House, 17 Blagrave Street, Reading, Berkshire RG1 1QB, Telephone: +44 (0) 118 950 5950, Facsimile: +44 (0) 118 958 8946

Website: http://www.chiropractic-uk.co.uk/

I hope this ?amble through the generalised symptoms that can make daily life thoroughly miserable has helped to clarify some of the problems.

Sarah Smith (nee Andreae-Jones) MB BS

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