Lumbo-sacral adhesive arachnoiditis is a particularly cruel disease because of the nature of the pain syndrome associated with it. The type of pain is uniquely incapacitating and dolorologists have created the term "regional complex pain disorder" (RCPD) to describe it. Apologists for those who have created adhesive arachnoiditis and RCPD in patients have pointed out that only 1-5% of those with the condition actually have the full-blown clinical symptoms (which can include progressive neurologic deficit and even death). The reason for this is interesting and appears to relate to the remarkable ability of the nervous system, with its great reserve and redundancy, to cope with severe insult and injury. It appears that despite being enmeshed in solid collagenous scar tissue and being deprived of the nurturing of cerebrospinal fluid and its normal vascular supply nerve cells can often achieve a tenuous equilibrium. This delicate balance can easily be upset by additional insult or injury (i.e. spinal surgery or a motor vehicle accident releasing blood into the subarachnoid space).

There are a number of other neurologic parallels to this phenomenon. One such is the "post-polio syndrome" where individuals afflicted with poliomyelitis early in life may make complete functional recoveries but as they age they experience progressive weakness. In this circumstance polio has destroyed the neuronal reserve and normal function/belies the fact that there is no reserve. As the normal process of aging occurs and neurons die by attrition the lack of reserve is evidenced by the inability of the few remaining viable neurons to handle the challenge of normal function. The human body functions well with only one kidney, one lung etc. No one would dare to suggest that the loss of these organs was not inconsequential to the welfare of the individual. In the ease of adhesive arachnoiditis the story has been different.

Because it has taken the advent of modern high-resolution MRI scanning to finally be able to accurately and objectively document adhesive arachnoiditis as a disease entity it is not surprising to find that there are literally tens of thousands of sufferers throughout the world with legitimate problems who have been looked upon with disdain by the medical and legislative communities who have often considered these folks to be malingeringers (or worse). It has been sad to see the disrespectful manner in which many countries have treated the unfortunates whose only crime was not knowing the right questions to ask before a "minimally invasive" myelogram or epidural steroid injection was performed. Expressions of plight are common and consistent. Many patients have now spent half of their lifetimes seeking only the dignity of a definitive diagnosis from professional groups and organizations whose skill at evasion and cover-up exceeds their other talents. Sadly, the rare examples of recourse have occurred only from the compassion of the legal profession. The editor, as a health care professional who has been concerned with neurotoxicity and patients with adhesive arachnoiditis for over a quarter of a century has, as his only excuse for becoming involved in an issue emulating Henrik Ibsen's (Norwegian playwright, 1828-1906) town physician, Dr. Stockmann, in the play "Enemy of the People", is not being "smart enough to know when to quit".