

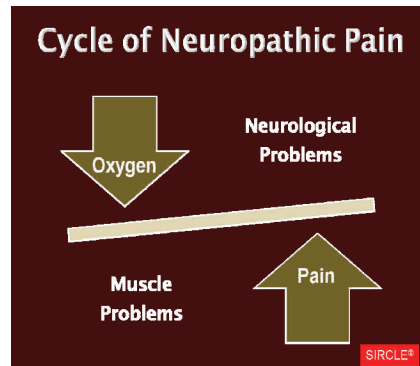


TO HEAL OR NOT TO HEAL: The Crucial Truth About Long-Term Opiate Pain Killers

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It is entirely arguable that one of the greatest travesties in modern medicine is in keeping millions of Americans from recovering from chronic health conditions and injuries by overprescribing opioid analgesics in the long-term. Safe and effective *only* in the short term, these pain killers are best used during and after surgeries, acute injuries/lesions, and in end-of-life palliative care. Otherwise, these can prevent patients from ever achieving healing and homeostasis.

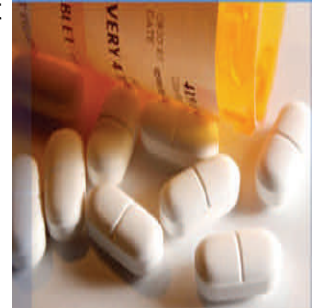
Depending upon one's genetics and other health factors (i.e., cellular pH, nutritional deficiencies, heavy metal accumulations, lifestyle issues, etc.), the health benefits of opioid pain killers are generally useful for about 10-14 days, after which they begin to slow healing and lose their pain killing properties. After that, either an increase of dosage is required or the patient's pain levels rise. That is why long-term use leads millions of sufferers to black market opioids, which today is reportedly as large as the legal market itself. The social price—in broken lives, livelihood, and relationships—is one of today's most hidden tragedies. In fact, opioid use causes more suicides and deaths by over-dose than any other cause today.



Long term use of opioids causes *ischemia*, which is a condition where oxygen is cut off and concentrations of carbon dioxide destroy tissues and slow the immunological process. The principal body organ that takes the

brunt of this process is the liver, the gateway organ in our immunological network. When the liver goes, everything else follows. Add other types of painkillers to the opioids (see chart below) and the liver, kidneys, and developing cardiovascular disease become inevitable for ALL sufferers.

In the pain/behavioral model above, we find that as oxygen is depleted, muscle and tendon pain increases dramatically. The longer muscle and tendon pain is suffered without appropriately addressing underlying causes of illness, the more neurological issues develop, such as fibromyalgia, peripheral neuropathy, diabetic neuropathy, and, in some cases, become susceptible to lupus, multiple sclerosis, ALS (Lou Gherig's disease), and a host of other immunocompromised neuropathic syndromes. Polypharmacy (i.e., multiple medications) *always* contributes negatively to the above milieu, so at some point, no one can be certain if the patient is really sick or just suffering a pot-pourri of side/interaction effects from medication overuse.



So, in *all* such cases, the real answer lies in a thorough investigation and amelioration of the underlying contributors rather than remaining on an ill-fated quest merely to "kill pain". In truth, pain is the immunological messenger that informs mitochondria that something needs attention. To "shoot the messenger" is to only delay the healing process that allows the injury/lesion to be resolved. We find the endless search for merely covering up the pain with opioids a fool's errand for the patient and nothing short of professional malfeasance or negligence on the part of health professionals.

There are only seven underlying causes to all chronic disease (see our monograph that defines these causes). Each of these should be thoroughly and honestly addressed. Lesions or injuries that cause pain, and especially infections of all kinds, should be addressed in the least invasive and damaging manner. For instance, most unrelenting chronic pain seems to be caused by unhealed injuries. Surgery is rarely the answer for most of these long-term

Challenges re Long-Term Pain Killers

The Opioids

(Morphine, Oxycodone, Percocet, Vicodin, Dilaudid, Methadone, Fentanyl, Tylenol 3, 4)

- Speeds up progression of disease, making us sicker
- As body adapts to the opium, loses effects creating side effects
- Creates new pathologies you did not have before taking them
- Destroys your autoimmunity
- Cognitive & Physical decline most lasting features (speeds aging)
- #1 Cause of suicides and accidental deaths in U.S.

The Non-Opioids

• **Non-Steroidal Anti-Inflammatories (NSAIs)**

- (Motrin, Ibuprofen, Naprosyn, Indocin, Celebrex)
- Cause a great deal of damage to liver, kidneys over time
 - Advance other pathologies

• **Non-NSAIs**

- (Aspirin, Tylenol)
- Aspirin in the long-term weakens blood vessels
 - "Tylenol Liver" is fast becoming a new pathology

cases, without first trying the gentle modalities of cold laser, medical massage, occupational therapy, etc. With the appropriate targeted nutrition and reduction in unnecessary medications, these modalities can bring substantial relief to almost all cases.

There are a number of available resources for those needing assistance in coming off of their opioid medicines. We have listed some resources at the end of this paper. Plus, SIRCLE staff can help.

But the larger issue is in going after and resolving underlying causes of your pain rather than attempting to circumvent them. In the following are some of the protocols that can be considered *before* going further into the murkier realm of multiple medications and invasive surgeries:

- First, address **nutritional deficiencies** by taking only live form, enterically or sublingually delivered nutrients clinically tested to resolve the deficiencies. These are generally not available commercially. The object is to raise cellular pH from the current acidosis state of pH 6.9 -7.1 to pH 7.45 where good health can happen.
- Take a **nonselective gentle, slow-acting oral chelate** over a period of three to nine months. This should be able to chelate a lifetime of accumulations of lead, mercury, aluminum, arsenic, cyanide, cadmium, and all *free form* minerals and metals from your body.
- Repair all injured areas of the body with **Cold Laser** therapy and other gentle modalities that heal, not just manage your condition.
- Redistribute oxygen, and reduce necrotic fluid throughout the tissues and organs of the body and reduce intracellular/extracellular fluid and toxin accumulations with effective **Medical Message** therapies.
- **Stop microwaving food**, and instead use steaming, convection, stove top, and raw forms where possible.
- Stop use of Canola Oil and use only **Extra Virgin Olive Oil** or cold processed Coconut Oil.
- **Avoid the following** (checking labels of everything you eat & drink): High Fructose Corn Syrup (HFCS), Aspartame, Monosodiumglutamate (MSG), all artificial sweeteners except for Stevia.
- **Reduce caffeine** to almost nothing (remember, you said



you want to get well—stay on the caffeine and you will not get well).

- **Get a good night's sleep** without narcotics.
- *Exercise with a prescribed regimen.* Opiate users suffer slow oxygen recovery in the muscles and have extremely overloaded livers. The best form of exercise is water-based exercise, aerobics if appropriate.
- **If you need to be admitted in a defined rehab program** at your local hospital or clinic, please do not hesitate. It might be your only chance of kicking the dependency, addictions, and/or withdrawal successfully.
- **Refrain from alcohol or any other narcotic or sedative** that might cause another dependency. **Tobacco abstinence** is a given.
- In some cases, motor function & cognition may be so impaired that **Occupational Therapy** and other therapies may be required.

...and get ready to get back your life, your health, your personal relationships, and your ability to go after your dreams!

Website resources:

- <http://www.mtv.com/news/articles/1437883/codeine-drugs-killed-dj-screw.jhtml>
- <http://www.vaughns-1-pagers.com/medicine/painkiller-comparison.htm>
- <http://www.dasis.samhsa.gov/teds08/teds2k8natweb.pdf>
- <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001945/>
- http://www.deadiversion.usdoj.gov/drugs_concern/oxycodone/summary.htm

Contact phone number for Narconon: 800-775-8750

About the Author

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When healing ^{really} becomes the goal...

- ▣ Antibiotics, steroids, surgeries, and narcotic painkillers would be used sparingly and primarily for acute conditions.
- ▣ Diuretics, statin drugs, anticoagulants, non-insulin DMII meds, steroids, NSAIs, antibiotics, etc. would be "bridges" to sustain us while underlying causes are investigated and addressed.
- ▣ Diet, hydration, and bioavailable nutrition would be medicine, and chelation, manipulation, rehabilitation, counseling, necessary surgeries, and a host of gentle approaches would become the main treatments of medicine.
- ▣ Underlying causes, biomarkers, and contributors would take priority over signs and symptoms in diagnostics.
- ▣ Patients would be routinely healed from hypertension, diabetes 2, arthritis, depression, neuropathies, cardiovascular, developmental and degenerative disorders .
- ▣ Disease and chronic illness would eventually become rare.