

# The Intractable Pain Patient's Guide to Pain Free Hours & Low Pain Days



Dr. Beak

by

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**MARCH 2014**  
**4<sup>th</sup> EDITION**

# INTRODUCTION

## WHO NEEDS THIS HANDBOOK?

Patients enrolled in the Veract Intractable Pain Clinic are to use this handbook as their guide to building a program that will lead to pain free hours and/or low pain days. This handbook is updated periodically.



Dr. Beak says,  
“If you follow this guide you can turn your life around and actually get some pain free hours or at least low pain days.”

### Who is Dr. Beak?

Just a smart old buzzard who flies in once in a while!

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# HOW TO KNOW IF YOU HAVE CENTRALIZED INTRACTABLE PAIN

Dr. Beak says,  
"You must make your own diagnosis as  
few health providers yet understand or  
recognize "centralized pain."



## CHECK OFF HOW MANY SYMPTOMS YOU HAVE

CARDINAL SYMPTOM

Pain is constant. It never leaves ("24/7")

HIGH BLOOD PRESSURE AND PULSE RATE

Sometimes your pulse rate will go over 100 per minute and your blood pressure shoot up to over 150/100 mm HG.

INSOMNIA

Your constant pain keeps you awake even when you are tired.

FATIGUE, LETHARGY, WEAKNESS

Central pain exhausts your hormones, enzymes, and neurotransmitters.

CAN'T CONCENTRATE OR THINK

There are times your memory goes and you can't read or rationalize what to do except sit.

COLD HANDS AND FEET

This is due to constriction of blood vessels because too much electricity is coming out of your brain and central nervous system.

LOSE INTEREST IN PHYSIOLOGIC AND SOCIAL FUNCTIONS ("RECLUSE")

You lose interest in eating, socializing, sex, and bathing.

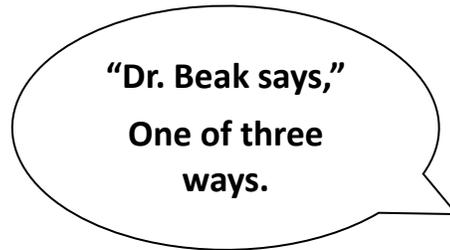
SWEAT A LOT, OVERHEATED AT TIMES

JITTERY AND ANXIOUS

# HOW DOES ONE GET CENTRALIZED INTRACTABLE PAIN?

## 1. BRAIN INJURY OR DISEASE

- HEAD TRAUMA
- STROKE
- MULTIPLE SCLEROSIS
- BRAIN SURGERY
- INFECTIONS
- ANY NEUROLOGIC/BRAIN DISEAS



## 2. NERVE INJURY ANYWHERE IN THE BODY MAY CAUSE THE PAIN TO MOVE INTO THE SPINAL CORD AND BRAIN TO CAUSE INFLAMMATION AND CODING OF THE PAIN'S MEMORY

- SPINE INJURY
- ARTHRITIS
- NEUROPATHY (Including RSD, CRPS)
- VISCERAL (Internal Organ)
- MUSCLE INJURY

## 3. BRAIN DYSFUNCTION DUE TO AUTOIMMUNE DISEASE OR GENETIC ABNORMALITY

- FIBROMYALGIA
- VULVODYNIA
- INTERSTITIAL CYSTITIS
- IRRITABLE COLON

## INTRACTABLE PAIN IS CENTRALIZED PAIN

The greatest research discovery involving pain in recent years is that a nerve injury in the spine, joints, extremities, or muscles will cause inflammation in the brain unless pain is cured within about 6 weeks after the injury. When the brain tries to heal itself due to excess inflammation it may trap or implant the memory of the pain. This is the process commonly known as “phantom limb” pain, but an amputation isn’t necessary for a pain to permanently lodge in the brain. Pain that implants itself in the brain is referred to as central because it is a long-tradition that the nervous system is divided into 2 parts, the brain and spinal cord as the central component and the nerves outside the brain that go to arms, legs, and organs in the interior of the body as the peripheral component.

When the pain lodges in the brain, it is not curable and it causes constant (“24/7”) pain and insomnia. The other major characteristics of central pain is that it causes the automatic,, non-voluntary (“autonomic”) nervous system and the hormone (“endocrine”) system to be over-aroused or stimulated. This is why intractable pain patients have high blood pressure, high pulse rate, anxiety, muscle spasms, insomnia, and vasoconstriction (cold hands and feet). Several hormones initially rise with central pain but may exhaust leaving the patient fatigued, depressed, weak, and mentally challenged.

The treatment approach at the Veract Intractable Pain Clinic is to first control the pain and then institute some curative measures with hormones that regenerate nerves, nutrition, and exercises that help bring oxygen to the brain.

**Dr. Beak says,  
“Science, research, and  
technological advances tell us  
why pain can become  
intractable.”**



# **STEPS TO ACHIEVE PAIN FREE HOURS AND LOW PAIN DAYS**



## **1. PAIN RELIEF MEDICATION:**

Take your medication as instructed by the physician. You must take your medication to be active, functional, and able to leave your house each day, and get some pain relief.

## **2. ANCILLARY MEDICATIONS FOR INSOMNIA, ANXIETY, FATIGUE, ANTI-INFLAMMATORY, TOPICALS:**

## **3. PROTEIN —ANTI-INFLAMMATORY:**

## **4. ESSENTIAL NUTRIENTS:**

## **5. ELECTRICITY ELIMINATION:**

Damaged nerves retain electricity in the body (as in "static") and daily measures are needed to eliminate it as excess electricity worsens painful conditions.

## **6. STRETCHING TO PREVENT CONTRACTURES:**

You MUST daily stretch the muscles that surround your pain site.

## **7. LYMPH DRAINAGE**

The lymphatic system drains off biologic poisons and inflammatory waste that worsen pain.

## **8. MENTAL EXERCISES:**

Reading, games, and talking with others must be done regularly to prevent brain deterioration.

## **9. HORMONES:**

It is specific hormones whose job is to grow nerve tissue ("neuro-genesis"). Regrowth of damaged nerve tissue is essential to achieve a pain-free hour.

# HORMONE REPLACEMENTS AND TREATMENTS

Hormone replacements and treatments are new therapies in pain treatment and they give the intractable pain patient their best chance to achieve pain free hours and stop opioids.

## MAJOR PROBLEM: HORMONE DEPLETION

Severe pain and opioids will deplete some hormones made in the pituitary gland adrenals and gonads (ovary and testicle). When they deplete, good pain relief, sleep, and healing is not possible because the body and even some medications rely on specific hormones for pain control. Any of these hormones have to be replaced if they are found to be deficient:

**CORTISOL, PROGESTERONE, PREGNENOLONE, DEHYDROEPIANDROSTERONE (DHEA), TESTOSTERONE, AND ESTROGEN.**

## TESTING

All patients in our program are now required to have their hormones tested at least 3 times a year.

## TREATMENT

Two hormones are now classified as “neurogenic” in our program because their natural function is to regenerate nerves.

- **HUMAN CHORIONIC GONADOTROPIN**
- **OXYTOCIN**

Our clinical experience, to date, indicates that patients who take either or both of these hormones reduce their pain, and opioids, and increase their energy and mental function.

**Dr. Beak says,  
“Neurohormones offer you your best hope  
for long-term, permanent pain reduction.  
All other medications are symptomatic  
with little or no healing ability.”**



## HOW TO USE OPIOIDS TO CONTROL INTRACTABLE PAIN

**Dr. Beak says,**  
“Opioids have many complications, so we use only what you must to function and be comfortable. Keep your pain at the lowest level possible to get healing.”



1. You must learn the actual names and not just the trade name of your opioids.

Example: hydromorphone is Dilaudid®

2. You must take your opioids in such a manner that you are not sedated, impaired, sleepy, or have a clouded mind or memory. Your family is your best judge, not you.
3. Some intractable pain patients must control their pain by use of a long-acting opioid plus a short-acting one for flares, surges, or breakthrough pain. Some of the opioids listed here have long-acting, oral formulations which last 6 to 8 hours. You must take a long-acting opioid on a regular schedule which means taking the same dosage at the same time each day. The usual schedule is 7:00am, Noon, 6:00pm, and 10:00pm.
4. Use your short-acting opioids 30 to 60 minutes BEFORE a pain flare starts. **STAY AHEAD OF THE PAIN.**
5. Get off or minimize long-acting opioids since they depress hormones in the body. Reduce long-acting opioids by eliminating 1 to 2 dosages a day for a week. Do this each week until you are off.

### OPIOIDS FOR INTRACTABLE PAIN

METHADONE

TAPENTADOL

MORPHINE

FENTANYL

OXYCODONE

HYDROCODONE

OXYMORPHONE

MEPERIDINE

HYDROMORPHONE

BUPRENORPHINE

CODEINE

LEVORPHANOL

## HOW TO OBTAIN YOUR MEDICATIONS

Understandably, an intractable pain patient's greatest worry is getting enough or the right medication to get relief and function. To do this, however, you develop a plan based on your insurance coverage, state of residence, special needs, supply availability, and the strict regulations that govern pain practice. Follow these steps precisely or chances are you will end up short of medication.

**Dr. Beak says,**  
Don't depend on  
someone else to get  
your meds."



## STEPS

1. ALL of your medication is ordered or supplied on a 30 day basis, which corresponds to our monthly clinic dates.
2. Determine, right now, which medications you want to take for the next 30 days. Complete this table. You **MUST** know, for each medication, its chemical and trade name, individual dosages, and number you will require each day.

<b>No.</b>	<b>Name of Medication</b>	<b>Dosage</b>	<b>Number Taken Each Day</b>
1			
2			
3			
4			
5			

3. Which pharmacy will you use?
4. Regulations require that **ALL** prescriptions must be written when you are in the clinic. Any requests between clinic visits can probably not be granted.

# AMINO ACIDS AND A HIGH PROTEIN DIET

## MOST IMPORTANT AMINO ACID

- TAURINE—1000 TO 4000 a day.

Function: Builds the neurotransmitter gamma amino butyric acid which controls the electrical charges that transmit pain signals. We issue a starting supply to every new patient as we believe it is the most critical amino acid.

**“Dr. Beak says,”  
“You can’t heal tissue including brain and spinal cord tissue without regularly taking specific amino acids which provide natural pain relief and healing.”**



## OPTIONAL AMINO ACIDS

- CARNITINE—500 to 1000 a day.

Function: Raises metabolism in cells to keep you thinking, active, motivated, and helps you keep your weight down.

- ARGININE—1000 to 2000 a day.

Function: Dilates small blood vessels which bring oxygen which you need for healing and pain control.

## HOW TO TAKE AMINO ACIDS?

- Take on an empty stomach
- Chewable tablets are best

## HIGH PROTEIN DIET

Amino acids come from protein in your diet. Eat some of these foods each day:

- Eggs
- Chicken
- Soy
- Pork
- Turkey
- Cottage Cheese
- Beef
- Green Vegetables
- Fish

## WHERE TO GET AMINO ACIDS

You can get them at your local health food store, shop on-line, or catalogues

# HOW TO SHOP YOUR LOCAL HEALTH FOOD STORES

## 1. NON-PRESCRIPTION SUPPLIES

Other than a few prescription drugs, most of the supplies needed by IP patients are to be acquired at your local health food store. Alternative sources are the internet and catalogues.

“Many of the supplies you will need to achieve pain free hours are in your local health food store.”



## 2. THREE REASONS WHY THESE SUPPLIES ARE ESSENTIAL

- 1) Your prescription drugs, particularly opioids, may not be effective without daily supplementation with taurine, pregnenolone, DHEA, melatonin, or vitamins D and B<sub>12</sub>.
- 2) You cannot reduce your opioid dosage without the use of certain hormones, amino acids, and vitamins.
- 3) Long-term healing of nerve tissue requires supplementation with supplements from your local health food store.

## SUPPLIES FROM THE HEALTH FOOD STORE

### AMINO ACIDS

TAURINE  
GLUTAMINE  
CARNITINE  
ARGININE  
GAMMA-AMINO BUTYRIC ACID (GABA)

### HORMONES

PREGNENOLONE  
DEHYDROEPIANDROSTERONE (DHEA)  
MELATONIN  
PROGESTERONE CREAM

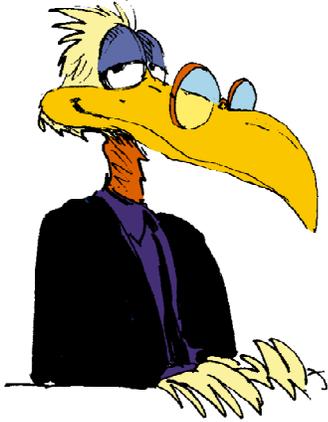
### VITAMINS

VITAMIN D  
VITAMIN B-12  
MULTI-VITAMIN/MINERAL

### MINERALS

CALCIUM  
MAGNESIUM

**SPECIAL NOTE:** Pain patients think all medications and supplements should act “fast” like an opioid. The hormones, amino acids, and vitamins required for nerve regeneration and pain free hours work over a period of weeks and months. In fact, you should plan on taking many supplements all of your life, since your nervous system has been permanently injured.



# OXYGEN—YOUR ESSENTIAL INGREDIENT FOR PAIN RELIEF AND HEALING

## WHY OXYGEN?

**“Oxygen is necessary for healing, nerve functions, and medication effectiveness. Without enough, you progressively deteriorate.”**

## SYMPTOMS OF LOW OXYGEN

- Fatigue and Lethargy
- Slow or Forgetful Thinking
- Depression and Feeling of Hopelessness
- Tired But Can't Sleep
- Pain Medication Works Poorly

## HOW DO I GET OXYGEN?

Oxygen is breathed in through your lung and enters your red blood cells to be carried throughout your body. Regardless, if your pain site is spine, brain, joint, or muscle, you must have oxygen for pain relief and healing. The more oxygen, the better.

## HOW DO I GET MORE OXYGEN?

Your base oxygen intake and carrying capacity is what is in your blood when you are quietly sitting or lying down. Anytime you become active, your lungs breathe a little faster and deeper and your heart pumps a little faster, so you carry more oxygen in your blood. The healing and pain relief formula is simply to stay more active than what you are when you sit or lay down. Just increasing your breathing and heart rate due to any purpose increases oxygen at your pain site.

## FIRST STEPS TO MORE OXYGEN

1. Get enough pain medication to get out of bed, off the couch, out the door and talk to someone. Stay active!
2. Breathe as deeply as you can and hold it for 10 seconds. Do it sitting or standing. Do it in a car, church, or home. Do this at least 10 times a day.

## WHAT DOES MORE OXYGEN DO?

Oxygen is like electricity. It provides a “spark” to tissues, to heal, prevent deterioration, relieve pain, and make nutrients and medications work at their maximum. What’s great about our biologic oxygenation system is that there are many, many ways to get more oxygen. What’s more, some of the ways are fun!

## HERE ARE WAYS TO INCREASE YOUR OXYGEN

Pick some of these to do each day.

1. More walking around the house, stairs, outside. Walk a pet.
2. Do something exciting. Play a game, watch a movie, listen to good music, go to a sporting event. You know what’s exciting to you and what drives up your heart and breathing rate.
3. Rock in a rocking chair or swing.
4. Swim or Wade in water.
5. Talk-socialize. Every time you have a conversation on the phone or in person with someone, your heart and breathing rate go up. Stay connected with people.
6. Sing, whistle, hum, and tap your foot or finger.
7. Read-anything that turns you on. Newspapers, books, internet.
8. Exercise-any kind you like and will do daily. Stretch, weights, bicycle, trampoline, yoga, or pilates.
9. Drive a car.
10. Gardening and household tasks.

**SPECIAL NOTE: Many years ago, a founding Board member of the Veract Clinic called it “Veract” to mean “very-active”. It is action that raises oxygen levels. Stay very active!**

## DIET FOR INTRACTABLE PAIN PATIENTS

*Pain Patients must eat enough protein daily to make the natural neurotransmitters that are essential for pain control. Green vegetables are the best anti-inflammatory food.*

### EAT DAILY

#### 1. ONE OR MORE OF THESE PROTEIN FOODS

FISH	CHICKEN	TURKEY
BEEF	PORK	EGGS
COTTAGE CHEESE		

#### 2. EAT SOME VEGETABLES AND FRUIT EACH DAY

Green vegetables are the best anti-inflammatory food.

#### 3. DRINKS

**THESE ARE ACCEPTABLE: (Only use dietary sugar)**

COFFEE    TEA    DIETARY SODAS    WATER

#### 4. DRINKS-DO NOT DRINK THESE IF YOU ARE OVERWEIGHT

MILK    REGULAR SODAS    FRUIT JUICE

#### 5. CUT DOWN OR AVOID THESE FOODS TO PREVENT WEIGHT GAIN AND HYPOGLYCEMIA

BREAD/PASTRIES  
POTATOES/FRIES  
CORN  
CAKES/PIES  
PASTA/PIZZA  
CEREAL/OATMEAL  
DESSERTS-ALL KINDS

*If you wish to lose weight, take 1000 mg of carnitine each day and do not drink milk, regular sodas, or fruit juice.*

"Dr. Beak says,"



# NUTRITIONAL AGENTS TO CONTROL CENTRALIZED INTRACTABLE PAIN

1. FISH OIL. 3 GRAMS A DAY
2. GLUTAMINE 2000mg A DAY
3. VITAMIN B<sub>12</sub>. CHEWABLE TABLET.  
2 TIMES A WEEK
4. A MULTI-VITAMIN-MINERAL TABLET.
5. VITAMIN D 5000 UNITS A DAY

Dr. Beak says, "These almost always help control centralized intractable pain."



**NOTE: THE DOSAGES ABOVE ARE MINIMAL. YOU CAN TAKE MORE.**

## MELATONIN: MORE THAN A SLEEP AID

IP patients should all try a trial of high dose melatonin for a month. Melatonin should be nightly or every other night.

“Give 10 or 20 mg of melatonin a try to help yourself.”



The dose must be 10 or 20 mg. It can be taken with your regular sleep medication.

Melatonin does much more than help sleep. It regulates the rhythms of the body which aid pain control.

Many patients who take melatonin report less pain when they awake each morning. Others need less opioid during the day and report more energy and less depression.

## **ELECTRICITY CONTROL MEASURES FOR INTRACTABLE PAIN PATIENTS**

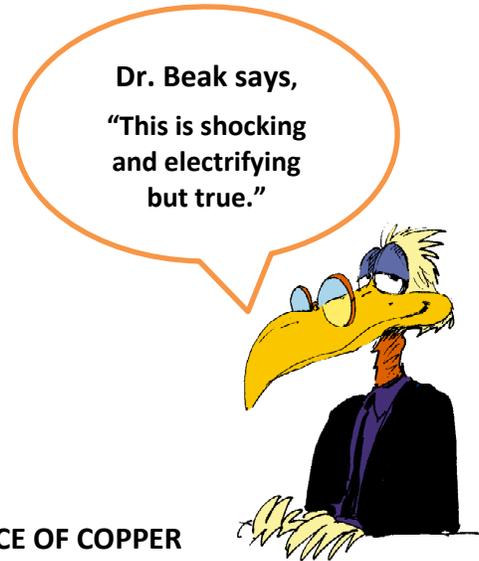
*You must **daily** eliminate the accumulation of trapped electricity in your pain sites which results from damaged nerves. If you fail to do this, your pain will likely worsen and tissue won't heal.*

### **MUST DO EACH DAY**

**RUB YOUR PAIN SITES AT LEAST 2 TIMES A DAY WITH A PIECE OF COPPER OR A MAGNET. TO GET MAXIMAL EFFECT, USE BOTH COPPER AND A MAGNET.**

### **DO SOME OF THESE EACH DAY**

1. Take a tablet of magnesium, copper, or zinc;
2. Wear a copper and/or magnetic bracelet, anklet, or necklace;
3. Soak in your bath tub or Jacuzzi with 2 tablespoons of Epsom salts placed in it;
4. Walk barefoot on carpet or sand for at least 5 minutes;
5. Do some stretching exercises which puts pressure or "tug" on your pain site(s).
6. Frequently grab or touch metal objects.
7. Wear jewelry such as rings, necklace, or earrings.
8. Massage a topical (skin) medication that gives you some relief into your pain site(s).
9. Run a vibrator or massager over your pain sites.
10. Pet your dog or cat.
11. Vinegar soak or rub.
12. Swim or just sit in a swimming pool.



## LYMPHATIC DRAINAGE FOR INTRACTABLE PAIN PATIENTS

### **YOU MUST FLUSH YOUR SYSTEM DAILY!**

*Pain is basically too many electric charges and inflammation in one spot. The body flushes itself primarily through the lymphatic system which consists of very small channels between cells that flow into larger channels. This system, unlike the blood system, doesn't have a pump ("heart") so a pain patient must daily take measures to make the lymphatic system flush itself. Inactivity, such as lying in bed, produces stasis of electricity and inflammation, so this is why pain is usually worse upon awakening in the morning. Healing can't take place if there is stasis.*

Dr. Beak Says,  
"Lymph it or  
lose it."



**Key Point: All movement keeps lymph moving.**

**Do some of these measures each day:**

- Rocking Chair
- Vibrator
- Power or Fast Walking
- Swim or Wade in Water
- Walk on Trampoline
- Massage
- Rock Back and Forth on Your Feet and Shake Your Arms and Legs

# CONSTIPATION

Intractable pain patients frequently have constipation. Many painful conditions including spine and spinal nerve injuries may partially paralyze the intestine. Opioid and some other medications may produce constipation. Given here are your guidelines to prevent and resolve constipation. Unless noted, all remedies are “over-the-counter” and do not require a prescription.

## BASIC PREVENTION

1. Eat meals at about the same time each day
2. Drink 8 glasses of fluid each day—water, coffee, tea, dietary drinks

## PREVENTION AND MILD CONSTIPATION

1. ½-1 cup warm prune juice
2. FIBER PRODUCT—Any powder, liquid, or chewable fiber product is acceptable. A recent favorite among pain patients is a product called “Fiber Gummies”

## MODEST TO MODERATE CONSTIPATION (FOLLOW INSTRUCTIONS ON LABEL)

MILK OF MAGNESIA

METAMUCIL

MAGNESIUM CITRATE TABLETS

STOOL SOFTENER- DOCULSATE (Colace®)

## DAILY CONSTIPATION

MIRALAX POWDER

## SEVERE CONSTIPATION

There is a new prescription drug called “AMITIZA®”

## LAST RESORT-AMITZA DOESN'T WORK

New subcutaneous injection called Relistor® (methylnaltrexone). The patient uses a pre-filled syringe every other day. This requires a prescription.

Dr. Beak says,  
“Keep it moving for  
pain relief.”



***SPECIAL NOTE: PATIENTS SHOULD FOLLOW THESE GUIDELINES AND ASK THEIR PHYSICIAN FOR AMITZA® OR RELISTOR® ONLY IF ALL OTHER MEASURES FAIL TO RESOLVE YOUR CONSTIPATION PROBLEM.***

## INSOMNIA

Intractable pain patients who have centralized their pain will almost always have insomnia. Very few IP patients can get over 4 hours sleep at a stretch. Many only sleep for about 2 hours at a stretch. The cause of insomnia in IP patients is not just pain but the central nervous system is over-aroused or stimulated.

Follow these steps as IP patients **MUST** get some sleep each night.

STEP ONE—Use pain medication at bedtime. Take a dose of your pain medications just before bedtime. You may need to take another dose when you awaken in the night.

STEP TWO—If you can't get enough sleep with a bedtime dose of your usual medication, take one or more of these natural, non-prescription, over-the-counter preparations.

- L Tryptophan-1000 to 2000mg
- Valerian-1000 to 2000mg
- Mid-nite<sup>®</sup> or Nature-Made Sleep<sup>®</sup>
- Unisom<sup>®</sup> or Benadryl<sup>®</sup> (diphenhydramine)

## MELATONIN

Melatonin is the body's natural sleep hormone. It also helps regulate the body's pain and hormone system. New patients will be given Melatonin 10mg to be taken for at least a month or until the sleep pathway becomes normal.

Established patients should also try it for 1 month to see if they have more sleep, energy, and pain relief.

Melatonin is to be taken with, not a substitute for other sleep aids.

Dr. Beak says,  
"No sleep, no  
pain relief."



## PRESCRIPTION BEDTIME AIDS

One can be prescribed if the above steps fail to give you enough insomnia relief.

• Amitriptyline (Ellavil®)
• Clonazepam (Klonopin®)
• Diazepam (Valium®)
• Doxepin (Sinequan)
• Eszopiclone (Lunesta®)
• Flurazepam (Dalmane®)
• Gabapentin (Neurotin®)
• Promethazine (Phenergan®)
• Temazepam (Restoril®)
• Triazolam (Halcion®)
• Zolpidem (Ambien®)

## TOPICAL RUBS FOR INTRACTABLE PAIN PATIENTS

1. Lidocaine Gel
2. Prednisone - 5mg (Use only once daily)
3. Soma - 350mg
4. Morphine – 30mg
5. Medroxyprogesterone – 10mg

**“Dr. Beak says,”**

*Intractable pain patients collect a lot of electricity in the skin and soft tissues around a pain site. Topicals provide a lot of relief and allow you to reduce oral opioids.*



**To make topical creams, crush 2-3 tablets and stir into 1 ounce of cold cream.**

**Topical creams work best under infrared, vibrator, massager, or heat.**

# **TIME TO REDUCE LONG-ACTING OPIOIDS**

**Dr. Beak says,**  
“Every intractable pain patient who takes a long-acting opioid should attempt to reduce or stop them and rely on hormones and short-acting opioids.”



## **WHY STOP LONG-ACTING OPIOIDS**

In past years long-acting opioids were the preferred treatment for severe, constant intractable pain, because the medical profession had little else to offer. Today it is different. We now have the new neurohormones and other therapies.

## **MAJOR PROBLEM WITH LONG-ACTING OPIOIDS**

Physiologically, long-acting opioids remain in your blood at all times, consequently, they shutdown, suppress, and deplete many of the hormones, enzymes, and metabolic systems in the body. This shutdown and depletion causes many complications and will likely shorten your life.

## **LONG-ACTING OPIOIDS MAY INCREASE PAIN**

After a while, a long-acting opioid may make you worse because they depress testosterone, progesterone, and other hormones. Once hormones are depressed, opioids don't work as well.

## **HOW TO REDUCE LONG-ACTING OPIOIDS**

Review your patient handbook and make sure you are daily practicing its guidelines regarding amino acids, dietary supplements, diet, exercise, electricity control, oxygen enhancement, sleep, and lymph drainage.

It is best to start hormone therapies before you begin reducing your long-acting opioids.

## **METHOD TO REDUCE LONG-ACTING OPIOIDS**

Decrease your dosage by just 1 or 2 pills every day or every other day each week until you cut your long-acting dose to the lowest possible level. If you are using a fentanyl patch, attempt to use your patch(s) an extra ½ day before you change it. Lengthen the time between patches and then get a lower dose patch.

Increase use of your short-acting opioid. Don't let a pain flare occur as you reduce your long-acting dosage. Don't be afraid. Just increase your other medications and hormones as you decrease your long-acting opioid.



## **PAIN RELIEF DURING AND AFTER SURGERY\*** **IN INTRACTABLE PAIN PATIENTS**

**Dr. Beak says,**  
“Take this educational piece to your dentist or surgeon if you are going to have a procedure.”

**The following is information and guidelines regarding pain control for surgical procedures.**

**Background:** All intractable pain patients are maintained on opioid drugs for control of their baseline, constant pain. Opioids may be self-administered by sub-lingual, transdermal, and/or oral routes. Patients are tolerant to their medications and attend our pain clinic on a monthly basis. They are familiar with the names and dosages of their medications. It is anticipated that they will attend our clinic for a lifetime.

### **Continuous Maintenance of Current Pain Relief Medications During Surgery**

Patients should continue their routine pain relief medication, without interruption in the pre-op, and post-op periods. The only exception is oral medication that can't be taken due to surgical necessity. In this case, the patient can increase sub-lingual or transdermal medication if necessary.

### **Ancillary, Additional Opioid, Anesthetic, and Nausea Medication**

Patients must be medicated as normal with the surgeons' choice of anesthetic, local or general, and anti-nausea medications.

In addition to the patient's regular opioid medication, the patient may be given any injectable, sub-lingual, or suppository opioid including meperidine (Demerol®), morphine, hydromorphone (Dilaudid®), or fentanyl for additional pain control requirements in the post-op period. Patient-controlled anesthesia (PCA) is acceptable.

**Cautions:** Patients should not stop their regular opioid maintenance medication before or after surgery lest the patient go into painful withdrawal which will produce immune suppression and interfere with healing.

### **Continuous Pain**

Our clinic will continue regular pain treatment.

**\*INCLUDES DENTAL PROCEDURES**

# GENETIC DEFECTS THAT AFFECT PAIN DRUGS

## MEDICATION DOESN'T WORK

Some patients have found they can't get much relief with oral opioids and have to use opioid injections, patches, sublingual (under-the-tongue), or suppositories. To find the right medications a genetic test may have to be done.

## CYTOCHROME TEST

The tests analyze DNA from blood, saliva, or a swab taken from inside the cheek (buccal). Enzymes named cytochromes are measured. (They go by the names CYP 2D6, CYP 2C9, CYP2A4, and CYP 2C19). The enzyme activity of these 4 cytochromes has to be normal or a pain patient may have to take a higher-than-normal opioid dosage.

Special genetic testing laboratories and services are now being rapidly established. These tests are accurate and necessary for safe and effective opioid prescribing. Medicare and most insurance companies pay for them.

## GRADING OF CYTOCHROMES

Test results of the enzymes that control opioid metabolism are graded: (1) normal; (2) poor, (3) intermediate; or (4) rapid. Poor means the enzyme essentially doesn't function. Intermediate means the enzyme only partially functions. Rapid means the enzyme metabolizes much too fast and kicks the opioid out of the body before it can do much good.

## ABNORMAL CYTOCHROME

For an opioid drug to provide pain relief and then be safely eliminated from the body the cytochromes enzymes must change (metabolize) the opioid into chemicals called metabolites. Any enzyme defect whether it is graded poor, intermediate, or rapid will likely require a high opioid dosage.

## NON-ORAL ADMINISTRATION

Cytochromes are in the intestine. If you have a genetic deficiency, you may have to take your medication by injection, patch, or under-the-tongue.

**Dr. Beak says,**  
*"Some patients have unusual metabolism and require a genetic test for cytochromes to help us find a pain medication that works."*



## CURATIVE MEASURES

✓ EXERCISE AND OXYGEN

✓ NUTRITION

“Think protein, amino acids, taurine, and green vegetables.”

✓ NEUROHORMONES

“Think oxytocin and human chorionic gonadotropin.”

✓ ELECTRICITY CONTROL

✓ LYMPH DRAINAGE

**Dr. Beak says,**  
“We used to think IP was never to be cured. This handbook should make it clear that we have to rethink this idea. The curative measures in this handbook, if strictly followed, will give you pain free hours or at least a low pain level.”



## CONTRACTURES: A PATIENT'S WORST ENEMY

*A contracture is a scarring and shrinking of the muscles and tendons attached to your joints. Muscles are attached to your spine vertebrae, hips, and knees. When pain starts to scar, shrink, and contract your muscles, you are pulled to one side and your hips and knees are pulled to tightly into their sockets. When contractures occur more pain is generated. This leads to less reach and walking ability. The reason pain patients end up in a wheelchair or need a walker or cane is contracture. Given here is a basic stretching exercise you must do daily if you have intractable hip, knee, neck or lower spine pain.*

“Don’t cripple yourself. Stretch several times a day to prevent contractures. Contractures or muscle shortening causes even more pain and disability.”



### **DO 3 OR MORE TIMES A DAY!**

#### STEPS FOR BASIC BACK AND NECK PAIN

1. Spread fingers.
2. Reach straight up with both arms until you feel pressure on your pain site.  
DO NOT CAUSE PAIN!
3. Hold for a count of 15.
4. Repeat at least 3 times a day.
5. Over time – try to extend your upward reach.

#### STRETCHING PRINCIPALS

1. Stretch to a point you feel tugging or pulling but not pain.
2. Standing is best to stretch but sitting or lying down is OK.
3. You should do more than raise your arms. Stretch your arms and legs in positions that let you know you are tugging or pulling on a contracted area.



# HOW TO MAKE YOUR OPIOIDS STRONGER AND TAKE LESS

- ALL OPIOIDS SHOULD BE CHEWED. LET THEM DISSOLVE IN YOUR MOUTH OR UNDER YOUR TONGUE
- TAKE A STIMULANT WITH YOUR OPIOID
- OPTION: TAKE GLUTAMINE WITH YOUR OPIOID

- NOTES:**
1. Insurance companies are paying less and less.
  2. Pharmaceutical companies keep raising their prices.
  3. Physicians keep observing more and more opioid complications.
  4. Some opioids have coatings and can't be chewed. Avoid them.

"Dr. Beak says,"  
"Keep your pain  
very low and  
your opioid  
dose low."

