

HOW TO REDUCE YOUR OPIOID DOSAGE TO 90 MG OF MORPHINE EQUIVALENCE (90 MED)

By

FOREST TENNANT M.D., DR. P.H.
VERACT INTRACTABLE PAIN CLINIC

and

INGRID HOLLIS
FAMILIES FOR INTRACTABLE PAIN RELIEF

If you wish to lower your opioid daily dosage to 90 MED, and we highly recommend you do so for your own well-being, we have the following recommendations. If you do not wish to lower your dosage to 90 MED, you must frankly, pursue your future pain care on your own volition as few physicians will now prescribe above this level. Thanks to some old withdrawal techniques, hormone therapies, and new opioid alternatives, the vast majority of intractable pain patients are now able to rapidly lower their opioid dosage to 90 MED and find easier access to care.

In your “March to 90” we recommend you follow the steps listed below. Our recommendations assume that the vast majority of pain patients who now take over 90 MED are patients with a severe underlying disease such as arachnoiditis or traumatic brain injury. All have centralized pain (“constant pain”) with neuroinflammation and “descending” as well as “ascending” components to their pain. Consequently, our recommendations focus on centralized, intractable pain and its unique characteristics.

STEP 1 – SET YOUR GOAL: Review the attached table and set your target opioid dosage. (See attached Table)

STEP 2 – FIND A LOCAL DOCTOR OR NURSE PRACTITIONER: Ask any of your personal physicians as to which physicians, nurse practitioners, or clinic will prescribe opioids under 90 MED.

STEP 3 – LONG-ACTING OPIOIDS: Stop or at least start cutting down on any long-acting opioid (e.g. fentanyl patch, Oxycontin®, MS Contin, methadone) you currently take. Be clearly advised: a long-acting opioid will block your opioid receptors and make you take a high dose of short-acting opioid to combat flare or breakthrough pain. See if your doctor can switch you to a short-acting opioid. If you are on methadone, consider dropping your dose to about 3 or 4 a day. It is extremely difficult to totally and abruptly stop methadone.

Special Note: It may be difficult to reduce to 90 MED if you are on a long-acting opioid. You may need a few week’s time to stop a long-acting opioid.

STEP 4 – NATURAL PAIN RELIEVERS: Find an effective non-prescription pain reliever such as: kratom, CBD oil, Palmitoylethanolamide (PEA). Take a natural pain reliever **before** you resort to a prescription drug or opioid.

STEP 5 – NATURAL ANTI-INFLAMMATORIES: Curcumin, triphala. Find one that helps reduce your “baseline” or “constant” pain. Follow the dosage instructions on the label.

STEP 6 – DIET: Try your best to follow a gluten-free diet (limit wheat & rye products). Gluten-free products are readily available. Start the day with high protein (eggs, cottage cheese, poultry, fish). Do not let yourself become too hungry. Eat on schedule.

STEP 7 – INTESTINE HEALTH: Take a probiotic daily. They help you assimilate opioids to go from the intestine to the blood stream.

STEP 8 – SLEEP: Take Tryptophan (1000 mg), melatonin (10 - 20 mg), or 5-hydroxytryptophan (5HTP) (500 mg) in addition to your regular sleeping medication. These natural compounds activate serotonin which will provide you with better pain relief during the following day.

STEP 9 – OPIOIDS: Use opioid medication as a last resort after you have used your natural and non-opioid pain relievers. (Example: PEA followed by oxytocin followed by oxycodone.) Don't take an opioid unless your flare can't be controlled with a non-opioid.

STEP 10 – MAKE THE BEST USE OF YOUR CURRENT MEDICATION: Use your current medication much wiser. **The timing of intake of your medication is as important as what you take. Here are some common examples of timing to get the best use of your current medication.**

1. Ketorolac – Mon., Wed., Fri., mid-morning.
2. Oxytocin or ketamine – Use for pain relief **before** resorting to an opioid.
3. Hormones:
 - a. Methylprednisolone or dexamethasone – 3 – 4 PM on 3 to 5 days a week.
 - b. Human chorionic gonadotropin – 3 – 6 PM on 3 to 5 days a week.
 - c. Estradiol, nandrolone, testosterone, medroxyprogesterone, take in late afternoon.
 - d. Pregnenolone, take in morning before 9:00 AM.
4. Stimulant, muscle relaxant, neuropathic agent, taurine, 7-9:00 am – Repeat mid-afternoon.

STEP 11 – DEVELOP AN EARLY MORNING PROGRAM: Take your 1st dose of these drugs between 7 – 9:00 AM.

<u>NEUROPATHIC ANTIDEPRESSANT ANTI-ANXIETY</u>	<u>WITHDRAWAL SUPPRESSOR & GABA ENHANCER</u>	<u>STIMULANTS</u>	<u>TOPICAL CREAMS/RUB- ON PAINFUL AREAS</u>
Clonazepam, Diazepam	Taurine 2000 mg (2 grams)	Amphetamine Salt (Adderal®)	Carisoprodol
Carisoprodol (Soma®)		Methylphenidate (Ritalin®)	Morphine
Cymbalta®		Mormon Tea (Ephedra)	Determine where on your body pain first starts. Rub that area with a magnet or copper before applying cream.
Lyrica®			
Gabapentin (Neurontin®)			
Tizanidine (Zanaflex®)		Pseudoephedrine Phenylephrine (Sudafed®)	
Topiramate (Topamax®)			

Your morning program should be repeated in mid-afternoon and evening unless your pain is greatly suppressed.

STEP 12 – PREGNENOLONE: Go to your local Health Food Store and purchase some. Take 25 to 50 mg each day. Why? It supports the N-methyl-D-aspartate (NMDA) receptor, metabolizes to other hormones, and provides some of the same effect as Valium®, Soma®, or Neurontin® without sedation.

STEP 13 – DON'T LET YOURSELF GET HUNGRY: Keep your blood sugar regulated. Start the day with protein. (Eggs, cottage cheese, turkey, chicken, sea food.)

STEP14: If you can't honestly reduce to 90 MED with the above recommendations you will need medical assistance to reduce to 90 MED.

SPECIAL NOTICE: The National pain movement is to limit opioids, emphasize non-opioid therapies, and have treatment provided in local communities by primary care providers. At this time, however, primary care physicians (internists, family physicians, nurse practitioners) are limited to prescribing 90 MED.

DISCLAIMER: The recommendations presented here are strictly those of the authors, and they do not guarantee safety or efficacy. These recommendations and opinions are purely private ones that are not endorsed or sanctioned by any governmental agency or professional organization.

**MAXIMAL DAILY OPIOID DOSAGES
FOR 90 MG MORPHINE EQUIVALENCE**

<u>MAXIMAL DAILY OPIOID DOSAGES ALLOWED</u>	
<u>Approx. Oral Doses a Day</u>	<u>OPIOID (Oral or Patch)</u>
8-9	Morphine – 10 mg
3-4	Methadone – 10 mg
8-9	Hydrocodone/APAP – 10/325 mg (Vicodin®, Norco®)
3	Morphine – 30 mg
6	Oxycodone/APAP – 10/325 mg (Percocet®)
5	Hydromorphone – 4 mg (Dilaudid®)
2-3	Hydromorphone – 8 mg (Dilaudid®)
6	Oxycodone Plain – 10 mg
2-3	Oxycodone Plain – 20 mg
2	Oxycodone Plain – 30 mg
16-20	Codeine 30 mg
8-10	Codeine 60 mg
16-18	Tramadol 50 mg
8-9	Tramadol 100 mg
1	Fentanyl Patch – 25 mcg per hour
1	Fentanyl Patch – 50 mcg per hour is 120 mg of morphine equivalence
<u>OPIOID INJECTIONS</u>	
2-4	Hydromorphone 50 mg/ml, .05 to .1 ml (2.5 to 5 mg)
3-4	Fentanyl 1000 mcg/ml, 0.1 ml (100 mcg) sub cu per injection
8-9	Morphine 10 mg per injection
3-4	Meperidine (Demerol®) 50-100 mg per injection
<ul style="list-style-type: none"> • This table is based on recommendations of the Federal Centers for Medicare and Medicaid. • If a patient wishes, they can take 2 opioids, each at half the maximal number a day which is listed above. 	

SUPPLIES TO HELP YOU LOWER YOUR DOSAGE TO 90 MG (MORPHINE EQUIVALENCE)

Below are resources that we or some patients use to obtain supplies. Please share this information with your physicians and nurse practitioners.

ANAZAO HEALTH

5710 Hoover Blvd

Tampa, FL 33634

Ph: 1-800-995-4363

Fax: 1-800-985-4363

1. Human chorionic gonadotropin (HCG) 500 units as troche or sublingual tablet. Take 3 to 5 times a week.
2. Oxytocin, 40 units as sublingual tablet or troche. Take 1 to 2 every 4 to 6 hours for a pain flare.
3. Ketamine, 25 mg as a troche. Take 1 to 2 every 4 to 6 hours for a pain flare.
4. Hydromorphone, 50mg/ml - #20ml. Use .05 to .1 ml subcutaneous every 4 to 6 hours for a severe pain flare.

LIFE EXTENSION

P.O. Box 407198

Ft. Lauderdale, FL 33340-7198

Ph: 1 866-542-9857

1. PEA – Palmitoylethanolamide (Trade name is “Comfort Max”)
2. Probiotics
3. Taurine
4. Pregnenolone
5. Tryptophan
6. Curcumin

KRATOMCRAZY.COM: Various brands of Kratom.

YOUR LOCAL HEALTH FOOD STORE

1. CBD oil products
2. Triphala
3. Probiotics
4. Tryptophan
5. Taurine
6. Melatonin
7. Pregnenolone
8. Curcumin
9. 5-Hydroxytryphan

YOUR LOCAL COMPOUNDING PHARMACY

1. Ketorolac Troches (30 mg)
2. Ketamine Troches (25 to 50 mg)
3. Oxytocin sublingual tablets or troches (40 units)
4. Nandrolone Troches (25 to 50 mg)

