

CHAPTER 2

A SUCCESS PLAN FOR PAIN-FREE LIVING

AN ANTIDOTE FOR THE OPIOID CRISIS

BY DR. JOHN ROSA & DR. DAVID SEAMAN

The average savvy individual has high hopes for the future. At age 25 or earlier, many highly-motivated people already have organized plans for achieving success and financial freedom before they are 50 years old. Never in these great plans do people set up goals for developing chronic pain, disease, disability, and addiction to opioids or other medications – such negative considerations do not remotely enter the planning and this is because when we are young, we cannot easily conceptualize our physical health status years into the future and how it will affect our lives.

A problem for many people is that they actually plan to develop chronic aches, pain, and disease, *without knowing it*, by pursuing chronic inflammation. Several unhealthy lifestyle factors robustly promote chronic inflammation, those being inadequate sleep, stress, sedentary living, smoking, excess alcohol consumption,

and an unhealthy diet. These many pro-inflammatory lifestyle choices are easy to adopt as a consequence of working long hours and getting wrapped up in all of the responsibilities people take on as they march toward financial success.

Initially, the consequences of a pro-inflammatory lifestyle are minor because a 25-year-old body is young and resilient. However, as time moves on and the pro-inflammatory lifestyles are maintained, by the time people reach 30-40 years old, most people no longer feel young and vital. By 30-40, most people are overweight or obese and chronic inflammation typically commonly manifests as aches and pains. By the time one reaches 50 and older, they have likely been pursuing a pro-inflammatory lifestyle for 30 years or longer. Chronic pain, heart disease, diabetes, depression, and hypertension are the most common manifestations of chronic inflammation in those 50 and older.

No one wants to be financially free by 50 or earlier and not be healthy enough to enjoy it, and even worse, be disabled, suffering with chronic pain, and taking multiple medications, and worse, inadvertently getting addicted to opioids. This chapter will outline a success plan for pain-free living that explains how to easily pursue a robustly healthy physical and mental state that will allow you to fully enjoy the fruits of your labor and give you the best chance to live a disease- and pain-free life.

We are also going to outline key issues related to the current pain crisis, including how pain develops and emerges over time, various pain treatment options, and key issues about the opioid crisis.

A PHILOSOPHY OF LIFE FOR PAIN-FREE LIVING

As we go through life, we go through cycles of injury and healing, and then, we are going to eventually die. People often mistake such a statement to be negative. In fact, the opposite view is true.

Avoiding these realities will lead to the negative health outcomes described earlier. Here is what we mean when this perspective is applied to our financial life. Odds are very strong that you will be poor and exclusively reliant on social security if you do not plan for retirement. You may even have to work into your 70s or 80s for minimum wage to help make ends meet. Clearly, planning for retirement can make our latter years far less financially painful. No one disagrees with this financial view of life, and our suggestion in this chapter is that we should apply this financial thinking to health and wellness.

Just as we hopefully prepare for a successful financial retirement, we need to prepare for inevitable injuries and aging that will occur. If your lifestyle is anti-inflammatory, then you will have the greatest chance to avoid chronic disease expression, effectively bounce back from injuries, and age gracefully without chronic pain. If, on the other hand, you live a pro-inflammatory lifestyle, it is very likely that you will suffer with chronic pain sooner or later to a degree that will surprise you.

FACTS ABOUT YOUR BODY AND MIND

The human body is made of chemicals; our tissues and cells are made of protein, fat, carbohydrates, water, vitamins and minerals. Not surprisingly, body movements, visceral organ function, thoughts, and emotions are all chemical events. The goal should be for these chemical events to be anti-inflammatory, and for this to occur we need sleep, exercise, stress management, proper rest, smoking cessation, moderation of alcohol intake, and an anti-inflammatory diet. This gives us the best chance of living a disease-free and pain-free life.

HOW PAIN EMERGES AND BECOMES CHRONIC

Pain scientists have made it abundantly clear that pain cannot exist without inflammation. In terms of lifestyle, inflammation

almost always appears before symptoms manifest. Consider the following scenario.

The human body is made of trillions of cells, which communicate with each other throughout the lifespan by releasing chemicals. The state of this chemical communication can be broadly classified as being pro-inflammatory, non-inflammatory, or anti-inflammatory. In fact, our bodies need to be able to shift among all three states based on the needs of the body.

For example, consider someone who is fortunate to be healthy and robust; this person's body is chemically living in a non-inflammatory state. If this person sprains their ankle, a pro-inflammatory response will generate pain that will require activity modification so the injury can heal. As the injured ankle is rested, anti-inflammatory responses occur that promote healing and bring the person back to their baseline non-inflammatory state.

As we age and adopt the pro-inflammatory lifestyle factors described earlier, the baseline chemical state of the body shifts away from being non-inflammatory to being pro-inflammatory. When this occurs, the same ankle sprain will hurt more, take more time to heal, is more easily re-injured, and can develop chronic pain.

There are gradations in which the human body transforms from a healthy non-inflammatory state into a pro-inflammatory state. The most obvious example of this transformation is the gradual accumulation body fat. We become fat by stressing, not sleeping enough, not exercising, and by eating too many calories. The average American consumes almost 60% of their calories from refined sugar, flour, and oil, in the form of desserts, snacks, sweetened beverages, bread, pastries, pizza, and deep-fried food. Because these calories taste good, the average person tends to overeat them on a daily basis. These calories are pro-inflammatory from two perspectives: they lack anti-inflammatory nutrients and

rapidly promote body fat accumulation.

As body fat accumulates, the cell types and chemistry begin to change within the growing fat mass. Body fat, also called adipose tissue, is made up of two cell types, those being fat cells and immune cells. When we are lean and healthy, our fat cells are small and the immune cells are anti-inflammatory. When we become overweight and obese, our fat cells increase in size and the anti-inflammatory immune cells that promote body healing are replaced by pro-inflammatory immune cells that prevent healing. The pro-inflammatory immune cells release pro-inflammatory chemicals that circulate around the body and subtly prevent normal tissue healing.

Body fat accumulation also correlates with pro-inflammatory changes that you will see on a blood test. As body fat rises, so do circulating levels of blood glucose. Circulating lipids also become pro-inflammatory, such that triglycerides and LDL cholesterol levels increase, with an accompanying reduction of HDL cholesterol. Blood pressure also starts to rise, as does a marker of inflammation known as C-reactive protein. Smoking and excess alcohol intake add to the inflammatory burden.

These many pro-inflammatory chemical changes that develop as we age and gain weight are initially without symptoms, so that people are under the illusion that they are still healthy. Unfortunately, the presence of these pro-inflammatory chemical changes slowly promotes cancer, heart disease, Alzheimer's disease, and chronic pain.

At some point, we get injured and in response, local cells release inflammatory chemicals. The problem is that people only consider the injury as causing the pain. People do not realize that their bodies have morphed into a pro-inflammatory and pro-pain state before they were injured. In other words, people live in a low-grade injury/inflammation/pain state of body chemistry, but do not display symptoms to any significant degree until they are

actually injured. With injury an acute increase of inflammation is added to the chronic state.

Special pain nerve cells located peripherally in muscles and joints, called nociceptors, are activated by the inflammatory chemistry. The greater the inflammation, the greater the activation of the pain nerve cells, which then stimulate the pain system in the spinal cord. Unfortunately, chronic inflammation causes the peripheral and spinal cord pain system to become overstimulated or hyperexcited, the outcome of which can be severe pain that is debilitating.

The treatment of pain should be two-fold. First, patients should be encouraged to robustly engage in anti-inflammatory lifestyles – get enough sleep, avoid stressors, stay as active as possible (pain permitting), and eat an anti-inflammatory diet, such as The DeFlame Diet. Second, pain patients should be triaged based on the clinical presentation so the most appropriate treatments are delivered. Opiates are not required for the treatment of most painful conditions. This will be outlined in the remaining sections of this chapter.

WHEN PAIN TREATMENT LEADS TO OPIOID ADDICTION, OVERDOSE, AND HOPE

Opioid medications are commonly prescribed for both acute and chronic pain. Patients develop a tolerance to the initial dosage and need more and stronger doses to achieve adequate pain relief. This is when the prescribing physician starts to pull back on prescribing for fear of addiction. Unfortunately such a patient is already addicted, which leads to “doctor shopping” for a prescription, stealing pills from friends and family, and then buying pills on the street. As much as one thinks they will never use a needle, eventually as tolerance elevates and the cost of pills is prohibitive, self-injecting of heroin becomes a cheaper and stronger alternative.

What follows is an all too common scenario. A male patient, who is 29 years of age, seeks further evaluation for his chronic pain of 3 years duration. He is noticeably depressed and emotional in his description of the source of his pain. He was involved in a car accident 3 years prior and was taken to the hospital. He was given a disability note for work and sent home to rest with a 30-day supply of OxyContin, a prescription opioid.

The young man lived with his mother who was already taking the same opioid medication for a chronic pain issue after she was involved in a similar accident 10 years before her son. Neither of them received any treatment for the musculoskeletal trauma other than the medication and as a result they proceeded to refill their opioid prescriptions. Each was eventually labeled as a chronic pain patient and referred for treatment in a pain management facility, which continued to prescribe opioids. As they built up a tolerance to the prescription opioid, they needed more of it to get the same pain relief, and so they turned to street pills and eventually a cheaper version of heroin.

The young man explains that he acquired heroin on the street, for he and his mother, which was laced with carfentanyl, a newer and deadlier synthetic opioid to hit the streets. As a result, they both overdosed and his mom passed away.

After surviving the overdose (and receiving a detox intervention), the son engaged in an Integrative Medicine treatment program that included chiropractic, physical therapy, nutritional therapy, medical massage, yoga therapy, mindfulness training, and behavioral medicine for the treatment of pain. Nine months into treatment, the young man was drug free. In our experience, this outcome is the rule rather than the exception. And when patients are treated with such an integrative medicine approach, they can avoid using opioid medications in the first place and never be pushed into a state of addiction, despair, overdose and potentially death.

A total of 80% of heroin users can trace their addiction to a prescription opioid, the majority of which were absolutely unnecessary. Consider the fact that the United States represents a mere 5% of the world's population and yet we consume over 90% of the world's opioid supply. There are only two explanations for this situation. First, only Americans suffer from painful injuries and need opioids, which is not true. Second, we have been over-prescribed opioids in America for the last several decades. Obviously, the latter is true.

CURRENT OPIOID STATISTICS

Current statistics are eye opening. According to many sources (White House, CDC, Department of Justice, Drug Enforcement Agency, Homeland Security, Border Patrol and state police), the scale of the opioid crisis is actually underreported and getting worse. 2017 data reveals the following daily opioid events:

- 650,000 prescriptions for opioids
- 4,000 start non-medical use
- 600 start heroin use
- 3,300 opioid-related ER visits
- 58 babies born addicted
- 120 die of overdose

In our opinion, the current opioid crisis requires a three-tiered approach: Awareness, Prevention, and Non-opioid treatments. Each will be discussed in more detail in the following paragraphs.

1. Awareness of the opioid crisis

Most people were aware that opioid drugs are addictive before the emergence of the current opioid crisis. However, most are not aware of how aggressively addictive they actually are. For example, taking an opioid for just one day leads to a 6% risk of use one year later. If opioids are taken for 8 days, this leads to a 13.5% risk of use one year later

and a 30-day prescription carries a 30% risk. Any patient prescribed an opioid medication should be aware of this risk. What this risk information also tells us is that the most abusive and unsuspecting cause of the opioid problem is actually following a physician's prescribing orders.

When someone is seen by a physician for any pain-related condition, it was historically, and today still remains a common practice to prescribe an opioid for a painful condition. This for many is the beginning of the end. The general public needs to be aware that opioids, in all their forms, are highly addictive, no matter if they are prescribed by a physician or acquired from the street.

Lastly, the general public needs to understand that the opioid crisis is the outcome of an extremely lucrative business model for opioid manufacturers. Consider that just one company, Purdue Pharma, the manufacturer of OxyContin, has generated some \$35 billion in revenue. In the United States, the drug companies that manufacture opioids donate eight times more money to Congress than the gun lobby.

2. Opioid crisis prevention

A multi-tiered approach to prevention is our recommendation. The best defense against opioid addiction is to be a health advocate for yourself and family members and ask for alternatives to opioid medications when prescribed. In this regard, we recommend that pain education in medical school be updated to be consistent with the current evidence regarding integrative medicine.

Surprisingly, pain education is very weak in medical school. The outcome is that physicians are not trained to manage pain patients properly, as witnessed by the extremely liberal prescribing patterns of opioid medications. Here is what patients are almost never told about their pain when they

see a medical doctor in private practice, hospital, or urgent care center:

- Patients are never told how pain emerges and becomes chronic (as described earlier in this chapter).
- Patients are never told how a pro-inflammatory lifestyle promotes chronic pain expression (as described earlier in this chapter).
- Patients are never told that multiple non-drug and non-surgery treatments can be extremely effective treatments for pain (as described earlier in this chapter).

When we are able to engage pain patients before they are prescribed opioids, and treat these patients with medicine, chiropractic, physical therapy, yoga therapy, mindfulness and nutritional therapy, there has been a substantial reduction in opioid prescriptions in our clinics. For example, we placed our team directly into a primary care physicians office seeing over 100 patients per day and reduced their opioid prescriptions by 70%. In other words, when the proper integrative medicine treatment program is utilized to reduce pain, it functions as a strong preventive measure against opioid use and addiction.

3. Integrative medicine approach to pain treatment

Previously in this chapter, we outlined lifestyle factors to help reduce pain expression. It is the job of the individual to make sure that he/she is making healthy and anti-inflammatory lifestyle choices. Some people are very successful at sticking to an anti-inflammatory lifestyle, while others find it useful to engage physicians, trainers, or health coaches to keep them on track. Whatever works for you is what you should do.

We also listed the key non-pharmacological and non-surgical treatments that are useful in treating pain. It is

the job of the integrative medical team to make sure that effective treatments are selected for the individual needs of the patient. The key is to find a physician group that delivers integrative medicine under the same roof, which helps to guarantee that a patient will get the care they need.

Another dimension of care needs to be considered when dealing with pain patients that are already addicted to opioid drugs. This involves a focused commitment by the addicted patient, a family-friendly support system, and finding the appropriate physicians to help manage the process of recovery. There are several recovery domains that need to be addressed and incorporated into one's lifestyle for the remainder of their life.

Drug detoxification:

- Look for a medical or hospital drug detoxification program
- Post detoxification treatments for physical and mental health
- Investigate medically-assisted treatments (methadone, naltrexone, buprenorphine)

Environment:

- Live in a drug-free environment
- Seek friends and family that will support recovery

Personal mental emotion factors:

- Find a community to be part of, such as faith-based groups
- Be of service to others and your community
- Finish your education
- Get and hold a good job
- Engage in goal planning for the future

Personal health practices:

- Follow The DeFlame Diet

- Take nutritional supplements
- Exercise regularly

You should recognize that the title and content of these four domains could be slightly modified, and then serve as a plan for achieving any goal, such as weight loss, fitness, relationship success, a successful retirement, and business success.



About Dr. John Rosa

Dr. John P. Rosa owns and supervises Accessible Beltway Clinics, which is comprised of 16 clinics in Maryland and Virginia, combining medicine, chiropractic, physical therapy, acupuncture and behavioral medicine to give a comprehensive multidisciplinary approach to pain syndromes and musculoskeletal disorders.

He is active in sports medicine with consulting/treating college, professional and Olympic athletes. Dr. Rosa is the creator of 24/7 **RnR** (**Relief and Recovery**) – an FDA approved analgesic cream. He is also the founder of Accessible Wellness Solutions – an onsite corporate wellness program offering consulting, lectures and clinic management.

-- **Leader in Chiropractic**

- Trustee of New York Chiropractic College for over 15 years and serving final 3-year term as Chairman of the Board.

-- **Integrative Medicine Specialist:**

- Board service to Maryland University of Integrative Health
- Consultant on Integrative Medicine to hospital cancer center
- Reduced opioid prescriptions by 70% by integrating Chiropractic, physical therapy and behavioral medicine in a primary care setting
- Expert/Speaker - educating primary care, urgent care and hospital medical staff on the Integrative Medicine approach to treating pain patients

-- **Opioid Crisis Expert:**

- White House Surrogate/Consultant
- Law Enforcement Consultant (Homeland Security, CBP, DOJ, DEA and Postal)
- State and National Consultant to Opioid Task Forces
- Corporate and professional organization consultant
- Currently forming the Opioid Abuse Prevention Institute

-- **Community Leadership:**

- Board member of the National Italian-American Foundation
- Volunteer at Crossroads Freedom Center - a residential facility in Maryland to help overcome addiction

If you would like to learn more about the Opioid Crisis as it relates to awareness, prevention and treatment or schedule a corporate or organization seminar contact us at: DrJohnRosa.com. Here you will learn how to connect you, your company or organization with the leading experts on the crisis and how to help your community stay safe.

- Contact: DrJohnRosa.com



About Dr. David Seaman

Dr. David Seaman has been writing about chronic inflammation for 25 years. He wrote the first published scientific article about how diet can induce inflammation and promote pain. His articles about pain, inflammation, diet, and obesity have been referenced by researchers at the Centers for Disease Control (CDC), Harvard Medical School and many other universities in the United States, as well as universities in Canada, Brazil, Europe, Middle East, India, Australia, Russia, and other Asian countries.

In 2016, Dr. Seaman wrote a book for the general public entitled, *The DeFlame Diet*. The focus of this book is how to measure and reduce chronic inflammation through dietary means. It is the most detailed book on this topic that is written for the general public. If you want a simple approach to diet, the DeFlame approach is the way to go.

In 2018, he published *Weight Loss Secrets You Need To Know*, which is available as a *free* Kindle book for Prime members and otherwise for .99 cents, which is the lowest Kindle allows. This new book outlines the many societal, sensory, emotional, physiological, and primordial drives that promote weight gain and obesity. Without understanding the power of these non-food factors related to obesity, it is virtually impossible to manage weight properly in the long term. Obesity is a health menace and this book offers a strategy for maintaining proper weight for a lifetime.

- www.DeFlame.com
- YouTube channel: DeFlame Nutrition
- Facebook: DeFlame Nutrition