AN INTEGRATIVE PAIN MEDICINE TECHNIQUE TO REDUCE OPIOID USE

AIPM Scientific Poster Presentation
BACKGROUND

Starting around 3,400 BC, on the plains of Mesopotamia, the juice of the white poppy, and subsequently its derivatives, has been used to reduce pain and produce euphoria. Since then physicians have endeavored to use this drug safely and effectively while society has often focused on its euphoric properties. (1)

In 1527 Peracaleus developed Laudanum; in 1680 Sydenham added sherry and herbs to it to produce Sydenham's Laudanum and in 1806 German chemists refined opium to create morphine, named after Morpheus, God of Dreams. Although widely popular in the 19th century, the difficulties created by morphine led other German chemists to develop heroin which was supposed to be safer than morphine. Since then many have searched for a wide variety of opioid products all aimed at trying, to no avail, to safely and effectively treat pain.

The increasing use of opioids to treat chronic, non-cancer pain has been associated with an ever increasing number of deaths related to opioid overdoses. From 2010 until 2015 opioid overdose deaths have increased by 156%. This led President Trump on August 10, 2017 to declare the Opioid Crisis a National Emergency. (2)

OBJECTIVE

The AIPM deeply understands that “Reducing the supply of opioids will not, by itself solve this crisis. We must accelerate access to existing - as well as discover new - evidence-based pharmacologic, nonpharmacologic and integrative pain treatments.” (3)

Albert Einstein stressed the need to develop different approaches when he taught “We can’t solve problems by using the same kind of thinking we used when we created them.” His friend and colleague, the Nobel Laureate Erwin Schrodinger, described such an approach by proposing that “living matter at the cellular level can be thought of in terms of quantum mechanics --- pure physics and pure chemistry.” (4.) Thus the radical question becomes, “do the principles of physics treat pain more safely and effectively than pharmaceuticals?” Electric signaling of cells with true FM signaling is multiplexed and combined with an overriding AM frequency delivered via a patented spread-spectrum frequency hopping technique that ensures no nerve accommodation (RST-sanexas neoGEN-Series). This electronically advanced technique emphasizes a chaotic electric signal energy wave and assists in initiating cellular self-focusing mechanisms to re-establish proper pain signal processing.

This causes alternating electric fields to change the orientation and energy of molecules within the cell, thus increasing the probability that specific chemical groups and substrates will chemically react. (5)

CONCLUSION

19 of 20 patients dramatically reduced or stopped their use of opioids after being treated by the principles of physics rather than pharmaceuticals

The clinical use of this advanced technique is called CET (Combined Electrochemical Treatment) and EST (Electric Cell Signaling Treatment). (5,6)
METHODS

Two series (7, 8) of patients treated by using the scientific principles of physics had a rapid reduction in their use of opioids. One series looked at how giving CET to 16 patients with a variety of pain syndromes helped them to reduce their opioid use. In a second series of 14 patients treated by CET for peripheral neuropathy a subset of four patients receiving opioids prior to treatment were evaluated.

RESULTS

<table>
<thead>
<tr>
<th>Reduction</th>
<th># Pts</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% Reduction</td>
<td>3</td>
<td>18.75%</td>
</tr>
<tr>
<td>33% Reduction</td>
<td>3</td>
<td>18.75%</td>
</tr>
<tr>
<td>50% Reduction</td>
<td>2</td>
<td>12.5%</td>
</tr>
<tr>
<td>100% Reduction</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>Ave. Reduction</td>
<td>16</td>
<td>67%</td>
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</tbody>
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The 16 pain patients on opioids prior to receiving CET had an average opioid reduction of 67% with half of the patients stopping their opioids altogether after receiving CET treatment. (7)

Of the four patients with peripheral neuropathy receiving opioids prior to CET 3 reduced their opioids use on average by 70%

Case Example: A 60 year old male with idiopathic peripheral neuropathy for 27 years had a pre-treatment VAS = 6, a Functioning Index of 60, and used 2,400 mg a day of gabapentin and 60 MEG a day of opioids. For forty (40) months after treatment his VAS was 0, his functioning Index was 0, his gabapentin use was 0, and his MEG dose of opioids was 0.

Bibliography:
1) A Brief History of Opioids. www.theatlantic.com

This technique proves that a nonpharmacologic, integrative pain treatment exists today which effectively and safely treats pain without opioids. The AIPM and its supporting institutions have a golden opportunity to validate this concept and prove to the world their leadership in transforming our treatment of pain.

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neoGEN-Series® FDA INDICATIONS:

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• Adjunctive treatment of acute, post-traumatic pain
• Adjunctive treatment of post-surgical pain
• Relaxation of muscle spasms
• Prevention or retardation of tissue atrophy

• Increasing or improving circulation
• Neuromuscular reeducation
• Maintaining or increasing range of motion
• Acute and chronic pain conditions
• Immediate post-surgical use to prevent phlebothrombosis

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