Chronic Pain and Addictions: A Clinical Value Analysis Model

The nation's opioid crisis has two tiers.

The first tier is comprised of individuals who have chronic pain; an illness that is estimated to place a $500 billion annual strain on the US economy and the second one is for all others who are addicted to opioids and similar drugs.

Logically, in order of primacy, the ability to mitigate the effects of the drug crisis must address chronic pain first.
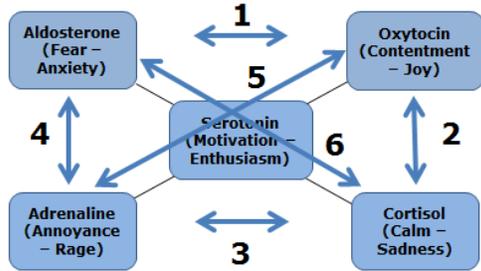
The general conscientious for the cause is neuroplasticity with hippocampal activity. https://www.ncbi.nlm.nih.gov/pubmed/26218865.

Our modeling, as supported by several studies, indicates neuropeptide Y is the primary cause. Due to the fact that neuroscience has been unable to identify the role of NPY, its elemental composition or its interactions with the two other neuropeptides; the ability to adequately treat/cure the problem has not been accomplished.

Having a theoretical model for the causes of chronic pain, we were able to use our epigenetic modeling tools as a basis to develop possible strategies to dramatically reduce the $500 billion+ annual expenditure and the loss of so many lives.
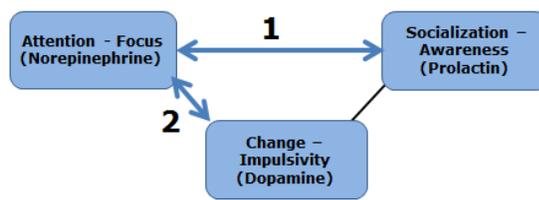
Our modeling of the interactions between neurohormones and consequence from imbalances was used to gather documentation to support the causal path pattern for all addictions; including but not limited to opioids or other drugs. Refer to the following for discussion purposes.

Emotions: Interactions and Imbalances

Aldosterone (Fear – Anxiety)
Oxytocin (Contentment – Joy)
Serotonin (Motivation – Enthusiasm)
Adrenaline (Annoyance – Rage)
Cortisol (Calm – Sadness)

Numbering is provided for use as talking points to explain outcomes from imbalances.

Logic: Neurohormone Interactions

Attention - Focus (Norepinephrine)
Socialization – Awareness (Prolactin)
Change – Impulsivity (Dopamine)

Dopamine's Role Identified
http://www.sciencedaily.com/releases/2010/06/100629170922.htm
Autism Spectrum (Asperger's - Prodigy): High Norepinephrine – Low Dopamine – Low Prolactin
Prolactin Role
http://www.sciencedaily.com/releases/2015/03/150330162423.htm

Our unparalled knowledge of clinical value analysis was applied to chronic pain and, despite the chaos surrounding ways to mitigate the problem, following results were identified.

Peer-reviewed studies by major academic centers have identified the following as options for treatments/cures of chronic pain.

Acupuncture

https://www.medscape.com/viewarticle/888618

https://www.practicalpainmanagement.com/patient/treatments/alternative/role-acupuncture-treating-chronic-pain

Reflexology

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5114793/

http://journals.sagepub.com/doi/abs/10.1177/0898010103021002007?journalCode=jhna

https://www.nursingtimes.net/clinical-archive/pain-management/reflexology-effective-pain-relief-uk-study-suggests/5057249.article

Optogenetics

https://www.ncbi.nlm.nih.gov/pubmed/28726577

Given the fact that existing studies validate the fact that exiting options exist for treatment of chronic pain, our clinical value analysis modeling was apples to identify value-based and comparative effectiveness strategies for the initial step in addressing the broad issue of all addictions.

To minimize unnecessary complexity in a document of this nature, we have opted to set aside discussion for resolving addictions that include OCD, alcohol and drugs based on verifiable scientific facts with TBD interested parties.

To arrange for non-commercial discussions concerning clinical value analysis (CVA) for chronic pain or the opioid crisis, contact William (Bill) McFaul at WJMcFaul@AOL.com to schedule an appointment on a time available basis.