

TERRIFIC TROCHES **ESSENTIAL ON YOUR “MARCH TO 90”**

DOCUMENT NO. 2

May 10, 2018

By

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

and

INGRID HOLLIS
FAMILIES FOR INTRACTABLE PAIN RELIEF

Troche technology is saving the day. With their proper use, intractable pain patients can almost always drop their opioid dosage to about 90 milligrams of morphine equivalence.

- What is a troche? It is a small gelatin-like substance in which a drug is placed.
- How is it taken? Hold it between your tongue and cheek and it will dissolve.
- Is it better than a pill or shot? Sometimes. Pills have to dissolve in the stomach and intestine and be metabolized by the cytochrome system and/or liver. Consequently, usually no more than about 50% gets into the nervous system to reduce pain, suppress neuroinflammation, and promote healing. Injections are simply painful and somewhat unpredictable. Furthermore, most physicians will not prescribe injectables.

THE TERRIFIC TROCHES (For pain and neuroinflammation):

1. Ketorolac (30 mg) (Toradol®) (Pain and neuroinflammation reduction)
2. Human Chorionic Gonadotropin (500 units) (For tissue regeneration)
3. Nandrolone (25 to 50 mg) (For pain relief and tissue healing)
4. Ketamine (25 to 50) (Pain relief)
5. Oxytocin (40-80 units) (Pain relief)

Note: Oxytocin can also be made as an effective sublingual (under-the-tongue) tablet.

TAKE ACTION NOW:

1. See your local compounding pharmacy today and see which of the above troches they can make for you. We can supply a source if your local pharmacy can't make them.
2. Show this list of troches to your physicians and nurse practitioners and find out which of them they will be willing to prescribe. We can supply prescribing instructions.

JUST IN: A patient just reported she was able to stop high dose fentanyl (Oral “breakthrough” lozenges) by switching to ketorolac troches (30 mg) and nandrolone (50 mg) on 3 days a week.

SUMMARY: The 5 troches listed above represent the new technology and treatment approach to such terrible intractable pain problems as arachnoiditis, RSD, Ehlers-Danlos, TBI, and post-viral autoimmune disorder. To lower your opioid dosage to about 90 mg, you will likely need at least 2 of the 5 troches listed above. If you are currently a patient in our clinic we can supply prescriptions with instructions. Send your request to the clinic by e-mail, fax, or postal service.

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.

MY POSITION ON PRIMARY CARE PRACTITIONERS AND THE 90 MG OF MORPHINE LIMIT

I support the position that internists, family practitioners, nurse practitioners, and other primary care providers who don't have a special government authorization to prescribe high dose opioids, follow the CDC Guidelines of milligrams of daily morphine equivalence (90 MED). I have changed my position in this regard, because, in the past year, we have identified multiple opioid alternatives as well as therapies for the major underlying causes of intractable pain. Current chronic pain patients who have well-maintained on high dose opioids for a considerable time-period should be given some leeway, in time, to reduce their daily opioid dosage to 90 MED.