NON-OPIOID PAIN RELIEVERS

Although it has been clearly shown that opioids prescribed by physicians didn't cause the opioid epidemic or the current overdose situation, many physicians are too frightened or intimidated to prescribe opioids to intractable pain cases. For information, we cannot identify any physician who has been disciplined by a medical board or charged by DEA for prescribing to an AA patient. This document is designed for AA patients to show to their doctors in case he/she won't prescribe opioids.

1. Most Prescribed Non-Opioid: Low Dose Naltrexone: Starting dose is 1.0 mg a day. Compounding pharmacy.

2. Anti-Inflammatory – Pain Relief Drug: Ketorolac is available in oral or injectable formulations. Suppresses peripheral pain and inflammation. Use only 1 to 3 times a week. Not safe if used 5 consecutive days. Not a daily pain reliever.

3. Journavx®: Channell blocker. Marketed for acute pain. Many patients find it effective as a daily pain reliever.

4. Ketamine: Can be made by a compounding pharmacy in doses ranging from 10 to 100 mg. Can be taken orally, buccal, or nasal spray. Can be used intermittently.

5. Kratom Only non-prescription opioid that is legal in most states. Can be used daily or periodically.

6. Oxytocin: Hormone that is also a pain reliever. Compounding pharmacies can make a buccal troche.

7. Palmitoylethanolamide (PEA): Relatively new discovery. Fatty acid substance. Works on reducing chronic neuropathic pain. Dosage is 600 to 1200 mg a day. Has inflammatory and analgesic effects on neuroinflammation.