

CAUTION

Pain Medications—Special Advisory Warning: It may be time to reconsider how you manage your pain medication intake. In the U.S., 60 million adults take Over-The-Counter

(OTC) pain relievers every day or for several days per week.¹ Ongoing use can lead to serious health risks or even death.

OTC pain drugs should be taken at the lowest effective dose for no more than 10 days.²

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):

This class of drug is the most commonly used medication in the world. OTC NSAIDs include **ibuprofen** (Advil™ and Motrin™), **naproxen** (Aleve™), and **aspirin**. NSAIDs are used primarily to treat inflammation, pain, and fever, by blocking prostaglandin production. However, prostaglandins are needed to create mucosal protection for the lining of the stomach, and, if blocked, serious damage can occur. NSAIDs also inhibit platelets that help with blood coagulation and homeostasis, and can interfere with kidney function. There is no risk-free NSAID dose (includes low-dose aspirin).

BLACK BOX WARNINGS

The FDA's most serious warning must now appear on all PRESCRIPTION and OTC NSAID packaging.³ This marks the first time ever that an OTC drug has been required to have a Black Box Warning.⁴ High doses of OTC brands can be just as dangerous as prescription formulations.

■ NSAIDs (except aspirin) may cause an increased risk of heart attack, blood clots, and stroke, which can be fatal. Risks may increase with duration of use. Cardiovascular conditions such as high blood pressure may also increase the risk.³

■ NSAIDs increase the risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal and most often occur without warning symptoms.³

NSAID-Induced PUBs, known together as **Perforations** (erosions of the stomach and small intestinal lining), **Ulcers**, and **GI Bleeds**, cause over 100,000 hospitalizations annually.⁵ Chronic NSAID use (90+ days) showed serious damage to the small intestine in 70% of the subjects.⁶ Patients over 60 with perforations have a 30% chance of dying.⁷

Compared to non-users, NSAID users' risk for PUBs increases by:

- 2.5 times when taking low-dose aspirin.⁴
- 3 times when taking OTC ibuprofen or naproxen.⁴
- 10 times when taken with alcohol.⁸
- 12 times when combined with anti-depressants (SSRIs).⁹
- 13 times with previous Peptic Ulcer Disease or GI Bleed.¹
- 13 times when used with anticoagulants (bloodthinners).¹
- 15 times when used with Corticosteroids.¹⁰
- 25–30 times when two NSAIDs are used together.^{1,7}

Acetaminophen (APAP): Tylenol™, Datril™, and others do not have anti-inflammatory effects like NSAIDs but are commonly taken for chronic pain. Used in over 600 medications.¹¹

- Annually, acetaminophen (APAP) toxicity kills nearly 500 people and causes 56,000 ER visits, 2,600 hospitalizations, and 100,000+ calls to Poison Control Centers.¹²
- Overdose of acetaminophen is the leading cause of **Acute Liver Failure (ALF)**. ALF may feel like flu symptoms over several days.¹¹ Coma and death can rapidly occur in one-third of ALF cases.¹³
- ALF can occur using the maximum 4 grams (gm) per day dose for five or more consecutive days.¹² 10% of ALF victims used 2–4 daily gm.¹²
- APAP causes half of all ALFs. Of these cases, 38% had combined two or more APAP-containing preparations.¹³
- Alcohol used with more than 2 gm of APAP can cause ALF.¹³

Bigger Doses Don't Mean Better Relief

The analgesic ceiling effect of a drug refers to the dose beyond which there is no additional pain relief. Taking higher than the recommended dose does not yield additional pain relief, but may increase side effects. The ceiling per dose for the following meds are Ibuprofen, 400 mg; Acetaminophen, 1000 mg; Naproxen, 500 mg; Pure Opioids, no ceiling; Combination Opioids with APAP (less than 4 gm/24 hours to avoid ALF).^{14,15}

Opioids: These powerful prescription narcotics are extremely addictive and may cause permanent physical changes in the brain. Commonly prescribed opioids are oxycodone (OxyContin®), hydrocodone (well-known brands Vicodin® and Lortab® contain acetaminophen), and methadone.

- The #1 selling U.S. drug is hydrocodone. With 135 million prescriptions, the U.S. uses 99% of the world's hydrocodone.¹⁶
- Hydrocodone caused 62% of accidental APAP-induced ALFs.^{13,17}
- Prescription opioid-related deaths exceed the total deaths involving heroin and cocaine.¹⁷
- There were 22,400 accidental overdose deaths with opiate prescriptions vs. 17,000 homicides in 2005 in the U.S.¹⁷
- More people in the 45–54 age group die of unintentional opioid drug overdose than from motor vehicle accidents.¹⁷

Dramatic Results Without Surgery

Case Study: Severe Herniated Disc

Two years ago, Terence M. ruptured a disc while lifting a box from the trunk of his car. As a result, he lost the use of his right leg and suffered relentless, excruciating pain. Desperate for relief, he went to see Harvey Kleinberg, DO, an Osteopathic Physician and Physical Medicine and Rehabilitation Specialist for over 35 years. Dr. Kleinberg used Non-Surgical Spinal Decompression Therapy to alleviate Terence's pain and restore his lost function.

"When patients have injuries, you want to make them feel better as quickly as possible, and that is what Spinal Decompression Therapy is capable of doing for many patients," Dr. Kleinberg said.

Dr. Kleinberg prescribed a treatment plan of three 30-minute sessions a week, which eventually tapered off as the pain began to subside. Patients usually undergo about 20 to 25 treatments, and easy maintenance can keep people from ever having a repeat injury again.

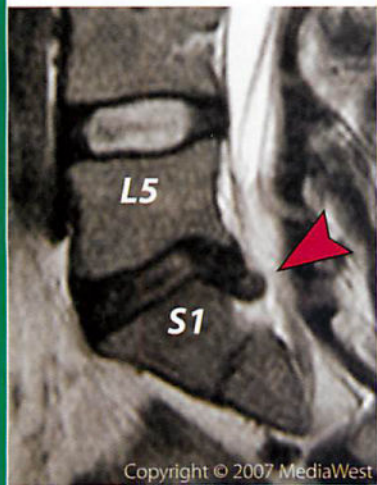
"My pain was excruciatingly horrible," Terence said. "I thought I'd never be able to be up and about again. My pain was gone in two weeks. I was feeling so good, I couldn't wait to go back to work."

"I Was a Pain Doctor In Pain!"

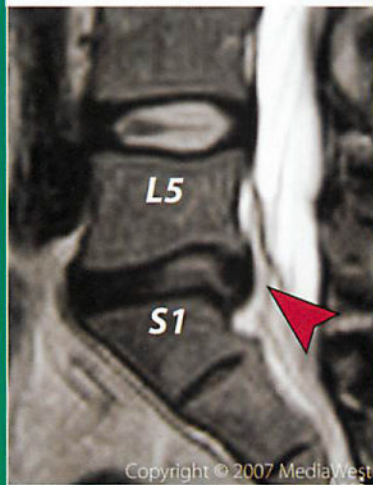
Dr. Kleinberg knows first-hand how unbearable back pain can be—he suffered from herniated discs three years ago. "I had undergone three laminectomies, but continued to suffer from severe sciatica one year after the third surgery. Due to the severity of my problem, it took 29 treatments for a total elimination of pain. It's been three years now, and I'm still pain-free!" Because Spinal Decompression Therapy alleviated his back pain, he is determined to inform people about this non-surgical treatment for herniated or degenerative discs.

"No one should have to suffer from pain for the rest of their lives if there is a treatment outside of surgery that can offer them relief with no risk involved," Dr. Kleinberg said.

Pre-Treatment MRI: Non Weight-bearing



Post-Treatment MRI: Weight-bearing



Pre- and Post-MRIs: *Spinal Decompression in Action!*

Shown in this box are pre- and post-MRIs of a Non-Surgical Spinal Decompression Therapy patient who had a herniated disc much like that of Dr. Kleinberg's patient, Terence. The red arrows point to the injured disc, before and after treatment. Before treatment, the disc protrudes into the spinal canal, impinging painfully on sensitive nerves. After treatment, the once-extruded disc material has been literally "sucked" back into place! The result was a return to normal functioning.*

* Individual patient results may vary.