



Surviving Suicidal Pain



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For Grazia
Ti amo per sempre

Forward

Toward the end of writing my book, *Complete Chronic Pain Condition*, I had a simple but distinctive experience that culminated in a curious type of self-fulfillment. I was in the computer section of a department store when a woman who was shopping very close to me mentioned that she smelled just a trace scent of Bengay (pain relieving cream). I admitted to her that I did indeed use a dab of the “vanishing scent” (or odorless) cream before leaving my home. She laughed and cited how the only reason that she could sniff it out was because of her familiarity with the product and that she couldn’t live without it. When I was paying for my purchase, I couldn’t help hearing the conversation that was taking place between a cashier and another woman in front of me. The cashier, a younger woman, was complaining about how bad she was suffering from a migraine headache, and the customer was sympathizing with her. While she rang up my items, I mentioned that I overheard her previous conversation and asked her if she suffered from migraines on a regular basis. She responded that she did, and described that the one she had was so bad that she wanted to leave work, but management didn’t favor such practices. She went on to explain that if she succumbed to a habit of leaving work every time she had an episode, she would eventually lose her job. Her need to retain it compelled her to hold out as long as she could. We chatted for a short while and I relayed my genuine wishes that she would soon find relief. My empathetic conveyance was returned with a hint of a smile as she thanked me. I had been so preoccupied with my writing that for a split second in time I was actually somewhat separated from the reality of its theme. There was no satisfaction seeing proof that people were suffering

all around me. There was, however, complacency in knowing that I was literally pursuing the issue, and there was self-fulfillment in that comfort.

Chronic pain can become an affliction in itself and affect millions in the United States alone. It is constant pain inflicted on the physical and mental states that ruins lives, relationships, and tears families apart. There is neither vaccine nor anticipation of it, and in many cases it becomes part of that person's life. Most people experience some effects of the affliction before they are aware they have it. Many will never acknowledge it as a condition or even an entity. There is currently no school for learning about chronic pain, nor guide or quick tour. Most sufferers are entombed in a world of frustration, despair and guilt due not only to the condition but also to the many adverse effects inflicted by it. In such a state of turmoil it is common to lose direction and become an incurable victim. I had been a prisoner of war of this condition and haphazardly tunneled my way out, as did others. With the war still raging, I escaped the fate of a POW, and while sitting on the side of freedom I can reflect on that experience and the fact that others can also breakout. That book is intended to be a message of compassion and hope, almost a map to direction for recovery. It is intended for novice and veteran sufferers as well as the people in their lives.

As you will discover, there is much to learn from another's journey. This book was part of the book, *Complete Chronic Pain Condition*, and is an account of my voyage through a very dark period in my life. *Surviving Suicidal Pain* was originally formatted into the corresponding sections of *Complete Chronic Pain Condition* to provide my personal account of issues I was writing about in that book. It is

important for readers of this book to be aware of that fact because to retain the original story there remains reference to certain things from the original book that I do not fully explain here.

Many readers of the original book suggested that *Surviving Suicidal Pain* should be published as a book because it epitomized the suffering of chronic pain. It was a story with which many sufferers could relate. Even many who purchased, *Complete Chronic Pain Condition*, wanted a free standing copy of *Surviving Suicidal Pain*. In retrospect, I wish a type of publication existed when I was a novice. It is written in laymen's terms for the sufferer, by one, and does explain an example of the complete condition of chronic pain and what that encompasses.

CCPC stands for Complete Chronic Pain Condition, an affliction of advanced chronic pain where additional (and separate to the original) disorders develop from the one that caused the original chronic pain. The horrible state of chronic pain is influenced, accentuated, governed, and in some cases even created by the society. Only by addressing social issues can comprehension and ultimate treatment of it be achieved. We are living in a media driven, morally corrupted society powered by greed. People that suffer from the types of chronic pain that I describe are being hurt by it and all efforts to improve it seem to be moving in the opposite direction. In our world perfection does not exist. As humans we are all flawed to some degree. Only with that awareness can we come to terms with the many issues that prevent solution for the type of improvements necessary to treat the chronic pain that I describe. Because of our lack of perfection, we are all victims to many of our instinctive primal traits.

Chapter One

SURVIVING SUICIDAL PAIN

The Trauma Begins

I often wonder if my role as a Complete Chronic Pain Condition sufferer was preordained. I ponder the philosophies that consider whether life is governed by choices made, enacted by those made for us, or in any way pre-arranged to signify that above and beyond all other things, there is a divine plan set in motion by God. My memorable introduction to chronic pain and subsequent development of CCPC is a textbook example that demonstrates classic condition formation along with the many problematic issues it creates. My story highlights events prior to and at the point of origin (the occurrence of a primary affliction), through the development of secondary afflictions and associated effects, and their consequences. It involves my typical and atypical interaction on a medical level with practitioners, socially with acquaintances, and affectionately (and at times unkindly) with friends and family. The journey also takes a step beyond prevailing mental and bodily confines and dares to peek into my soul. Yes, it goes into that forbidden area of human being that houses all miscellaneous baggage containing environmental scars, conception of good and evil, inherent spirituality, and desperation resulting from a perception of abandonment by true love (or God).

My chronicle continues throughout the book and is an attempt at giving some recollection of my personal experiences and involvement with those subjects about which I am writing. There is no glory associated with this accounting of a somewhat undistinguished and misspent life. My objective is mainly to present these facts in the hope that they may give direction to others and by doing so prevent any taste of a similar fate. I stated earlier in this ^{*}Introduction, “that before any basis for what will develop into CCPC is confirmed, there are other combinations of mental or physical issues and disorders already established in the average human. In other words, the newly acquired affliction that will grow into CCPC resides with an accumulation of other developments and conditions already exposed or hidden in the average person. Nobody survives to early adulthood without attaining some form of mental or physical damage.” Being true to my factual declaration, and because the subject of pain and suffering and it’s

** reference to the introduction of the book, “Complete Chronic Pain Condition.*

outgrowth is partially based on an individual's personality, which is in great part a collection of environmental imprints, my story has to start at the beginning. Tracing one's steps backward, especially to early childhood, is, as I discovered, a complicated and sometimes painful procedure requiring much more time than I had anticipated.

My earliest cognitive memory is one compounded with anxiety. In retrospect, I clearly demonstrated symptoms of this condition that early in life. There is no memory of any specific trauma causing it, only the condition. Questions that might account for possible cause or show some type of association to the reinforcement of this anxiety condition remain unanswered. All recollections that I possess are entangled with the memory of those symptomatic burdens. Some interpretations of the mythical character Merlin claim that he grew backwards, and became younger in time. Since childhood I had the fascination of relating to that concept, probably because my life began with problems. It seemed that I had to grow backwards, always attempting to reach a point where I could eliminate or unleash them and then move forward from that point.

I can still remember the experience of fainting from panic attacks on several occasions in my very early childhood, and my mother constantly taking me to doctors, all offering the same diagnosis that there was nothing physically wrong with me. This was long before any connection between the physical and mental states was really considered. Back then it was either one or the other. Apparently a referral for psychological evaluation was recommended, because I retained a visual memory of the place where my mother took me. My childhood recollection of that place is one of long waits in corridors reeking of alcohol and collodion type odors: that's the picture that pops into my mind. In later years, I learned that it was more of a common practice than I had realized, as many friends and acquaintances in my age group attended such psychological evaluations. I don't remember the specific tests that were conducted, but I do recall another picture of blocks, puzzles, and other child-ranked forms of acquiring evaluative information. Although psychiatry was a specialty, these were the early days where general psychology practitioners began to share a closer relationship with the medical profession. Psychologists and

other therapists were housed within the confines of the local hospital building or in separate dwellings somewhere on the grounds. They were overenthusiastic “younger” people with an obsession for smiling and acting friendly, or so it seemed that way for a four-year-old boy who didn’t have a clue where he was or what he was doing there. All of this took place while many of my relatives constantly told my mother that she was worrying unnecessarily and even spoiling me. I guess this was little consolation to a mother that experienced her four year old pass out from “nothing.” After all, it wasn’t their child, and (although I wasn’t meant to hear any of what was communicated right in front of me) talk is cheap.

The passing out from “nothing” eventually subsided. I think I learned how to suppress that unusual reaction in grammar school. While the anxiety condition continued, the nuns literally put the fear of God into me. In that “Cold War” militaristic era, this bunch of survivors of the devastation of World War Two spread the word of God backed up by corporal punishment, which was very socially acceptable for that period. Like so many before them, they used typical “Christian” methods to beat, scold and humiliate the anxiety out of me. But, even with their execution of such an antiquated vengeful approach, my anxiety continued. Not only did it persist, in spite of such “loving” treatment, it intensified. You see, ironically the nuns set a cycle into spin. They were responding to my inability to respond to them because of the symptom of fear that this condition generates. And it continued, I assume, based on the infinite wisdom that they were obeying a god who had set forth rigid instructions to toughen me up with cruel and unusual punishment. To a seven year old, “first blood” had been drawn and so began my war with the Catholic Church.

I know that many people have pleasant memories of their Catholic School years. I’ve heard many happy stories centering on usually plump, jovial nuns with names like Sister Elephantine or something suchlike. Those readers may feel that I’m overreacting. For their sake, I concede that there must have been some nuns that were kind and caring. But also for their sake, they must be made aware of the fact that most of the nuns that I had been exposed to were demons from Hell. In addition to physical abuse, they used “scare tactics,” which doesn’t

bode well in the development of young children, even in that era. The fact that they expressed a certain satisfaction from this strategy of scaring young children was equally frightening.

One of their favorite scare-tactic stories was regarding rosary beads. A child in class was twirling his rosaries. This particular nun stopped class to tell us of a story about a young boy who had a divine encounter while twirling his, years before. She went on to explain that while he was rotating the beads, God punished him and the rosary turned into a thick green snake that snarled at the boy until he dropped them. Upon falling to the floor, the snake slithered away and the boy was left in horror and without rosaries with which to pray. This story might seem insignificant to an adult, but to a child of seven who already had been frightened by a snake, it left a permanent blemish. Especially with the Catholic symbolic meaning of the Blessed Mother Mary crushing the serpent's head, it had additional significance. Even at that age, I couldn't understand a God that would do such a horrible thing. But that was the frightful God I was introduced to while growing up. He was one to obey and respect out of fear and dread of retaliation. Some extent of that memory stayed with me for years, and it was only well into adulthood that I was able to overcome it. For a very long time, I had difficulty having rosary beads near me, let alone on my body. Saying the rosary, even in times of devotion or sickness, was never an option for me. And, although this story had special meaning to me, it represented one of the less severe cases of overall abuse.

Some nuns really crossed the line to brutality. One in particular inflicted her cruelty in a true Christian manner. In addition to slapping and smacking children (mostly boys), or just flinging them to wherever they landed, she had the habit of grabbing them by the throat and then swinging them back and forth while smacking them in the process. Sometimes she would grab a chunk of flesh on each side of a child's (usually a boy's) neck. Then, she would fling him from side to side, with his head twisting and turning in the motion. I perceived this gesture to be not unlike Jesus' Gospel message about turning the other cheek. She conveniently provided both cheeks for availability. Eventually this beast actually broke a blood vessel in the neck of a student. I guess on this particular occasion either her combat hold was

off kilter or the smacks were out of sync, because she did some serious damage. Her victim wasn't in my class, but I can still remember seeing him in the cafeteria a couple of days after the incident. His neck, from ear to ear, beneath the chin and to the upper chest was the color of lent: purple and black. I was only seven years old at the time and I had nightmares for months. Even though this happened in a bygone era that was governed by dissimilar rules than those of today, I often wonder, even as an adult, how she escaped any negative repercussions for her actions. By today's standards, she would be treated like the criminal she was. She and her "wicked witch of the west" costume would be pressed against a wall while cuffs were slapped on and rights were read to her. The fact that she (or any of them) was never held accountable was just as disturbing to me as what she (they all) did. Any blame has to be shared with the parents of these child victims (including mine) for allowing accountability to slip away. The combined sins of all those responsible parties created a lot of hostility in many victims; I know it did with me. In my case, the greater damage wasn't from the hitting, smacks, slapping, rulers or paddles, or the humiliation. It was from the anticipation of fear, the accentuation to an existing anxiety condition, and the animosity, all of which resulted in my turning away from the Church and God.

My anxiety continued through my uneventful adolescence along with my hatred of the church. And, how could I have possibly avoided the resentment for women that manifested? But that passion lay dormant for a while; it wasn't dramatically awakened until later. I showed the first signs of anger and violence in my early post-puberty days. The nuns did succeed in "toughening me up." I learned to hate and fight in anger. I took scars to my face and injuries to my body, from barroom free-for-alls to individual brawls, and I broke both of my hands in rage before I reached the age of twenty-one. An active and sometimes violent sleepwalking disorder that developed from repressed hostility in that post-puberty period still ensued long after that time. I married at twenty-one years of age for no other reason than because it was a fad at that time. I had no sincere grasp of marriage, in either the secular or religious sense, or the responsibilities that go along with being a husband and a father. One of my few attributes was that, because of my sleepwalking, I had the ability to perform karate exhibitions

at three o'clock in the morning while completely asleep. The same irresponsible stupor that accorded marriage was the prerequisite for a future codependent relationship.

Although I possessed (or was possessed by) this internal violence, I concealed it well. I displayed the ability to somewhat control outbursts of rage and keep incidents to a minimum. Even as a teen, being in many wrong places and doing many wrong things, something kept me from completely crossing that "line" to the wrong side. There were times when I felt like I was walking directly on the line, maybe even at times having one foot over, but something always pulled me back to the right side. It was like an invisible force that protected me from completely falling over to the other side. I was in my mid twenties when I confronted my true destiny. It was based on an incident that would lead to my near destruction. From the escalation of that single occurrence, a seed would be placed in my soul that would grow to become a dwelling place for evil. It would reside within me and transform my life into an existence of moral decay. I would break all Ten Commandments and be spared none.

It was very late at night, actually early morning, when it happened. I had been drinking and was driving recklessly and extremely fast. A tractor trailer truck cut me off, and my relatively new car, having less than three thousand miles, took a thirty-foot nose-dive off the Staten Island Expressway at over one hundred and twenty miles an hour. I was taken by ambulance to the hospital, where I began the very long career of interacting with medical practitioners. I was conscious but had the most intense back pain I had ever experienced. Actually worse than the pain was a type of shock to the system that cried out, "Something is seriously wrong here!" I was treated for lacerations and had X-rays taken to check for possible spinal cord injuries. This was during the mid nineteen seventies medical technological era. To my surprise, the X-rays came back negative and the resident surgeon's words, "There is nothing wrong with your back," rang through the passageways of my mind then and for years to come. Two of my biggest cousins had to literally carry me to a waiting car. The intensity of the pain was so great that I couldn't stay in the car all the way to my house. I had to be taken to my parent's house and upset them because they lived closer

to the hospital. Somehow, (maybe due to pain meds, I really don't remember) with help I was able to be driven home the next day.

I couldn't get out of bed, I was unable to urinate, and the pain grew more excruciating with each passing hour. It was during the next day (the third day) that a woman from the hospital called asking to speak to me. My wife handed me the receiver and I was asked why I had left the emergency room. I explained that the attending physician had released me because there was "nothing wrong with me." The woman on the phone, who was apparently a nurse, told me that I had a fracture at L-1 of the lumbar spine and that she was sending an ambulance to my house to bring me back to the hospital. She made it pretty clear that I never should have been discharged. They were literally telling me that they had released me with a broken back. This was before the days of abundant ambulance-chasing lawyers. Today, an attorney would have been at my door fifteen minutes before the call. An ambulance showed up in record-breaking time. The attendants meticulously worked a two-part sliding stretcher to avoid having to lift me. What a joke: a little more than a day before, two bruisers had lifted me, carried me, and dropped me into a car. I endured two car rides, a walk (if you want to call it that) up a flight of stairs and two miserable nights of agonizing attempts at rest. Now, these two bozos were working feverishly to "protect" me from the harm of traveling to the hospital, the same one I had been discharged from a day and a half earlier.

When I arrived, the only room at the inn was in the geriatric ward, where I was assembled between two geezers and observed closely by all of the other catheter-bag strutting guys. I must admit that in the short time I was in that ward, I became pretty fond of these old folks, and they in turn became very protective of me. This relationship didn't last long because the hospital found a private room for me. Someone must have decided to treat me nice so I wouldn't get the idea to sue. I was given a menu for the selection of an orthopedic surgeon and chose the most recognizable name. This "doctor of choice" explained how fortunate I was to have so narrowly escaped paralysis. He went on to describe how body casts were used in past cases like mine, but weren't any longer because they were very cumbersome and didn't really provide anything constructive or beneficial. I was given a brief, flimsy

examination and confined to a flat hospital bed for several weeks. It was an older type hospital bed for even those days. It had hand cranks instead of electric buttons, and overall it was like something out of a Frankenstein movie. Maybe the nurses just told me that I had to lie flat because they would have had to manually crank the bed every time I would have wanted to change positions.

The doctor visited me daily but rarely gave me a physical examination. If he did, it never lasted longer than about five seconds. He usually just merely spoke to me from the doorway to the room. He was a little guy that always carried a stack of metal charts in front of him. I could never see his face; I got used to talking to the stack of charts that had two eyeballs attached at their top. Nothing really exciting happened in the weeks that followed. Just the routine vital sign checks and blood tests. I eventually developed theories regarding the blood tests and what happened with the blood, and although they seemed interesting at the time, they aren't. I must have been on some serious drugs though because I could spend hours watching the two blinking lights attached atop the Bayonne Bridge that stood in the distance. I got to know the blinking pattern; it seemed amazing at the time.

This routine continued until I was allowed to go home to the newly rented hospital bed that awaited me. It also had hand cranks, something that must have intensely overjoyed my wife. But Daddy was coming home and my life was just beginning to mutate. This was just the beginning: a full cast of gruesome factions were but a moment away in time.

Chapter Two

SURVIVING SUICIDAL PAIN

Developing A Condition Within A Condition

My accident, initial interaction with the medical profession, and the general introductory experience of pain and suffering, everything that my mental and physical being sent home with me from that hospital stay, awakened a long dormant conception. It was the recollection of necessary toughness instilled in me at an early age. The nuns taught what that generation believed: that boys had to be ironhearted, but girls didn't. Most of the time they were allowed to cry, but boys couldn't; and if they did, they were considered babies. I couldn't help but dwell on a particular memory from my childhood; it was that of a spelling bee. With all else that I was going through, it seemed odd that this reminiscence of a time long ago would be drifting through my mind. I was about ten years old, and my class was on stage in front of the entire school for this contest. One of the boys was so nervous that he urinated in his pants. I can still remember seeing the slight trickle coming out of his cuff and the little puddle that formed underneath his shoe while he wept on stage. As if it weren't embarrassing enough, the nuns drew attention to the incident. They humiliated him by scolding and calling him names while they pulled him off the stage. Among other things, they accused him of being a baby for wetting his pants. A little while later, they sat him in the back of the auditorium to await the arrival of his mother who apparently was dispatched to fetch him. They left him there alone, sobbing. He faced the back of the giant hall, too humiliated to make eye contact with the other children (some of whom were laughing) and the horrid glares of the black-hooded beasts. To them, this treatment was necessary because these boys were going to grow to become men, and back in those days men ran things. "No sissy boys need apply," they would say (perhaps to fight their future wars?). "Tell it to the Marines" was another of their favorite pitches. Maybe they purposely wanted to build hostility between the opposite sexes; I don't know.

As a young man reflecting on that era, I wondered if their actions were based on any motive or agenda, or if they were just frustrated women. The type of person that I became was partially due to their unholy acts, and that made it hard for a lot of people. I retaliated in later years (most do in one way or another) when I unleashed my anger and wrath as a womanizer and hurt so many of them in the interim. But in that stage of going home from the hospital, the dominant thought process

embedded within me was that I, while going through duress, had to stand firm and fight. Regardless of methods used, or who got in the way, I had to act like a man. Displays of vulnerability or expression of suffering in any way had to be met by punishment.

I often wonder how my life would have transpired if I had never been injured in that car accident. My troubled spirit calculates the measure of how much less of an anomaly, if even one at all, I would have become without having to endure such suffering. The intensified pain that drove me to such recklessness has marred even this trail of thoughts that has gone over and over in my mind for in excess of thirty years. My early encounters with anxiety, whether they were inherent or caused by something else, compounded by the trauma inflicted by nuns were mere tidbits compared to the experiences of others that I have researched. Still, they may have been enough to cause a slight condition of Post Traumatic Stress Disorder (PTSD), but probably not a case with enough adverse effects to advance to CCPC. I probably would have ended up harboring some environmental effects like most “normal” people in our society. At most, I would have continued being what I was at the time of my accident. I was considered a nice guy with a slightly elevated temper and perceived to have an average, socially acceptable lifestyle. I fell neatly into that category containing a typical amount of that mental or physical damage mentioned earlier. But the day I got into that accident, all hope of any normalcy ended.

That was the basis for the baggage that I brought home to place in that rented hand crank hospital bed that I described earlier. Those things were combined with the fact that I had escaped both paralysis and death and bore the psychological trauma associated with those feats. When paralyzed by a trauma, a person is given the disability forthwith: confronted with the visible horror. But when one narrowly escapes something like paralysis or death, the mental aspects of trauma though inescapable are somewhat elusive and harder to pinpoint creating more of a mind-game. I had been drinking and was driving fast and beat death. I was now an immortal: what guilt to bear, but what a rush! However, there is a warped kinship between that false sense of immortality and fear. In any event, I was back home to adjust to the supplemental pain, suffering and boredom that descended upon me. This time of

my greatest incapacitation occurred in the era before the technological advancement age of video games, computers, the Internet, even pay TV, and other such things. I soon tired of most of what television had to offer, so at intervals permitted by my prescription drugs, advanced to literature. Telephone service at that time was limited, and usage became redundant. Mail became an important form of communication that supplied both transmission and reception capabilities for me. The post office was my main method of connecting with the real outside world.

The way I abided then was a secure but dull existence. Little was it known in that time of refuge that I was about to embark on the journey of my life. I would again be confronted with that line between good and evil and cross over it. It was a time when great moral change started to actualize within the American society. Freedom movements of every type were in place and the media was pumping out questionable material to an audience conditioned to accept almost anything. People had already begun to consider God unnecessary and a consequence was that church attendance was drastically diminished. Priest and nuns were leaving their orders and divorce was on the rise. It was in that time that my first intense adversities would manifest, and I would begin to break apart and ultimately lose my honor.

Within five months of returning home, I dumped that little chart-carrying doctor for reasons that I'll explain later, and shortly afterwards encountered back surgery number one. I was admitted to one of New York City's leading orthopedic hospitals of that time. It was there that I came across that little "big daddy*" that I mentioned earlier in this chapter. He was the one that must have had a lot of money because no matter how rude he treated his entourage, they all came back for more. I was in that hospital for over a month (these were the days before the insurance companies threw patients out) and had a really hard time with that surgery and the aftermath. I considered the whole experience to be the pits of hell. I remember saying to myself, "Remember this because if there is a hell it can't be worse." Back surgeries were more

** I am describing a previous chapter of the book, "Complete Chronic Pain Condition," and a definition used, "big Daddy" which is basically a father who uses his title for self fulfillment of some sort.*

radical than they are today, and I even discussed that level of suffering with a nurse. She was kind and explained that I had been through a big ordeal (I remember that she used that exact word) and difficulty was to be expected. Everything about that “ordeal” was degrading, even the physical rehabilitation that was started shortly before I left the hospital. There I was placed with mostly geriatrics (again) and many of them were in better shape than I; oh how my vanity suffered. I didn’t fully recover from that surgical procedure, and it was realized that there was more neurological damage than had been expected. I had to have another operation six months later.

The next one was performed at an associated hospital where neurosurgery was considered top notch. I had the honor of being treated by the Professor of Neurosurgery himself. I don’t think he actually operated on me, although he said he did. Why would anybody that walks around commanding a group of subordinates all with handkerchiefs at the ready to clean his dirty nose want to perform surgery? It’s a lot of work, so he probably had one or two of his students do it and took the credit. He had a somewhat bland personality but was able to maintain his arrogance; or maybe he was just condescending to me. He was interviewed on television a couple of times, so I guess he warranted the right. Regardless of who actually did the surgery, the outcome was favorable.

Over a period of about three or four months I started to make progress for the first time, and accepted this improvement like an escaped prisoner. Fearful of having to “go back,” and with consideration for lost time, pride and vanity, I started to live again a little bit too quickly; and, in fact, put too much living into too short a time. Anyone with pain knows that even a moment’s respite is desperately welcomed. I still had it, but even the amount of relief I cherished allowed me to assume that I could run from any major regression. In that diversion from reality, I totally abused that partial relief of pain and suffering that was granted me. My “race” through life to test my immortality had begun. I broke through the barriers of control and nothing could stop me; I was free and on the ultimate high. Everything that had contained me before, no longer mattered in this crazed stupor. I was alive! I could party, commit adultery and not bat an eye. I cheated, lied, and

hurt most – especially the closest – people around me. The only thing that seemed to matter was that I beat the odds – and survived!

It is said that every sin begins with a lie. My lies were many, and therefore so were my sins. Evil enters when one is vulnerable and then it escalates. Morals get sucked out little by little as one sinks in deeper and deeper. I sought the council of a psychiatrist to get some assistance in bringing control to my life. As an admitted agnostic, he found nothing wrong with what I considered to be immoral conduct. He explained that it was normal for a good-looking young guy like myself to enjoy the pleasures of life and fully supported my endeavors. In his opinion, I was a rare commodity and shouldn't let my attributes go to waste. The most important advice that he gave to me as a married man was to lie, lie, and lie, to not get caught. I sensed a strong possibility that his method was to purge any guilt inflicted by a religious upbringing, but it was my acceptance of such welcomed advice that propelled me. His permissiveness inspired the rationalization of my actions even though I felt a greater truth deep within me. Solace in the form of approval can, if allowed, always silence the stir of suspicious feelings. The immoral lifestyle continued and it did lead to further lying, fornication and adultery, and eventually even an abortion. "All sins lead to others," is another saying, and in my situation the acceptance of abortion (unconsciously) led me to a state of degeneration coveting the pursuit of many other sins. But, in that time period, sin was becoming very acceptable and even fashionable. Everything that I was doing was happening on the big screen and the tube; it was considered okay and really no big deal.

I already admitted that before this physical affliction began, I wasn't a perfect person. I always had my anxiety problem along with my repressed anger, but like so many other people I always managed control and was considered to be in the norm. I never had an alcohol or drug related problem; however, one does not have to be an alcoholic to suffer from the effects of booze. It only takes one occasion to get into an automobile accident or make other bad decisions; consistent drinking just ups the odds. And I was taking prescription narcotic drugs. In fact, after the accident I was taking God only knows what type of narcotic meds because I wasn't at that time the least bit knowledgeable on the

subject of pills. I did find out (the hard way) that even small amounts of strong narcotic drugs act as mood enhancers and have the potential to intensify existing problematic situations. All human beings can only sustain so much stress before consequences materialize. My responsive wrath was triggered by the combined trauma, lifestyle, and as I will explain later, a major disappointment with the medical profession and finding out just how “screwed up” it really is. Everything I had endured finally exploded into what I became: a volatile person.

The whole experience of the abortion created a subliminal negativity that was the culmination of my rampant lifestyle; but I didn’t know that then. What I knew to be wrong was presented to me as a socially acceptable solution. I wanted to hear the lies because they presented a much easier answer to the problem. My responsibility in that horrible deed along with an insensitivity that even frightened me was buried. Into the dark corridors of my subconscious, where so many other offenses lay in reposed confinement, was placed this issue never to be disturbed. The whole event could be forgotten except for the fact that deep down inside the person that I really am, I knew. Little by little the knowledge of the deed crept out of its secure hiding place and wherever I went it followed me. I couldn’t run from the memory that justifiably gnawed at my being until it tore a hole through my very soul.

With this episode attached to my baggage in tow, I continued through my life’s journey. Then, I reached a junction where I just wanted to stop the world and get off. At this point I realized that I reached my limit of pain and suffering, adversity and distress, incompetent physicians and the medical profession, my own bad deeds and those of others, and my life. I wasn’t very happy with the way I was treating everyone around me including myself. As I started to come down from my self-inflicted high, I did my drug overdose, “cry for help” suicide attempts. They basically consisted of taking a lethal dose of narcotics, rolling the dice with enough evidence that I would be saved by someone. I didn’t really want to die, but I wasn’t too crazy about living. It was like taking the situation and putting it into somebody else’s hands because I had reached my limit in decision-making. It’s not rational but can be understood by most people that have experienced tremendous suffering; I know this now, but not then. It would take many years and much interaction

with other sufferers to fully realize the popularity of such a concept. Most sufferers of high levels of anguish can relate to this “suicide ride” mentality, either by fantasy or action. Don’t misunderstand me; I don’t condone a “hands on” experience of such behavior, but the issue is a consequence of chronic pain and CCPC. There is an extremely high rate of suicides among those inflicted with suffering. A vaccination for it requires confrontation of the issue to formulate a game plan based on awareness. It is a classic confrontation between good and evil and the knowledge that the battle is taking place within oneself. It’s usually a time of realization and a basis for initiating change into one’s life. Some seek beyond their own selfishness and reach to God.

My participation in this impaired type of behavior resulted in another humiliating and degrading encounter: another totally humbling event. I did however escape being put in the complementary psycho ward as I had been seeing my own private psychiatrist – the one that I mentioned – prior to the incident. I was put into a regular hospital room. But in cases like these, you do have to be supervised by an attendant at all times. The young fellow selected for me just so happened to have worked for me in the past, and I had fired him. This just added to the awkwardness of the whole situation. My encounter with the head nurse of that section was even more memorable. When I arrived at her station, she introduced herself and stated, “I personally don’t care about you or what you do to yourself: you can try to kill yourself again for all I care. All I ask is that you don’t do it here, as I have sick people to attend. Wait until you go home,” then she walked away. I guess everybody has a bad day, and why should head nurses be any different. I wasn’t particularly proud of myself and not intentionally trying to be a nuisance. A person would have to be very depressed to do anything even remotely along the lines of what I did. But this was my first encounter with the general medical profession’s attitude towards any type of mental turmoil or affliction; for the most part it doesn’t exist in that dimension.

During both very short hospital stays (one day for each offense), a very likeable resident psychiatrist counseled me. I did however notice that he was not treated very cordial by many members of the regular hospital staff. They didn’t seem to accommodate his needs and gave

the impression that he was an intruder instead of a treating physician. A greater injustice was that this was the same hospital which the greedy little Doctor charts was associated, and I could constantly hear the godlike attention he was receiving over the loudspeaker. I liked this psychiatrist, and if I didn't have my own at the time, I would have seriously considered using his services on a regular basis. In the short time he treated me, he guided me through the importance of life as well as the compulsiveness of human decisions. He advocated the need to seek help when we feel vulnerable and overwhelmed. He was a very nice guy and seemed to be a dedicated practitioner. I was very sorry to learn of his suicide years later.

I continued to see that same private psychiatrist due to the obvious depression I was experiencing from all this mayhem. It's important to note that with psychiatric counseling, lots of emotions surface while taking that stroll down memory lane. You do confront many things about yourself hidden in the dark past. In my case, it did awaken many sleeping giants, many of which I've already mentioned. My inability to change the detrimental behavioral course that I was on only intensified my anxiety and in turn escalated my problematic existence.

All of these incidents put quite a bit of strain on an already incompatible marriage that for the most part never should have even existed. Using the fact that we had two children and for the typical things that are closer to excuses than reasons, we kept the union intact. Running away with all of these problems seemed like a good idea at the time, so we moved to New Jersey. The location selected was a very interesting one: a study unto itself. It was a predominately middle class community of people that had New York City values, placed in a rural part of the suburbs of a New Jersey city. This development was an isolated society built outside of a small town and mostly consisted of people from various parts of New York City. In the complex or "little world" were a grammar school, supermarket, family restaurant, and shopping square housing several privately run stores and businesses. There were lines separating what I soon discovered to be defined living classes. The shopping center was at one of the side ends with detached houses on the other. The townhouses were in the center with the school at the back end and garden apartments situated at the front. All were

divided and separated by streets. The detached houses were considered the top echelon with the apartments coming in at the bottom of the social spectrum. Townhouses commanded authority by size, location and style. We moved into the apartments of this very competitive neighborhood. I thought that they were very nice in décor and amenities and were adequately sized. The most noticeable thing about this place was that everything was a little bit too close for being situated in such a wide-open area. It was like taking one handful of a typical New York City suburban neighborhood and placing it in the middle of nowhere. The problem was the canker sores called people that made up most of that contemptuous place referred to as a community. This setting was the backdrop for simultaneous events that occurred.

As we were in the process of the move, unbeknownst to us, newly elected President Reagan had already set an unprecedented policy into motion. All Social Security recipients (which I was at the time) were to have all benefits removed, and then each individual had to prove his or her case to resume any assistance. It was a pretty wild time for many people; even many acts of suicide were reported. After all, people deemed to be suffering and disabled and then having their sole means of support taken away found this no easy pill to swallow. I know because I was one of them. My disability was yanked away just around the time of my third back surgical procedure. The administration went through formalities and sent letters with reasons, but they were nothing more than ridiculous gestures. Mine declared that I was able perform the work of a candle pourer. I was getting ready to have surgery and in no shape to do anything, and they were prepared to send me back to a time period before electricity. I had worked and paid Social Security since I was sixteen years old. It was supposed to be like an insurance policy and provide “security” for situations exactly like the one I was going through. But instead Reagan and his band of cutthroats reneged and brought misery and suffering to thousands of people. I presume he needed the money to put into the illegal arms sales to Iran that funded terrorist activity in Nicaragua. It was his best performance of lying otherwise known as The Iran Contra Affair.

Anyway, I was cut off and left out in the cold without an income to support my family. A relative of my wife, a kindhearted woman, lent

us on a monthly basis, an amount of money equal to the absent check. Our intentions were to pay her back if and when our benefits resumed. I filed the necessary paperwork and had to wait for a hearing before a Social Security judge. His advice was to hire a lawyer because everything had to be explained in the language of Social Security law. Doctor's letters and testimony would not suffice if not directly corresponding to specific laws.

The translation of his statement: Because we're lawyers, we've made the process of common logic very difficult so that we can prosper on your misfortune. Get a lawyer who is going to get a third of all retroactive funds owed to you or I will see to it that you lose this case. Also, we are going to hold this case and make you wait as long as possible so that amount builds up.

Based on his "advice," I had to stop accepting money that I would not be able to pay back and apply for welfare for this interim period. Because the amount allocated for a family of four is so minimal, the whole package was granted. That included welfare, Medicaid (health insurance), and food stamps. The day I filed for public assistance was one of the saddest and most humiliating days of my life. The questions and answers, interviews, sneering looks, paperwork, and everything else connected to that horrible process was a trauma. But because of that experience, I am able to bring to you a first hand account of how people on welfare are treated.

The incident that best sums that type of humiliation is one that took place on the mean streets of that dysfunctional "stalag compound" where we lived. A pharmacy was located there, and I decided to use them for my prescriptions. The second time that I went to drop off a prescription, I followed the typical protocol of handing it to the counter attendant. She held it up to show it to the pharmacist/owner who was about twenty feet away; he looked at it and then looked at me. Now, I know when somebody gives me an attitude look, and I was getting one then. He recognized me from my last visit, and for some unexplained reason apparently wasn't fond of welfare recipients. I determined that by the comment he made in Yiddish evidently so I wouldn't understand him (but I did because of the neighborhood where I grew up). Then,

instead of walking closer to the attendant (his wife) to speak privately, he yelled out, "Is that welfare?" loud enough so that the whole store could get the message that I was on it. After his announcement, he started to walk closer, and I told him that it was called "Medicaid." He looked at me again, turned to face his wife and made a directive to her, and then walked back to his original position. I remember that she wouldn't make eye contact with me when she explained that it would be ready in an hour. I went home to learn that a similar incident that was never mentioned to me had happened to my wife on an earlier occasion. Needless to say, that was the last time we used that pharmacy.

Prior to my third back operation, I used the services of the lawyer (a young woman not too long out of law school) that was recommended to me by the Administrative judge. I filed my papers with her and began the wait. For the third surgical procedure I was referred to a neurosurgeon at a university hospital in Pennsylvania. However, after reviewing my myelogram, he chose to do the surgery at an associated hospital in New Jersey due to specific equipment availability. I received my final notice from the Social Security Administration while recuperating. It seemed that all of their paperwork was sent out of sequence. That document stated that I was determined to be ready and able to resume work. I filed it between the bedpan and the urinal. After that operation, I didn't feel much relief and the doctor explained that it would probably have to be followed up with another surgery in about a year; what a bright future lay before me.

It seemed that my life consisted of highs and lows. Someone described me as being like a rollercoaster: going up and down, and around and around, and taking everyone in my life with me. That person was correct and his description was a very accurate one of me at that time. But it was very difficult to be in the position I was in then: always running from adversity, pain and suffering, and the truth. I never accepted what had happened to me, who would want to at twenty-five years old? I never confronted reality, so I continued to run. I usually sprang back from any dire encounter to a survivalist lifestyle – chasing women and partying! After all, I was alive again. I had to ride the rollercoaster and drag everybody in my life, including my loved ones, with me. This is how I spent the out-of-control portions of my life – because gloom was

always chasing me – fast and hard!

But in that period that I spent living in New Jersey, I engaged in both constructive and unconstructive things. One accomplishment was that I was able to return to college. Another was that I was able to volunteer my time for a worthy cause that was beneficial to my son. When I took him to join the Cub Scouts, I found out that there wasn't going to be any "pack" if parents didn't volunteer for duty. I must have made a good impression because they made me the Cubmaster. Here I was in charge of the whole pack of dens of Cub Scouts not having a clue of what to do. But, I was always resourceful and able to take charge, and that's exactly what I did in that situation. I read some books, talked to some experienced people, and organized an efficient working unit. I explained to the parents that they had to get involved and spend either their time or money. Some of them almost had to be turned upside down to have money shaken from their pockets, but all eventually got the idea. One way or another they got involved, and it turned out to be a pretty successful year. The kids enjoyed it, and that was the main purpose. I was always glad that I was able to be involved with that; it is one of the things that I can look back upon with some self-respect.

A decision was made to move back to New York, but before doing so, I had to face the Social Security Administrative Judge for my hearing. It went very smoothly because I was a good boy to take his advice and abide by the system. By then, the amount had accumulated to a year's worth of retroactive funds of which the lawyer took a third. She gave me one office visit consisting of about fifteen minutes, prepared a case that was comprised of one type written page that must have taken a whole half hour, and accompanied me to the ten-minute hearing. She simply had the key to the lawyer's code that ran that process. For that, she received a third of my income for a year, a third of the accumulated amount allocated to my wife for being caretaker of my children, as well as a third of the accumulated support for my children. It was a substantial amount of money for such a minimal amount of work.

When we went back to New York, I made an effort to behave myself for the duration of that year between surgeries. My wife, however, had other ideas and left me again, just before my fourth back surgery. I couldn't

blame her; it seemed that the only time we had true camaraderie was when we were fighting some outside adversity. We were at a period of relative calm after the truce with the Social Security conspiracy, escaping from a dysfunctional urban community situated in rural New Jersey (as weird as that sounds), and surviving my third back operation and all that entailed. All of the pressures and experiences up until that time had put a dagger directly into the heart of our failing marriage. We had an on again off again union ever since my second back surgery, when my collision course began. Therefore, my mission of confronting a fourth surgery was a solo one. Back to the same doctor and hospital in New Jersey I went. I recovered from that one with the help of my family, and experienced the most relief since I had been injured. I came to terms with the fact that my marriage was over and decided to return to work.

My wife decided to come home; we were always out of sync with each other. I had already resumed my quest to love and hurt women and become that perfect “guy” depicted so gracefully by the media in that era. The efforts made by that efficient mechanism were very accommodating to someone like me at that time. It was easier to adapt to an immoral lifestyle with the comfort of that influence. The captivation and aura of it all allowed me to know that there were others doing things ten times worse than my dirty deeds, and overall it made my situation look nothing more than average. But just as when we lived in New Jersey, there were always some constructive things accomplished between the phases of turmoil. For instance, I was again able to volunteer my time for a worthy cause that was beneficial to my son. This time, it was a failing summer camp that needed hands on assistance. I volunteered to serve as a part time counselor and cook for a little over a week, and then again for a few extended weekends. It was so successful that I did a repeat performance the following year. The director liked my cooking so much he jokingly stated that if my wife ever left me, he would marry me. The entire camp experience turned out to be fondly recorded. I came across one of the ‘little boys’ several years later when he was a young man. He told me those memories were some of the best of his life. Like my association with scouting, I was glad to have been involved, and it is another remembrance on which I can reflect with self-respect.

After a few more years, I decided that I wanted to get off the wild ride that I had been on for so long. I repented to God and then made the first sincere attempt to straighten out my life. I started my own business and became obsessed in making up for lost time. I focused all efforts and time on work. I became a workaholic and carried it over into every facet of my life. I ate, slept, and dreamed work; there was no separation between it and my social life. I abused my body more so than I had ever done before, all the while, trying to restrain the intense pain and suffering. I soothed my aching wounds with the hope that my success would make amends for my prior life, but instead the suppression of that enduring agony made me a very volatile person. Although the effort was difficult, the decision to engage in something I was incapable of doing was relatively easy to make. Following the pattern of putting one foot in front of the other, one thing led to another, and my human traits allowed me to pursue the impossible. I wanted all of the pleasures and comforts that life had to offer, and to be accepted and even loved, and this was a way to buy them. If I succeeded, I could have all those things, and in some uncanny way, that accomplishment might take away my pain and suffering. With such attainment, I could fit in again and be accepted as a winner, not a loser.

The truth was that my condition prevented me from excelling. All romantic notions of an ability to rise above adversity and accomplish success escaped me. In reality if one succeeds, he/she is considered a hero; fail (as many in my position do), and that same person would be referred to as a greedy, egotistical maniac, or a loser. Most are merely tortured souls playing out their destinies, which allows free will and decision making even though sometimes any significant achievement is impossible. It was too late for me, my body as well as my life was severely damaged; I had only put more wood on an active fire. In addition, I had a condition of which I was completely unaware. The only thing in my immediate future was divorce.

That was a horrible experience on many levels, but with so many people involved in all aspects of divorce, it is an excellent way to learn about human nature. When people are desperate, or have their backs against a wall, true qualities surface. I experienced many emotions

of various types in that period and learned a lot about people. One inauspicious incident somehow holds ground with so many other disappointing ones. While being in such a vulnerable time, someone who I had always considered a best friend wanted me to sleep with his wife while he watched. They both approached me with the idea and explained that there was nothing wrong with this proposition and we wouldn't be hurting anybody. They went on to explain how she always had a crush on me since high school, and this was a great opportunity for everybody involved. I felt really cheap and hurt (I don't know which was stronger), and realized it was probably the same thing that I had made so many women feel. I asked both of them to leave my home. I already mentioned that I was involved in much promiscuity in my misguided times, but this was even a little bit too weird for me and not my style. Above all else, even if I had no scruples, it was an inappropriate time to even ask that type of question. For me, the incident allowed my eyes to be opened and realize that I was becoming intolerant of much of my past behavior; I was tired of many things and experiencing the beginning of a need for change. That self-evaluation was the first step in a change that would begin about nine months after filing my divorce.

Chapter Three

SURVIVING SUICIDAL PAIN

My Journey Home

I couldn't possibly have known so long ago, at that time in the beginning of my ordeal, that any type of condition beyond what was directly in front of my nose was taking place. The injury from the car accident was the foundation of an affliction that took strong root. I also had, as most people do (whether they agree to admit it or not), other issues developed prior to that most distinctive affliction. It was the combination of those things and the way they were treated that led to everything that followed. In my reflection of that era, more factual awareness could have alerted me to negative potentialities, rather than the roundabout course that was taken for things to formulate enough to be identified. But most people weren't at that time, or are even now for that matter, astute to facts regarding the formation of such an underlying condition. So, as in so many other cases, nobody was looking, and my life just exploded.

Just like the journey of a thousand miles begins with the very first step, I embarked upon mine at that point, in the beginning. That mark encompassed the emergency room escapade after that car accident of so long ago, my first related hospital incarceration, and time spent when I returned home. All of those things rendered an accumulation of distress from the mistakes and failures of the medical profession, misguided social interaction, lack of knowledge and awareness, and so many other things. They compounded with my new injury and my established being, and would ultimately develop into CCPC – but that was yet to come. When I returned home from that original hospital stay after the initial trauma, I maintained an insensitive attitude. After all, as already explained in the first chapter, I couldn't let any type of impairment get the best of me. I couldn't show any emotion; if I did, I'd be considered a baby. I had to hold it all inside of me, and by doing so I began my frustration.

There were periodic visits to that previously mentioned little, hospital chart-carrying doctor in the months that followed. Prior to my affliction, the mere act of a doctor visit would have presented no physical demands whatsoever and only looked upon as a discharge of expended time. Afterwards, that same seemingly simple activity put much distress upon my body that resulted in exhaustion. It entailed the labors of dressing, walking down a flight of stairs, getting into the

car and being situated, and being the passenger in a backbreaking car ride, all followed up by a typical two-hour stay in the waiting room of his office. These were the “golden days” of doctors: that age when they were right about everything, never questioned, and most of all considered to be “next” to God!

Now, this guy was not a general practitioner mind you, or even an internist. Making the generally diseased and sick suffer long waits would have been bad enough, but this was the office of an orthopedic (genuflect) surgeon. This man, or rather god, was treating the epitome of suffering: the damaged knees, backs, hips, ankles and joints. Four to six appointments were scheduled for one time slot, at ten-minute intervals. In reality “the doctor” could in all likelihood only handle one patient in that same ten-minute period – if he was lucky. All these happy people were forced to wait in a cramped minute room with uncomfortable wooden chairs, so “the doctor” wouldn’t have to, and therefore make as much money as he possibly could.

His selfish, efficient method was stealing time from each patient as well as the people that escorted them. All had lives, responsibilities, and services to perform, and all had people with whom to answer. There were probably between sixty to ninety people (including the escorts and crying children – yes, it was a zoo) at that office throughout any afternoon that he saw patients. That resulted in the theft of several hundred hours worth of people’s time that this hungry little doctor perpetrated. He was in power to do so because the patients had a need or desire to feel better. It was for his convenience and greed that all had to suffer just a little bit more. People bought that concept back then, and paid for it dearly. Thank God these things don’t happen today?

After the wait, he would spend about three to five minutes with me while he glanced at my chart. Then while scribbling something in it, he would tell me to go home, perform no physical exertion and try to stay in bed as much as possible. The translation was: I don’t have a clue as to what’s really wrong with you, and I don’t care enough to try to find out. If I do, I’ll have everything to lose and nothing to gain. I booked too many appointments for today and am going to have a mob scene if you don’t get the hell out of here and let me do my work so I can make

money to support the lifestyle that I've built. Now, beat it! That was pretty much the routine for a little over four months.

I never collected a penny for my accident, not even for the uninsured part of my automotive policy that almost everybody gets, because of a technicality based on the way that the bozo that filled out the report conveyed the facts. The only things granted by that policy were affixed amounts for medical coverage and a six-month term disability income. I was grateful for both, but not the way they were administered. A representative of the insurance company had to interview me each month before giving me the allocated check. I'll always remember the same man that came every month. The doorbell would ring and I could hear the struggling sounds made by the overweight character as he climbed the flight of stairs that ascended to my bedroom. He would seat himself down next to my hand-cranked hospital bed, huffing and puffing all the while just like the big bad wolf as he conducted each interview.

Finally, one day between the huffs and puffs of exhaustion, he asked me why I wasn't getting any better and why nothing was being done to get me back to work. I told him that I was in extreme pain and following my doctor's orders. In a very derogatory manner, he went on to declare that everybody else that he dealt with was usually back to work in a much shorter span of time than had already transpired. It was clear that he was insinuating that I was "milking it." I assumed that the home office was putting pressure on him in some way, but I have to admit that he really revved up my humiliation. I was practically being reprimanded for being a baby, and not like a man strong enough to take charge of the situation and get myself back to work so that I could take care of my family on my own, when in actuality I was in a position that was beyond my control. That insurance company ritual didn't go on for much longer. Not even reaching the full term, it stopped when I received Social Security Disability benefits.

Another shortchange I experienced was based on one of the causes of the accident. On one excursion from Doctor Chart's office, I asked to go to the auto body shop to see the progress being made on my car repair work. The owner was a friend of mine but he couldn't get

the insurance company to total the car because of the low mileage, so repairs were slowly underway. Time was really of little concern for me, as I wasn't expecting to be able to drive for a while. I recall watching him from the car window as he showed me one of the damaged wheels. He was demonstrating how in his opinion the accident was caused by a major blowout. It was apparent that the tire had blown out and caused me to lose control of the car. The wheel was pretty mutilated and the tire was shredded beyond recognition, but with so many other things on my mind, it wasn't all that interesting to me at the time. Down the road, this knowledge would have special meaning. A couple of years later it was announced that the tires on that car were defective. It was one of the largest tire recalls in automotive history up until that time. People were having tires replaced free of charge and being compensated for other damages as well. All of my tires were gone and the only evidence that I had to prove my blowout was the testimony of my friend, and he had just been arrested for being part of one of New York's largest chop shop scams. His credibility was null, and so was any compensation for me.

One day while little Doctor Charts was reviewing my chart, he decided that it was time to start physical therapy. I don't recall what sparked that idea, if it was based on anything specific or if it was just something routinely done to prevent "the doctor" from thinking too much. I only remember that I didn't respond too well to the treatment. As a matter of fact, it accentuated my existing pain to such a point that I had to make a special visit back to – yes, "the doctor." He explained that I had to force myself through the treatments and "take the pain," as it was necessary to strengthen the muscles surrounding the fracture. So, I faithfully pursued the physical therapy grind along with the prescribed back exercises. It wasn't easy and it really hurt – a lot! In addition to hurting, it was causing a pain sensation down the back of my right leg. When I added this fact to my list of complaints for "the doctor," he told me to continue, so I did. I didn't want to be considered to be a baby, so I took the pain and suffered even more frustration.

Around that same time, I had to see my family internist due to a bad cold. Because it hurt my back so much to cough, common colds became issues with which to be concerned. He had remembered seeing me in

the hospital and asked how I was making out with my back injury. I told him about the physical therapy and the pain traveling down the back of my leg. I can still remember seeing the astonished look on his face. He explained that the pain going down the back of my right leg couldn't be coming from a fracture at L-1 of the lumbar spine because the nerves in that area of the spine didn't affect the lower extremities. He stated that pain to the legs had to be coming from a lower part of the spine and he prescribed an EMG, which is just a basic neurological test of the nerves.

I don't know what bothered me more: the fact that my specialist couldn't make the same deduction as my family internist, or all the wasted time. I only know that when the EMG came back positive, showing neurological damage, little Doctor Charts couldn't make eye contact with me when he attempted a verbal explanation. All of that physical activity from the therapy had damaged my Sciatic nerve. What abashment the poor little rich man had to suffer even though he didn't admit to anything. That was the end of my association with the patron doctor of hospital charts, and it was my second big lesson about the medical profession – unfortunately, more were yet to come. Many complications and problems from this primary affliction were built off of these two incidents: the hospital misdiagnosis and the inferior treatment by this doctor. They all happened because of miscommunication and a man who had such a great reputation but lacked the moral decency to do his job and considered his medical practice only an efficient method to make money.

As I explained, these were the days before lawyers appeared at every turn, like pop-up figures at a pistol firing range. But, after two incidents of clear-cut malpractice, I agreed to consult an attorney: an ambassador of justice. My injury was severely complicated by the negligence of these practitioners, and I was pissed off! With recommendation, I made an appointment with one that was a family member of a long line of supposed hallowed legends. He was a very timid gentleman with a roll of toilet tissue in one hand that greeted my wife and me. I think the most important decision I made that day was whether to shake his hand or not. Either he was fond of toilet tissue or was having some sort of digestive disorder at the time. I made the deduction that it was the latter

of the two when he excused himself and hurriedly exited with his toilet tissue several times during our meeting. He listened to our stories, then rose to his feet, his roll of tissue before him, and explained that they were honest mistakes and that we should let bygones be bygones.

Another recommended attorney-at-law, this one with the letters r-o-g-u-e written across his forehead, admitted to being a neighbor of Doctor Charts and that the hospital was a client of his. His recommendation was also not to sue. A third recommendation was to a large law firm in Manhattan. It was located in a tall building and had nice woodworked offices, the typical big-city scene. A young scholarly-appearing, well-dressed young man greeted and directed us to the office of the “counselor.” The little shyster sitting behind the desk admitted that we had a case, but that it wasn’t a large enough one for him. He stated that if I hadn’t gone back to the original hospital after being discharged from the emergency room, it would have made a better case – one that might then have been of interest (money, money, money) to him. He wished us luck and hurried us out. The young scholarly-appearing, well-dressed young man directed us back to the front door. That was it; I didn’t want to talk to lawyers any more after these escapades. No matter how much money potential there was, I didn’t feel it was worth the torture of their company. Although justified, I never again attempted to sue.

In the medical sphere of my adventures, I advanced to bigger and better things. They included the nicer offices of Manhattan with even longer waits. In those days, a patient had to prove pain to the orthopedic surgeon. They didn’t yet have fashionable diagnostic tests like Magnetic Resonance Imaging (MRI), where you could sit in a little tube for thirty to forty-five minutes to display everything that was going on inside. You had to succumb to these ritual “pagan examinations,” where you were thoroughly twisted, pulled, poked and prodded, so that if there was any pain in there, it could be located – and proved! Most of the orthopedic surgeons of yesteryear reminded me of drill sergeants, and sometimes I thought they scored a certain satisfaction from all the fun.

My new doctor was cut from this mold; in fact, he was an ex-army orthopedic surgeon. A myelogram of the spine and other tests were

prescribed to check for the possibility of other injuries. In the world of diagnostic tests, or at least back in that time, a myelogram was a “wild card.” You never knew what you were going to get until it was over: it could have turned out to be simple or “routine” or your worst nightmare. This one, my first, established that, in addition to the fracture, I had sustained an injury to the disk located between L-4 and L-5 of the lumbar spine. It seems that all the excruciating fun I enjoyed during the physical therapy didn’t help the injury, and it had assisted the disk to rupture causing neurological damage. My internist had been correct; this was in perfect placement to cause pain to the back of my right leg – better known as the condition of Sciatica. For those of you that aren’t familiar with Sciatica, it parallels one of the less benevolent tortures used during the Spanish Inquisition. At least this orthopedic surgeon had enough gumption to apologize for putting me through so many rigors and not believing me when I defined such an intense level of pain.

As mentioned in the last chapter, surgery was performed at one of New York City’s leading orthopedic hospitals to remove whatever disk matter could be located. In disk surgery, the whole disk is never removed; there are too many nooks and crannies. And, it’s too dangerous (especially back in the late nineteen seventies) with all the arteries and blood vessels in the immediate area. Only the parts that have the potential to become troublemakers to the nerves, nerve roots, et cetera are removed. In my case, the matter was spread out nicely, thanks to Doctor Charts and all that physical therapy, and it required a little more cutting in wider open areas.

The “pits of Hell” recovery was a drug-induced period of selective recollections and varying conscious levels accompanied with high fevers, nausea and intense pain. Thick sponge-like “pancake bandages” were applied to the wound with pressure to give an extra-added pain. But, as all good things must come to an end, so did this ordeal of post surgery. The surgical pain gradually subsided and I slowly recovered, but the back condition didn’t improve. I can still recall when the stern military doctor bowed his head to give me the bad news. He explained how he did the best he could but suspected that more injuries were lurking within, probably due to the amount of physical activity in

which I had engaged (being discharged from the emergency room at the time of the injury and bouncing around afterwards, and of course Doctor Chart's prescribed physical therapy) prior to the surgery.

In retrospect, I don't think an orthopedic surgeon had a place performing an operation on such an irregular neurological injury like I had. It should have initially been addressed by a neurosurgeon. But, I didn't know this then, and I put all my trust in the medical profession. I was referred to one of the best neurosurgeons, and seven months later I went under the knife again, as explained in the last chapter. This doctor was very vague in his general communication. Talking to him was like pulling teeth or playing true or false. If I came up with a fact, he would tell me if it was either right or wrong. He never added too much to any conversations; I sensed that he felt the patient wouldn't understand and therefore didn't warrant a thorough explanation. I was able to decipher that in addition to the fracture and the first ruptured disk, I had a second severely herniated disk almost ready to rupture. The orthopedic surgeon let it go but this guy felt that it was putting pressure on another nerve root and should be removed, as it ultimately would cause even more problems if it ruptured. This time they covered the lower lumbar spine from L-4 down to S-1, removing more of the first ruptured disk along with the herniated one. After a few months I started to feel improvement, and then I came to that point where I acted like an escaped prisoner who was fearful of having to "go back," and I began my wild ride.

When I was in the hospital for the suicide escapade, a young intern examined me. He discovered the one bit of information that yielded the most compensation of the entire experience. From an x-ray that all the pro-veteran doctors passed up, this young guy spotted what he felt was a stomach ulcer. I had been complaining of stomach pain to my Park Avenue physician for quite a while, which he attributed to everything from medication to gas. Back in that era, aspirin was the over-the-counter pain reliever of choice. The doctors treating me were prescribing extra strength dosages along with heavy narcotics. No direction was given except for the labeling instructions, so I was taking a lot of that stuff on an empty stomach. But the effort and time expended by the intern proved to be correct. He was also the first

physician to alert me to certain conditions and effects of all medications. After going to a gastrointestinal specialist, and spending an awful lot of money, they confirmed his suspicion that I had a duodenal stomach ulcer.

The neurosurgeon that I was referred to in New Jersey for my third back operation was a younger man and a kind, caring physician that took the time to explain everything pertinent to me. He prescribed another myelogram that revealed there was a complete blockage in my lower spine. It seemed that when the first disk had ruptured, it spread out so far and wide that each piece of the gel-like substance had become a separate factor of an integrated problem. Each individual entity had formed scar tissue that in turn created contusions, some even within the dural sack of the spinal cord. I'm sure that all of my pursuit activities while running away didn't help the situation. Now, we were talking even bigger major neurological spinal cord surgery. The thought of having a surgeon's hand and tools actually going inside my dural sack where the dura matter resided and spinal fluid flowed was phenomenal. What a mind game: this was where people went under and didn't come out quite the same. The negative possibilities were endless. But there was even more – this was the first time in medical history that laser surgical instruments were being used to operate on this part of a human spine. I was honored! Aside from the college and scouting experiences, that was one of the biggest highlights that happened to me while living in that aforementioned New Jersey hot spot.

While in the hospital recovering from that surgery, I came across some very interesting characters. I was beginning to learn about chronic pain, social attitudes, and the adverse effects that result from them. From hands-on interaction, I was starting to see things that I had previously overlooked. I didn't realize it then, but I was also seeing elements of a complete condition that forms in such people. While being admitted, an old geezer in the room next to mine couldn't even wait until I was situated in my bed to find out what was wrong with me. I told him that I had back trouble, and he blurted out, "Back trouble! That's one of the worst pains I ever had – second only to heart pain!" He wasn't questioning, he was declaring this fact to be true. I didn't have the "heart" to tell him, but I never had considered anything about that

organ to even be associated with pain. With all the commercial attention given to neck, back, hip, knee and joint conditions, heart pain was never considered by me. That statement, and his subsequent descriptive melodrama that followed, alerted me to two basic things: there are sources of much pain and suffering that are not realized by the masses, and the type of pain an individual is experiencing is the worst kind. With the latter of the two, I also realized that there could be rivalry between pain sufferers. For instance, I let his statement roll off my back because I really didn't care one way or another; I just wanted to get out of that hospital in one piece. But another person might have taken offense to his statement and started a debate over such a hollow issue.

The huge overweight guy that appeared to be in his mid thirties positioned in the bed next to mine was suffering from knee problems. I never said anything about his weight but being that I appeared (although I didn't feel it) to be in decent shape, he must have in some odd way felt that he owed me an explanation as to why he wasn't. His account was based on the theory that because he had played football, and always had to keep his weight down for the game, those years of suppression made him develop an uncontrollable appetite. The knee problem was attributed to his job: he was a guard at a local prison of that area. I would have thought that years of playing football could make a good basis for knee problems, but maybe it was more practical that the condition came from his job. I have no right to judge, and regardless of how he acquired it, he had the pain and suffering. Of course, with a work-related injury he also had the added insurance coverage to pay for treatment. Further discussions with him made me realize that adverse effects of an affliction can consist of a cycle of both physical and psychological ramifications. There's truth to what he said about suppressing his appetite for years to stay in shape and then losing it all at once after reaching the goal post. He may not have realized it, but that weight condition was also being compounded by a slower metabolism resulting from inactivity due to the knee problem.

An additional major surgical procedure was performed one year later. For that fourth operation, I was separated from my wife, so my brother drove me to the hospital. After doing so, he hung around for a little while and then said goodbye and left; I was alone. Then it dawned

on me that I had always been alone. Though I always counted on my wife, and even took her for granted, I had always experienced this type of adversity in the privacy of my own body. Unaccompanied by loved ones was the way I entered the operating room each time, and the pain, anguish, and suffering of recovery and post-residual trauma had always been a solo act. The complete array of a kind, caring immediate family, relatives and friends could not fit into my damaged body nor could they understand what I was going through. Even if all the well-wishers in the world were gathered around, it was my body, mind and spirit that had to endure all such confrontation alone. During this particular hospital confinement, a type of anguish unfamiliar to me laid waiting.

The hospital staff made a gigantic boo-boo during the course of the myelogram that the doctor had ordered. I had never been a big fan of these tests since my first one. The idea of someone taking a huge needle, sticking it into my spinal cord between my vertebrae, and injecting dye into it was very unappealing. I had three of them under my belt at the time, and I always had some type of mild reaction; nothing serious, but one episode was a little worse than the others. Spinal taps usually accompanied myelograms: a little fluid was sucked out and then the dye was injected. It was imperative that the patient lie completely flat (even without a pillow) for twenty-four hours after the test. On this occasion there was a miscommunication between the nurses at the testing station and the ones treating me in my room. The nurse that released me from the test was very careful to keep me flat and reminded me to stay that way for a day. Upon arriving in my room, the nurse there told me that the hospital was using a new dye that didn't require any period of immobility, and that I could sit up with no problem. She wanted me to slide onto my bed with no assistance. That would have required me to lift my head, so I refused. She called for assistance, and the two of them dragged me onto it. I was getting that "stop being such a big baby" look while one of them proceeded to raise the head of the electric hospital bed and told me that I had no reason to worry. Unfortunately, the result turned out to be catastrophic for me, not them.

Before that point, I had experienced some really bad headaches from sicknesses, hangovers, and a genuine migraine. But this incident was by far one of the worst ordeals of my life. My head felt like a grenade

had exploded inside of it, and, even after the twenty-four hour mark, when I lifted my head I would vomit profusely. I can still remember that if I wanted to get out of bed, I had to use my two hands to support my head as if I was holding up a pumpkin. The bathroom was situated only about ten feet away from my bed, but the vomiting would commence even before I made it to that short destination. The doctor explained that I had been correct and wasn't supposed to lift my head, but it was too late. This horrid nightmare would have to take its course: one that could last several weeks. I tried to explain the events, but I was really too miserable to make issue of them. I was told to stay down and was given Meperidine injections. My surgery had to be postponed while I lay flat on my back in misery. It was an event that could have been avoided if not for a boneheaded nurse and her protégé.

I recovered from that unforeseen ordeal after about a week, and I was able to have my day of surgery. I'll always remember that back operation event not by the surgery but by the disastrous myelogram episode. The surgery went well, as did the recovery. The recuperation period was shorter than the prior ones. I had my struggles, but I forced myself to get back on the horse, and I was riding it in a couple of months. That time after recovery was the high water mark of my whole experience as a chronic pain sufferer. I returned to work, and everything was downhill from there. I went on to abuse myself and my life, and most of the people in it, in the worst way I could.

When we look at things in retrospect, there is a clarity in seeing things that is unavailable at the time of occurrence. At some point, those things acquired or repressed within me, combined with the initial traumatic affliction and the way it was treated, erupted into a change. Somewhere after the car accident, and throughout my many efforts of seeking improvement to feel better and for a cure, I was acquiring CCPC. I don't remember when it occurred, or whether there was an exact juncture or rather a slow transitional phenomenon. I didn't have awareness of susceptibility for any such type of thing at that time. But it did happen, and it's evident that all its wrath and fury were expressed through the lifestyle that I led. Nobody looked at the complete "big picture" of my situation. Healthcare professionals and practitioners only focused on the specific areas of their specialty. As I stated in the

last chapter, the medical profession became a major disappointment and I lost all faith with most of them.

From the very beginning, probably due to vanity, I adhered to a regimen. Never letting myself go, I shaved, showered, dressed, and always maintained a clean appearance. I tried as well to efficiently and productively occupy my time. At first, it was a means of staying sane, and then it became an obsession. To combat my adversity, I fought back recklessly as it was the only way that I knew. I started my own business and overextended myself with the hope that I could attain sanctification through success; then, all the bad things would all go away, memories included. I failed to evaluate and put any awareness out of mind for fear it would awaken me from my dream of success. The overindulgence of activities made my overall condition progressively get worse. It was erratic at first: some days I wasn't able to do anything while on others I could accomplish several things at once. All red flags and warnings were ignored; even the secondary afflictions that choked and tormented me were overlooked. Every effort that I made required a price tag that would rise in cost over the duration until I was no longer able to pay.

Along the way I continued to seek treatment to sooth my aching wounds that by then were multiplying. I sought treatment from a chiropractor/nutritionist. The chiropractic treatment was a luxury that I could afford then. For the most part (except for "adjustments"), treatments consisted of pacifications that could really be accomplished by the patient at home. But it was nice to have somebody put hot compresses on my back, do a little massage, and get some Transcutaneous Electrical Nerve Stimulation while I rested and recovered from the rigors and physical tortures of the day. The problem I had was with the nutrition aspect of her practice. I didn't know upon what validity her certification was based. I should have done some investigation because for all I knew, it could have been issued from clown school. As it turned out, her nutrition treatment was the leading suspect for the basis of one of the greatest medical injustices ever done to me – and an extraordinary but extremely arduous adventure through the medical profession! I would later find out that taking high dosages of calcium and magnesium along with unequal amounts of amino acids was a prescription for kidney

stones.

The kidney stone that I acquired grew to be almost eight millimeters in size. I woke up one morning and noticed that my urine was the color of very dirty water, the type seen when there's a sewer problem. As it was a weekend, I went to the emergency room of the nearest hospital. I had been having a new type of severe back pain, but thought it was just part of my expanding endowment. So, when asked if I was experiencing any pain in my back, I told them that pain was pretty much all that I had in my life, but I recently noticed a newer type of the back. An x-ray confirmed the obvious that there was one of those little meteorites, and it was sitting in my left kidney. I didn't have that much pain at the time, as I had already unknowingly gone through my first kidney stone attack. I had that first bombardment the night before when I finished work and had to lie in fetal position on the floor of my office and suffer a bout of excruciating misery that I attributed to my spinal cord problem. As the pain had already subsided to my normal level, all they could do the next morning at the hospital is give me a copy of the x-ray and a reference to a top-dog highly recommended urologist.

I called that following Monday morning and made an appointment with the doctor of choice. He viewed the x-ray that had been taken at the hospital and decided to take one of his own as he had the in-office equipment. The stone hadn't moved so he recommended drinking a lot of fluids to see if it could pass. Little did I know at the time that that would become his sole battle cry, but I did my best to oblige his advice and drank fluids until they were practically coming out of my ears. I also followed almost every other superstition and wife's tale remedy to get that sucker to pass, but it only moved to the ureter. The ureters are approximately sixteen-inch long ducts that carry urine from the kidneys to the urinary bladder. The stone remained stuck between the kidney and the top of my left ureter. In the duration where the stone moved the very short distance from the kidney to its final position, I had several kidney stone attacks. They were horrible experiences that many women have described to me to be not unlike child labor. As I won't become party to a debate of which I have no personal experience, I'll only state that my attacks were grueling episodes of extreme pain, nausea, vomiting, diarrhea, and convulsions usually lasting hours. One

of the hardest things with which to adapt was the fact that I never knew when they would strike.

The sum of the urologist's treatment was a consistent replay of the agenda conducted during my first visit with him. He would take an x-ray at each office appointment, would discover that the stone hadn't moved and repeat his advice to drink more fluids. At some point afterwards, I would usually proceed to have a full-blown attack. When that same ceremony had continued for almost one year, I reached my physical and mental limit. I explained to him that I was drinking rivers of fluids and demanded to know if there was an alternative. This adventure occurred around the time of the inception of lipotripsy, a device that uses sound waves to literally blast kidney stones to pieces. I had read that there were units already in place in New York City at that time and asked if that procedure was suitable for my case. The doctor felt my stone could pass, and he stated that if necessary he would use the new device that was coincidentally still being installed at the hospital where he was associated. As a top-dog urologist, he was at the head of the list of many doctors scheduled to use the machine when the installation was completed. He always seemed to be a little bit "on the edge," but I just assumed that was his normal demeanor.

Toward the end, the attacks were happening more frequently. Finally, I had the worst one of the whole lineup. It had started at home so as usual I went to the hospital emergency room. The attendants had to wheel a stretcher into the men's room where I lay having convulsions that felt like I was vomiting out my brains along with some other vital organs. The better part of it happened in the treatment room where it took a doctor and two other people to hold me down. When that subsided, I told them to contact my doctor and make arrangements for me to have the lipotripsy done at a hospital where it was in use. I was through with that idiot, his fluid recommendation, and everything else associated with him.

I got my wish, and a few days later I was admitted to one of the leading hospitals in New York City to have the procedure. It was usually a one-day affair: the patient was brought in the night before and discharged the next afternoon or evening. I was scheduled to

have the procedure the following morning. The urologist there was very amicable, offered much information about my condition, and he seemed very knowledgeable about the equipment and the procedure. He inquired why I had waited so long to have it blasted. My reply recapped my attempt to follow the advice of the other doctor, which finally led to my inability of enduring any more attacks. The doctor went on to explain that a stone the size and shape of mine, plus where it was positioned, would never have passed on its own. Before he left my room he explained that he was prescribing pain medication injections for me. He twice stressed that if I felt even a remote sign of an oncoming attack, I was to have the nurse immediately give one to me. As those horrible episodes were happening much more frequently, his recommended gesture of pretreatment would minimize the symptoms of a major attack that could cause a postponement of my procedure. His logic was based on the fact that it was better to be safe than sorry: he didn't want to see a cause for a delay and have me lose my position in the lineup for use of the device.

Later that night, I did feel a remote sign of an attack. I was so close to getting rid of this thing that had caused me so much suffering, and I didn't want to have a postponement. I feared that if that happened, I could possibly have more than one attack in any potential interim waiting period. Although the pain hadn't advanced, it was the type that usually preceded an attack. I figured it was better to have a shot, so, following the doctor's advice, I asked the nurse to please give me one. She told me that she was busy at the moment and would be with me in a little while. About fifteen minutes later, she appeared at my bedside. In a very demanding tone, she asked, "Are you really in that much pain that you need an injection?" I told her that I was not, but I described the situation to her along with the doctor's recommendation. I sincerely did not know if she thoroughly comprehended what I was explaining, as she didn't appear to be following me. She spoke in a very heavy accent, and I suspected that there might have been a breakdown in communication. What I did know is that she didn't want to give me the shot. I didn't understand what her motives were for not wanting to administer the injection. One would assume that any nurse would be concerned with the dispensation of narcotic medication; a trait any patient should appreciate. But she didn't handle herself in a

professional way, and I sensed arrogance in her overall manner. It was the type that I see often in people that want to assert their authority. Either that or she was hoarding the stuff for private use or sale, and I was breaking into her business venture. I politely told her that I really wasn't going to be adamant about this, but if I did have an attack, she had better be prepared to deal with me and to hold herself accountable for any postponement of my procedure based on her inability to follow the doctor's orders. That she understood, and she reluctantly gave me the shot.

The Lipotripsy did not go well. Prior to the sonic venture, the doctor explained that he was going to push the stone further back into the kidney to blast it there rather than closer to the ureter. But, scar tissue had formed over the duration of time lapsed and was holding it in place. Even after the sonic blasting, the sucker stayed intact; it fragmented, but didn't break apart. I woke up to a horrible experience that paralleled – yes, a kidney stone attack! The doctor assured me that everything was going to be okay. If necessary, he was prepared to make an incision to...I didn't want to hear any more, I was too busy with the nausea, vomiting and pain. The supposed one-day affair turned out to be a four-day event at the hospital. Then I was discharged to return home to pass the fragments, which took slightly more than a month.

A few years after that procedure, I learned some very interesting facts about that first urologist on the case. I was having dinner at a friend's home where his former associate was also in attendance. Realizing that my friends were obviously acquainted with him, I thought that they might know something about his former partner. They did: it seemed that while treating me, he was going through a rough divorce and came close to having a breakdown; he ended up leaving the state. At the time, I was going through a divorce myself and could empathize to a point. But the spiritual process of forgiveness was a tough concept for me to grasp at that time; little did I know that divine powers were ready to spring upon me in a very short while. But at that moment, I was wrapped up in the resentment of what life had to offer me, and that doctor represented the cause of a whole lot of suffering. He had been holding out to use that new machine that was then in the process of being installed, and he wanted me to be one of his guinea pigs. It was

a textbook example of a breakdown of the medical profession on many levels. All things are based on people, and they have the potential to fail as well as succeed. The damage done to me was avoidable, and its manifestation didn't end with that incident, as I'll explain a bit later.

The reminiscence of my time of acquiring CCPC was an extremely slow transitional evolution. The segmented medical treatment that I received from day one conflicted with and enhanced my overall condition. The accumulation of so many distressing and influencing events, like the one that I just described, greatly contributed to what I came to be. They started in the beginning and followed me throughout the years of my engagement, constantly molding and changing me. Somewhere in that gloom of anger, misdirection and misspent activities, I allowed my anxiety to get the best of me and I unleashed a horrible wrath on everyone around me. My actions became impulsive, my urges sporadic. I eventually tortured myself in my self-repentant absorption of work as a futile effort to reconstruct a broken life. I took on too many responsibilities; I was at fault, but once you travel down the road of guilt the effects only get worse. People outside the realm of suffering can't understand the validity of this entire concept, and that fact greatly frustrated me. I engaged in what I believed at the time to be communication. As I look back, I can see that it was perceived by other people to be complaining, whining, and outright babbling, because they had no way to relate to what I was explaining. It was what I today define to be a one-way form of communication to nowhere.

The biggest change in my life came during my divorce, my wake up call that defined where the fork in the road of my life was placed. It led to the beginning of a sincere quest for the discovery of my real self. It's difficult to psychoanalyze people and events when a long span of time partitions recollections. Most therapists have a hard enough time doing it while problems are in formative stages. As with most, in my case there is no one common denominator. What I can piece together over the years from various therapists and my own soul searching is not uplifting to say the least. My formative years were based on numerous issues that include a mild case of dyslexia, anxiety, Post Traumatic Stress Disorder (PTSD), and some believe a slight form of Attention Deficit Disorder (ADD). Apparently, some of these

things were placed upon me in pre-cognizant years while others were acquired. All were certainly enhanced in later life. I always had great difficulty and embarrassment accepting these things during the years that they were unearthed. Even the mere mention of them was met with denial. Instead of acceptance, I chose to be a victim of many things and selected roundabout methods to camouflage them.

Many might perceive my experiences with the nuns to be innocuous, but Complex Post Traumatic Stress Disorder can actually be formed, and certainly intensified, by a series of “bullying” events experienced at a vulnerable age. It is the individual that either consciously or unconsciously determines the severity of trauma. Ironically, the possibility exists that something like an undiagnosed case of dyslexia or even ADD could have been enough to fuel their aggressive behavior that in turn affected me. Coming to terms with these things was the key, and that was a journey in itself. The slow portion of that journey that extended for years really took off about nine months after my divorce was filed. While going through that escapade, a friend of mine suggested that I go to a prayer group with him. I always had a love/hate relationship with the Catholic Church, but I decided to go to the meeting. There in the least expected place, I met a very distinctive individual. She would steer me toward enlightenment, and I would eventually marry her. The first step on that road was when she took me to a healing mass.

The healing mass took place in a huge cathedral crammed full of people. Most of the crowd had come and was waiting for a monk that only occasionally conducted services at that church. He had a reputation for possessing mystical healing and prophetic powers, and at his visitations would conduct a Catholic mass and afterwards a healing ceremony. I was seated with the young woman that I had met at the aforementioned prayer group and another couple. After the mass was finished, there was only standing room left in the entire church during the healing service. I would conservatively estimate that there was an audience of well over a thousand (maybe two thousand) people seated, standing and some flowing in and out of the cathedral. My friends and I were in a continual procession of people moving toward the front of the church. There was room for about sixty people to kneel at the altar

at one time. The monk would in turn come to each, place his hands upon the individual's head and pray, than proceed to the next. As one person left the altar, another from the procession would fill the empty place. When he placed his hands upon my head, he waited and then whispered for me to please go to the side and wait for him because he wanted to speak to me after he had ministered to the remaining people in the procession.

There I stood off to the side of the front of this huge church that was filled with people. Of that entire crowd, there were only three others that, like me, he had asked to wait for him. I have to admit that I was more than a little bit self-conscious; my friends were looking at me in awe and wondering why I was standing there. When the monk came to me, he asked if I was a teacher. Upon hearing that I was not, he went on to say that Jesus was sad because he was trying to reach me and I wasn't responding. He explained that there was definitely a mission that Jesus had for me. He said it was about teaching something to people. He told me that I should pray so that God might make it clearer to me and thereby accommodate his wishes. I told him that I would, and he blessed me and then left.

I couldn't decipher the meaning of the monk's message throughout the next few years. As I was somewhat of a skeptic, it had always been difficult for anybody to persuade me of just about anything without hard proof. But, there was something about this incident that I believed without scientific facts. It was as if there was an incompleteness of an unspecified part of me, though any mission that I could potentially have wasn't clear to me at that time. As my business was on a rebound, I was optimistic that my life could change for the better; I hadn't yet faced truth. I remarried and continued an overindulgence of activities. And, as it typically did, my condition worsened. As usual, I ignored all warnings and secondary afflictions in the pursuit of my success. But in that scurry, I always reflected on that incident at the cathedral. I know now that if I had become physically healed that day, I probably never would have written, *Complete Chronic Pain Condition*, my first book. What I did not know then was that the journey to reach truth would take almost exactly ten years.

With my new wife, I went through the process of a learning period. She was unconditionally supportive of the consequences of my afflictions as well as my goals without any strings attached, and she demonstrated no dependency on me. It was the formulation of a unique loving relationship that I had never before experienced; one that taught me the essence and desire for reciprocation. Along the way, I started to face the reality that I did indeed have an accumulation of substantial ailments of both my physical and mental states. That prompted me to explore outside the confines of their immediate domain. I ventured to seek a comprehension of the causes of these ailments and their expansion, and I applied research as a means. Slowly, great facts about chronic pain were revealed to me. I expanded my research endeavors to encompass the testimony of other sufferers. At first, that was conducted via the Internet and on a personal and group basis. Eventually, I included professionals in my learning experience to acquire knowledge from differing positions. My objective was to find out what was in the minds of the sufferers and those treating them.

Not only did I discover that there was an abundance of people like me with chronic pain, but also that many of them were experiencing additional trauma that branched off of the primary reason that caused their distress. There seemed to be a pattern to the expansion of the original condition in most people that continually suffered for a period of time. As a pioneer, I delved further into that unfamiliar territory and realized that in many of such cases, there was a complete condition that formed to encircle the original affliction and dramatically impact it. There was a breakdown of the medical profession, and a debauched society housed the existence of a thriving economy of treatment built on pain misery. I identified the resulting manifestation of a complete condition to be defined as Complete Chronic Pain Condition (CCPC). A commitment to the development of that concept became my mission. The investigative exploration to determine the complete causes and effects took years. After the completion of that study, my next step was to encapsulate the facts of my labor into a book to promote awareness and then to organize a network of sufferers. From my years of knowledge acquired in advertising, marketing and general business, I had already co-founded a relatively successful small-business networking organization. It became logical to apply similar tactics

from that same premise to the many issues confronting chronic pain sufferers. I felt that it would be the ideal method of aiding and assisting those having similar situations to mine. In some cases it could also be a means of prevention for many obstacles not yet encountered by many. That's the short summary of many events that inspired and fueled what I perceived to be my mission. The actual course itself was quite a bit more complex.

In the early stages of that time, when this vocation was first clarified, I set off in a positive direction of purposeful pursuit. But, unknown to me at that time, I had many internal and external dragons to face along the way. Even with the assimilation of direction, I had still not yet faced truth. And, I continued playing the vexing hand of cards dealt to all sufferers: the repetition of painful events. A physical example occurred on one instance just from a mere "twist" of fate. Before taking my daughter home from a bimonthly (twice a month) weekend visit, we decided to have breakfast at a local diner. Upon completing our meal, I rose from the table and realized that I was standing crooked: my right side was lower than my left. I didn't feel pain and it wasn't until I started to feel faint that something was determined to be seriously wrong. My right foot was turned almost completely inside, and my ankle was supporting most of that side of my body weight. From my spinal cord injury, I had partial paralysis in my right ankle. Apparently, due to that loss of feeling, I had no awareness that my foot had folded under as I attempted to stand. That incident resulted in the addition of another secondary affliction to my condition that I bear to this day.

An example dealt from that very same deck that exhibits a mental painful trauma is also probably my biggest disappointment in myself throughout my entire ordeal. The reason I experienced such a degree of personal mortification was because the episode occurred at a time of my life when I had put such an immense effort in reconstructing myself. Even with my established direction, and while acquiring knowledge and experience from my research venture, it still happened. As a remedial solution for keeping my anxiety and depressive tendencies in check, I had already for a few years been receiving medication management. That treatment was conducted at a clinic where psychiatrists came and left as if they were going through a revolving door. Even while

on three different prescription medications at the same time, I didn't notice enough improvement to warrant the expense, and the quality of care of that treatment was a joke. None of the numerous doctors that had attended to me ever mentioned a word of caution about sudden cessation of such potent drugs. So I decided to go off the medications, and I did it abruptly. The result was the sudden creation of a more volatile person than I had ever been in my life. Prior to that occasion I never had more than a couple of minor (typical) altercations with my wife. But on that occurrence, I was not only offensive to her, but also to other members of my family, some of whom to this day still do not speak to me. Ironically, my atrocious behavior had crippled and punished me at a time when I thought it had ended years before. In that sorrowfulness of my being then, the learning process endured, mostly to afford insight about the nature of people in general and forgiveness. I wasn't a "Big Daddy" because that honor didn't fit my budget at the time, and, for the same reason, nobody was really dependant on me. I realized that only those that accepted my humble request of forgiveness, the ones that were able to see beyond hideous faults within me, were the ones that ever truly loved me.

I had a hard time getting past that act of regression and there was great difficulty with the comprehension of why it happened. I learned that many negative reactions were occurring from these medications in an alarmingly numerous amount of people. They were caused by mere usage, irregular dosages, and abrupt cessation like in my case. The results were accentuated symptoms resulting in suicides and violence even to the point of murder. With private web sites solely devoted to usage and precautions of such medication, somehow most negative accounts had been undisclosed by the main thrust of the media. Most of these facts were learned after I left my home and relocated to Ohio. There, in a small town in the middle of nowhere, I put myself into exile. I had lost something in that terrible event, and even after the discovery of how it could happen, I held myself accountable. It was there in my strange new surroundings that I would finally face truth, but that wouldn't happen until I was humbled.

After living for almost two years as a fugitive in an unfamiliar place having such different habits than to what I was accustomed, it hap-

pened. As dramatic as it was for me, any verbal or written account of it seems tame. Living as I did there was indeed humbling, and sincere repentance for my past life was sought. It wasn't in a single gesture of contrition, but more of a gradual process. The incident occurred while alone in my house. My memory of it was akin to that of being blasted with light. I suppose if somebody were watching me at that time, they probably would have seen only a man sitting in a chair and not the array of illumination that glistened all around my viewing perspective. It was quite sensational as it launched me from my chair and drove me physically from one room to another. In a split second of uncertainty, I found myself in front of a window searching outside as if for a UFO, and then realized I was pacifying myself with God and his nature. At that second in time, all things were understood and had new meaning beyond anything I could ever have imagined. All of my past actions and those of others were brought forth. Right was accurately distinguished from wrong. I was astute to a new awareness of everything around me. This experience of sorrow and joy, one that would mark the biggest change of my entire life, all took place in a matter of seconds. I refer to this confrontation with truth as enlightenment. Almost as astonishing as the event was the fact that this phenomenon began exactly ten years after the incident with the monk. All of the scientific theoretical explanations for such an occurrence were meaningless to my intimate experience of it. That conclusion was not established by preference but by an intuitive knowledge of fact.

With an awakened spirit and new quality of acquired knowledge, I saw things as they really were and somewhere in that shuffle lost much of the competitive edge that I attribute to have been based on greed. My "changing" dissuaded me from desiring to be an active part of the pursuit of business ventures that ultimately deceived people or profited from their vulnerability or circumstances. I cast no ill will upon any of them, but the driving force that guided my true feelings didn't leave too many available businesses with which I could interact. Although still in this world, my senses made me feel to be not of it any longer. My convictions gradually moved me in the direction of solely providing assistance to the sufferers of chronic pain. That time marked the forthcoming of greater tribulation in my life. It was as if I had been strengthened for an upcoming fight, a time for the preparation of things

to come.

Since my arrival in Ohio, prior to my “enlightenment,” I had been diagnosed with a hiatal hernia, diverticulosis, and, most of all, some hostile peptic ulcers. Those new offerings were identified during my experiences with the “butt doctor,” a personal experience which was described in my book, *Complete Chronic Pain Condition*. But, the really big adversities didn’t happen to me until after I faced truth. After my enlightenment, there was a small measure of time before they occurred. It was, however, only an amount sufficient to button down the hatches and prepare for the attack – if I had known that it was coming. I didn’t; I only noticed the calm before the storm, and I resided in the peace of that relatively short span.

As usual, a series of events begins with one thing that leads to another and then others. The first adversity of the sequence took place during my uncle’s illness. While visiting him in the hospital, I contracted a pretty bad case of pneumonia. Before that time, I never realized that a person could even catch that type of affliction; I thought it was developed in other ways. But, my doctor explained that in the case of bacterial pneumonia, one has to pick up the bacteria somewhere. The bacterial breeding ground where my uncle was hospitalized was the number one suspect. He himself had it and was surrounded by numerous other cases of the illness. I shook the pneumonia. However, some of the symptoms such as fatigue, high blood pressure, and low-grade fever persisted into another separate and new epoch of ill health that came upon me like a strong gust of wind. The consequences from the mild stroke* that I suffered were enough to incapacitate me for several months. As if that weren’t enough, the MRI that was taken also revealed possible early stages of Multiple Sclerosis (MS**). All diagnosis and treatment of those issues halted when, out of the blue, I had a kidney stone attack. The trail of its wake would lead to an experience beyond my wildest imagination.

**In the book, Complete Chronic Pain Condition, I mention a stroke I suffered after the pneumonia. A complete description of it is detailed in my book, Dog Gone Days, along with details of my other afflictions. **At the time, I was preparing all of my neurological workups and tests for second opinions. Multiple Sclerosis is not always easy to diagnosis, and it is considered to be somewhat controversial with differing types and stages. In my case I had conflicting symptoms from other afflictions to further complicate identification.*

It had been eighteen years since my last kidney stone attack. As most do, this one came out of nowhere and assaulted me like a lion springing from a den. After about three hours, I could no longer take the pain and had to go to the local, small-town hospital near my house in Ohio. Upon examining the CAT scan taken there, the doctor explained that one stone had passed while another was between my left kidney and the top of the ureter. It was exactly where the other one had been eighteen years ago. I was given a shot, recovered from the attack, and was advised to see a urologist. As I didn't know of any in that area, I made an appointment with my internist who in turn prescribed an x-ray (to see if the stone had passed) and recommended a specialist to me. I collected that x-ray from the hospital along with the CAT scan (which was put on computer CD) taken during my ER visit, and I set out to meet the urologist.

Located in a small town not too far from mine, I arrived for my appointment on time. Interaction with the doctor occurred after a substantial wait. I was called for my audience after six (that seems to be the magic number) other people. This guy was on the younger side, very likable, and he presented himself in a professional manner. While reading the CAT scan report in front of me, he slid the x-ray onto a wall mounted light viewer. He couldn't look at the actual film from the scan that was on the CD because he told me that it took too long for his computer to boot. He said he would view them later in the day when he had the time. He explained that the stone had passed and that was all there was to it. When asked if I had any questions, I summed up the story of my ordeal that had transpired eighteen years earlier, and I described that since the recent attack, I was still experiencing a pain in my kidney and some nausea as if the stone remained. He didn't seem very interested, and he handed me back a copy of the scan report and a list of foods to avoid along with his business card. He told me to feel free to call his office if I experienced any additional problems.

When I arrived home from the visit, I took a peek at the CAT scan report for myself. It stated that the stone had passed but there was something else described that was never mentioned to me. The report defined that there was a lesion on my left kidney that the radiologist assumed to be a cyst. I couldn't understand why the doctor didn't mention it to me. By

that time the office was closed, so I called the first thing in the morning and explained my concern to the receptionist. She told me it would be brought to the doctor's attention at his earliest convenience. I received a return call from a representative of his office later that day, and I was told that I was correct and should have a follow-up CAT scan done in about six weeks. I still couldn't understand how something worth mentioning could have escaped the doctor's attention; as previously stated, I saw with my own two eyes that he read the report.

I didn't want to go back to that urologist, so I made an appointment with my internist to get the follow up CAT scan. He assured me that cysts were common (as they are) and the pain that I was still having couldn't be from it. So, an appointment was made to go to the hospital and have another CAT scan. In that interim period, the pain intensified, accompanied with bouts of fever and nausea. Rather than drag this story along, medical facts resulted in the heartbreak that came of it; that was the diagnosis of a kidney tumor having the probability of cancer. The CAT scan saw what could be a solid mass, and the sonogram tests confirmed and took pictures of it. A doctor made the determination of probable cancer, based on the tumor's characteristics. Opinions from other medical practitioners with which I was acquainted didn't paint a bright future from reading my reports and hearing my symptoms. The event occurred around Christmas time, which is a low point for medical attendance. Thus, I had to wait. The process of living with the awareness that I could meet my maker sooner than expected dwelled within me for a month. I wasn't about to have surgery performed by small town physicians, so I sought and received the recommendation for a doctor in the nearest city, and an appointment was made.

That office visit was remarkable: it was a textbook example of how a doctor's office should be conducted. If I weren't feeling so sick, I probably would have enjoyed the change. He listened attentively to the description of my stone ordeal of eighteen years prior and my current symptoms. Professional in every manner, he popped all CDs into different networked computers that were up and running, and he explained every detail of what he saw. From his intuition and knowledge derived from years of urological oncology and surgery, he made a radical deduction and wanted me in the hospital to validate it.

Tests were performed and his educated assumption was proven: there was no tumor or cancer. A carnival of mistakes had been made. That point between my kidney and ureter was blocked, and that organ was suffering the consequences. Strictures and compounded scar tissue had gradually formed over the years from the original incident of so long ago. The passage of the recent stones caused a rip that healed and sealed my fate. Surgery was performed to open the blockage. It resulted in the loss of some kidney mass and another ongoing issue that would have to be checked about every six months.

At the end of the recovery from that surgery, I jokingly told the doctor that if I had decided to have the surgery done in that small town hospital, my left kidney might be floating in a lab jar. He turned to me with a grave expression, and in a very somber tone relayed to me that I would have been very fortunate if that alone would have been in that fictitious jar. That truth about the medical profession sent a chill down even my damaged spine. My experience with this doctor, and the knowledge that there were more like him, supported my hope for the possibility of changes within the entire industry. I expect that he did make a substantial profit, while meeting or surpassing all of my criteria for a good doctor. In the end, I was alive, but this time I didn't go wild, craze out, or run around to express survival. I was now a passenger of God, and I had the will to act like one.

I have physical impairment due to my primary affliction, secondary afflictions (associated effects) from it, and issues that would most probably have developed without them. I expect that my case might be a good source for example purposes, so I'll try to address some of them. Obviously, my back that was the source of my physical journey to chronic pain was caused by an accident. But, the initial medical treatment and even some of the erratic measures taken afterward definitely enhanced the existence of secondaries. For instance, the hospital didn't help matters when they inadvertently released a patient with a broken back. Anything beyond complete immobility was sure to have shaken up and further damaged some of that sensitive neurological network in my spine. That compounded by little Doctor

Charts's inability to thoroughly address my initial injury (already marred by the hospital's mistake) did cause other complications. I addressed some of them when I explained the contusions that formed from the activity of physical therapy while having a ruptured disk. So, I have some secondaries as a result of the primary, as well as from the medical mistreatment administered.

My sciatica is a secondary from the primary, but it might not have been so bad if not for the botched up medical treatment. Another associated effect from the primary is my cervical spine (neck) damage that is going to require surgery to prevent partial neurological paralysis of my arms and hands. It is assumed to have developed from favoring the lower spine, thereby putting more pressure on the upper. That natural course would have occurred without the bad medical treatment, but is still a secondary to my primary. By seeking assistance from a medical practitioner for my back, I ended up with a kidney stone that was horribly treated by a doctor on the run and ultimately resulted in what I consider (if I never had the back problem, I never would have sought help for it) to be a secondary kidney affliction that I will suffer for the rest of my life. On the other hand (not to use a pun), the Carpal Tunnel Syndrome that I have in both arms that will also require surgery would probably have been afflicted upon me in a chronic pain-free life. However, because I have a serious but as of yet undiagnosed problem with my hands, even that is in question. The secondary duodenal and peptic ulcer afflictions that I have are definitely a result of medications and stress. The hiatal hernia and diverticulosis most likely would have existed in a normal me, but they sure do complicate my ulcers. I could have in that normal life experienced a broken ankle, but the one I suffer from is second to the partial paralysis caused by the primary. If indeed I do have MS, and it was contracted by bacterial pneumonia, then that might be something that could happen to anybody. Or, the stress of combating severe pain while I was running back and forth to the hospital could have lowered my resistance to allow the pneumonia. The hypertension that I battle, which could have been a cause of my stroke, might possibly be linked to my kidney problem. The last two are based on broader assumptions. I do have other issues, but I think the general example of a secondary affliction as opposed to a naturally occurring one is well exhibited by using me as a guinea pig.

My mental attitude is calmed, which I attribute to my relationship with God. I no longer suffer from intense anxiety and depression, and I no longer require medication for those conditions. Many people refrain from being subjected to talk about God; it has become a turn off in the present society. I can personally relate to that concept. I think it's mainly due to the great negativity that resulted from various abusive issues in the promotion of God and religion throughout history. That's a study unto itself, apart from God. Some people do like to use references to such controversies as an easier means of a lifestyle. I know that a lot of my own discussions supporting a moralistic way of life are like conversing with the "me" that existed several years ago. And, based on that reason, I am aware that most people won't accept the values that I promote. More stubborn than most, I was steadfast and argumentative in my criticism of religion, and I blamed God for a great many things. My permissiveness allowed me to wholeheartedly accept most of the things that are supported by our media-driven society. As I look back, I often think of myself as being an epitome of the profile that I critique today. The main purpose of my book, *Complete Chronic Pain Condition*, was not to present an argument in support of God and religion, but I couldn't in good conscience deny the existence of those life-sustaining truths. Although presently escaping the redefined human condition, mankind is constructed to require that spiritual essence that can only be set apart by God. In that acceptance, the true medicine is found for the chronic pain sufferer. It certainly allowed me to make a peace with my past demons, and it subdued the repressed anger that endured for so long within me. The act of forgiveness is a great challenge for humanity. For me, the act of absolving all those that ever offended and harmed me was a prerequisite for hope of forgiveness for the misdeeds that I inflicted upon others.

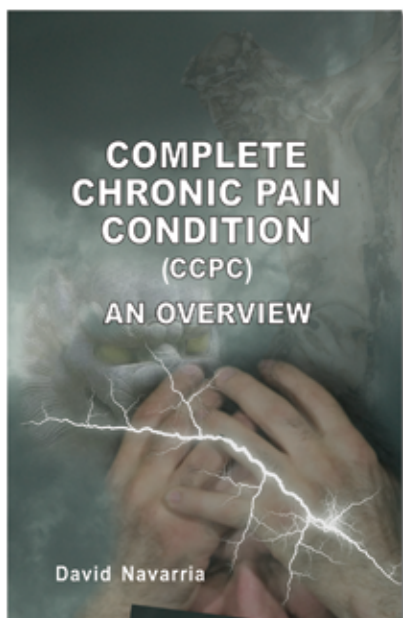
– *Beloved*

Epilogue

A complete autobiographical account of my personal story, which, of course, includes my suffering, is detailed in my book, *Dog Gone Days*.

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