Dynamic Chiropractic

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DIGITAL EXCLUSIVE

Dear Editor:

Dr Kyl Bills' article ("Neuroscience 101: Understanding Opioid Addiction," February 2019 issue) was absolutely fascinating from beginning to end. It took me back to the summer of 1980, when I spent many sunny afternoons boning up for the upcoming neuroanatomy exam while sitting on the sand at Rooster Rock State Park, beside the warm-water lagoon a half mile from the parking lot, a quarter mile across the sand from the cold Columbia River, and a pleasant drive or boat ride east from Western States Chiropractic College in northeast Portland, Ore.

I will leave it up to Dr. Bills to cite the research, but as I recall, all addictions have been proven in the past 15 years or so to be associated with and enabled by low dopamine activity in the brain, the actual prerequisite for addiction. Of course, Big Pharma has been feverishly searching for (and finding) drugs that will raise brain dopamine activity. But there's a problem: The supplying of exogenous chemicals that raise brain dopamine activity is the very definition of addiction, and the chemicals they have come up with have all been at least as damaging, and generally more damaging, than the real thing: the heroin, morphine, cocaine, etc., produced by nature. So, the only real answer to opioid addiction is to use treatments that raise endogenous brain dopamine activity.

The health care procedures that have demonstrated substantial success in raising brain dopamine activity endogenously are chiropractic, massage, acupuncture and vigorous exercise. Chiropractic stands tall in this group because, as Dr. Bills pointed out, 80 percent of addicts started on opioids because of pain, and we do such an excellent job of relieving pain, as well as stimulating brain dopamine activity. However, in the long run, the treatment that will do the best job of keeping brain dopamine high into the non-addictive spectrum is vigorous exercise over a protracted period, because it doesn't require the paid cooperation of a professional. It's available for cheap or free anytime a person needs it.

I use running because I am a runner; because I am very good at treating runners' injuries because I had to work through my own problems; and because running only requires a decent pair of running shoes. Places to run are everywhere, people get to enjoy running to the point of beneficial addiction, and the success rate is about 100 percent, as long as the doctor keeps the patient out of pain and the patient keeps running.

I tell people to pick a 3-mile loop or out-and-back, walk for 10 minutes, run until you're tired, walk until you're rested, run until you're tired, repeat, and walk 15 minutes at the end. Do this three times a week on nonconsecutive days. When the person can easily run the whole 3 miles – excluding the walking before and after – it's time to graduate to 5 miles, with the same warm-up and cool-down walks. It's very important that some of this running be done vigorously up substantial hills to build up the quads and avoid the hamstring dominance that besets flat-course runners and causes poor tracking of the patella and consequent inflammation - the storied "runner's knee."

It's also better for the body to stay off pavement when running. Trail runners, of course, have their own set of problems that come from tripping over rocks and roots and falling. My left knee is hopelessly scarred, but if the doctor conscientiously adjusts the tibia back anteriorly after the patient falls on a knee, the internal healing will progress quickly and often not be noticeable. The best adjustment for a posterior tibia on the femur is with the patient prone, the doctor's fingers laced behind the upper calf, and the patient's instep over the doctor's shoulder.

I realize that Dr. Bills is constrained by the politeness needed to function productively in a university having a medical school well-populated by medical doctors who are well-aware that they stand as intermediaries between God and Man. However, I am not so constrained and will state the obvious: Opioid addiction is best treated by an "all of the above" approach involving all brands of health care practitioners – *except* for medical doctors with their failed exogenous pharmaceuticals.

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Editor's Note: Dr. Ainsleigh is the self-professed originator of the Western States 100-Mile Run and the sport of ultramarathon trail running.

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