
THE PHARMACY WITHIN

THE AMAZING ABILITY TO RELIEVE
CHRONIC PAIN DRUG FREE



*"There is **no reason** for anyone to suffer from pain,
no matter the underlying condition."*

EMILE ALLEN, MD, BCH, CI

Former Chief of Urology Former Vice Chair of Surgery
Board Certified Hypnotist & Certified Instructor of Medical Hypnosis

ThePharmacyWithin.net

MISSION STATEMENT

Teaching people how to access the pharmacy that lives within them so they can relieve or resolve their chronic pain without the need for prescription or non-prescription medications or medical interventions.

VISION STATEMENT

A world filled with people who are empowered to quickly relieve or resolve their pain anytime, anywhere.

ABOUT THIS BOOK

The Pharmacy Within flips chronic pain on its head.

With surgical precision, Dr. Allen evaluates chronic pain from an entirely different perspective than the traditional model. He takes you on an easy-to-follow journey that provides simple and clear answers to what chronic pain truly is by explaining how it forms. Despite the cause, duration, or severity of your pain, he reveals how it is possible to effectively relieve or even resolve chronic pain drug free by accessing **The Pharmacy Within**.

Unfortunately, as a culture, the belief persists that pain is in direct proportion to the severity of the long-standing condition or injury and that the pain will not go away until the condition or injury is healed. However, Dr. Allen will show you that this is simply not true.

If you, or a loved one, are suffering from pain but don't seem to be getting relief, it may not be because of your medical condition. What Dr. Allen will teach you in this book is highly complementary to prescription medications or medical/surgical interventions and, in many cases, has resolved pain.

You don't have to feel helpless and hopeless. I hope this book will change how you look at pain and empower you to self-manage or resolve your pain effectively, anytime, anywhere.

DISCLAIMER

This book is for educational purposes only. Dr. Allen is not providing any medical advice and is not your physician. You should always consult with your own physician regarding your medical condition.

Dr. Allen's subconscious process is entirely experiential and requires one-on-one training; therefore, it is not possible for him to teach you the process of relieving or resolving your chronic pain by reading this book alone.



BIOGRAPHY

Emile Allen, MD, BCH, CI is the Director and Founder of **The Pharmacy Within**, a drug-free pain therapy solution for chronic pain, and a Board Certified Hypnotist (BCH) and Clinical Instructor (CI) of Medical Hypnosis. He is the former Chief of Urology and Vice Chair of Surgery at Scripps Memorial Hospital-La Jolla, California.

He has helped people worldwide through his unique drug-free acute and chronic pain relief technique. Combined with his decades of experience and unique perspective as a surgeon and medical hypnotist, Dr. Allen is advancing the field of Medical Hypnosis for pain management.

Throughout his career, he saw the power of the mind to control post-operative pain with little to no medications. However, when he barely escaped death after being electrocuted while saving a patient's life in the operating room, he experienced acute and chronic pain first-hand. He truly saw chronic pain from an entirely different perspective, which led him on a journey spanning the globe to better understand the mind-body connection through hypnosis and test the ability of the subconscious mind to control pain for various medical conditions in a variety of cultures.

With his unique background as a surgeon and medical hypnotist, he experienced the challenges in chronic pain management. He discovered several physiological, psychological, and social factors involved in the development of chronic pain. Dr. Allen realized that he needed to redefine chronic pain from the current medical definition for effective chronic pain treatment. He also recognized that the treatment and management of chronic pain couldn't be solely held in the hands of the health care system; instead, the primary focus needs to be on the person suffering from chronic pain.

“Recognizing that acute and chronic pain needed to be redefined was a groundbreaking perspective shift, which led me to realize that you cannot treat just the “pain” in chronic pain. It’s my mission to empower people with the ability to quickly relieve or resolve their pain drug free anytime, anywhere by accessing the pharmacy that lives within them.”

Emile Allen, MD

This mission led him to develop a groundbreaking, drug-free technique for chronic pain self-management. His process creatively merges the best of medical/surgical knowledge, medical hypnosis, cognitive behavioral therapy, Pavlov's Law, behavioral modification therapy, peak-performance coaching, and neuro-linguistic programming, all applied with surgical precision.

Dr. Allen's new book, **The Pharmacy Within** – The Amazing Ability to Relieve Chronic Pain Drug Free, takes the reader on a journey that provides simple and clear answers to what chronic pain actually is, how it forms, and how it is possible to self-manage, or even resolve chronic pain, drug free within minutes.

As a retired surgeon and now a medical hypnotist and instructor, Dr. Allen enjoys teaching people globally how to manage their chronic pain drug free through his online classes and sessions. His passion for helping people worldwide has made him a two-time international award-winning author and an internationally-recognized speaker.

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CHAPTER 1

End Chronic Pain Drug Free

Do you know that you have an untapped pharmacy within your body?

Well, you do.

Therefore, there is no reason for anyone to suffer from chronic pain, no matter the underlying condition.

Yes, that is right! There really is NO REASON.

If you, or a loved one, are suffering from chronic pain but don't seem to be getting relief from prescription medications, medical/surgical interventions, or various alternative therapies, you've come to the right place. You are about to begin a journey that will prove well worth the time you spend reading **The Pharmacy Within**.

No one can truly appreciate the physical and emotional pain you are going through and its effect on your life. I know this because I had my own experience with chronic pain due to a life-threatening accident and couldn't effectively convey the severity of my suffering to my family, friends, and treating physicians. People need to understand that each person's chronic pain is as individual as their DNA or fingerprint; therefore, it is difficult to comprehend someone else's suffering.

To evaluate chronic pain in a new way, we need to ask, "Is there a quick and effective way to resolve chronic pain or significantly relieve it without the need for narcotic and non-narcotic medications or other

medical or alternative interventions?" Like many other physicians, the answer to this question always evaded me until I experienced chronic pain myself and had to view it from outside the medical training paradigm.

I developed an entirely different definition of chronic pain through this new perspective, which you will soon learn in this book. As a result, I created a more effective and safer way to treat chronic pain than I had used previously in private practice.

My surgical training taught me to be decisive and meticulous in my thought processes. My personal life story taught me that it is possible to quickly and effectively manage chronic pain drug free. Feedback from my patients/clients taught me how to refine the process of treating chronic pain. My goal is to pass this knowledge on so you don't have to continue to suffer anymore.

Step by step, you will discover what is involved in chronic pain formation, why there needs to be a new definition of chronic pain, and how it can be treated effectively drug free. Many people have learned to use their subconscious mind to access The Pharmacy Within and now easily self-manage their chronic pain to live a pain-free functional life.

I have written The Pharmacy Within in a manner that will help you completely understand why chronic pain has been so difficult for you and your healthcare provider to treat. Please read each chapter in succession. Do not skip ahead because the concepts I am presenting build upon each other. I have included stories and patient/client case studies to emphasize teaching points. The names and details are changed to maintain confidentiality. Key Lessons are provided at the end of each chapter to assist in your learning.

The Pharmacy Within is designed to complement your doctor's treatment plans, allowing them to reduce dosages or even wean you off of narcotic and non-narcotic medications. I hope this book will change

the way you look at pain and empower you to be proactive in seeking to self-manage your chronic pain.

It's time to be pain free!



There is no reason for anyone to suffer from chronic pain, no matter the underlying condition.

CHAPTER 2

It's Time to Let Go

So why have I written **The Pharmacy Within**?

I assume you are reading this because you or someone you love suffers from horrible chronic pain without an effective solution. Chronic pain often results in loss of jobs and personal relationships, bankruptcy due to medical bills, addiction to narcotics, dependency on non-narcotic medications, or unhelpful invasive medical/surgical interventions. It can lead to major depression and even death.

It's not hard to understand why people who have persistent pain feel so hopeless and helpless. The entire healthcare system has been giving mixed messages to patients who suffer from chronic pain, such as:

1. The cause of chronic pain is unknown.
2. Chronic pain is psychosomatic. Why can't you just get over it?
3. Chronic pain cannot be effectively managed or resolved.
4. An underlying chronic illness or injury always causes chronic pain.
5. The intensity of chronic pain is directly proportional to the severity of the illness or injury and, therefore, requires stronger medication.
6. Alternative therapies are simply a placebo.
7. Patients need a prescription or medical/surgical interventions to relieve chronic pain.

I'm calling BS! From my experience working with chronic pain patients, none of these points are true.

I am a retired surgeon who, throughout my surgical career, has worked with thousands of patients, many of whom had chronic pain. Like all physicians, I was puzzled as to why acute pain after major surgery would resolve in a few days, whereas chronic pain would linger on for years or even indefinitely. I also constantly wondered why chronic pain would spontaneously disappear in some people but not in others.

Pain specialists commonly give theories surrounding complicated neural pathways. Surgeons often believe that scar tissue entraps the nerves, and primary care physicians generally theorize chronic inflammation as the cause. However, their explanations never made sense to me because they weren't based on a sound foundation, only on *"theory"*.

As a result, I had some questions:

- What actually causes chronic pain? Because what I was taught throughout my medical training didn't seem to correlate with what I was observing.
- How does it develop?
- Is it possible to relieve or resolve chronic pain without the need for prescription pain medications or medical/surgical interventions?
- Can a person learn how to self-activate **The Pharmacy Within** their body to relieve or even resolve their pain?

These questions have been asked by many medical scholars before, yet, the answers continue to evade them. Many physicians become desensitized to treating chronic pain and default to giving their patients a prescription and sympathy. Like the chronic pain patient, this medical dilemma becomes overwhelming for physicians.

However, it doesn't have to be that way. The answers have been available to us all along but have not yet been universally recognized.

I have dedicated the last 20 years of my life to perfecting drug-free pain relief and will share why I developed a method using the mind’s ability to control pain. You will learn why, regardless of the cause, duration, or severity of your pain, it is possible to switch it off in a matter of a few minutes.

Over the years, I have been quizzically asked, “Does that really work?”

My response is always, “Of course, it does.”

I remember being asked in the 1980s how shock waves could be used to break up kidney stones, how ultrasound was used to look at a developing fetus, or how a radiologist could use invisible photon beam radiation to cure cancer. These all seemed impossible at the time but are now considered the gold standard.

There is over a century’s worth of substantial scientific psychological and medical evidence to back up everything I will discuss in this book, just like there is solid scientific evidence for shock wave lithotripsy, ultrasound diagnostics, and radiation therapy.

Now, to get the most out of this book, you will need to let go of everything you have been taught about the cause of chronic pain. Let me reemphasize this:

“Let go of everything you have learned about chronic pain because it keeps you stuck in your pain cycle.”

It’s time now for you to see chronic pain from a different perspective and learn that it is possible to use **The Pharmacy Within** your body to quickly, easily, and effectively knock out your pain.

Let’s get started and learn something new!



Let go of everything you have been taught about the cause of chronic pain.

TESTIMONIAL

“Two months prior to meeting Dr. Allen, I had fallen and torn my medial collateral ligament (MCL) of my left knee. The daily pain was tremendous, ranging from 6 to 10 on a scale of 10. My physician recommended pain meds until we knew if I needed surgery, but I just didn’t want to take them.

I happened to meet Dr. Allen at a public speaking event at Harvard University, and he offered to help me. That day, my pain got to a 10 out of 10, and I couldn’t bend my knee at all nor walk up the stairs.

While I was skeptical at first, I decided to give it a try because I was in such severe pain that day and did not have my pain medications with me.

When we were done 30-minutes later, I had no pain! I couldn’t believe it! In addition, I had 80% improvement in the mobility of my knee and was able to go up and down the stairs without difficulty for the rest of the day.

It’s been over 3 years since that day, and my pain is still gone from our 30-minute session.

*Just to remind you, I never did take any pain medications. I can’t explain it, but all I can say is -
AMAZING!”*

A.C.
Retiree
Austin, TX

CHAPTER 3

The Power of “Why?”

I’m sure you have heard the saying, “You don’t know what you don’t know,” and that was certainly true for me for most of my career as a surgeon regarding chronic pain. In fact, I feel that the whole healthcare system lacks understanding regarding the cause and treatment of chronic pain.

Throughout the history of medicine, medical and nursing schools worldwide have taught students that there is no known cause (etiology) or cure for the majority of chronic illnesses and their associated chronic pain, emphasizing that it is possible *only* to manage both. The medical community passes this belief on to the general public. Their default answer is that the chronic illness causing the chronic pain is stress related, a possible autoimmune disorder, or even psychosomatic.

Bottom line . . . They don’t know!

The logic follows that if it is not possible to cure the chronic illness, the associated chronic pain will be difficult to manage and will most likely never resolve. In other words, they believe chronic pain management is directly proportional to the management of chronic illness. **IT’S NOT!**

For decades, pharmaceutical and medical device companies have compounded the situation through their direct advertisements to physicians and the public. According to them, the only way to manage a particular chronic illness is through a specific drug or procedure designed only to manage symptoms and not necessarily cure.

The thought process that physicians go through when treating a chronic pain patient with a chronic illness or injury is trying to make them more comfortable and provide supportive care with medications and treatments. They are buying time, thinking they are allowing the body the opportunity to heal from a chronic illness or an injury, similar to a patient healing after surgery, hoping the pain will go away. However, oftentimes, it doesn't.

This philosophy is still adopted in medicine today.

Unfortunately, the problem is that the various prescribed treatments can cause new diseases, mild to serious side effects, and potential dependency/addiction; yet, the pain still persists. At this point, both the patients and doctors are feeling hopeless and helpless.

The whole concept surrounding chronic pain and its treatments never made sense to me. In case after case, within three to four days after performing major surgeries, most of my surgical patients did not ask for pain medication. Some didn't even ask for them one day after surgery.

For example, when I had to remove a kidney for kidney cancer, I'd make a 10-inch incision in the abdomen, cutting through skin, nerves, fascia, muscles, and blood vessels to enter the abdominal cavity. Then I'd move the intestines out of the way to access the diseased kidney and use sutures and staples to control the bleeding. The muscles and fascia were then sutured back in place, and a dressing was applied.

The patient would be in the hospital for one to two days on an IV pain medication, such as morphine. Then they were discharged home with a prescription for Tylenol with Codeine and given instructions to return to the office in 10 days to have their bandage and sutures removed.

The interesting point is that 99% of my patients had stopped taking their narcotics within two to three

days of discharge from the hospital, even though I had done one of the most invasive things you could possibly do to the human body.

Now, they might still be sore because the surgical site was a fresh wound and still healing. Remember, the skin, nerves, muscles, and fascia are obviously still severed; however, none of the patients requested more pain medication.

In contrast, someone with chronic pain can be in unrelenting pain and beg for more pain medications after months or even years.

I asked myself, "Why?"

As a urology resident in the 1980s, I remember assisting in the treatment of a woman with interstitial cystitis (overactive bladder/painful bladder syndrome) who had a severely contracted bladder (small, brittle, and unable to expand to hold urine). This condition caused her to go to the restroom every 15-20 minutes, day and night. She also suffered from a constant severe stabbing pain in her pelvic region.

Despite an extensive evaluation with labs, x-rays, and second opinion consultations with urologists, neurologists, gynecologists, and psychiatrists, her condition was resistant to all medications and medical interventions, including stretching the bladder under anesthesia.

My attending physician told her that the only option left was to remove her bladder, to which she consented because she felt she had no other options and wanted the suffering to end. The sad part was that her pain *did not go away* after surgery, and she continued to suffer from the same severity of chronic pain.

The only difference now was that she didn't have to run to the restroom every 15-20 minutes since she didn't have a bladder. The procedure had diverted her urine to a bag on her belly (similar to a colostomy), which she would have for the rest of her life.

I'll never forget the hopelessness and despair on her face as the tears rolled down her cheeks after my attending physician told her there was nothing else that he could do for her. He labeled her with a psychosomatic disease and referred her back to the psychiatry department.

I was stunned by this tragic, traumatic event and remembered saying to myself, "I will *never* remove a patient's bladder (or any organ) for chronic pain. *Never!*"

Once again, I asked the question, "Why?"

Why didn't her pain go away with removing her bladder if this was truly the source of her pain?

There are millions of people who have their appendix, tonsils, or gall bladder removed and have hip and knee replacements, but none of them require pain medication after a few days. In fact, the vast majority of them don't suffer from chronic pain after their surgery has healed.

Why?

Something wasn't adding up.

I knew there was a massive gap in pain management that was causing a lot of people to be treated ineffectively. I wanted to find out what was missing and solve the mystery.



Asking the question “why” allows you to see things from a different perspective.

TESTIMONIAL

"I don't know how he does it, but this works!"

My husband met Dr. Allen at a lecture he was giving at our hospital in Manila. He came home and told me I should have a session with Dr. Allen because he could help me with my hip pain. I wasn't sure that was possible. I had already seen an ortho doc and rheumatologist who both prescribed NSAIDs and physical therapy.

After months of these treatments, they weren't working. So, I decided to give Dr. Allen a try. OMG! By the end of our session my pain was gone, literally in minutes. It has now been over two years, and the pain has not come back.

Once Covid19 is under control, we want Dr. Allen to teach all the doctors and nurses at our hospital his technique."

S.S., MD

Dermatologist

Manila, Philippines

CHAPTER 4

You Can't Treat Just the "Pain" in Chronic Pain

Throughout my career as a surgeon, I continued to see the power of the body's ability to control post-operative pain. However, I did not realize its full potential for managing chronic pain. Along with my medical colleagues, I was a victim of my medical training, which taught us that chronic pain was due to an unknown cause and was difficult to treat.

Every day, this belief is reinforced by the viewpoint that if others can't see an apparent reason for chronic pain or haven't experienced something similar themselves, it can't be real. It is not uncommon for doctors to become desensitized to the daily complaints of patients who live with chronic pain, believing that there is no viable answer.

Frequently, they brush it off as a psychosomatic disorder because they can't find a reason for the pain, or it doesn't respond to treatment. This misguided conclusion is based on a false premise from their medical training, passed down from generation to generation, that if chronic pain doesn't respond to drugs or medical interventions, it must be psychosomatic.

In my experience, every patient's pain can be effectively managed, or even resolved, drug free!

This conclusion did not come easily for me because of my medical training; however, a personal tragedy taught me differently.

In 1998, my life took an unexpected turn when I was electrocuted while saving a patient's life in the operating room, barely escaping death. A piece of medical equipment malfunctioned, and it went through me for the electricity to find ground. I suffered a traumatic brain injury and severe nerve damage to my hand. My life as a surgeon was over that day.

I spent the next 10+ years enduring physical and emotional suffering due to my multiple injuries and the complications from the treatments my physicians recommended. It became my mission to try out nearly every medical and holistic therapeutic treatment that I could access to relieve my pain.

I saw pain specialists for nerve blocks and cortisone injections, was prescribed potentially-addictive prescription medications and underwent hyperbaric oxygen therapy. I also tried physical therapy and chiropractic treatments, as well as CBT (Cognitive Behavioral Therapy), progressive relaxation, EFT (Emotional Freedom Technique), NLP (Neuro-Linguistic Programming), motivational seminars, diets, supplements, exercise programs, yoga, massage, and acupuncture.

But guess what?

None of it worked!

While the treatments may have made me feel better for a few days, that was about it. Despite trying nearly everything, I still had to take my prescribed medications because the pain never went away for very long.

I was feeling hopeless and helpless. Through this experience, I came to know the emotional and physical suffering chronic pain patients go through.

Then, just when I thought things could not get any worse, my dad was diagnosed with terminal lung cancer. This sent me into a tailspin. Shortly after my dad started his course of treatment, I developed severe chronic pain in my right shoulder that lasted for over three years.

This pain was new and unrelated to any injury or the pain I experienced as a result of my accident in the operating room. An orthopedic surgeon thought I had a rotator cuff injury that would probably require surgery.

After Dad passed away, the pain became so unbearable that I couldn't even to lift my arm to brush my hair. About two months later, I attended a personal development seminar to keep my mind off of all the tragedies that had been happening in my life.

I decided to participate in a closed-eye meditation and focused on processing my father's death at this event. Coincidentally, my right shoulder pain completely resolved during this meditation, never to return. That was over 16 years ago. I was in awe because I went to the seminar to process the grieving from my dad's death, not the pain in my shoulder.

Then I had my 'light bulb' moment. On that day, I realized that the shoulder pain I developed resulted from an unintentional association I had subconsciously made with my dad's illness and death. The pain had nothing to do with a rotator cuff injury.

This unintentional association led to a response in my body, which I experienced as lingering pain in my shoulder.

Wow! But how could this be? It goes against everything I had been taught throughout my medical career.

After this experience, it became crystal clear to me that the definitions of pain that I, and physicians worldwide, have been taught do not provide the whole picture.

Every medical doctor learns that the medical definition of chronic pain is pain that lasts longer than three months, does not resolve after the normal healing of an injury or disease, and is often of an unknown etiology (cause).

But this wasn't the case at all! My experience at that event made me re-evaluate *everything* I had been taught throughout my medical training about chronic pain.

I realized that you can't treat just the "pain" in chronic pain.



You can't treat just the "pain" in chronic pain!

TESTIMONIAL

“For over 16 years, I had pain in both of my knees that prevented me from running and salsa dancing, both of which I loved. I saw chiropractors and orthopedic doctors, going through a number of different therapies that only moderately reduced the pain level. Surgery was my next option, but I wasn’t ready for that.

*It was not until I met Dr. Emile Allen that my knees smiled again. He did his magic and showed me how to access **The Pharmacy Within**. As suddenly as turning off a light switch, the pain was gone from my knees.*

*Overall, I have been pain-free for over 9 years now. If I ever feel something funny going on in my aging knees, I just access **The Pharmacy Within**, and the pain is gone.*

I am forever grateful to Dr. Allen.”

S.O.

Interior Designer and Real Estate Investor

Houston, TX

CHAPTER 5

Current Medical Definitions of Pain

Here is a wise lesson from Yoda. *“Many of the truths that we cling to depend on our point of view.”*

In 2019, the U.S. Department of Health and Human Services’ (HHS) Pain Management Best Practices Inter-Agency Task Force of pain specialists, along with the Texas A&M University’s Department of Psychological and Brain Sciences, is now suggesting that there are complex biological, cognitive, emotional, behavioral, and social components to what they call chronic pain.

Among the treatments recommended are Cognitive-Behavioral Therapy (CBT), Behavioral Therapy, Mindfulness-Based Stress Reduction Therapy, Emotional Awareness and Expression Therapy, Eye Movement Desensitization and Reprocessing Therapy (EMDR), Graded Exposure Therapy (GET), Graded Motor Imagery (GMI), Biofeedback, and Acceptance and Commitment Therapy (ACT), as well as physical-based therapies such as physiotherapy, spinal cord stimulation, and others.

Wow! That’s a mouthful!

I appreciate they are finally acknowledging chronic pain has biological, cognitive, emotional, behavioral, and social components, which I have known for decades. However, the healthcare system is still trying to solve the problem of chronic pain primarily using physical interventions and the conscious mind, involving willpower, which is slow and frequently does not even work.

In my opinion, when the physical-based therapies do work, it is due to success in treating recurrent acute pain and not chronic pain. The practitioner might have believed it was chronic pain based on the current medical definition. As you soon discover, these therapeutic interventions are not nearly as effective as working with the subconscious mind. In the next chapter, I will discuss why I believe this to be true in more detail.

Now, let's look at the current confusing definitions of acute and chronic pain that physicians have adopted.

Medical Definitions:

Acute Pain – The most common definition is pain due to an injury or disease that usually lasts less than six weeks and resolves with the normal healing of an injury or illness. Various definitions from The Centers for Disease Control (cdc.gov), Cleveland Clinic (ClevelandClinic.org), and The American Chronic Pain Association (theacpa.org) suggest that acute pain should resolve anywhere from *four weeks to one year* before it should be considered chronic pain.

Chronic Pain - The most common definition is pain that lasts longer than three months or continues to linger after the expected healing of an injury or disease. It is usually of an unknown cause (etiology) and is poorly controlled with a variety of prescriptions and/or medical/surgical interventions. Various definitions from The International Association for the Study of Pain (iasp-pain.org), The American Chronic Pain Association (theacpa.org), and The Centers for Disease Control (cdc.gov) suggest that chronic pain can start anywhere after *three to 12 months*.

I find the timeframes presented in both of these definitions to be very vague, unconcise, and meant to cover all bases without specific clarification or structure.

Physicians do an excellent job of treating acute pain; however, they lack effectiveness in treating chronic pain. Suppose we accept the recommendations of the 2019 HHS study et al. that chronic pain consists of complex biological, cognitive, emotional, behavioral, and social components. If so, physicians should no longer use the current medical definition for chronic pain because it does not address the layers of complexity noted above, which often results in physicians frequently prescribing ineffective treatments for chronic pain.

Frequently, there is no rhyme or reason when understanding chronic pain. For example, I've seen plenty of x-rays over the years that made me question how a person could live with a spine looking like a stack of smashed soda cans; yet, they had no pain. In contrast, I've seen x-rays with minimal vertebral disease; however, those patients had excruciating pain even after undergoing multiple back surgeries to correct the perceived underlying problem.

It is time to look at pain from a different perspective that provides safer and more effective management for the millions of people who experience and suffer from chronic pain. In the several following chapters, I will take you on a journey through the concepts that, when linked together, led me to redefine pain and create an effective solution to relieve and even resolve chronic pain consistently.



Chronic pain will continue to be difficult to treat until the current medical definition changes to an accurate reflection of what is occurring.

TESTIMONIAL

*“Access **The Pharmacy Within** and make my sciatica go away? No way, I thought because I have suffered daily from low back pain and sciatica for years. Sometimes I couldn’t go to work or even get out of bed because the pain was so severe. I had tried everything: doctors, x-rays, physical therapy, prescription medications, chiropractic adjustments, and nothing seemed to help. I refused to have surgery.*

I was skeptical if this technique would actually work, but decided to give it a try since nothing else had worked for years. Much to my surprise, my pain went from a 6 out of 10 down to a zero at the end of my first session! I couldn’t believe it!

*Now I use **The Pharmacy Within** technique whenever I feel like my back is starting to get tight or the sciatica is acting up. I can make my pain immediately go away. More people need to learn how to access **The Pharmacy Within**. I sure wish my doctor had!*

Thank you, Dr. Allen! You improved the quality of my life tremendously and prevented me from having to have surgery.”

D.N.

Director of Non-Profit Org.

Atlanta, GA

CHAPTER 6

What the Mind Expects, the Mind Accepts

As a urology resident in the late 1980s, I had the opportunity to join a medical mission to Haiti for one month with Dr. Richard Williams, who was the Chairman of Urology at the University of Iowa Hospital and Clinics. We arrived at the Port-au-Prince Airport, loading the jeep with our luggage filled with surgical instruments, antibiotics, and other medical supplies.

We set out on a desolate four-hour trek from Port-au-Prince into the mountains to reach the hospital. We seemed to travel endlessly over treacherous hills and potholed dirt roads. Towards the end of our bumpy ride, we finally started seeing people walking along the shoulder.

As we turned around a bend, it became a line of people that seemed to go on forever. They all looked sick, very sick. Some had bandages on their extremities and torsos. Others were being pushed in makeshift wheelchairs, while some had improvised splints made of tree branches and twine.

When we finally arrived at the hospital, close to 300 people, from infants to the elderly, lined the dirt roads waiting to be seen because there was no surgeon in this community. We saw all kinds of medical conditions.

Some were holding old, crusted catheters that had been in for months, maybe years because they couldn't urinate due to prostate obstructions. Many patients were suffering from bladder stones, something we rarely see in the United States. There were children and adults with severe congenital

anomalies, barely surviving day by day. We also saw people with infected wounds, large hernias, and abdominal obstructions, to name a few.

We had come to Haiti to provide urological services, but that's not what was in store for us. It was incumbent upon us to become primary care physicians, general surgeons, OB/GYNs (obstetricians and gynecologists), ENTs (ear, nose, and throat specialists), gastroenterologists, oncologists, endocrinologists, pediatricians, and plastic surgeons. We saw and treated injuries and diseases most U.S. doctors only read about in textbooks.

As the word got out about the American doctors, 300 people on the first day of our arrival turned into nearly 1000 over the ensuing weeks. There were so many patients to see that we worked 14 to 16 hours a day, nonstop. All of them desperately needed our help, but it was physically impossible to see them all. With the long hours, my medical training was put to use immediately.

We removed infected gallbladders, resected prostates, repaired hernias, amputated gangrenous toes, set bone fractures of limbs, performed C-Sections and hysterectomies, removed colon cancers, and repaired bowel obstructions, as well as a host of other procedures.

We had so many patients that we had to treat them in the hallways of the hospital. Deciding to take a patient to surgery was a difficult task because we only had enough narcotics to be used in the operating room in conjunction with general anesthesia, but nothing except generic Tylenol for post-op pain.

This shortage severely limited the types of procedures that we could perform, but there was no choice for some patients. They had to be operated on despite not having adequate post-op pain control, or they would die.

Supplies were so limited that the surgical nurses washed and sterilized used surgical gloves and other used medical equipment between cases. They didn't throw anything away.

Post-operatively, due to our limited supply, the only pain medication any of these patients received was two to three pills of generic Tylenol per day.

When I made my post-op rounds to check on my patients, something quite peculiar stood out. Despite not receiving narcotic pain medications after surgery, amazingly, the patients did not complain and were very cooperative, something we never saw at my university hospital in the United States.

They were sore, but they weren't in severe pain. In fact, many of them were walking in the hallways and speaking with their friends, family members, and other patients. They also weren't having any trouble sleeping. When I asked their pain level, the majority said they didn't have much pain.

I asked the Haitian nurse anesthetist, "How could this be possible?"

She said, "Doctor, they accept the fact that they need the surgery and that there is no pain medication available for them."

She was right. These patients used their minds to control their pain.

I recognized that I needed to open my mind and let go of my traditional medical training. The proof was right in front of me. Despite not having narcotic pain medications, these patients experienced minimal pain after major operations.

I learned a valuable lesson: What the mind expects, the mind accepts.

I call this *Mental Expectancy*, which is a function of the subconscious mind.

Awareness of *Mental Expectancy* is one of the most critical aspects missing in pain management. It is a key component you must embrace to self-manage your pain and end your suffering.



What the mind expects, the mind accepts.

TESTIMONIAL

"I suffered from severe pelvic pain due to endometriosis for over 10 months and took Naproxen like candy. I was scheduled for elective surgery to have laser ablation of the endometriosis.

*Luckily, prior to surgery, I met Dr. Allen and learned to access **The Pharmacy Within**. In just one short session, I was completely pain free and did not need pain medications anymore.*

I elected to still have my surgery, and to my amazement, I only needed two Tramadol pills the day after my surgery to control my pain. That's it! My surgeon was impressed, to say the least.

*If you are experiencing chronic pain or scheduled for surgery, you need to learn how to access **The Pharmacy Within!**"*

P.M.
Entrepreneur
Chicago, IL

CHAPTER 7

The Importance of Mental Expectancy

Any Star Wars junky remembers the scene from the 1980 movie, “The Empire Strikes Back”, where Yoda uses his mind to pull Luke Skywalker’s crashed, sunken X Wing Star Fighter from the depths of the serpent-infested swamp.

In shock from this Jedi Master’s amazing feat, Luke breathlessly says, “I don’t believe it.” Yoda replies, “That is why you fail.”

What an excellent movie! Yoda had so many life lessons to teach us that we can apply to almost any situation.

Yoda taught Luke about the power of the subconscious mind and **Mental Expectancy**.

For years, I suffered from sleep apnea and simply couldn’t stand the thought of using a CPAP machine for the rest of my life, so I decided to have surgery. I went to see one of my best friends, an ENT (Ear, Nose, and Throat) surgeon. After a detailed history and physical exam, he suggested surgery to remove tissue from the base of my tongue and surrounding areas that were obstructing airflow to my trachea and lungs. He has specialized in this particular surgery for almost three decades.

At the pre-operative consultation with him, he told me what to expect during the recovery from the surgery.

“This is the most painful operation that a person can have. You will feel pitiful for the next two to three weeks because it will hurt every time you swallow. I’ll give you a prescription for liquid codeine, which I want you to take every four hours. You need to stay ahead of the pain. Don’t miss a dose, otherwise the pain will be harder to manage. Most of my patients lose 20 to 30 pounds over the three weeks because you will need to be on a liquid diet of mainly soup broth.”

I immediately replied, “You’ve got me in pain already at a 20 out of 10, and you haven’t even cut on me yet! I have learned that if you describe an operation in this way to a patient, you are setting them up to have a tremendous amount of pain post-op.”

He chuckled and responded, “No, I’ve been doing this for nearly 30 years. I *know* you’re going to have a lot of pain and will need liquid codeine for the next two to three weeks post-op. The medicine will not make the pain go away, but it will make it more tolerable. I am telling you this to prepare you for it.”

I don’t blame him for the way he described this surgery to me. Like so many other physicians and surgeons, he was simply a victim of his training. He is an excellent surgeon, and this surgery was what I needed to resolve my obstructive sleep apnea.

However, thanks to the gift I received from working with the patients in Haiti in the 1980s, I knew I would not have a severe amount of pain post-operatively. I also had the validation of teaching **Mental Expectancy** to my patients/clients for many years to help them successfully manage or even resolve their pain.

The outpatient procedure went well, and I left the medical center at around 2:00 PM. That evening at 5:00 PM, I cooked my chicken soup broth in the kitchen. For the first two days after surgery, I took liquid

codeine at 10:00 PM before going to bed and again at 7:00 AM when I woke up, not every four hours as prescribed.

My pain level never rose above a 1 out of 10 (Pain Scale: 0 = no pain, 10 = the worst pain possible), and most of the time, it was a zero. When I swallowed food or saliva, I knew I had had surgery because I could feel it, but I had little to no pain.

When I returned to my surgeon's office for my post-op visit one week later, he asked me how I was doing with pain control and if I needed a refill of the liquid codeine. I reached in my backpack and pulled out the original bottle that he had prescribed. It was almost completely full. His mouth dropped open in disbelief.

"I, I, I... don't understand. I, I, I can't believe this. I've never had this happen before. How did you do this? My last patient drank codeine like water and used up a whole week's worth in about two days. She then had to suffer for the remainder of the week because the pharmacy wouldn't allow a refill due to DEA narcotic regulations. Did you have other narcotics at home?"

I laughed and told him, "No. I simply accessed **The Pharmacy Within** and used my subconscious mind to control my pain."

He queried, "Access **The Pharmacy Within**? What's that?"

I replied, "I could tell you, but it would be better if I showed you."

We set up a time when he had five similar surgeries scheduled on the calendar. All the patients came into the office four days prior to their surgery for their pre-op consultation. However, instead of him

talking to each patient, I did. I taught each patient the technique I had developed to control pain, so they could, too.

The five patients had their outpatient surgeries on a Monday. Due to his continued skepticism, he still called the pharmacy with the same prescription protocol he had used for the past three decades. He did not want to receive a call from the ER if a patient showed up in pain in the middle of the night.

One week later, each patient came in for their post-op visit. Four out of five patients did not take more than three doses of liquid codeine in the first 24 hours. None of the patients required liquid codeine after day two.

My surgeon friend was blown away by this modern-day, grey-haired Jedi. His patients used to require two to three weeks of codeine, which they took every four hours around the clock during their recovery for this particular surgery. He is a true *believer* in using my method to control post-operative pain. You are beginning to understand the remarkable ability of the subconscious mind to relieve pain. It doesn't matter if the pain is acute due to surgery or chronic pain due to a chronic illness or injury.

I'm not treating the pain. I'm treating the **Mental Expectancy** of the subconscious mind. That is why I say, "You can't treat just the pain in chronic *pain*." Once you understand this, everything changes regarding pain management.

In the next chapter, we will discuss the differences between the conscious and subconscious minds in detail.



Everyone has the ability to manage chronic pain when they understand the power of Mental Expectancy of the subconscious mind.

TESTIMONIAL

*"I have been performing ENT surgeries for over 27 years, and I have never seen anything as impressive as **The Pharmacy Within** technique for managing post-operative pain. Surgeries for obstructive sleep apnea are extremely painful.*

I recently did 5 glossectomies (removal of the base of tongue) for sleep apnea. Normally, my patients recovering from a surgery like this would have had severe pain requiring narcotic medications every four hours around the clock for two to three weeks.

*In this case, Dr. Allen taught all of the patients before surgery how to access **The Pharmacy Within**. After their surgeries, all of them had minimal pain (pain-scale level 1 to 2 out 10) and stopped using narcotic pain medication by post-op day 3.*

*I highly recommend all patients learn how to access **The Pharmacy Within** before undergoing surgery so they can better manage their pain."*

T.S., MD
ENT Sleep Medicine / Facial Plastics
Atlanta, GA

CHAPTER 8

A Meeting of the Minds

To understand how it is possible to manage your pain drug-free effectively, let's explore the roles of conscious and subconscious minds.

The Conscious Mind:

- Is our brain.
- It is estimated that we only use about 5% of our brain capacity.
- Is a very weak mind.
- Attempts to be rational and logical.
- Performs analytical thinking.
- Is judgmental.
- Uses willpower to try to overcome challenges.
- Stores short-term memory.

In contrast, the Subconscious Mind:

- Is the entire body.
 - » It is estimated that up to 95% of our function is subconscious.
- Is a very powerful mind.
- Is irrational, illogical, and makes no sense whatsoever.
- Runs the physiology of the body.
- Stores our emotions and imagination.
- Stores our **long-term memories** within the gestalt timeline of our life.

How many of you have watched a scene in a movie that made you feel happy, shocked, or sad? While you watched this scene, you created an image in your mind that was *not true*. Still, your subconscious mind saw it as being *true*, which sparked an *emotional response* within your body that literally changed your *physiology*.

I am sure that you have had a nightmare at some point in your life. Suppose you have a nightmare where a monster is chasing you. You are running for your life, and you wake up just before the monster catches you. When you wake up, you find yourself in a panic, with your heart racing, sweating profusely and feeling disoriented.

Various fight, flight, or freeze neurotransmitters (epinephrine, norepinephrine, cortisol, etc.) were released in different ratios, causing you to feel this way. While this was just a nightmare, your subconscious mind felt it *was real* and created an emotional and physiological response.

Similarly, it's essential to understand that the subconscious mind runs the physiology of the body, not the conscious mind of the brain. For example, when a surgeon repairs or removes a diseased organ, the body initiates a complex process to heal from within. Surgeons are frequently humbled by the fact that they aren't doing the healing; the body is. The surgeon knows they are simply assisting the process by removing diseased or traumatized tissue/organs. Every surgeon relies on this fact each time they enter the operating room, even though they don't understand all the exact mechanisms involved in this process.

An even more profound example is if someone is in a coma. In this case, the conscious mind of the brain is not working, yet, the subconscious mind still runs the physiology of the body. The central nervous system still functions. The lungs exchange oxygen and carbon dioxide, and the heart pumps blood. The endocrine system, liver, kidneys, and bowels still work, and wounds heal. Doctors and

nurses in the ICU don't question how this happens. They simply know it does.

Like every organ in the body has neurons responsible for their function, the nervous system also has neurons specific for pain. Pain is a physiological process in the same way that there is a physiological process for every organ in the body.

Various neurotransmitters have different effects on our emotions and physiology. For example, decades of research have shown that serotonin is the primary emotional neurotransmitter. Researchers theorize that only 20% of serotonin is located in the brain, and the other 80% is in the gut. This is true for other neurotransmitters in varying proportions, as well. It is not coincidental that for generations, people have used phrases such as 'having a gut feeling' when their intuition tells them something or 'having butterflies in their stomach' when they are nervous.

The subconscious mind's ability is infinite based on a person's experiences and interactions with biological, psychological, and social inputs. For decades, scientists have been trying to understand the subconscious mind and determine precisely where it is located. Many believe it is the brain. While others, myself included, believe it is a collective communication of all the cells within the body. Bruce Lipton, PhD., Deepak Chopra, MD, Wayne Dyer, PhD., Joe Dispenza, DC, and many others have shared similar thoughts.

In fact, Candace Pert, PhD., a biochemical researcher from Georgetown University in Washington, DC, explains this concept. She believes that the subconscious mind consists of every cell in the body, each of which has its own consciousness, and that there is communication amongst the 300+ trillion cells in the body. Each cell has an estimated 6000+ receptor sites on its surface and 3000+ different chemicals in the body that are responsive to our thoughts. That is why we have cellular and muscle memory.

Think about this for a moment . . . 300+ trillion cells, 6000+ receptor sites, and 3000+ different chemicals

in the body responsive to our thoughts, many of which are yet to be discovered. The scientific community hasn't even scratched the surface of how the conscious and subconscious minds work.

Based on this information, common sense tells us that the subconscious mind runs the physiology of the body. Yet, its relation to how chronic pain develops and functions in the body is new territory for most.

So, you can understand that the subconscious mind is more powerful than we could have ever imagined. There truly is an untapped pharmacy within our body.

It's time to get away from thinking that we already know all the answers, and instead embrace what we still need to learn.



The subconscious mind runs the physiology of the body, not the conscious mind.

TESTIMONIAL

*"I used to get migraine headaches all the time, and it would take hours, even days, for the pain medicines to work. I worked with Dr. Allen to learn how to access **The Pharmacy Within**, and now I can knock them out in a few minutes.*

It's crazy!

I don't know how the subconscious mind does it, but I'm serious, if you have pain, you've got to work with him.

He's the real deal."

A.H.

Heavy Metal Musician

Denver, CO

CHAPTER 9

The Language of the Subconscious Mind

From the previous chapter, we have learned that the subconscious mind runs the physiology of the body, and that emotions and pain are physiological responses.

If you are in pain, your emotions are definitely going to change. They go hand in hand. You can't have pain without your emotions changing. Correspondingly, your emotions will change the characteristics of your chronic pain. Therefore, a logical way to relieve pain is at a subconscious level, which is critical for patients who are not responding well to a variety of traditional medical treatments.

From my decades of experience, I have found that the best way to connect with the subconscious mind is through hypnosis. Hypnosis itself is not what manages or resolves pain. It is simply a tool used to access and communicate with the subconscious mind. A trained practitioner of medical hypnosis can apply specific techniques to disassociate emotions linked to chronic pain. Similarly, a surgeon trained in a specific operation uses the scalpel to remove diseased or injured tissue/organs.

Just because someone has a scalpel in their hand does not mean that they are capable of removing a diseased kidney. A person would need to have years of surgical training and experience to complete the operation successfully. The same is true for hypnosis. Just because someone has training in hypnosis does not mean that they have the skill set to deal with the complexity of chronic pain.

While considered an alternative treatment, hypnosis is in fact a scientifically well-documented and

medically-proven method for treating pain. Unfortunately, during the middle of the 20th Century, it became overshadowed by prescription medications and medical/surgical interventions because of the enormous financial incentives for the healthcare industry.

Fortunately, hypnosis has recently experienced a revival reflected in current clinical studies, which prove the effectiveness of hypnosis in pain management. In fact, multiple universities have entire departments dedicated to researching how the subconscious mind and hypnosis effectively manage chronic pain.

You might be raising your eyebrows about now and asking how hypnosis could be as effective as pain medications and without side effects.

Think about this. When you are wholly absorbed doing something, you might find that you don't notice your pain. We see this in athletes all the time. When injured during a game, they don't focus on the pain; instead, they shake it off or disassociate from the pain and continue to play. When a person learns to disassociate, it disconnects the linkages between pain and the associated emotions.

This concept will become clear to you shortly.

First, let's answer the question:

What is hypnosis?

There are many definitions of hypnosis. However, I find most of them vague and confusing, similar to the medical definition(s) of chronic pain.

I always explain hypnosis like this to my patients/clients:

***Hypnosis** is the language used to quiet the conscious mind so that we can access and communicate with the subconscious mind, which runs the physiology of the body.*

Despite what you might think, you have been in hypnosis before, probably within the last hour or so. If you daydreamed, meditated, prayed, watched a movie, or even drove a car today, you entered into a state of hypnosis. Most of your habits and behaviors were developed and shaped through hypnosis. You can blame your mother for being your very first hypnotist. She put you into hypnosis as she rocked you in her arms as an infant while singing you a lullaby. So, if Mom can do it, then hypnosis must be okay.

The myths and misconceptions surrounding hypnosis are false and based on Hollywood's portrayal of hypnotists. In fact, hypnosis is completely safe because actually, you are the one hypnotizing yourself, not the hypnotist, and not even Mom. A hypnotist can't hypnotize anyone against their will, nor can a hypnotist make a person do anything that violates their morals. The person must be a willing participant and decide to accept what the hypnotist is saying. Therefore, all hypnosis is *self-hypnosis*. The hypnotist is just the guide.

What is not hypnosis?

Hypnosis is not sleep, even though you might have heard a hypnotist use the word "sleep" to guide a person into hypnosis. However, this word is not necessary. While in hypnosis, a person actually has an increased sense of awareness, whereas, in sleep, they do not.

Does hypnosis work on everyone?

While it is true that some people go into hypnosis easier than others, hypnosis works for everyone if they are able and willing to follow instructions. For example, a person with severe autism, paranoid schizophrenia, or dementia may have difficulty being guided into hypnosis because they may not be able to follow instructions. Still, they naturally go in and out of self-hypnosis throughout the day, too.

Now, I hope that you have a better understanding of hypnosis. It is simply another tool we can learn to use along with specific techniques to help ourselves better manage or resolve pain.

In the next chapter, we will learn more about how the subconscious mind works and the importance of understanding conditioning related to behavioral responses.



You access and communicate with your subconscious mind through hypnosis.

TESTIMONIAL

“Just wanted to thank you so much for our session. You put me at my ease straight away and explained everything very clearly. I am definitely reaping the benefits.

The Pharmacy Within technique is definitely helping me manage my diabetic foot neuropathy pain. Since our session, I actually have not needed painkillers, and I have now been able to sleep through the night!

I would definitely recommend your services!

Thank you.”

J.C.
United Kingdom

CHAPTER 10

Wired

In the 1960s and 70s, I grew up on a small farm in Southern California. At the early age of 10, my parents made me responsible for taking care of all the animals. We had a menagerie of horses, pigs, sheep, cows, chickens, cats, and dogs.

I would get up at 6:00 AM to feed them before going to school every day; however, it was frustrating on the weekends. If I didn't get up at 6:00 AM sharp on Saturday or Sunday, my tardiness would result in a response from my barnyard friends, who would whinny, oink, squeal, and cry until I fed them.

As a result, I didn't have an opportunity to sleep in on the weekends like most kids. My parents certainly weren't going to get up at 6:00 AM to feed my animals!

This story is a simple illustration of conditioning. My animals were subconsciously conditioned to being fed at 6 AM and wouldn't settle for anything else!

Let's look in more detail at how conditioning occurs by using the example of a light fixture.

Suppose I want to add recessed ceiling lighting in my house, and nothing is set up or wired. I go to Home Depot to buy a light switch, switch box, a specific gauge of wires, recessed light fixtures, and lightbulbs. I already have power in my home with the correct voltage and amps.

I come home, unpack everything, pick up the light switch and turn it from the "off" position to the "on" position.

Do the lights come on?

No.

Why?

Because they are not "*wired*". I haven't put anything together yet.

Each component is neutral, or an unconditioned stimulus. (The noun related to verb "stimulate" is *stimulus* (singular) and *stimuli* (plural).)

There is no *association* between any of the components I purchased. We know this because none of the components, in and of themselves, will turn on the lights. There is no *association* because they are not in the correct sequence nor connected to the power.

Once I put everything together in the correct sequence and connect it to the circuit breaker box, the light switch will now be "*wired*". Putting the light switch in the "on" position will turn on the lights. There is now an *association* between all the necessary components for the completed circuit. They are *conditioned*, and the light switch can now be viewed as a conditioned stimulus that will cause the lights to turn on.

The light illuminating the light bulb is the conditioned response.

To further explain how this concept relates to behaviors, let's look at how an animal trainer uses a stimulus (or stimuli) to achieve a specific response in the animal they are training.

If you are lucky enough to see a pod of dolphins in the wild, you might see them playing with each other as they jump and spin their bodies in the air before splashing back into the water. It is a beautiful thing to watch. This is a natural behavior of dolphins, and there is nothing stimulating their behavior on command by a human.

On the other hand, the trainer at Sea World uses a hand command or a whistle to have a dolphin swim fast around the pool and jump through a hoop 10 feet out of the water as it makes a big splash in front of the crowd. The dolphin quickly swims back to get its "treat", a tasty sardine.

The trainer *linked* the animal's natural abilities to a *specific stimulus* (hand command, whistle, or tasty fish) to create a consistent and reproducible physiological response. This process of creating this link is called conditioning. It's a learned *subconscious association* based upon the natural habits of that animal. The trainer is "*wiring*" the neurology of the animal to obtain a reproducible outcome on command.

Now, let's take this a step further.

Imagine you want to train a puppy to sit. The puppy is new at this game and has never heard the word "sit" before, so the puppy has no reference point to compare. If you say "sit" over, and over again, the puppy will not associate "sitting" to the word "sit" and will probably chew on your shoe!

However, if you give the puppy a reward (praise or treat) whenever it does sit, the puppy will get excited about getting another reward and through repetition, will eventually associate sitting with the reward.

Now every time you say "sit", or show the "treat", the puppy sits. The puppy has been conditioned to sit

(similar to the dolphins being conditioned to jump through the hoop at Sea World).

The "treat" or the word "sit" by themselves are individually an unconditioned stimulus, which is neutral and not associated (or linked) to anything specific to the puppy's behavior.

However, once the "treat" becomes associated with the word "sit", and the puppy is sitting on command, the word "sit" and the "treat" have now each become a conditioned stimulus, causing the puppy to sit when commanded.

Either one will cause the puppy to sit because the puppy associates the "treat" and the word "sit" with sitting to get a reward. The act of the puppy sitting is a conditioned physiological response, which is a subconscious reactive behavior triggered by a conditioned stimulus.

Remember from Chapter 8 that the subconscious mind runs the physiology of the body?

A conditioned response is a physiological reaction to a conditioned stimulus run by the subconscious mind. The stronger the subconscious association to a conditioned stimulus, the more the conditioned physiological response is reproducible.

Both of the examples above illustrate *Positive Reinforcement Training*. *Negative Reinforcement Training* occurs in a similar manner.

Positive and Negative Reinforcement Training are real-world applications of Pavlov's Law of Classical Conditioning from the 1890s.

The next chapter will discuss how emotional and physical associations create chronic pain through negative reinforcement.



A conditioned response is a physiological reaction to a conditioned stimulus that is run by the subconscious mind.

TESTIMONIAL

"I'd had severe low back pain on and off for years but hadn't ever gotten any real relief despite seeing doctors, chiropractors, physical therapists, and taking pain medications.

One day, I woke up with the most excruciating pain of my life and was unable to walk or get off of the couch.

*I saw Dr. Allen, and he taught me how to access **The Pharmacy Within**. I couldn't believe all my pain was gone by the end of my first visit. It still blows my mind that to this day, 8-years later, my back pain has never returned.*

I am so grateful I met Dr. Allen! He gave me my life back."

N.B.
Business Owner
Boca Raton, FL

CHAPTER 11

The Conditioning of Chronic Pain

Let's talk about how conditioning relates to chronic pain.

An example of *Negative Reinforcement Training* would be if the trainer teaching the puppy to sit beats the puppy as they yell the word "sit". In this case, the poor thing becomes confused and traumatized. If this happens repeatedly, the puppy would quickly develop fear and anxiety, or it may react with aggression to protect itself. The puppy could also develop a variety of negative behaviors, such as: chewing on its paw, incontinence, running to a corner to hide, defensive biting, or rolling on its back in submission to any person who comes near.

When the puppy coincidentally happens to sit, the trainer would stop yelling at and hitting the puppy. When the puppy sits, the reward (conditioned stimulus) now becomes not being yelled at and beaten. It is subtle compared to something tangible like a treat, but the relief from the pain and confusion is just as powerful, if not more so. Psychological studies have proven that humans and animals will do more to avoid pain than gain pleasure.

Chronic pain develops similarly in people; however, it may be more challenging to identify the associated strong negative emotions (conditioned stimuli). For example, let's say a person experienced a physical trauma/illness that caused strong negative emotional feelings such as grief, anger, anxiety, fear, depression, etc. If any of those negative emotions (stimuli) become linked to acute pain or conditioned, the pain becomes chronic pain.

To illustrate, I worked with a 40-year-old man with a 21-year history of intermittent chronic pain in his right thigh and knee. His doctors could not figure out why he had pain and blamed it on scar tissue entrapping his nerves from a previous injury or possibly having a psychosomatic disorder.

You see, at age 19, he was involved in a single-car accident with his red Ford Mustang, hitting a concrete light pole and sustaining severe injuries.

In addition to a ruptured spleen, he was found to have a fractured pelvis and right femur with a dislocated right knee, which resulted in multiple surgeries involving pins and rods to hold his pelvis and femur together. He stayed in the ICU for two weeks and spent three months in a cast.

After his accident, he had disabilities and disfigurement, and his life changed in a number of ways:

Physiological Impacts – Inability to stand for long periods of time, difficulty bending and squatting, weight gain due to lack of exercise, etc.

Psychological Impacts – Low self-esteem, depression, anxiety, PTSD, repetitive negative thinking (reviewing the trauma of the accident and resulting impacts), etc.

Social Impacts – Being treated differently due to his disability and disfigurement, dependency on others for assistance with daily activities, the potential for co-dependence, etc.

Like the dolphin and the puppy became conditioned or "wired" to a specific stimulus (command or treat), the 40-year-old man has now become conditioned to multiple stimuli based on physiological,

psychological, and social factors.

Overall, he has the conditioned physiological response of chronic pain caused by a conditioned stimulus(i) (thinking about the car accident, driving past the location of the accident, seeing a similar red Ford Mustang, etc.). Much like muscle memory allows you to drive a car without thinking, a conditioned stimulus can instantly trigger the conditioned physiological response of pain. Therefore, chronic pain is not time dependent or associated with the severity of his injury.

This story illustrates the biological process of how pain can subtly yet easily become conditioned based on the intensity of an event and repetitive thinking about that event and the negative emotions that resulted. Chronic pain can also become subconsciously linked due to the repetition of an event, meaning something that occurred multiple times.

Chronic pain is a conditioned physiological response to a negative stimulus that was subconsciously linked up. To make the pain go away, you have to break the linkage of this subconscious association by using *Mental Expectancy* and hypnosis to access the subconscious mind. I call this process *The Pharmacy Within*.

That is why you can't treat just the "*pain*" in chronic pain.



Chronic pain is a physiological response to a conditioned stimulus, which has been “wired” or conditioned.

TESTIMONIAL

“Jogging used to be my primary form of exercise, but I had to stop it a few years ago because of low back pain and sciatica. Some days my pain would be so severe that I had problems getting out of bed or working in the O.R. as a surgical nurse.

*Dr. Allen taught me how to access **The Pharmacy Within**, and now I can manage my back pain in seconds whenever I feel it’s getting angry. I’m back to jogging again and have no problem standing for long hours during surgical cases.*

***The Pharmacy Within** technique is really easy to do and can help a lot of people.”*

K.K.
Surgical Nurse
Eugene, OR

CHAPTER 12

Redefining Chronic Pain

To effectively treat chronic pain drug free, it is necessary to change the definition of chronic pain to something that makes more sense. We know that what the mind expects, the mind accepts. We also understand what conditioning is and know that chronic pain is conditioned. Let’s call it what it actually is: *“Conditioned Pain”*.

Definition: Conditioned Pain (chronic pain) is formed from a subconscious association with a negative emotion and has no timeline for when it occurs or how long it lasts.

Now, let’s look at the layered components of *Conditioned Pain* in more detail.

Layered Components of Conditioned Pain

Conditioned Pain:

- Is the result of a subconscious association with a negative emotion, creating a conditioned stimulus.
- Can occur *with* or *without* cellular damage and inflammation due to injury or disease.
- Can persist after the normal healing of the injury or disease.
- Commonly has a vague onset for when the pain developed; however, it may begin at the time of initial injury or disease.
- Strengthens with the intensity and repetition of an emotional and/or physical event.
- Tends to vary in characteristics with changes in emotional states.

- Is influenced by biological, psychological, and social impacts.
- Is as unique as a person's DNA or fingerprint, which is why you can't compare *Conditioned Pain* between people.
- Decreases or resolves by disassociating the conditioned stimulus (associated negative emotion) from the pain, a process I call accessing **The Pharmacy Within**.
- Has *no timeline* for how long the pain lasts.
- Can exist at the same time as acute pain.
 - For example, people with a chronic illness due to an autoimmune disorder can have both acute pain and *Conditioned Pain* at the same time.
 - In this case, they are dealing with cellular damage/inflammation from their disease, causing acute pain, and *Conditioned Pain* from the negative emotions or stimuli (fear, anxiety, frustration, anger, depression, etc.) associated with a chronic illness.
- Can develop from acute pain when it becomes subconsciously linked with a negative emotion.
- Has a greater chance of developing from long-lasting, recurrent acute pain.
 - For example, it is not uncommon for amputees to develop phantom limb pain, which, according to doctors, has no known cause.
 - In reality, the acute pain from their infected/injured limb has become a conditioned stimulus. If you follow the logic of Pavlov's Law, it is due to a negative emotional stimulus becoming subconsciously associated with their acute pain, causing the physiological response of *Conditioned Pain*. This occurred at some point prior to amputation, which caused it to linger post amputation.
- Responds poorly to medical/surgical interventions and is at risk for dependency/addiction to non-narcotic or narcotic medications.

- This is because *Conditioned Pain* becomes subconsciously linked (conditioned) to a negative emotion (stimulus).
- Due to this, it does not work to treat only the pain. The conditioned stimulus(i) causing the *Conditioned Pain* must also be disassociated at the subconscious level to dissipate or resolve the pain.

Since there are so many layers involved in *Conditioned Pain*, it is understandable why healthcare providers have such difficulties helping their patients.

Over the past three decades, I have realized this: The actual difference between acute and chronic pain is whether or not the pain has become conditioned. Chronic pain results from negative emotions that have become subconsciously linked (associated) and cause a conditioned physiological response of pain (*Conditioned Pain*).

It has little to do with the cause of the pain, the severity of an illness/injury, or duration (time). I'm not implying that there *can't be* underlying disease or trauma; however, disease or trauma in itself is *not* what creates *Conditioned Pain*. Conditioning is the driving force in *Conditioned Pain*.



Conditioned Pain (chronic pain) is formed from a subconscious association with a negative emotion and has no timeline for when it occurs or how long it lasts.

TESTIMONIAL

"I had slipped some discs in my neck three years ago that caused severe electrical sharp pain going down my neck and right arm. My neurosurgeon removed the disc to relieve the pressure on the nerve root and did a spinal fusion. But a year and a half after the surgery, I still had the same pain.

I found out about Dr. Allen and decided to give drug-free pain management a try since the medications and physical therapy I had been prescribed by my doctor weren't working.

*The day I saw Dr. Allen, I couldn't lift my arm above my head because the stabbing pain would increase to an 8 out of 10 and shoot down my arm. Dr. Allen explained to me that I did not have chronic pain, but that I had conditioned pain, and taught me how to access **The Pharmacy Within**. In 30 minutes, my pain was gone! He was right. My pain was conditioned pain.*

After a couple of sessions, I am now pain free. In fact, two months after our session, I was even able to go hiking for five days with my family carrying a 30-pound backpack without a problem. It has now been over 2 years, and I am still pain free without medications.

Simply amazing!! Thank you, Dr. Allen!"

A. P.
Government Employee
Boca Raton, FL

CHAPTER 13

Acute Pain Revised

It is quite obvious what causes acute pain. If you fracture your leg or get appendicitis, you instantly develop pain due to cellular damage and inflammation.

Traditional Definition of Acute Pain:

Acute pain is associated with *cellular damage* and *inflammation*, has a clear moment in time when the pain develops, and commonly lasts for a few days or until the healing of the injury or disease, which is usually less than six weeks.

Unlike *Conditioned Pain*, acute pain responds effectively to narcotics, steroids, and medical/surgical interventions because the pain is based on cellular damage and inflammation and is not associated with a negative emotion (stimulus). It is rare to have failed medical/surgical interventions or dependency/addiction to non-narcotic and narcotic medications because the patient needs treatment for the cellular damage and inflammation.

While I agree in general with the medical definition of acute pain, I recommend two additional changes.

Recommended Revisions to Acute Pain:

1. There is *no timeline* for how long the pain lasts, such as in the case of an autoimmune disease or medical condition that goes in and out of remission, in which cellular damage

and inflammation are present.

2. *Mental Expectancy* also directly impacts acute pain, either positive or negative, in a similar manner to *Conditioned Pain*.

Regarding changes to the timeline, acute pain has the potential to last for months or years, as long as cellular damage and inflammation are the cause of the pain. For example, this would be true of an autoimmune disease (chronic illness such as inflammatory bowel disease, fibromyalgia, multiple sclerosis, rheumatoid arthritis, etc), which periodically comes out of remission. Another instance would be the case of a protruding lumbar disc causing repeated flareups of sciatica. Since the disease process or medical condition is still active to varying degrees, there would be no timeline for the acute pain to end.

While the medical community might label these patients as having chronic pain, I would argue they have long-term intermittent acute pain due to the recurrence of their symptoms and the associated cellular damage and inflammation. However, these patients may also have *Conditioned Pain* layered with acute pain if their pain has become associated with a negative emotion surrounding their illness/medical condition. Fortunately, both of these situations respond well to changing *Mental Expectancy* regarding their pain levels.

We know from the previous chapters that people with *Conditioned Pain* are able to successfully relieve or even resolve their pain by subconsciously disassociating from negative emotions surrounding their pain. My patients in Haiti, who had no narcotic pain medications post-op, were excellent examples of using *Mental Expectancy* to manage acute pain due to surgery. Knowing this gives patients more options than just pain medications when facing surgery or injuries.



There is no timeline for how long acute pain lasts, and Mental Expectancy also directly impacts acute pain.

TESTIMONIAL

"I am a jewelry artist, and I couldn't work because I had severe pain in my right thumb, which was affecting my income. It was to the point that I couldn't even hold a pen to write, and I had difficulty typing."

I saw my physician who ordered x-rays and saw that there was calcification in the joint due to arthritis. On my worst days, my pain was a 6 out of 10. I was prescribed pain and rheumatoid arthritis medications, but they didn't help me very much.

I contacted Dr. Allen just before Christmas because I was desperate! I had received a bunch of orders and was panicking because my pain was so excruciating that I didn't know how I was going to make the jewelry to fulfill them.

*My pain was completely relieved in my first session. I learned how to access **The Pharmacy Within** on my own and was able to return to my work and complete my orders in time for Christmas.*

Dr. Allen, you're a life saver!"

C.F.
Jewelry Designer
Tucson, AZ

CHAPTER 14

The Pharmacy Within

We just learned that what physicians call chronic pain is actually *Conditioned Pain*. It is the physiological response to a conditioned stimulus. This is very important to remember because it dismantles the traditional medical definition of chronic pain, which is primarily based on duration, change in characteristics of the pain, high association with addiction/dependency to narcotic and non-narcotic medications, and/or the lack of healing of a chronic illness/injury.

Remember: What the mind expects, the mind accepts!

Unknowingly, the current healthcare system has “conditioned” people to run to their pharmacy, the ER, or the doctor’s office to get medications every time they have pain, just like the dolphin does a flip for the reward of a sardine. Instead, embrace the concept that it is possible to use **The Pharmacy Within** to access the subconscious mind and change the conditioning that caused their *Conditioned Pain*.

Most of my patients/clients tell me they are suffering from chronic pain and have tried every type of medical and alternative treatment; yet, their pain won’t go away. They feel hopeless and helpless. However, I have to explain that they don’t have chronic pain; they have *Conditioned Pain*. This understanding changes everything because there is now a shift in their *Mental Expectancy*. Their pain now becomes completely treatable using hypnosis to access **The Pharmacy Within**.

Do you remember the women in Chapter 3 who had her bladder removed but still had pain? Looking

back, I now know this was because she had *Conditioned Pain*. No one considered that a conditioned stimulus had caused her pain back then. I wish I had developed an understanding about *Conditioned Pain* during my surgical residency training in the 1980s, so that I could have convinced my attending physician not to take her to the operating room.

You can learn how to disassociate the conditioning causing your *Conditioned Pain* by accessing **The Pharmacy Within**, which will effectively reduce or resolve your pain without the need for prescription and non-prescription medications or interventions.

Accessing **The Pharmacy Within** is also highly complementary to prescription medications for acute pain due to surgery or injury. For those of you who are going to have surgery, it is also possible to manage acute pain post-operatively to reduce or even eliminate narcotic usage. This is a great solution for those who have worked so hard to overcome narcotic addiction and are fearful of having a relapse if they have surgery. The same is true for someone with a recent injury.

In addition, the power of the subconscious mind can be used to effectively alleviate pre-op anxiety and panic attacks due to anticipation of medical procedures such as blood draws, MRIs, CT scans, mammograms with biopsies, etc.

While your pain may be relieved or resolved after accessing **The Pharmacy Within**, it does not mean your underlying medical condition is gone. Therefore, if you are not currently receiving medical care for your pain, you must see a doctor to rule out any underlying illness or injury. For example, cancer, a slipped vertebral disc, a torn meniscus, rheumatoid arthritis, etc., could be causing acute pain that would require medical evaluation and treatment to prevent further injury or progression of the disease.

As you access **The Pharmacy Within** to relieve your *Conditioned Pain*, your need for narcotic and non-narcotic prescription medications will decrease.

Remember: You should always work with your prescribing physician to prevent withdrawal symptoms for either narcotic or non-narcotic prescriptions, including sleep medications, anti-depressants, anti-anxiety medications, etc.

The bottom line of this entire book is that you can't treat just the "pain" in chronic pain because the pain has become "wired" to Conditioned Pain.

This is not bad news. This is fantastic news!

Why?

You have the miraculous ability to access **The Pharmacy Within** to relieve or resolve your pain in minutes.



You are the miracle!
Your body has an amazing ability to control pain by
accessing The Pharmacy Within.

TESTIMONIAL

“I am a personal trainer and a tri-athlete. Years of being highly athletic has caused me to have a severely arthritic hip, which became so bad that I couldn’t walk without a limp or go up or down stairs.

As you can imagine, this was really affecting my lifestyle and my business.

My orthopedic surgeon felt it wasn’t bad enough for surgery but did prescribe physical therapy and strengthening exercises. I also decided to see a chiropractor twice a week, but after months of treatments, none of this seemed to help.

*Then I met Dr. Allen. He taught me about conditioned pain and how to access **The Pharmacy Within**. In less than an hour, my pain was completely gone. Immediately, at the end of our session, Dr. Allen asked me to walk, do squats, leg lifts, and go up and down the stairs. I couldn’t believe that I was able to do it all without any problem or pain!*

*It has been over a year since our video session, and I am now playing tennis, riding my bike, and adding other exercises. My pain is so minimal that it isn’t my focus anymore. If I feel any pain coming on, I immediately access **The Pharmacy Within**, and the pain goes away.*

I can’t thank Dr. Allen enough for teaching me about conditioned pain!”

D.Q.

Tri-athlete and Trainer

Chicago, IL

CHAPTER 15

Surrounded by Miracles

The world constantly reminds us that we are all surrounded by miracles. If you care to pay attention and acknowledge them, you will see them around you every day.

I point out to my patients/clients that they also have the ability to create miracles within themselves. Your very existence is proof. Every person on this earth has been doing it since the time of their conception. If you doubt what I’m saying, think about this fact. One of your mother’s eggs and one sperm from your father came together at a specific moment in time, and instantly created you.

During this process, a soul entered into your body at some point in time. Scientists still cannot figure out when and how this happens to this day. It’s beyond all medical understanding and is perhaps one of the greatest mysteries of mankind.

Miracles not only happened at the time of your conception but have also continued repeatedly throughout your life. You grew in your mother’s womb for nine months. You have healed wounds after a simple paper cut, a scraped knee, fractured bones, or perhaps a major surgery.

Your body also has a miraculous ability to control pain. I saw this in the Haitian patients when they had to endure post-surgical pain without narcotics, yet, their pain was tolerable due to their *Mental Expectancy*. Their thoughts positively influenced their experience regarding the intensity of their pain.

When working with a patient/client, my *Mental Expectancy* is at 100% certainty that they will have no pain by the end of our session. I know this because I've seen it time and time again from people worldwide, regardless of the cause, severity, or duration of their pain. During our session, I also build up their *Mental Expectancy* that their pain will be gone, which is vital because *Mental Expectancy* profoundly influences the results.

Why?

Because I know the *Conditioned Pain* comes from their subconscious mind. The best way to resolve this pain is to use hypnosis to access and communicate with the subconscious mind to break the associations with the related negative emotions.

When the patient/client and practitioner understand these core concepts, there truly are no limits on the ability of the body to manage or even resolve pain.

As we come to a close, what have we learned?

Lesson 1: *There is no reason for anyone to suffer from chronic pain, no matter the underlying condition.*

Lesson 2: *Let go of everything you have been taught about the cause of chronic pain.*

Lesson 3: *Asking the question “why” allows you to see things from a different perspective.*

Lesson 4: *You can't treat just the “pain” in chronic pain!*

Lesson 5: *Chronic pain will continue to be difficult to treat until the current medical*

definition changes to an accurate reflection of what is occurring.

Lesson 6: *What the mind expects, the mind accepts.*

Lesson 7: *Everyone has the ability to manage chronic pain when they understand the power of **Mental Expectancy** of the subconscious mind.*

Lesson 8: *The subconscious mind runs the physiology of the body, not the conscious mind.*

Lesson 9: *You access and communicate with your subconscious mind through hypnosis.*

Lesson 10: *A conditioned response is a physiological reaction to a conditioned stimulus that is run by the subconscious mind.*

Lesson 11: *Chronic pain is a physiological response to a conditioned stimulus, which has been “**wired**” or conditioned.*

Lesson 12: ***Conditioned Pain** (chronic pain) is formed from a subconscious association with a negative emotion and has no timeline for when it occurs or how long it lasts.*

Lesson 13: *There is **no timeline** for how long acute pain lasts, and **Mental Expectancy** also directly impacts acute pain.*

Lesson 14: *You are the miracle! Your body has an amazing ability to control pain by accessing **The Pharmacy Within**.*

I hope you have learned from this book that no matter how many failed medical/surgical interventions you have had or the underlying condition, you can train your mind to give you relief from your *Conditioned Pain*.

You have the power to change. It is time to begin your journey to a pain-free life!

TESTIMONIAL

“I have a very stressful job that requires a lot of air travel with heavy bags I have to bring along. Over the years, I’d developed frozen shoulders due to bone spurs. It had gotten to the point that I couldn’t lift my arms over my head without having sharp pain in my neck and arms.

A friend of mine gave me Dr. Allen’s name, so I called him. He explained to me that I didn’t have chronic pain, but instead I had conditioned pain. I didn’t believe him at first because I knew my shoulders were locked because of the bone spurs and inflammation, and it was only a matter of time before I needed surgery.

Why wouldn’t I? That’s what my doctor told me!

Despite fighting with him every step of the way during our 45-minute session, when we were done, my pain was completely gone, and I could lift both arms above my head with ease. Boy, did I feel stupid!

My new freedom has allowed me to exercise and see my physical therapist to strengthen my muscles in my neck and shoulders since I hadn’t been using them in years.

*I was the biggest skeptic. Now I am the biggest believer in accessing **The Pharmacy Within!** It has been a miracle in my life!”*

D.G.
Pharmaceutical Rep
Renton, VA

THE PHARMACY WITHIN

The Amazing Ability to Relieve
Chronic Pain Drug Free.

ThePharmacyWithin.net

Appendix 1 TESTIMONIALS

"I am a jewelry artist, and I couldn't work because I had severe pain in my right thumb, which was affecting my income. It was to the point that I couldn't even hold a pen to write, and I had difficulty typing.

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Dr. Allen, you're a life saver!"

C.F.
Jewelry Designer
Tucson, AZ

TESTIMONIAL

“Since I was a teenager, I have had painful periods. I dreaded every month because the pain could get as severe as an 8 out of 10, and I was usually incapacitated for 7 to 10 days each month.

I had seen multiple doctors for years but didn’t get help from any of them other than being told to take pain pills and have surgery for endometriosis. After they cut on my body, I still had pain.

*A friend of mind told me about Dr. Allen and how she learned how to access **The Pharmacy Within**, so I decided to give it a try. Everything he said about conditioned pain made sense. On the day of our first session, my pain was a 7 out of 10, and it went to a zero.*

*He taught me how to access **The Pharmacy Within**, which I made part of my monthly routine to manage my pain before it gets severe. It feels so great not to have the stabbing pain every month. My mood swings are even better, too.*

I cannot thank Dr. Allen enough for what he has done for me.”

E.P.
Housewife
San Diego, CA

TESTIMONIAL

“I have a very stressful job that requires a lot of air travel with heavy bags I have to bring along. Over the years, I’d developed frozen shoulders due to bone spurs. It had gotten to the point that I couldn’t lift my arms over my head without having sharp pain in my neck and arms.

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As you can imagine, this was really affecting my lifestyle and my business.

My orthopedic surgeon felt it wasn’t bad enough for surgery but did prescribe physical therapy and strengthening exercises. I also decided to see a chiropractor twice a week, but after months of treatments, none of this seemed to help.

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*It has been over a year since our video session, and I am now playing tennis, riding my bike, and adding other exercises. My pain is so minimal that it isn’t my focus anymore. If I feel any pain coming on, I immediately access **The Pharmacy Within**, and the pain goes away.*

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D.Q.
Tri-athlete and Trainer
Chicago, IL

TESTIMONIAL

“I had slipped some discs in my neck three years ago that caused severe electrical sharp pain going down my neck and right arm. My neurosurgeon removed the disc to relieve the pressure on the nerve root and did a spinal fusion. But a year and a half after the surgery, I still had the same pain.

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After a couple of sessions, I am now pain free. In fact, two months after our session, I was even able to go hiking for five days with my family carrying a 30-pound backpack without a problem. It has now been over 2 years, and I am still pain free without medications.

Simply amazing!! Thank you, Dr. Allen!”

A.P.
Government Employee
Boca Raton, FL

TESTIMONIAL

“I wouldn’t wish a gout attack on anyone. It hurts!! For years, I’ve had intermittent gout attacks in my knee and wrist. Recently, I was experienced an acute gout attack in my knee that had started two weeks prior to me meeting Dr. Allen, and I was still in a lot of pain. My doctor had already prescribed pain and gout medications, but it wasn’t getting any better. I was having difficulty walking and needed a cane.

*The day I met Dr. Allen my pain was a 7 out of 10. By the end of my session, my pain was a zero. Dr. Allen taught me how to access **The Pharmacy Within** to control my pain while my gout attack was resolving. His technique worked far better than any pain medication I was prescribed, and I was able to keep my pain level below a 1 out of 10.*

*I didn’t know that I could my mind to make my pain go away. Unbelievable!
No... I mean believable!”*

P.G.
I.T. Professional
Louisville, KY

TESTIMONIAL

*“Access **The Pharmacy Within** and make my sciatica go away? No way, I thought because I have suffered daily from low back pain and sciatica for years. Sometimes I couldn’t go to work or even get out of bed because the pain was so severe. I had tried everything: doctors, x-rays, physical therapy, prescription medications, chiropractic adjustments, and nothing seemed to help. I refused to have surgery.*

*I was skeptical about accessing **The Pharmacy Within**, but decided to give it a try since nothing else had worked for years. Much to my surprise, my pain went from a 6 out of 10 down to a zero at the end of my first session! I couldn’t believe it!*

*Now I access **The Pharmacy Within** whenever I feel like my back is starting to get tight or the sciatica is acting up. I can make my pain immediately go away. More people need to learn how to access **The Pharmacy Within**. I sure wish my doctor had!*

Thank you, Dr. Allen! You improved the quality of my life tremendously and prevented me from having to have surgery.”

D.N.
Government Employee
Atlanta, GA

TESTIMONIAL

*“As a cardiovascular nurse practitioner for over 30 years, not only have I been the second assistant in the OR, but I’ve had to manage patients’ pain on the ward and in the ICU. I am so impressed by how well **The Pharmacy Within** technique has helped my patients manage their post-operative pain from the open-heart surgeries.*

*Nurses and doctors need to learn how to use **The Pharmacy Within** technique so we can improve patient care.”*

B.G.

Cardiovascular Nurse Practitioner

La Jolla, CA

TESTIMONIAL

“Hey Dr. Allen

I’ve had MS for over 15 years. On the days I’m having a flare up the pain is unbearable. I got a chance to meet Dr. Emile Allen. He taught me how to relieve my pain whenever my immune system is acting up.

***The Pharmacy Within** technique he showed me was so cool and easy to do. Now I can be pain free within minutes when my body isn’t behaving.*

Thank you, Dr. A!”

A.A.

Vancouver, BC

TESTIMONIAL

*“I suffered from severe endometriosis pain for over 10 months and took Naproxen like candy. I was scheduled for elective surgery to have laser ablation of the endometriosis. Luckily, prior to surgery, I met Dr. Allen and learned to access **The Pharmacy Within**. In just one short session, I was completely pain free and did not need pain medications anymore.*

*I elected to still have my surgery, and to my amazement, I only needed two Tramadol pills to control my post-operative pain on day one. My surgeon was impressed, to say the least. If you are experiencing chronic pain or scheduled for surgery, you need to learn how to access **The Pharmacy Within!**”*

P.M.
Entrepreneur
Chicago, IL

TESTIMONIAL

“I’d had severe low back pain on and off for years but hadn’t ever gotten any real relief despite seeing doctors, chiropractors, physical therapists, and taking pain medications. One day, I woke up with the most excruciating pain of my life and was unable to walk or get off of the couch.

*I saw Dr. Allen, and he taught me how to access **The Pharmacy Within**. I couldn’t believe all my pain was gone by the end of my first visit. It still blows my mind that to this day, 8-years later, my back pain has never returned. I am so grateful I met Dr. Allen! He gave me my life back.”*

N.B.
Business Owner
Boca Raton, FL

TESTIMONIAL

*“Surgery is a scary thing for many patients. Pre-operative anxiety is a common issue that surgical medical staff have to manage. I’ve been so impressed by the effectiveness of **The Pharmacy Within** technique for managing pre-operative anxiety in patients.*

*Removal of anxiety with **The Pharmacy Within** technique makes it easier to place IVs, epidurals, and prep for general anesthesia. Patients are more relaxed when they go into the OR, making our jobs easier and their recovery better.”*

K.S.

Nurse Anesthetist, C.R.N.A., R.N.

San Diego, CA

TESTIMONIAL

“I have been performing ENT surgeries for over 27 years, and I have never seen anything as impressive as The Pharmacy Within technique for managing post-operative pain. Surgeries for obstructive sleep apnea are extremely painful.

*I recently did 4 glossectomies (removal of the base of tongue) for sleep apnea. One patient had learned how to use The Pharmacy Within technique, but the other 3 had not. The access **The Pharmacy Within** patient had minimal pain (pain-scale level 1 to 2 out 10), while the other 3 patients’ pain-scale levels were a 9 to 10 out of 10, requiring narcotics every 4 hours for almost two weeks. In contrast, the patient who learned how to access **The Pharmacy Within** stopped using narcotic pain medication by post-op day 3.*

*I highly recommend all patients learn how to access **The Pharmacy Within** before undergoing surgery so they can better manage their pain.”*

T.S., MD

ENT Sleep Medicine / Facial Plastics

Atlanta, GA

TESTIMONIAL

“I had surgery on my left ankle in 2014 and continued to have severe pain (5-7 out of 10). I couldn’t bend my ankle very much and walked with a limp, which affected my quality of life. I’m a Golf Pro and this is my primary means of making a living.

*After learning how to access **The Pharmacy Within**, my pain level went to a ZERO in less than 30-minutes. I regained the full range of motion of my ankle and can play golf with NO PAIN.*

Thank you, Dr. Allen!”

R.C.
Golf Pro
Jacksonville, FL

TESTIMONIAL

“For over 16 years, I had pain in both of my knees that prevented me from running and salsa dancing, both of which I loved. I saw chiropractors and orthopedic doctors, going through a number of different therapies that only moderately reduced the pain level. Surgery was my next option.

*It was not until I met Dr. Emile Allen that my knees smiled again. He did his magic and showed me how to access **The Pharmacy Within**. As suddenly as turning off a light switch, the pain was gone from my knees. Overall, I have been pain-free for over 9 years now. If I ever feel something funny going on in my aging knees, I just access **The Pharmacy Within**, and the pain is gone.*

I am forever grateful to Dr. Allen.”

S.O.
Interior Designer and Real Estate Investor
Houston, Tx

TESTIMONIAL

“Two months prior to meeting Dr. Allen, I had fallen and torn my medial collateral ligament (MCL) of my left knee. The daily pain was tremendous, ranging from 6 to 10 on a scale of 10. My physician recommended pain meds until we knew if I needed surgery, but I just didn’t want to take them.

I happened to meet Dr. Allen at a public speaking event at Harvard University, and he offered to help me. That day, my pain got to a 10 out of 10, and I couldn’t bend my knee at all nor walk up the stairs.

While I was skeptical at first, I decided to give it a try because I was in such severe pain that day and did not have my pain medications with me.

When we were done 30-minutes later, I had no pain! I couldn’t believe it! In addition, I had 80% improvement in the mobility of my knee and was able to go up and down the stairs without difficulty for the rest of the day.

It’s been over 3 years since that day and my pain is still gone from our 30-minute session.

Just to remind you, I never did take any pain medications. I can’t explain it, but all I can say is - AMAZING!”

A.C.
Retiree
Austin, TX

TESTIMONIAL

“Hey Dr. Allen.

Just wanted to thank you so much for our session. You put me at my ease straight away and explained everything very clearly. I am definitely reaping the benefits.

***The Pharmacy Within** technique is definitely helping me manage my diabetic foot neuropathy pain. Since our session, I actually have not needed painkillers, and I have now been able to sleep through the night!*

I would definitely recommend your services!

Thank you.”

J.C.
United Kingdom

TESTIMONIAL

*“I used to get migraine headaches all the time, and it would take hours, even days, for the pain medicines to work. I worked with Dr. Allen to learn how to access **The Pharmacy Within**, and now I can knock them out in a few minutes.*

It’s crazy!

I don’t know how the subconscious mind does it, but I’m serious, if you have pain, you’ve got to work with him.

He’s the real deal.”

A.H.
Heavy Metal Musician
Denver, CO

TESTIMONIAL

“I don’t know how he does it, but this works!

My husband met Dr. Allen at a lecture he was giving at our hospital in Manila. He came home and told me I should have a session with Dr. Allen because he could help me with my hip pain. I wasn’t sure that was possible. I had already seen an ortho doc and rheumatologist who both prescribed NSAIDs and physical therapy.

After months of these treatments, they weren’t working. So, I decided to give Dr. Allen a try. OMG! By the end of our session my pain was gone, literally in minutes. It has now been over two years, and the pain has not come back.

Once Covid19 is under control, we want Dr. Allen to teach all the doctors and nurses at our hospital.”

S.S., MD
Dermatologist
Manila, Philippines

TESTIMONIAL

“I love salsa dancing but had to give it up because of an arthritic right hip. The pain was so severe I had to walk with a cane and hobbled everywhere. I was told by my doctor I needed a hip replacement, but I wasn’t ready for that yet.

*So, I decided to see Dr. Allen. He did his magic on me and within minutes my pain was gone. I’m now am able to dance again and also just got back from a vacation to India. I’ve learned to access **The Pharmacy Within** whenever I ever feel pain trying to creep its way back up.*

Thank you, Dr. Allen!”

S.A.
Paralegal
Miami, FL

TESTIMONIAL

“Jogging use to be my primary form of exercise, but I had to stop it a few years ago because of low back pain and sciatica. Some days my pain would be so severe I had problems getting out of bed or working in the O.R. as a surgical nurse.

*Dr. Allen taught me how to access **The Pharmacy Within**, and now I can manage my back pain in seconds whenever I feel it’s getting angry. I’m back to jogging again and have no problem standing for long hours during surgical cases.*

***The Pharmacy Within** technique is really easy to do and can help a lot of people.”*

K.K.
Surgical Nurse
Eugene, OR

Appendix 2

SCIENTIFIC PROOF

1. **Adachi T, Fujino H, Nakae A, Mashimo T, Sasaki J. A meta-analysis of hypnosis for chronic pain problems: a comparison between hypnosis, standard care, and other psychological interventions. Int J Clin Exp Hypn. 2014;62(1):1-28.**

This systematic review and meta-analysis confirmed that hypnosis provides moderate relief of chronic pain when compared with standard care and provides a superior effect when compared with other psychological interventions. These results show that hypnosis is an efficient treatment method in the management of chronic pain.

[VIEW](#)

2. **Amatya B, Young J, Khan F. Non-pharmacological interventions for chronic pain in multiple sclerosis. Cochrane Database Syst Rev. 2018;12(12):Cd012622.**

This review assessed the effectiveness of non-pharmacological therapies for the management of chronic pain in multiple sclerosis patients. These therapies included transcutaneous electrical nerve stimulation, psychotherapy, hypnosis, hydrotherapy, and reflexology. The studies discussing hypnosis noted statistically significant improvements in pain scores.

[VIEW](#)

3. **Ardigo S, Herrmann FR, Moret V, Déramé L, Giannelli S, Gold G, et al. Hypnosis can reduce pain in hospitalized older patients: a randomized controlled study. BMC Geriatr. 2016;16:14.**

Hypnosis significantly decreases average pain measured by the pain index in patients with chronic pain. This two-arm parallel-group design compared the results to a control group, who received regular massages as treatment. The decrease in pain was significantly greater in the hypnosis group.

[VIEW](#)

4. **Billot M, Jaglin P, Rainville P, Rigoard P, Langlois P, Cardinaud N, et al. Hypnosis Program Effectiveness in a 12-week Home Care Intervention To Manage Chronic Pain in Elderly Women: A Pilot Trial. Clin Ther. 2020;42(1):221-9.**

Fifteen elderly women with chronic pain took part in this pilot trial. All participants took part in personalized hypnosis sessions with pain perception and pain interference evaluated pre- and post-treatment using the Brief Pain Inventory questionnaire. The results confirmed that hypnosis significantly improved symptoms of pain in elderly women with chronic pain.

[VIEW](#)

5. **Boldt I, Eriks-Hoogland I, Brinkhof MW, de Bie R, Joggi D, von Elm E. Non-pharmacological interventions for chronic pain in people with spinal cord injury. Cochrane Database Syst Rev. 2014(11):Cd009177.**

Several randomized control trials confirmed that hypnosis and cognitive behavioral programs are effective in reducing chronic pain in patients with spinal cord injury.

[VIEW](#)

6. **Brugnoli MP, Pesce G, Pasin E, Basile MF, Tamburin S, Polati E. The role of clinical hypnosis and self-hypnosis to relief pain and anxiety in severe chronic diseases in palliative care: A 2-year long-term follow-up of treatment in a nonrandomized clinical. Annals of Palliative Medicine. 2018;7(1):17-31.**

In this study, a total of twenty-five patients with severe chronic diseases and advanced cancer, who experience chronic pain, demonstrated a significant decrease in both pain and anxiety following hypnosis, with these results being noted immediately and at a 1- and 2-year follow-up.

[VIEW](#)

7. **Delivet H, Dugue S, Ferrari A, Postone S, Dahmani S. Efficacy of Self-hypnosis on Quality of Life for Children with Chronic Pain Syndrome. International Journal of Clinical and Experimental Hypnosis. 2018;66(1):43-55.**

Twenty-six children suffering from chronic pain were enrolled in a self-hypnosis therapeutic education program with its efficacy being assessed. The results showed that 16 patients reduced their pain intensity and 10 reached all of their therapeutic goals.

[VIEW](#)

8. de la Vega R, Mendoza ME, Chan JF, Jensen MP. Case Study: Cognitive Restructuring Hypnosis for Chronic Pain in a Quadriplegic Patient. *American Journal of Clinical Hypnosis*. 2019;61(4):394-408.

This case report details a quadriplegic patient suffering with chronic pain. He received eight 90-minute hypnosis sessions, as well as self-hypnosis education for at-home use. At the one-year follow up, the patient was still using self-hypnosis daily, and his chronic pain symptoms had reduced.

[VIEW](#)

9. Ferrando M, Galdón MJ, Durá E, Andreu Y, Jiménez Y, Poveda R. Enhancing the efficacy of treatment for temporomandibular patients with muscular diagnosis through cognitive-behavioral intervention, including hypnosis: a randomized study. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2012;113(1):81-9.

Significant differences were seen between the control group and experimental group, confirming that cognitive-behavioral therapy, including hypnosis, improve chronic pain in temporomandibular patients with muscular diagnosis.

[VIEW](#)

10. Gill M. Anatomy and pathophysiology of chronic pain and the impact of hypnotherapy. *Sleep and Hypnosis*. 2018;20(2):85-90.

This literature review assesses the treatment of chronic pain patients with a focus on hypnosis. The study concluded that hypnosis significantly reduces chronic pain and is shown to affect multiple regions of the brain.

[VIEW](#)

11. Gulewitsch MD, Schlarb AA. Comparison of gut-directed hypnotherapy and unspecific hypnotherapy as self-help format in children and adolescents with functional abdominal pain or irritable bowel syndrome: A randomized pilot study. *European Journal of Gastroenterology and Hepatology*. 2017;29(12):1351-60.

This randomized pilot study confirmed that home-based hypnotherapy was highly efficient in

treatment of children/adolescents with chronic abdominal pain. All thirty-two participants showed a reduction in pain symptoms following hypnotherapy. [VIEW](#)

12. Haddad FG, Abboche E, Mohanna R, Khoury SE, Eid R, Lahoud MJ, et al. The Opinion of Oncologists on the Practice of Hypnosis among Cancer Patients in Lebanon. *Complementary Therapies in Medicine*. 2020;53.

This review evaluated the opinion of oncologists in the use of hypnosis as a method of improving chronic pain in cancer patients. The results demonstrated that the majority of these medical professionals would recommend hypnosis to their cancer patients in order to reduce chronic pain symptoms and improve overall quality of life.

[VIEW](#)

13. Hönig K. Hypnotherapeutic interventions for pain treatment. *Onkologe*. 2018;24(12):1023-9.

This review assessed the results of hypnotherapy treatment in cancer patients with chronic pain. The results confirmed that hypnotherapy enabled patients to achieve effective control of a wide spectrum of acute and chronic pain.

[VIEW](#)

14. Jensen MP, Gralow JR, Braden A, Gertz KJ, Fann JR, Syrjala KL. Hypnosis for symptom management in women with breast cancer: a pilot study. *Int J Clin Exp Hypn*. 2012;60(2):135-59.

Women presenting with chronic pain, following treatment for breast cancer, were subject to 4 or 5 sessions of hypnosis for symptom management. There was a significant decrease in pain intensity immediately following treatment, with the pain intensity continuing to subside at the 6-month follow up.

[VIEW](#)

15. Jensen MP, Mendoza ME, Ehde DM, Patterson DR, Molton IR, Dillworth TM, et al. Effects of hypnosis, cognitive therapy, hypnotic cognitive therapy, and pain education in adults with chronic pain: a randomized clinical trial. *Pain*. 2020;161(10):2284-98.

In total, 173 participants with chronic pain took part to assess the effects of hypnosis with a

focus on pain reduction. The control groups received standard education or standard cognitive therapy, with the experimental groups receiving either hypnotic cognitive therapy, or hypnosis focused on pain reduction. The results favored hypnosis.

[VIEW](#)

- 16. Juel J, Abrahamsen R, Olesen SS, Drewes AM. A pilot-study of hypnotherapy as complementary treatment for pain in chronic pancreatitis. Journal of Complementary and Integrative Medicine. 2018;15(4).**

This pilot study assessed the outcomes of hypnosis in four patients with chronic pain as a result of chronic pancreatitis. The reported pain following treatment was as little as 20% when compared to the base line. 75% of the patients reported lasting pain reduction.

[VIEW](#)

- 17. Keil PC, Lindenberg N, Lassen CL, Graf BM, Meier J, Wiese CH. Self-hypnosis training for in-hospital chronic pain patients: A retroelective observational study. Schmerz. 2018;32(3):181-7.**

This observational study assessed all inpatient chronic pain patients in a 6-month time period. These patients were divided into two groups: the experimental group who received hypnosis sessions, and the control group who received standard pain management. The results showed a significant reduction in chronic pain in the hypnosis group when compared to the control.

[VIEW](#)

- 18. Paredes AC, Costa P, Fernandes S, Lopes M, Carvalho M, Almeida A, et al. Effectiveness of hypnosis for pain management and promotion of health-related quality-of-life among people with haemophilia: a randomised controlled pilot trial. Sci Rep. 2019;9(1):1**

This randomized-controlled pilot trial assessed the effectiveness of hypnosis in the chronic pain management of hemophilia patients. The control group received normal treatment, with the experimental group receiving hypnosis sessions alongside normal treatment. The group subject to hypnosis experienced a higher reduction in pain than the control group.

[VIEW](#)

- 19. Razak I, Chung TY, Ahmad TS. A Comparative Study of Two Modalities in Pain Management**

of Patients Presenting with Chronic Brachial Neuralgia. J Altern Complement Med. 2019;25(8):861-7.

This comparative study assessed the efficacy of hypnotherapy when compared with acupressure, in the management of pain of forty patients with chronic brachial neuralgia following a traumatic brain injury. Both groups showed a statistically significant improvement in symptoms of chronic pain following treatment, with this study suggesting the effectiveness of both hypnosis and acupressure in alleviating chronic pain.

[VIEW](#)

- 20. Rizzo RRN, Medeiros FC, Pires LG, Pimenta RM, McAuley JH, Jensen MP, et al. Hypnosis Enhances the Effects of Pain Education in Patients With Chronic Nonspecific Low Back Pain: A Randomized Controlled Trial. J Pain. 2018;19(10):1103.e1-e9.**

Patients with chronic non-specific low-back pain were subject to hypnosis to determine its effectiveness in pain reduction. The control group received pain education, with the experimental group receiving pain education and clinical hypnosis. Results show that the addition of hypnosis significantly lowered pain levels.

[VIEW](#)

- 21. Slatter T. The use of hypnosis as an adjunct to cognitive behavioural therapy in the treatment of pain, anxiety, and sleeping difficulty associated with multiple sclerosis. Australian Journal of Clinical and Experimental Hypnosis. 2016;41(1):100-9.**

This review article confirmed the effectiveness of hypnosis in patients with chronic pain associated with multiple sclerosis. Improvement in sleep quality, reduction in anxiety and depression, and positive behavioral changes were also reported following hypnotherapy.

[VIEW](#)

- 22. Squintani G, Brugnoli MP, Pasin E, Segatti A, Concon E, Polati E, et al. Changes in laser-evoked potentials during hypnotic analgesia for chronic pain: A pilot study. Annals of Palliative Medicine. 2018;7(1):7-16.**

Ten patients with chronic pain were assessed following clinical hypnosis. The results concluded that hypnosis is a modified state of consciousness, causing a reduction in pain symptoms,

confirming that hypnosis is useful as an alternative pain relief therapy.

[VIEW](#)

- 23. Tan G, Rintala DH, Jensen MP, Fukui T, Smith D, Williams W. A randomized controlled trial of hypnosis compared with biofeedback for adults with chronic low back pain. European Journal of Pain (United Kingdom). 2015;19(2):271-80.**

One hundred veterans and sufferers of chronic lower back pain were involved in sessions of self-hypnosis to assess if they experienced a reduction in pain symptoms. The results showed that over half of the participants who received hypnosis experienced a significant reduction in pain intensity, with these results being applicable for at least 6-months post treatment.

[VIEW](#)

- 24. Thompson T, Terhune DB, Oram C, Sharangparni J, Rouf R, Solmi M, et al. The effectiveness of hypnosis for pain relief: A systematic review and meta-analysis of 85 controlled experimental trials. Neurosci Biobehav Rev. 2019;99:298-310.**

This review and meta-analysis determined that hypnotic intervention is beneficial in meaningful pain relief and may be an effective alternative to conventional pharmaceutical interventions. Hypnosis achieved optimal pain relief with direct analgesic suggestion.

[VIEW](#)

- 25. Thuma K, Ditsataporncharoen T, Arunpongpaisal S, Siripul P. Hypnosis as an Adjunct for Managing Pain in Head and Neck Cancer Patients Post Radiotherapy. J Med Assoc Thai. 2016;99 Suppl 5:S141-7.**

Hypnosis can reduce chronic pain in patients with head and neck cancer following radiation therapy. It is most effective when combined with strong opioids. Two groups were assessed in this trial: the control group received their usual pain management, and the experimental group received both their usual pain management alongside hypnotherapy.

[VIEW](#)