The TRUTH About Pain
Guest: Dr. Patrick Gentempo

The purpose of this presentation is to convey information. It is not intended to diagnose, treat, or cure your condition.

Dr. MacPhee: Dr. Patrick Gentempo is a well-known and respected expert in the world of health, wellness, and business. While practicing as a chiropractor, he co-developed innovative diagnostic technologies used worldwide today. He is one of the most recognized names in the arenas of chiropractic and wellness and is a highly sought after speaker.

He has been featured in the documentaries, Doctored and Bought. He has appeared on television programs and has shared speaking platforms with Deepak Chopra, Anthony Robbins, Stephen Covey, Andrew Weil, and many more. He was also selected to give testimony to the White House Commission on Complementary and Alternative Medicine and in 2007 was inducted into the Wellness Hall of Fame.

Dr. Gentempo, thanks for being on the program. And today we are going to talk about the truth about pain. I’m sure everybody thinks they already know the truth about pain. But I have a suspicion that we are going to teach them something different.

Dr. Gentempo: Well, yeah. Certainly one truth is that it’s not pleasant to experience, at least, unless you’re a masochist. So I think we can all agree on that. However, I believe that pain has been completely mischaracterized, as far as how people perceive it, what people are taught the solutions to it are. And as a consequence to that, I believe that not only does the actual problem never get solved, but in many instances, sadly, people lose their life.

Dr. MacPhee: Absolutely. And this is such a theme in society. There’s no one who has not experienced pain. That’s part of the human condition. There’s going to be pain, whether it’s a mild toothache or something to something
quite substantial and potentially life threatening down the road. So why do we have pain? What’s the purpose of pain?

Dr. Gentempo: Well, I think it might be important to note that there are “conditions” where a human being has a problem where they can’t experience pain or a new born child. And the ability to survive in the world without being able to experience pain is pretty much non-existent. You must be able to experience pain in order to adapt to your environment and survive.

Imagine if you’re seriously injured, you’re burning, any number of things could be happening and you can’t experience the pain of it, you cannot react properly to it. So this is an interesting thing because if you are experiencing pain, what is pain really telling us? It’s telling us really a couple of things.

Number one, something has changed. And number two, it requires attention. And when the approach is that pain is the bad thing, then what happens is that we start to take actions to eliminate the pain, but not deal with the problem that’s causing the pain so that means drugs. For example, you’re experiencing pain.

And what most people are taught to do from the time that we’re children is to take a drug. You take a pill to try to reduce your pain. And the problem is that you’re actually injuring your body by taking the drug because every drug has an adverse effect. There’s no such thing as a drug that doesn’t have one. It’s just a matter of the degree to which that adverse effect will impact your body.

And then in addition with that, you have the situation where now you’re thinking, “Okay, well, I guess since I had this headache, since I had this neck ache, since I’ve had this pain in my elbow or my knee or wherever it might be, as I take these drugs and the pain goes away, I guess I’m okay now.” And that’s like saying, “I can’t feel pain. So I put my hand on the hot stove. And since I can’t feel it burning, I guess I’m okay now.”

The reality is you’re not okay. The pain is there for a reason. I understand it’s
not pleasant to experience and I don’t wish it upon anybody, but what needs to happen is there has to be a context, a perspective, an orientation that says, “I need to find out why I’m having this alarm signal going off called pain. And I need to address it in a way that doesn’t just kill the pain, but it solves the problem.”

If you had—you mentioned toothache—supposing you have an abscess in one of your teeth, which is extraordinarily painful. Well, I’m not against when you go to the dentist that they don’t inject you with something that’s going to numb the pain, a Novocain or whatever they might use to numb that pain because it’s extremely excruciating.

But they’re not going to just sit there and inject you with Novocain and say, “Okay, do you feel the pain now?” “No.” “Okay, go home. And then when the pain comes back, we’ll inject you again. And when it comes back, we’ll inject you again.” No, they’re going to go in and they’re going to deal with that abscess. They’re going to root out the abscess, the infection, in whatever way makes sense based on the predicament. And then they’re going to send you home.

But what most people do in the way of behavior is they have a pain and they go down to Walmart or Costco or whatever. And they buy the big jug of ibuprofen or the big jug of any of the other pain killers on the market. I was going to say brand names, but I prefer probably not to mention brand names right now. And then what happens is that they go home and they’re taking these every day. If they feel the pain again, whatever it is, they take it. The pain numbs. It comes back. They take it again. And little by little, they’re taking more and more of this stuff.

The problem that’s causing the pain like the abscessed tooth that never got corrected is accelerating. It’s increasing. It’s becoming pervasive. It’s going past stages of problems or stages of expression that now you can’t even recover from. In the meantime, the liver of the individual is starting to get trashed. The kidneys are overstrained trying to deal with this. And so the
organs to the body are now starting to feel the adverse effects of chronic use of these pain killers that could be prescribed, that could be over the counter. And in some instances, unfortunately, especially in the area of spinal pain, many times you have narcotics that are prescribed. You hear drugs like Oxycontin and others that are put on the marketplace that create addicts out of people. And now you’ve just traded masking your pain for becoming a drug addict. And you have a whole new area of problems to deal with.

We look at things like Vioxx, which was an FDA-approved drug put on the market, a COX-2 inhibitor. It was initially tested, I think they said for people who had arthritis that it’s a really good drug to help solve your arthritis pain. Well, it started to expand. And it’s used in the marketplace until they found out that 60,000 people or more died, according to the FDA, as a result of the use of Vioxx.

Suddenly now you realize, “Wow, is just killing pain really a solution to the problem? Or are we actually exacerbating the problems, accelerating the problems, expanding the problems because we decided to get into a mode of killing pain?”

Now, in my own practice years ago, I can remember a moment of truth, as I like to call it, where I had a patient that came in who I did an evaluation of her spine and nervous system. And I found that...You mentioned in my introduction that I had co-developed diagnostic technologies that are utilized throughout the world by chiropractors.

And one of those technologies, I’ll use the technical term for a second, but it’s called surface electromyography. But basically in simple terms what that does is it measures the amount of muscle tension, the amount of electrical activity a muscle is producing to see how hard a muscle is working. And there should be a certain amount of tone and balance in the musculatures surrounding the spine.

In her particular case, I saw that that was increased significantly in the upper
part of her neck. And I had looked at her and I said...Because I looked at her history. And I asked her, “Do you get headaches?” And the reason I asked the question was because I noticed that people who had a lot of tension up in that area of their spine typically would report headache symptoms. And she didn’t check it off on her history.

So I looked at her. I said, “Do you get headaches?” And she said, “Oh, yeah. I get normal headaches.” And I thought to myself, “Normal headaches?” If there was ever an oxymoron that’s like jumbo shrimp or postal service or any of those other types of oxymorons you might hear floating around out there, but normal headaches.

I said, “Well, what do you do for these normal headaches?” She said, “Well, I take a couple of Tylenols and they go away.” And I looked at her. And I’ll never forget this even though it was years and years ago. I said, “Do you think the reason you’re getting your headaches is because there’s a lack of Tylenol in your blood?”

And she looked off into space, very, very perplexed for a few moments. And she said, “You know, I never really thought of it that way.” And it was this one simple question that literally awakened an understanding within this particular person where she realized, “I must have some type of a problem that I’ve been completing ignoring because I’ve been taking these medications and I numbed myself to it.”

**Dr. MacPhee:** And fortunately showed up in your office before it became kidney and liver failure.

**Dr. Gentempo:** Exactly. And that it is. Yeah, fortunately, she found her way in. But I started to think about all the people out there who aren’t walking into offices like mine to get a new orientation towards really where health comes from.

And in the end what does it really come down to? This is really a philosophical
issue. And when I say philosophical, what I mean, it’s a view of reality. It’s an orientation towards the nature of the universe. It’s the orientation of truths and principles of being, in essence.

And I find that, literally, having a faulty health philosophy can cost you your life—like 60,000 people who died from Vioxx—and having an accurate or an appropriate or I like to say non-contradictory health philosophy can save your life and that of your family members, if you’re a parent that’s responsible for children.

So I can’t overstate or overstress the importance of people becoming self-empowered in developing a view of reality with specific premises that they hold about health and where it comes from and what to do, which will guide their actions throughout their life for themselves and for the people that they’re responsible for.

So a part of my big—I guess I could say what I’m passionate about, my purpose in life—is to promulgate thinking and promulgate developing health philosophy so that people can make better choices and improve their health profile in the world. The biggest problem we have in our culture today—you want to talk about contradictions and philosophy that lead to destruction—the biggest contradiction we have in our culture today is calling medicine healthcare.

Now, I’m not categorically anti-medicine. I’m not here to be polemic and just to say that medicine’s bad and alternatives are good and all that kind of stuff. It’s just a matter of properly understanding what things are. Medicine is not healthcare. Medicine is sick care, meaning it is crisis intervention.

I got hit by a truck once in New York City and a leg was broken. I had a head injury. I was very happy to be brought to a hospital and have crisis intervention. That’s a really good part of the medical system that I admire. Medicine is disease care. And people have chronic debilitating diseases. Sometimes there are medical protocols that are very helpful for those people.
Sometimes not, quite frankly. But sometimes, they have protocols that can be helpful to people with certain chronic disease states. But that’s, again, that’s not healthcare. That’s sick care.

So what’s our problem? When you take sick care and you give it to a culture as healthcare, you end up with a sick culture. And that’s why in the United States, for example, we’re spending close to three trillion dollars a year on what we call healthcare. And we’re still sick as a culture. As a matter of fact, we’re getting sicker and trying to—with the recent changes, Obamacare, etcetera—trying to get hold of the economics of this situation and trying to control it and beat it back down and manage it is not going to change the problem.

As a matter of fact, it’s probably going to probably make it worse. You’re going to see more people die in the system because of how it’s misguided with this contradiction. And I think what people need to understand is that there is a distinction between healthcare and sick care. And if you use sick care as sick care and healthcare as healthcare, your prospects or probability for having a good outcome in your life and for those you’re responsible for goes up several fold.

So in the end, I believe that one of the biggest misnomers, one of the biggest mistakes that people make, one of the places where they have the biggest contradiction in their health philosophy is they look at pain as the enemy. When I would teach healthcare classes to my patients, one of the things I would give them as a metaphor or a story or an example was this. I’d ask the question. I’d say “For everybody that’s in the room or in the audience,” I’d ask, “Let me ask you a question. Is pain a good thing or a bad thing?”

And the answer I’d get predominantly, obviously from the audience was, “Oh, it’s a bad thing. It’s horrible.” And a lot of those people, quite frankly they sought me out because they had pain. And I said, “Okay. So let me ask you a question. Let’s say that I walk out of the office here and I step off the curb and I twist my ankle and I break it. But I don’t know I have a broken ankle
because I can’t feel any pain. So I keep walking. And as I continue to walk, and my other foot, I step on a rusty nail. It goes right into my foot through my shoe. But I don’t feel the rusty nail in my foot because I can’t feel any pain. So now, as I’m continuing to walk home on my broken ankle and having the rusty nail in my foot, I walk in the door. I walk into the kitchen. And as I’m talking to my spouse, I lean my hand on a hot stove and I don’t feel the pain of my hand on the hot stove. But I do start to smell my flesh burning, which is when I pull my hand off the stove. So let me ask you a question again.”

I’d say to the audience, “Do you think pain is a good thing or a bad thing?” And then the answers would come back, “Oh, it’s a good thing.” “Well, why is it a good thing?” “Because it tells you when something is wrong.” “Exactly!”

So if we’re getting signals that something is wrong and we take a drug to hide our pain, do you think that’s a good idea? Now, I’m not saying that drugs for temporary pain relief are bad. What I am saying if we go back to the dental metaphor is that if you’ve got severe pain and you need some relief because it’s that bad…

And incidentally, I don’t think drugs are worth it for minor pain. I one time heard this parent who was playing tennis with their teenage daughter told the daughter to go in and take a couple of Advil before they played tennis to try to preempt any pain or swelling in your elbow that she would get once in a while. She didn’t even have the pain yet, “Just go take the drugs.” These drugs are not vitamins, ladies and gentlemen. These drugs are drugs. They have adverse effects.

But in the end, I’m not saying that if you have acute pain even chronic pain that you need some relief, I get that. But solve the problem also. Find out what’s causing the pain and go to that so that you don’t live on drugs and you don’t ignore a problem that will escalate into a bigger problem as it becomes more ignored.

So I think the truth about pain, in my mind, if I sound a little bit passionate
about this, I’m not angry. I just get passionate. The truth of pain, I’m passionate about it because it literally, changing that one context, that one philosophical orientation, can be—and many times is—life saving. So that’s why I have a lot of passion around it.

**Dr. MacPhee:** Well, and you used the word philosophy several times there, the philosophy of health. And I think that that is a pivotal concept for people to hear about here. But the word philosophy sometimes seems a little woo-woo. Now, people think philosophy is almost like a religion or it’s like some sort of an untested or unstructured belief.

But philosophy in its truer sense is much more scientific than that. And what challenges most people is they don’t even know they have one. But we all have one. And it can take a couple of minutes to help people explore what they’re personal philosophy of health that they’ve defaulted to, perhaps by not thinking about it.

**Dr. Gentempo:** Well, you’ve said something that’s very important. Every human being, whether they know it or not, has a philosophy. And philosophy is not religion, even though people who hold certain religious values and beliefs, that would be their personal philosophy.

But philosophy, generically, the dictionary definition would be the rational investigation of truths and principles of being, knowledge, and conduct. In essence, philosophy is something that I refer to them as belief elements. Everybody has these variety of belief elements about life. You have philosophies right now, whether you know it or not, about love relationships, about marriage, about health, about money and finance, about career, about quality of life, about spirituality, about every category of your life. You have a philosophy.

And further, that philosophy is driving your choices and actions. The only question is are you aware of it? Have you developed it consciously? Have you challenged your philosophy? So, in essence, all human beings once they start
to think, they form premises, which are, again, I refer to a premise as a belief element. And based on these premises that they hold, they’re going to make choices and take actions on their life that are going to be driven by these belief elements, their points of view. And all of this leads to your outcomes in life.

So I think it is immensely important, dramatically important, that all human beings—especially parents—have a health philosophy, that they have a context from which to make decisions that literally, it’s a compass that points in a direction.

What happens all too often is people don’t think about their health enough, don’t think about philosophy enough. They don’t think about where does health comes from enough. And the consequence of that is that all of a sudden they find themselves in a crisis. And the crisis might not be them. It might be their child. It might be their spouse. It might be their parent. It may be anybody that they have some responsibility with or for as far as making critical decisions in a crisis situation. But they had no context, no set of rules or no view of reality that would allow them to really make such decisions. And that is a really scary position to be in.

Unfortunately, our health philosophy is subconsciously infused into the culture many times by the pharmaceutical industry. You watch those commercials. And I find them quite comical sometimes in an ironic way because to hear...And basically what’s the implications of the philosophy of the drugs? “Listen, there’s something wrong with you. And we can fix it through chemistry. We can modify the chemistry of your body and fix your problems.”

And as they show all these flowery images of people who are suddenly living this great life: they’re outdoors and can breathe now because the drug or they can now move better because of the arthritis drug or they can now have better relations with their spouse because of the impotency drug and all these other things. And then, of course, they’re reading very quickly in the background all of these adverse effects which are so horrible, it’s hard to listen to. And the
bottom line is that, nonetheless, they’re really effective at convincing people that if you have a problem, your solution is in a pill.

And people love the term miracle drugs. There’s drugs that can perform these miracles. Listen, there’s only one miracle and that is your body. It’s miraculous, the human body how it functions, how it’s designed, the fact that we have a life, the fact that consciousness exists, the fact that two cells become one and nine months later becomes a multi-trillion cell functioning human being. That’s a miracle!

**Dr. MacPhee:** Absolutely.

**Dr. Gentempo:** The drugs... And again I’m going to be very clear, I’m not saying that drugs are never necessary or never useful. I think they can be in an episodic level when you have some severe challenges. However, to have a philosophy or a belief element that says that my body is incompetent to express health on its own that, as such, it is required that we have to go into a model of addition and subtraction to let this body express itself properly. Addition and subtraction, this is what I mean, we have to put something in, i.e. drugs or take something out, i.e. surgery, that’s how you get the body now back to a state of health.

**Dr. MacPhee:** And that starts when we’re little.

**Dr. Gentempo:** Oh, yeah.

**Dr. MacPhee:** Even that within weeks of being... Well, within moments of being born, but certainly within weeks and years of being born when we’re injected with this or given that or removed this or removed that in order to make us better and we never really contemplate that. We don’t think about it often in that philosophy or that belief structure. It just gets injected into us right from day one.

**Dr. Gentempo:** And I think that’s the question. The first question that
everybody has to ask yourself to build your health philosophy. Do you believe that you were born to be healthy and that contained within your body it is competent to express health or wellbeing? Or do you believe that you were born defective and that the bias of the body is to be sick and diseased?” And why is that important? Because it’s going to dictate what kind of choices you’re going to make.

I think one of the most important premises a human being can hold about health is that you were born to be healthy. You were not born to be sick. When my patients have come in, they’ve accepted defeat like, “Oh, you know, I’ve got this problem. My father had this problem. And I just have bad luck, basically. I’m not a member of the lucky sperm club, basically.”

And I look at them. And I would say, “You’re not born to be sick. You’re born to be healthy. If you’re not expressing health, it just means something’s interfering with the program. So rather than trying to mask these problems with drugs, what we’re going to do is try to find where the interference is and remove that so you can express health like your body was born to do. So I think that getting these premises organized are very important.

If you look at behavior...I used to tell the story to my people I would lecture to—my audiences—about little Johnny. I said, “You want to look at contradictions and philosophical contradictions, check this one out.” There’s been this overwhelming campaign that is Just Say No To Drugs that’s been around for a while, which I’m in alignment with that people should just say no to drugs and that drugs are bad.

And what are the lessons that the teachers, preachers, and mentors, and mothers and fathers are teaching the youth of our culture is drugs are bad. You shouldn’t take drugs. Do not become a person that becomes a druggie. If people try to sell you drugs in school, just say no, all that kind of stuff. But look at what their experience is as they’re growing up.

Little Johnny’s born into the world. He starts to have some sniffles when he’s
a child. They put little types of drops of drugs in his bottle. And he drinks these drugs to help him with his sniffles. He gets a little bit older. He’s five years old. He falls down. He scrapes his knee. Well, now he’s old enough for those little orange-flavored St. Joseph Aspirin. As he comes home crying, “Here Johnny, take a couple of these. They’ll help you feel better and we’ll put a band aid over your knee.” So as he feels bad, he takes that.

Now, little Johnny’s nine years old. And he’s playing football. And he’s going into the line and he’s got a hard contact. His neck hurts. Well, now he’s old enough for Junior Tylenol. He’s graduated. “So, here. Take these and you’ll feel better.”

Now, little Johnny’s thirteen fourteen years old and he’s got this scratchy throat and sniffles. And he takes some over-the-counter medication that doesn’t really relieve his problem. So they take him to the medical doctor, the guy or the gal who’s exalted with the great education, the great credentials who does a very thorough and professional evaluation of Johnny.

And as they evaluate him, they say, “Okay, let’s give him these prescription medications now to help him deal with this problem.” So look at little Johnny’s experience from the time he’s born. “I feel bad. The people who love and care about me the most gives me drugs.” “I feel bad. The people who love and care about me the most gives me drugs.” “I feel bad. The people who love and care about me the most gives me drugs.” “I feel bad. The people who respect the most as having the most amount of knowledge in these matters give me drugs.”

Now little Johnny is sixteen or seventeen years old. The girl he likes rejects him. He doesn’t make the wrestling team. Little Johnny feels bad and what has been taught to him his entire life is that when he feels bad, he should take drugs. Now, he’s got the angst of a teenager. He feels bad and even unwittingly when now he’s approached and saying, “Hey, take some drugs. They’ll make you feel better.”

We expect him to just say no. It’s a complete contradiction to give somebody
drugs their entire life, telling them that these are good to take when you’re feeling bad. But then when somebody approaches him in school when he’s “bummed out” and says, “Hey, why don’t you take this drug? It’s going to make you high” to expect him to just say no. That’s not his experience for his whole life. And it’s not what he’s been taught by the people who love and care about him the most and the people that have the most amount of knowledge in these areas.

Dr. MacPhee: Well, he’s been taught. He’s learned that something from outside of my body has to come in to make me feel better, to make me be better. Even worse.

Dr. Gentempo: And that’s, I think, one of the big conflicts and contradictions in our culture. The reality is drugs are drugs. Whether they’re prescribed or they’re pushed, they’re still drugs. And, again, I’m going to reiterate I’m not saying that drugs don’t have value. I’m saying that people need to understand that drugs are drugs and that they are not a total solution to a health problem, but they might be a temporary stopgap measure for a crisis, something that’s acute.

For sure, there are circumstances where taking drugs is a really good idea. But overall when people look at drugs as a lifestyle to manage their health, that’s where it becomes a problem. And the reality is a lot of these drugs that people take...I mean, look at antidepressants and anti-anxiety drugs and all these cholesterol drugs—oh, my God. Don’t even get me started there—etcetera.

You start to see that people are just taught, “Oh, you just live on these things the rest of your life.” Well, if you look at the drug trials, these drug trials don’t go on for years and years and years. So looking at safety and efficacy etcetera, that stuff is not really properly established for the way that drugs are prescribed and utilized.

So what am I saying? I’m saying that there’s a different way to achieve health.
I’m saying that pain is your friend in many respects telling you that something has changed and that you need to pay attention and as a result attend to it as compared to numb it and tune it out. And I’m saying that your health philosophy that starts to orient you about where health comes from is critical to your life and, quite frankly, can save your life or your children’s life etcetera.

So the next natural question might be, “Well, what are some of the premises that you hold or what are some of the things that I should consider?” Well, in addition to the things I talked about, what I’ll tell you is—and what attracted me to chiropractic and caused me to want to become a chiropractor—is the philosophy of chiropractic, its basic tenets and premises.

So what’s the premise? The first premise I think is absolutely profound and important is that a body, a living body is self-healing and self-regulating. If you cut yourself, you heal. If you cut a dead person, nothing happens. Life heals. We don’t need any more scientific evidence there.

Your body’s self-regulating. Right now you have four trillion red blood cells circulating through your body. Every one of them dies in a 120 days. Are you thinking right now, “Blood cell number 368,428,528,006, your time is up. Spleen kick out another.” Right now your kidneys are working. Your liver is working. You’ve got digestive things going on. You’ve got cardiovascular function happening. Hopefully, there’s brain biochemistry going on right now as you’re listening to this so all of this stuff is happening simultaneously. You’re not controlling any of it. The body self-regulates.

So if we can establish that the body self-heals and is self-regulating and then secondly, the second premise is that the nervous system is the master system and controller of that body coordinating and controlling all of these functions, then it stands to reason that if you interfere with nervous system function, you necessarily interfere with the ability for the body to heal and regulate.

So what I loved about chiropractic as an approach towards health is that
stress in our life can cause adverse responses in the nervous system because the stress is overwhelming, which creates these tension patterns around the spine that we call subluxation, and that these patterns become something that are held within the body that detracts from its ability to express health and well-being and it starts off this degenerative process.

So what we can do quite naturally is identify when somebody is stressed beyond...I can tell you right now, most people have a lot of pain. They have prime pain problems. They are taking medications for the pain. And if that’s you if you’re listening to this right now, there’s a very high likelihood that you probably have a lot of stress in your life and that the stress is leading to that particular predicament.

And, literally, the drugs that you take to mask the pain aren’t solving the problem. As a matter of fact, they’re accelerating other challenges and problems. It is solving the issue that the pain maybe makes it difficult for you to get through your days. And I get that. And when I’ve been in severe pain, I’ve taken medication on occasion. Not too often, but I’ve taken it on occasion to help me cope with severe pain that I have at a moment in time. But that is a temporary stop gap measure while I go to attend what’s causing the pain.

But in the end if you understand the body is self-healing and self-regulating and the nervous system is the master system that controls the body and that if you interfere with how the nervous system functions and communicates, you interfere with the ability for the body to heal and regulate, and if that process goes on long enough, it will degenerate and start to cause pain that the really great news is that as you get release of these patterns that we call subluxation that improve the performance of the nervous system, not only does your pain go away, but your body starts to function better like it was designed to do.

So I hold the premise that we are born to be healthy. I hold the premise that the body is equipped. The intelligence that’s in that body that allows it to go
from two cells to one cell to trillions of cells in nine months and become a fully functioning human being with all these different complex processes that are going on routinely for years and years and decades and decades that it manages, that the remarkable miracle that’s called the human body is something that is competent to express health and that there are ways to achieve that without trying to detract from what the body wants to do or is trying to do.

So chiropractic attracted me because it has this natural way to approach that particular context of a person whose lost their health or is in pain and has the ability to solve that in a natural way and bring them to higher levels of health. So I think people need to spend time thinking about how they see the world relative to where health comes from and what they need to do about it.

**Dr. MacPhee:** Well, clearly, we can’t continue down the path that we’re on. We’ve got more science than ever before. We’ve got more medications, drugs, surgeries, experts, and opinions than ever before. Society is sicker and sicker and sicker. We’re seeing that lifespans are shrinking in some concepts, rather than growing. We’re seeing that our youth are more likely to die younger than our generation.

And we know that it’s costing us literally billions and billions and trillions of dollars. And it’s going to bankrupt us as a culture. So there’s clearly flaws in the philosophy that we’ve adopted and in the way that we’ve managed health so far.

In your introduction, you mentioned that this may save your life. I think that’s not an exaggeration. We’ve touched on that a couple of times over the last hour. And this is truly a life-threatening problem.

**Dr. Gentempo:** There’s no doubt. It is very literal that this information, that having deeper awareness about health and where it comes from can, and many times is, completely life saving. And it could be life-saving in a critical situation. Or it could be life saving over the long haul.
Think about it for a moment. If you happen to be somebody who’s taking medications on an ongoing basis and you hear this and you decide to take a different route and solve your problem in a true way, meaning that you solve the actual problem, not just eliminate the pain, yeah, over a period of years, you’ve probably just added years to your life. You probably added an increased quality of life during those years and you added quantity of years over the long haul.

If you listen to the things that people are talking about here and you modify what you eat, which has an impact on your health... Why do we have shrinking lifespans right now? Because of the metabolic disorders and the way people are eating and what they’re not eating quite frankly.

**Dr. MacPhee:** And that comes back to our philosophy of health. Our philosophy around food is really part of that philosophy of health. Is that chocolate bar a treat or a cheat? And that depends on your philosophy around health and how you appreciate your body. And if you’re experiencing those, as you mentioned earlier, contradictions between what you really want, but what you’re actually doing, that’s going to lead to some of these interventions being a problem.

**Dr. Gentempo:** Yeah. When you talk about health, you have to look at everything, right. You’ve got to look at your lifestyle, your sleep, what you eat, moving your body.

There’s an emerging theme right now that’s starting to become popular where they’re saying sitting is the new smoking. That people are sitting all day long and your body is just simply not designed to sit and be sedentary all day long. And that leads to varying health problems, some serious health problems. So moving your body is really important, getting proper nutrients into your body is really important. And I say really important if being healthy is important to you.

Now what happens, sometimes when you look at how this all goes is that what
happens when people stop moving? They get a little bit depressed. The opposite happens when you start to move, exercise, walk. There’s been research published showing that people going out for forty-five minute walks, three times a week has better effects on depression than the antidepressant drugs, just getting up and moving.

**Dr. MacPhee:** Exactly. And it’s not as effective if they’re taking the antidepressant drugs.

**Dr. Gentempo:** Exactly. But what happens when you start to get sedentary, that creates depression. You start to get depressed. You don’t eat right. You don’t eat right and it’s a downward spiral that leads to a really tragic end. And so it’s a matter of waking up and saying, “I’ve got to get control here.”

In the end, our health is our responsibility. You can’t just say, “You know what? It’s up to the government. They’re going to take care of me.” That premise will be life-threatening to you and your family. Do you really think it’s a good idea to entrust your health and that of your family’s to the insurance bureaucracies or the federal government? If that’s your premise, then I think that you’re asking for trouble.

You’ve got to take control of your own health. You’ve got to take responsibility for your own health. And, quite frankly, there’s a lot of low hanging fruit there. There’s a lot of things you can do that aren’t really tough or costly that can make a huge difference as far as your health and your outcomes and your experience in life.

**Dr. MacPhee:** Well, and I think that that’s not only sound from an outcome strategy, but it really puts people in the driver’s seat of their future health, as well as their current health. And there’s nothing more powerful than taking responsibility for that, giving yourself hope, giving yourself opportunity and options to take where you are and turn it into something better.

And so much in this last hour, Dr. Gentempo, is there one key starting
place, key strategy for a better health that you’d like our listeners to take away as an implementation tool or something that they can think about or do right now?

**Dr. Gentempo:** Well, my experience tells me is that everybody is different. Everybody’s in a different circumstance. Everybody’s got a different level of experience, knowledge, etcetera. So I would love to say that there’s a broad brush as far as an action item that I can give everyone.

Yes, I can say that developing your own health philosophy, I think is important. I’m actually working on a website to make that happen so that people have a tool to be able to do that. But beyond that, I would say here’s what’s critical. I think everybody needs to have a go-to expert that they trust, that they share the same values, they align with the same values, that they can get inspiration, direction, and services from to lead them to a better future, to lead their families to a better future.

My case, that’s the chiropractor. I’m a chiropractor now for over thirty years. I go to the chiropractor as a patient also. And, to me, that’s where my go-to resource is to help me live the life that I want to live based on the principles that I embrace. One of my best friends is a cardiothoracic surgeon. It doesn’t mean that I don’t think that allied medical professionals also can be important to have in your life. As a matter of fact, they’re very important to have.

However, my whole goal is to not become a customer of the medical system. I am succeeding when I don’t need a medical doctor. And the great news about chiropractors is that you don’t have to have “a condition or problem” to go there. As a matter of fact, the best time to go is when you don’t to prevent yourself from having to get into that situation. But I’m glad there’s a medical profession there should I ever need it should I have a crisis occur.

So I think the best thing you can do is reflect upon and continue to educate yourself. So reflect upon your premises, further develop them, and find a professional that lives this stuff every day that you can go to as your contact
point of reference to help guide you along the path and keep you healthy and keep your family healthy.

**Dr. MacPhee:** Well, that is pretty sound advice. I think that there’s many of us who can benefit from that information immediately and start looking for people of a like-minded thinking, look for people in their community who think like them, look for local chiropractors who are going to be able to support them in making those changes to take control of their bodies again and to give themselves the tools and the resources to move forward.

So thank you very much, Patrick, for being part of our program. If anyone would like to access more information, Patrick, can you share any contact information that those who are interested in your new philosophy program, which will be launching and some of the other things that you do? How can they get in touch with you?

**Dr. Gentempo:** So what I’d recommend if you go to my… I have a couple of websites. My personal website is Patrick Gentempo, just my name, PatrickGentempo.com.

I will be launching, I think, in the latter part of the first quarter of 2015 a website called Help-Philosophy.com. And basically, that’s going to walk people through a step-by-step process to develop their health philosophy. So they can literally document it, develop it, and have a guided process for it, and then print it out and there it is.

And it’s something that you can continue to work on over time. It will be a very simple process. But I think it can be profound and life-saving. So you can look for that coming up in the future, Help-Philosophy.com. And I’m sure I’ll probably have some announcements about that on PatrickGentempo.com when I do release it.

**Dr. MacPhee:** Perfect. That’s going to be a unique offering, for sure.
Thank you very much, Dr. Gentempo!

Dr. Gentempo: And thank you. Thank you for having me. It’s been a pleasure to be here!