

Muhammad Jalaluddin, MD

Neurosurgeon and Neuromodulation Physician

Specializing in Chronic Pain Management

7603 Route 54, Bath, NY 14810

Jclinicapt@gmail.com

Affiliations: St. James Hospital and University of Rochester

My name is Dr. Muhammad Jalaluddin. I am working as a Neurosurgeon and Neuromodulation Physician with special interest in Chronic pain management in Chemung and Steuben counties. I am affiliated with St. James Hospital and University of Rochester in Hornell, NY. I believe my experience as a physician treating Chronic pain can help thousands of New Yorkers avoid opioid addiction, which is why I am here today. I am eager to help this Panel and happy to serve as a resource for this Task Force going forward.

We are helping the people of New York State who are suffering with Chronic pain and opioid addiction to wean off and stop opioid narcotics while providing long term solutions for their chronic pain. We are offering treatment for chronic pain due to physical injuries, multiple surgeries, and disease. The two primary ways in which we provide solutions are targeted drug delivery therapy through intrathecal drug delivery pumps and through Spinal cord stimulation.

The targeted drug delivery therapy (TDD) is known as a pain pump or intrathecal drug delivery system (IDDS) for the treatment of chronic intractable pain, including intractable cancer pain. The therapy involves a surgical implant of a programmable pump and catheter. The pumps contain a prescription such as morphine, but the amount of the drug released is controlled and programmable, which is a key distinction from oral opiates as the intrathecal pump mitigates the likelihood for addiction and misuse. The pump releases prescribed amounts of pain medication through the catheter directly into the intrathecal space, near pain receptors in the spine. This system is different from other drug delivery systems such as oral opiate medication, which involves the circulatory system and bloodstream. Because the intrathecal drug delivery system does not involve the circulatory system, only a small fraction of prescription medication can be used, and because the pump is programmable, the dosage can also be adjusted over time to wean a patient off of an opioid addiction. The goal of the system is to use only enough medicine to resolve the chronic pain.

Intrathecal drug delivery systems improve a patient's ability to function, return to work, and participate in the activities of daily living. Intrathecal drug delivery reduces and eliminates the use of oral pain medications. The implanted pump stores and dispenses medication inside the body. This reduces the opportunity of diversion of medication for misuse by individuals who are not prescribed the opioids and reduces the opportunity for misuse of medication by patients themselves.

As a Physician programs the pump to deliver the certain amounts of medication, it also avoids the risk for drug overdoses by patient.

The other therapy for chronic pain is Spinal cord stimulation (SCS). This therapy also involves a surgical implant of a battery and electrodes. The electrodes deliver mild electric pulses to the spinal cord, which modifies the body's pain messages before they reach to brain. This therapy is especially beneficial for the control of persistent radicular leg and arm pain and it reduces oral opioid consumption.

While these therapies are able to reduce patient reliance on oral narcotic medications, the pain pump is currently not available to all New Yorkers such as those with non-cancer pain who are covered by Medicaid. Yet, these therapies can help all New York state residents with chronic intractable pain.

We hope to continue to treat chronic pain with these therapies, and to promote long term treatments for chronic pain with reduced need for oral opioids. It is my professional opinion that these therapies can successfully treat and wean New Yorkers who are suffering from opioid addiction and chronic pain off from narcotics, mitigating pain, preventing addiction, and ultimately, saving lives. Thank you.

A veteran's story: Scheesley overcomes chronic pain

<https://www.eveningtribune.com/news/20191111/veterans-story-scheesley-overcomes-chronic-pain>

The Evening Tribune (Hornell, NY)

By Chris Potter

Posted Nov 11, 2019 at 6:20 PM

Ray Scheesley of Hartsville suffered abdominal pain from old gunshot wounds...

HARTSVILLE — Ray Scheesley can't see most of the scars from his military service, but for years, he could feel them.

Ray began to experience debilitating abdominal pain in the early 2000s, a legacy of his time in the military when he was twice wounded in action.

Ray took a bullet for the first time a few days before Christmas in 1989. He was on the front lines with the US Army XVIII Airborne during Operation Just Cause in Panama. Under enemy fire, a bullet hit his protective vest, partially lodging in his abdomen and causing blunt force trauma injuries.

The second incident was even more harrowing. Ray, a jungle warfare expert, went into military contractor work following his time with the Army. Back in South America, he was part of a narcotics interdiction sweep when he surprised a young soldier who opened fire. Three shots ripped through Ray's abdomen.

He survived, somehow, but his military career was over.

"I was pretty torn apart. It set me back quite a bit, but it got me to the Alfred area," Ray recalled.

Recovering at the VA, Ray was recruited into a disabled student program by Nadine Shardlow at Alfred State. His experience there got off to a rocky start. He suffered from post traumatic stress disorder and had a difficult time in the dorms, even after getting transferred to a building for students over 21. Finally, he moved to the quiet serenity of the school's agriculture farm outside Alfred and everything started to click.

He quickly took to his studies and settled into the community, volunteering as a paramedic and firefighter in Alfred. That's how he eventually met his future wife, Jennifer, who was studying at Alfred University while Ray pursued his degree in agriculture at Alfred State.

The couple got married, began their careers, bought a house in the hills of Hartsville and started a family. Ray was living the dream.

Until the pain started.

Scar tissue had built up over the last decade as he went about his life, oblivious to the growing danger. Suddenly those old war wounds were back, white hot like the day the bullets entered his body.

"In 2005 I was developing a lot of abdominal pain. We couldn't figure out what was going on," Ray said. "I had at that point had maybe 15-18 surgeries. We went up to Highland Hospital and saw a specialist. He did exploratory surgery and found I had built up a massive amount of abdominal adhesions. It looked

like thousands of spider webs were laid all over me inside my abdominal cavity. They said moving would cause more over time and it was only going to get worse from there."

The doctor's prediction came true, worse than Ray ever imagined.

He went on a medical odyssey from the Bath VA to the Syracuse VA to the Buffalo VA. He exhausted options at the hospitals in the Rochester area. He left the state and visited the Cleveland Clinic and Robert Packer Hospital in his hometown of Sayre, Pa.

The pain continued, worse than ever.

He was prescribed a laundry list of painkillers — codeine, Vicodin, Percocet, Demerol. The drugs deadened the pain, but they also robbed Ray of the ability to enjoy the things that made life worth living, his family and his passions. It got to the point where he'd show up to his job as a dairy inspector one day and then need a day or two off to recover.

The family was left on the brink of bankruptcy as they searched for a better remedy for the pain.

"It's difficult. You wake up everyday not wanting to get out of bed, or worse, and the only thing that really helps is opening that bottle and taking a bunch of pills. I went from a couple tablets a day to almost 230 milligrams a day at my highest point. I became a zombie," Ray said. "It was really hard trying to work and do that. My employer knew there was days I just couldn't work. ... We had been everywhere for pain control. They knew the cause of pain but they did just not know how to control it without using opiates."

Finally, a referral from Dr. Andrew Call of Alfred changed everything.

"I was getting ready to turn 50 in 2018, and Dr. Call said you've got to have a better life. There's a guy down in Horseheads who works through St. James who may be able to help," Ray said. "I laughed because I said there's nobody in our backyard that can fix me. Being out to Cleveland and everywhere else, I was convinced it just wasn't going to happen."

Dr. Call suggested Ray see Dr. Muhammad Jalaluddin, a neurosurgeon and interventional pain management physician with offices in Hornell and Horseheads.

"Dr. J," as Ray calls him, suggested something new — placing an intrathecal drug delivery pump in Ray's abdomen. The pump would deliver pain medication directly to his spinal cord, promising to cut off those piercing pain signals emanating from his abdomen.

Ray was skeptical. Doctors had implanted a spinal neuromodulator in 2012 that had failed to reduce his pain in a significant way. But, after years of trying to no avail, he was open to anything.

"He was in really, really bad shape," Dr. J said. "His pain was not controlled. It was affecting his life, his social life, his family life, his financial wellbeing. He was a nonfunctional person. These people are usually frustrated and desperate. Initially he was really not sure because he had seen so many physicians and used so many medicines and everything and never got better. He was really doubtful of whether he was going to get better or not."

Despite the skepticism, Ray said the trial period initiated at St. James Hospital in Hornell was a home run. The program required him to stay overnight for observation, but Ray knew something was different this time.

"I wanted let out of that hospital so bad. I felt like I wanted to run, because I felt no pain for the first time during that trial," he said. "There was absolutely zero pain. I couldn't believe it."

Ray reported similar success following the implementation of the device just over a year ago. His dosage is a fraction of what he was taking orally, without the nasty side effects. He's off the heavy opioids and barely takes a Tylenol.

"The public has a perception of the opioid crisis, but the opiate problem started with people who had chronic pain and can't get help," Ray said. "When they fail to get prescriptions, they start buying from the streets, they turn to alternate medicines and illegal drugs to conquer that pain because they don't get help. I wasn't there, but I don't know what would've happened if things hadn't gotten better. I just don't know."

Ray is back working everyday and was even promoted to Milkshed Manager for Maple Hill Creameries, an organic grass fed company in NYS. He covers a territory from Syracuse west to Erie. Closer to home, Ray is able to once again be active in the lives of his three boys. Ray Jr. is a freshman at Paul Smith's College, while Dan is a senior at Alfred-Almond with plans to join the Navy and John is in ninth grade.

"It has changed my life completely," Ray said. "I'm back hunting with my kids and doing the things I enjoyed. We were finally able to take a vacation."

Ray has some restrictions to avoid further abdominal adhesions, such as a limit on how much he can lift. He also has to be wary of injuries he might not feel due to the blocked nerve response, particularly in his lower extremities. He goes back to St. James for a refill on his medication every several months.

Dr. J said intrathecal drug delivery pumps are still gaining acceptance in dealing with pain.

"Unfortunately there are only a few trained people who are doing this," he said. "This sort of thing is not included in the routine training of even the pain management physician training. That's why the number of physicians who are performing this are only a few.

"The insurance companies, especially the VA insurance, they do not cover the non-cancer patient," the doctor added. "They only cover the cancer patient (for this procedure). Same with the Medicaid, also. They do not cover this procedure on the insurance so they do not provide the access to those who need it."

For Ray, the procedure has been a life-changer, one he hopes might someday help fellow veterans and others struggling with chronic pain.

"You've got to stop opioids someplace, and this is how you do it," he said.