

Dirty Pain, Clean Pain, How Do You Tell the Difference? By Dr. Victor Jean Ouellette, DC, MS

Page 1 of 4

<https://optimalhealthsecrets/library/WellnessRISKManagement/42-dirty-pain-clean-pain-how-do-you-tell-the-difference.pdf>

One of the major benefits of the
Wellness RISK Management model is
that it can identify the difference between
'**Dirty Pain**' and '**Clean Pain**'.

Let's define our terms in the **physical pain category**. Psychological pain is another matter.

Dirty Pain

Dirty means there is noise associated with the **physical pain**. Not the kind of noise one hears but rather the kind of noise that confuses the issues. The noise is caused by hidden factors undiscovered yet by either the patient/client or the health care practitioner/WRM Instructor. The noise is the evidence of something else in the mix. This renders the physical pain unclear, sort of "**Dirty**" in a way. Some practitioners may decide to label the pain because no other solutions are obvious. That label allows them to prescribe some sort of treatment plan. That is all in the professional healthcare milieu. Healthcare practitioners are protected so long as they stay within the bounds of their own profession. Healthcare practitioners are allowed to ignore the noise. That is where the first mistake is made with regard to pain. When noise is around then avoidance, blame, and denial arrive with it.

Clean Pain

Clean physical pain means there will be an obvious cause. You drop a brick on your foot and you have foot pain. The cause is obvious. That is a '**clean**', clearly understood pain. Any healthcare practitioner trained in diagnosis can help you with that. Clean and obvious, easy right? Clean pain gives you the capacity to build and grow. You are in an honest situation and can make decisions smoothly and cleanly with very little ambiguity. Now the more difficult things.

Digestion and Metabolism

Our digestive system and our physiology are not easy and not obvious. They contain a lot of NOISE. Let's just comment on two aspects to keep this simple. There is a way through this complex jumble of concepts.

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Page 2 of 4

Digestive System

The anatomy of this system is such that it can refer pain to other parts of the body. The problem is, some parts of it are protected from referring pain while other parts are not. Failing to understand this can create diagnostic mistakes with a shifting pain coming-and-going in cycles of pain. These mistakes are very common with most registered healthcare professionals like medical doctors, chiropractors, psychologists etc. That is because their nutritional training and anatomy are not very good overall generally speaking. Those mistakes lead to back pain, neck pain and headache pain most commonly caused by a digestive issue not some mysterious unknown pathological process requiring high level medical consultation and dramatic medical procedures.

Physiology

Our physiology is complicated by the fact that our blood vessels can hold a very large amount of blood but, there is only a small amount of blood contained within them (11 pints or there about [$\approx 6L$]). Thus, blood needs to be shunted from one part of the body to another. This is clearly understood by healthcare professionals and they have given terms to how blood flow changes during the digestive process and with strenuous exercise. All fine and dandy for health care students up to this point. Just memorize the Autonomic Nervous System and learn how it works.

The problem is that, as humans, we eat a lot of **plants**. Long before humans arrived on Earth these plants evolved over millions of years to protect themselves from marauding predators like insects and various bugs that want to eat them. So, those plants that are around today are the ones that did not get eaten up completely millions of years ago. Why?

Answer, because they developed molecules that they coat and embed their leaves, their stalks, their skins and their seeds with that tend to plug up the blood flow of these tiny insects/bugs and kill them. Ah, cool protection right. Humans have given a name to these molecules. We call them **Lectins**. I have written about this many years ago. See, <https://en.wikipedia.org/wiki/Lectin> for their definition and explanation.

So, how does this apply to us as humans?

We are also susceptible to these lectins because of our physiology explained above. Let's give one other piece of information about our anatomy for a better understanding of blood flow dynamics. I will describe a little lecture I give to patients. Question, "What is the size of a red blood cell in relation to the size of the walls of a capillary, the smallest blood vessel in the body where nutrients are absorbed?" Keep in mind that we have capillary systems in our brain, in all our organs, in our muscles, in our skin and in our intestines. My question to the patient is "Is the diameter of a red blood cell smaller, bigger, or the same size as the diameter of a capillary?" Most people answer smaller especially when you give them a little diagram showing them these three choices. They most often pick the wrong one. However, the answer is LARGER. The red

Dirty Pain, Clean Pain, How Do You Tell the Difference? By Dr. Victor Jean Ouellette, DC, MS

Page 3 of 4

blood cell is slightly larger than the diameter of the capillary. If one were to study physiology then one would learn the answer, and the ‘why’. It is so the walls of the red blood cell (RBC) can be pressed up very close to the walls of the capillary. The exchanges of gases, oxygen going out of the RBC into the body cells and carbon dioxide coming out of the body cells into the RBCs can be processed very effectively and efficiently. When physiologists measure the gas pressures in these three areas 1. inside the fluid part of the blood, 2. inside the RBC itself, and 3. inside of the body cells, the answer is very clear how the exchange of gases occurs and why a reversal of the process occurs in the lungs from what happens in our body tissue cells.

OK, all you armchair physiologists are probably still with me so far. In learning all this complex ‘stuff’, one tends to forget that the body is shunting blood from one place to another. And further, there are certain cold places, temperature wise, in the body like the hands and feet for instance. Cold places have narrower capillaries. Secondly some types of lectins are very powerful for causing the blood to clump (agglutinate), while others are very weak. This gives us another shifting pattern superimposed on the other shifting pattern and this new shifting pattern extends well beyond the digestive system and also affects the digestive system capillaries itself. Food has this Lectin problem attached to it that makes things difficult to understand.

Anybody who has tried to understand the math of one exponential power to another exponential power will understand the difficulty in understanding this. Nothing is intuitive one must learn the rules.

There is a major food rule I coined decades ago actually in the early 1970s . W-in-D-L-it-O. My patients know what it means.

Wellness RISK Management has been designed from the very outset with a mini questionnaire tool to identify possible food issues and point a person in the right direction. **Wellness RISK Management** has also been designed to help measure how well a person is complying with the science on Self-Help Wellness strategies. There are multiple benefits to getting your **Wellness RISK** measured by **Wellness RISK Management**.

If your pain is a “dirty pain” then you have a food borne issue and, those issues may be solely as a result of the food or, it may be impacting a “clean pain “ issue like a brick on the foot.

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Page 4 of 4

Wellness RISK Management is dedicated toward getting some clarification on this ‘Clean Pain, Dirty Pain’ issue.

It is Difficult to figure out yes, but well worth the effort for those who can read between the lines and who are willing devote time to themselves to improve their life.

[LINK: About the Doctor](#)

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Wellness Strategies the **Wellness RISK Management** Way B E N E F I T S

1. **Wellness RISK Management (WRM)** helps people convert **Dirty Pain to Clean Pain.**
2. **Wellness RISK Management** teaches people **Chronic Disease Prevention Strategies.**

What You Will Need

1. An Enrolment with **Wellness RISK Management**
2. A **WRM Self-Help First Aid Kit**
3. A **willingness** to help yourself
4. The **knowledge** to do things right.
5. **Temporary help** from a **WRM** Instructor until you are ready to go it on your own.

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