After weeks of ups and downs in the hospital, much of it spent attached to a ventilator, Dr. Punamurtula Kishore’s fight against Covid took a turn for the worse. He last communicated with me on April 22, 2021, prior to being diagnosed with Covid, and he had died at 6:15 PM on June 20, 2021. He had turned 71 years old on June 3, in the midst of his final hospital stay. The scripture that spoke to this dark providence was particularly fitting, and we’ll dig into its context in the course of our discussion here.

The righteous perisheth, and no man layeth it to heart: and merciful men are taken away, none considering that the righteous is taken away from the evil to come. He shall enter into peace: they shall rest in their beds, each one walking in his uprightness.

(Isa. 57:1-2)

Those who legitimately warrant the Biblical description of being “merciful men” (or “men of mercy,” as J. A. Alexander renders it) are few and far between. Those who have followed our eighteen articles about him in Faith for All of Life and The Chalcedon Report are aware of Dr. Kishore’s credentials in this regard. The countless lives he had saved as a doctor specializing in addiction medicine in Massachusetts are an abiding testimony to his contribution to the reconstruction of the medical sciences. Even at his funeral, family members reminisced about Dr. Kishore carrying multiple pagers with him everywhere—even into movie theaters for family outings—to make sure he was always available for his patients who needed him. He did nothing out of convenience, but only out of conviction.

Instead of consigning his patients to more narcotics and opioids to battle opioid addictions, he took an entirely different tack, intuiting a treatment plan based on primary care medicine. His successes far outstripped those of doctors and clinics following the conventional protocols for addiction treatment.

Virtually alone among doctors who treat this condition, he had never had a patient fatality occur for anyone under his care. The irony there is that when the commonwealth of Massachusetts shut down his practices, he was called “a killer” for not using methadone or Suboxone. Because he didn’t use these modalities, he didn’t acquire a license to prescribe them (they formed no part of his far-more-successful treatment regimen). This fact was used against him in the media: he was charged with “not having a license to treat addiction” (because everyone else treated it with the narcotics he didn’t use).

The vast superiority of his methods was established by hard evidence—by actual testing of blood and urine. His successes posed a threat to the money-making machinery behind the promotion of opioids to treat opioid addictions. In September of 2011—nearly ten years ago—Massachusetts arrested him, and soon afterwards, the Board of Review in Medicine stripped him of his medical license. He had done nothing but demonstrably help the 250,000 patients who had come through his treatment centers, all of which were shuttered. An ongoing study of the historic data shows how the state’s actions increased the death rates from drug overdoses in Massachusetts. Statism and medicine made for a bad fit then, and they continue to make for a bad—and dangerous—fit.
Rather than name his treatment model after himself, he called it *The Massachusetts Model*. It was distinctive in being a completely non-narcotic approach to resolving drug addictions, and it was many times more effective than any competing model based on substitute opioids like methadone. Patients got their lives back: they weren’t turned into zombies lined up every morning at the “methadone mile” in Boston. Because his centers weren’t using narcotics, they didn’t become magnets for drug redirection as was the case with the “orthodox” treatment centers: communities wanted Dr. Kishore’s centers to set up shop to help their citizens.

Ironically, after the takedown (and that is the correct word to use), proponents of conventional treatment with worse outcomes hijacked the name “Massachusetts Model,” plastering it on a system which Dr. Kishore had valiantly fought against his whole professional life. This was done while he was assisting other states (like Maine) to set up treatment centers based on his successes in Massachusetts. He was a prophet in this respect: that he was not without honor except in his own commonwealth.

The day he was arrested, his Wikipedia page was taken down. The arbiter who did it said the timing was purely coincidental. Those of you currently watching how Wikipedia pages are evolving in response to any noted scientist raising concerns for today’s medical protocols will recognize that Dr. Kishore was simply an earlier victim of the same kind of censorship. The Wikipedia arbiter said there was nothing notable about Dr. Kishore’s achievements, when in fact they represented the pinnacle of success in addiction treatment, and still do.

When Dr. Kishore’s patients were cut loose by the state closure of his clinics, they went to conventional treatment centers and, for the very first time, deaths started to add up. In the documentary film Chalcedon is co-producing with Great Commission Films, *Hero In America*, this jarring fact comes across with deep emotional resonance: these were preventable deaths, deaths caused by the state’s actions against the clinics. These people were doing well until the state interfered in favor of narcotics-based treatment methods. Back then, only Dr. Kishore was using non-narcotic Vivitrol®. Nobody else had an interest in using it as he had done to achieve such compelling success in the battle against addiction without narcotics.

This award-winning physician was imprisoned and made to sweep city streets. The commonwealth regarded this as a better use of his talents. The state dragged its feet in releasing him from prison, attempting to frame him as a malingerer who didn’t pull his weight during such work details. Dr. Kishore had to do more work than expected to stay ahead of his persecutors.

Which brings us to the context of the opening two verses of Isaiah 57.

**Isaiah 56:10-12 and Isaiah 57:1-2**

When we open our Bible to read from Isaiah 57 concerning the merciful men who are taken away, we may miss the preceding context of the passage. We don’t arrive at this passage in a vacuum: there are things happening that lead up to these two verses. And in the case of Dr. Kishore, they are entirely relevant.

Of course, Isaiah 57:1-2 is important in its own right, because it draws attention to the fact that we are inclined not to lay it to heart (literally “put it on heart”) when such men are gone. Charles Spurgeon cries out concerning this unmindful attitude:

Oh! Did men know what the world loses when a good man dies, they would regret it far more than the death of emperors and kings who fear not God.¹

This is doubly true for Dr. Kishore, as he was working hard extending his clinics outside of Massachusetts (where his results were recognized and his methods welcomed). Such men “are lost to the world and to society.”²

We quoted the first two verses of Isaiah 57, which in the Hebrew form a nine-line poem.² We’ve not yet looked at the preceding verses in Isaiah 56. We’ll see that Dr. Kishore’s enemies are well-described in the run-up to Isaiah 57:1-2. As Motyer observes, Isaiah 56:9-12 “is a condemnation of self-seeking leadership.”³ Concerning such governmental leaders described by Isaiah, Motyer says: “To incompetence (10), self-concern (11ab) and selfish preoccupation (11cef), the rulers added complacency about tomorrow.⁴ They

³ To incompetence (10), self-concern (11ab) and selfish preoccupation (11cef), the rulers added complacency about tomorrow.⁴ They
burst forth with yet a third figure of speech, **But they are the shepherds!** These are the persons who are supposed to be foregoing their own pleasures and desires for the good of the flock … The three-fold imagery … here is addressed … to the entire leadership cadre … And what is the sin of the leadership? Every one of them, without exception, has chosen to put his own way before God's way or His people's way. Thus laziness and greed and self-concern have sapped the vitality of the shepherd so that he is unaware both of the danger and of his own failure.

The second colon [of verse 12] underlines this thought: tomorrow will be more of the same, only much more … The desires drive us on and on, with rising expenditures of time, money, and energy, and with proportionately diminishing returns. The end is slavery in its grossest forms.\(^9\)

Oswalt further describes the civil leaders, how “their lives become more meaningless”:\(^10\)

The end is v. 12; they are slaves at the wheel, forced to perform the same monotonous task over and over. “We'll do tomorrow what we did today, only more, and more, and more …”\(^11\)

Of course, this fits to a T the conduct of the public health officials of the commonwealth that mercilessly leveled its mightiest guns at Dr. Punjamurtula S. Kishore. They were merciless toward him, but worse, merciless to his patients. They simply wanted everyone to be in lockstep compliance with the worthless protocols that were ruining lives, with no interest in proven innovations that reversed the curse among the populace. The contours of this battle were laid out in the eighteen articles we’ve published on Dr. Kishore and the medical revolution he had initiated. As Alexander says, Isaiah

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\(^5\) Dr. Kishore stood alone against the moral rot undermining the medical profession.
requires of the leaders “wise conduct, with particular reference in this case to official obligation.”14 These leaders utterly failed Isaiah’s test.

In Steveson’s exposition of Isaiah, he summarizes the leaders’ conduct this way:

(a) They attack those they should lead, v. 9
(b) They do not warn of danger, v. 10
(c) They are greedy, caring only for themselves, v. 1115

Further, he points out the word hozim is quite unique. The King James Version renders it “sleeping,” as in “sleeping dogs,” but Steveson supplies evidence supporting the meaning “to talk deliriously,” leading to the sense of “raving.”16 Franz Delitzsch affirms the idea that Isaiah is calling the leaders ravers,17 exactly those given over to raving — and to hear the gross distortions in the press conference announcing Dr. Kishore’s arrest in September 2011, you’d have no choice but to agree: these officials were raving against him. As Alexander argues from Isaiah 57, the wicked who despised the men of mercy “were themselves proper objects of contempt.”18

Fighting the Good Fight

Those who have followed our articles as they were being published were able to understand the nature of the unjust persecution, premised on pure ignorance of the medical achievements Dr. Kishore had innovated, that had destroyed perhaps the most successful anti-addiction methodology yet seen. We know that the shepherds of Massachusetts were reading our articles, because they reproduced a typographic error in one of them. They knew what the truth was: they simply didn’t care.

This made for a tremendous David versus Goliath battle. But in this instance, David’s success was not acceptable to the status quo. Dr. Kishore’s clinical records testified to the fact that the addiction industry’s emperors have no clothes. After treating 250,000 patients, with more clinics being added in the wake of his successes, serious action had to be taken to bring him down and smash David underfoot. Faith in Goliath was wavering as more people were able to see David waving the decapitated head around.

The status quo could afford a small competitor who didn’t tilt the playing board away from their hegemony, but Dr. Kishore’s work was catching on like wildfire. Perhaps worse, he was exposing the fact that informed consent was being dismantled to favor opioid substitutes like methadone: researchers were already scared to report their results because they reflected on highly undesirable side effects that could scare patients away from those modalities. We’ve provided the refereed journal data on these controversial results that were being suppressed,19 so seeing this recur during our contemporary situation is no surprise at all.

The fight came down to standing for the truth that sobriety is the goal for addiction treatment, and that it is objectively measurable. But The Boston Globe insisted that methadone treatment “is safer than abstinence,”20 taking sobriety off the table as a measure of anything pertinent in the field of addiction. With doctored definitions, doctored statistics (counting methadone deaths as poisonings — might this tactic sound familiar to you?), and doctors self-censoring their own work, the loss of Dr. Kishore becomes ever more poignant: his was the one sober voice in a world addicted to madness.

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“I am deeply saddened. I’m also a bit angry. But most of all I am incredibly motivated to get this story before millions of people. It is my hope that this film will strike a nerve with those in the addiction treatment world. Please pray for my team and I as we complete this important project.” ~ Joaquin Fernandez

(Producer of the upcoming documentary Hero In America)