



Dr. Techy says,
"Other hormones can be added. Every hormone recommended here doesn't have to be tested."

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COMMON QUESTIONS
SERIES NO. 3

WHICH HORMONES SHOULD BE TESTED?

THIS BASIC PROFILE IS RECOMMENDED:

- CORTISOL
- CORTICOTROPIN (ACTH)
- PREGNENOLONE
- DEHYDROEPIANDROSTERONE (DHEA)
- PROGESTERONE
- TESTOSTERONE

SPECIAL NOTES ON HORMONE TESTING:

CORTISOL: Most critical hormone to test and treat because a very low level under 1.0 mcg/dl may cause death.

TESTOSTERONE AND PREGNENOLONE: Extremely low levels may cause severe pain and a paralyzed, bed-bound state.

THYROID (T₃, T₄): Seldom abnormal in pain patients. Some practitioners treat with thyroid based solely on hypothyroid symptoms.

ESTROGEN: Most laboratories don't yet publish a range for males. Some clinicians administer estrogen as a clinical trial to determine if it is needed.

VITAMIN D: It is more of a hormone than vitamin. Receptors are throughout the body. Its chemical structure is similar to progesterone and pregnenolone.

PROLACTIN AND EPIDERMAL GROWTH FACTOR: May be elevated with glial cell inflammation, centralized pain, and depression.

FOLLICLE STIMULATING AND LUTEINIZING HORMONES: May be depressed with opioid administration.

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Dr. Hormone says,
"Know your treatment goal
and replacement capabilities
when ordering hormones."



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