



Dr. Techy says,
"Hormones can spare
some opioids."

FEBRUARY, 2014
BULLETIN 19

COMMON QUESTIONS
SERIES NO. 9

HOW TO USE HORMONES TO SPARE OPIOIDS

SITUATION No. 1: Patient just starting or raising their dosage of opioids.

ACTIONS TO TAKE

1. Do a hormone profile. Pregnenolone and DHEA are usually the first hormones to deplete in centralized or chronic pain patients.
2. Start hormone replacement at the same time as the opioid. Tell patient to use opioids only on a prn basis.

SITUATION No. 2: Patient already on opioids.

ACTIONS TO TAKE

1. Do a hormone profile. Testosterone, pregnenolone, and cortisol commonly deplete with opioids.
2. Start replacement of any deficient hormone.
3. Tell patient to start reducing their daily opioid dosage.

HOW MUCH SPARING TO EXPECT—VARIABLE

Can be anywhere from 10 to 80%. We have had some centralized pain patients completely stop opioids and maintain on hormones and non-opioid medications. Opioid dosages may gradually decrease over several weeks or months.

USE OF NEUROGENIC HORMONES

- OXYTOCIN
- HUMAN CHORIONIC GONADOTROPIN

In centralized pain patients, these hormones almost always spare some opioid within 90 days.

Contact Information:
Tennant Foundation
334 S. Glendora Ave.
West Covina, CA 91740-3043
Ph: 626-919-7476
Fax: 626-919-7497
E-mail: veractinc@msn.com



**Information
Network**

Dr. Hormone says,
"Don't expect an
immediate drop in opioids
in centralized pain."

