



Dr. Techy says,

“Hormones are a new category of agents for pain treatment.”

HORMONES MINIMIZE OPIOIDS

The current pharmacologic pain treatments include anti-inflammatories, neuropathic agents, (anti-seizure-antidepressants), muscle relaxants, and opioids. Hormones are a new therapeutic category. Here are 3 brief cases to illustrate how hormone testing and replacement can minimize opioids.

#1 SITUATION—AVOID A POTENT OPIOID

A 34 y/o male veteran has lumbar spine and knee degeneration. His regimen consisted of tramadol and gabapentin but he still complained of pain flares. His serum cortisol was 3.0 mcg/dl, so he was placed on hydrocortisone 5 mg BID. He no longer believed he needed an opioid more potent than tramadol.

#2 SITUATION—AVOIDED AN OPIOID

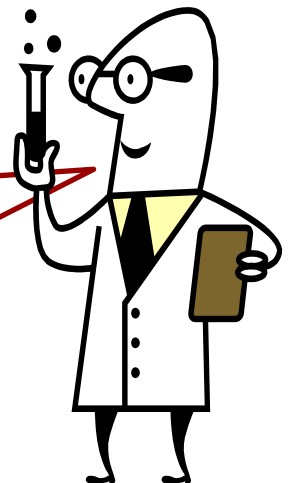
A 34 y/o female with fibromyalgia was being treated with duloxetine (Cymbalta®) and Celecoxib (Celebrex®). She stated this regimen did not control her pain, so a hormone profile was done which showed pregnenolone and DHEA levels below normal range. She was started on a daily dose of 50 mg BID of each hormone. Within 4 weeks she stated she didn't require an opioid.

#3 SITUATION—AVOIDED A LONG-ACTING OPIOID

A 44 y/o male had lumbar spine degeneration and was being treated with hydrocodone/APAP, 10 mg QID and gabapentin. A hormone profile showed testosterone and pregnenolone to be below normal serum range. He was started on daily testosterone gel and pregnenolone, 50 mg BID. He did not require the addition of a long-acting opioid.

Dr. Hormone says,

“Before starting opioids or advancing to a more potent or long-acting opioid, replace any deficient hormones. You might spare some opioids.”



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