



**Dr. Techy says,
"PAIN IS THE ULTIMATE
STRESSOR."**

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CORTISOL ABNORMALITIES ARE A FACTOR OF PAIN SEVERITY AND LONGEVITY

**TWO RECENT STUDIES GIVE US HELP IN INTERPRETATION OF HIGH OR LOW
CORTISOL LEVELS IN PAIN PATIENTS.**

STUDY #1 A brilliant study of 102 carpal tunnel patients showed that only the patients with severe pain had elevated salivary cortisol levels.

(Ref: Fernandez-de-las-Penas, C, Diaz-Rodriguez L, Salom-Moreno J, et al. Activation of the hypothalamic-pituitary-adrenocortical axis and sympathetic nervous system in women with carpal tunnel syndrome. Pain Med 2014;15:1373-1378.)

STUDY #2 Trupti Gokani, M.D., a neurologist in Chicago, did saliva cortisol testing on 83 chronic migraine patients and found that 4% had high and 40% had low cortisol levels.

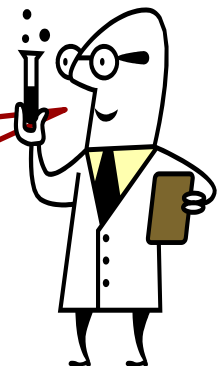
(Ref: Gokani T. Adrenal fatigue in migraine patients: cause or correlation. Presented at Amer Acad of Pain Management, Phoenix, 2014.

KEY POINTS

- These 2 studies support the growing number of studies which show that pain's effect on cortisol has 2 phases:
 1. Stimulation with rises in serum and salivary levels.
 2. Depletion with lowering of serum and salivary levels.
- Dr. Gokani uses the term "adrenal exhaustion" which is the end stage of Hans Selye's General Adaptation Syndrome of stress. Selye didn't have pain in mind when he described chronic stress, but chronic pain is the ULTIMATE STRESS.

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**Dr. Hormone says,
"Painful, chronic headaches
may be the cause or result
of low cortisol levels."**



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