

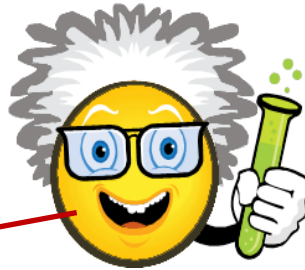


# HORMONE PELLETS: AN EMERGING TREATMENT

**FEBRUARY, 2015**  
**BULLETIN 36**

**Dr. Techy says,**

**Yes, pain practitioners should consider pellet implants in some pain patients.**



Bioidentical pellets are highly recommended in these pain patient categories: (1) male patient with CONSTANT pain and a low serum testosterone; (2) post-menopausal female with CONSTANT pain.

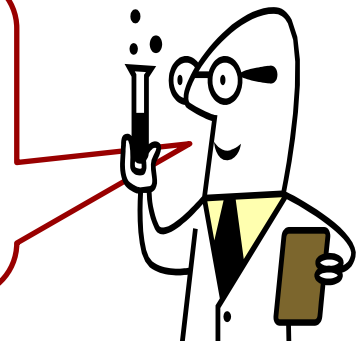
Why CONSTANT? Pain that is constant is almost always centralized and accompanied by insomnia, depression, fatigue, and excess sympathetic discharge with episodes of hypertension, tachycardia, allodynia, hyperhidrosis, and vasoconstriction (cold extremities). Pellets keep a CONSTANT blood level to help combat CONSTANT pain.

Initially pellet implants were viewed with great trepidation because they keep a steady state serum hormone level rather than have a diurnal, high-low pattern. Bio-identical hormones, such as testosterone, progesterone, DHEA, and estradiol have proved amazingly safe when administered by the pellet route. Apparently, the body simply eliminates or neutralizes any bio-identical hormone it doesn't need.

**BOTTOM LINE. BIO-IDENTICAL HORMONE PELLETS HAVE A REAL PLACE IN MANAGING CENTRALIZED PAIN AND HORMONE DEFICIENCIES.**

**Dr. Hormone says,**

**The technology of hormone administration has evolved to include tablets, capsules, sublingual, nasal, injections, gels, creams, troches, and now pellets. Practitioners should pick the method that best suits one's resources, knowledge, and patient. There is no ONE BEST method for everybody.**



**Tennant Foundation**

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