

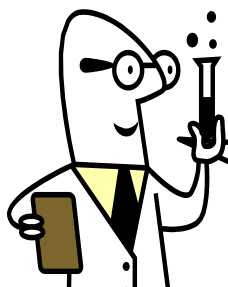


Dr. Techy says, "More hormone testing technology is on its way."

EXPANSION OF RECOMMENDED HORMONE PAIN PANEL

In the past we initially recommended a hormone panel of 4 to 6, now it is 8. We have added estradiol and thyroid. Here is our recommended panel with a brief reason for inclusion as of May, 2015.

1. **Thyroid (TSH, T₃, T₄)** – Autoimmune thyroiditis is the most common autoimmune disorder in pain patients.
2. **Estradiol** – Labs now offer a serum assay in men and women with a bottom level above zero. Estradiol is critical for cartilage growth and CNS neuroprotection ad neurogenesis.
3. **Adrenocorticotropin (ACTH)** – Most direct biomarker from the CNS for uncontrolled pain as it comes from the anterior pituitary.
4. **Pregnenolone** – Critical for CNS neuroprotection ad neurogenesis. One of the first hormones to lower in uncontrolled, chronic pain.
5. **Cortisol** – Low levels indicate severe, uncontrolled pain, poor healing ability, and multiple comorbidities. Levels under 1.0 ug/dl can be life-threatening.
6. **Dehydroepiandrosterone (DHEA)** – Often the first hormone to reduce below normal in chronic, uncontrolled pain.
7. **Progesterone** – Critical for CNS neuroprotection, neurogenesis, and opioid analgesia.
8. **Testosterone** – Anabolic for tissue/bone healing and opioid analgesia.



Dr. Hormone says,
"Long-term pain management including analgesia, healing, biologic function, and minimization of opioids depends on adequate serum levels of multiple hormones."



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