THE 3 USES OF HORMONES IN PAIN MANAGEMENT

#1 REPLACEMENT
Severe pain and the drugs used to treat it—particularly opioids—may deplete pregnenolone, cortisol, DHEA, progesterone, estradiol, thyroid, and testosterone. Simple replacement will improve some aspect of the pain patient’s predicament including but not limited to analgesia, energy, memory, libido, strength, depression, and quality of life.

#2 ADRENAL SUPPORT
The adrenal reserves of cortisol, DHEA, pregnenolone, and possibly other hormones may be reduced due to the stress of constant, centralized pain. Low dose maintenance of cortisol, pregnenolone, and DHEA may be necessary to control neuroinflammation and pain flares. Rheumatologists have recently found 200mg of DHEA to be very helpful in lupus.

#3 NEUROREGENERATION
Recent studies show that the CNS is an endocrine organ that makes these hormones: progesterone, pregnenolone, DHEA, estradiol, oxytocin, and human chorionic gonadotropin. Trials are early, but neurohormone administration has definite merit. Let’s now figure how best to use neurohormones.