



**Compounders are the
new high techies.**

HORMONES FOR PAIN MANAGEMENT

COMPOUNDS AND DOSAGES

NECESSITY OF COMPOUNDING

To properly administer hormones in pain management, you will need to tie up with a compounding pharmacist. One of the best things to happen in clinical practice is the emergence of some excellent compounding pharmacies who can make sub-lingual, topical, injectable, and nasal spray hormones as well as oral preparations.

PREFERRED ROUTES OF ADMINISTRATION

A lot of hormones do not absorb well from the gastrointestinal tract. Consequently you will have to use alternate routes of administration.

My favorite routes are sub-lingual and topical. Hormones that absorb very poorly from the GI tract are:

1. Human chorionic gonadotropin-VERY POOR
2. Oxytocin-VERY POOR
3. Pregnenolone-SOMEWHAT POOR
4. Dehydroepiandrosterone (DHEA)-SOMEWHAT POOR
5. Testosterone-POOR

If you choose, as I have, to use the sub-lingual route, you will need to have your compounding pharmacy add a little some sweetener to some hormone solutions.

MY CURRENT FORMULATIONS AND STARTING DOSAGES

HORMONE	COMPOUNDED DOSAGES	ROUTE	DAILY STARTING DOSE
Pregnenolone	100 mg/ml	Sublingual	50 mg BiD
DHEA	100 mg/ml	Sublingual	50 mg BiD
Progesterone	100 mg/ml	Sublingual	50 mg BiD
	50 mg/ml in a 60 gram jar	Topical cream	1/4-1/2 ounce/day
Testosterone*	10% -in a 60 gram jar	Topical cream	1/4-1/2 ounce BiD
HCG	250 units/ml	Sublingual	125 to 250 units/day
Oxytocin	10 units/ml	Sublingual	5 to 10 units/day

*Compounded testosterone usually requires BiD dosing.

SPECIAL NOTE: The use of hormones in pain management is relatively new.

Consequently, my current formulations may well change over time with experience and new formulations. Also, I know that many pain practitioners and compounding pharmacies are coming up with some new, dynamite ideas that they are willing to share.

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**Information
Network**

Dr. Hormone says,

**Many hormones for pain
management can't be
taken orally.**

