



OUR NEW HOME PAGE FOR THE HORMONES & PAIN CARE WEBSITE

SIX YEARS OF GROUNDBREAKING HORMONE ADVANCES IN PAIN CARE

This website and its consecutive Bulletins were launched six years ago in 2012. Since then, hormone research, of which we have been a great contributor, has helped bring groundbreaking hormone testing and treatment into the forefront of pain care.

Persons familiar with medical innovation are aware of how long it takes for any new medical development to be adopted into medical practice. When this fact is considered, the adoption of hormone testing and treatment into pain care has occurred rather rapidly.

Listed here are 6 new innovations that have been emerging through research and practice. These have evolved as new treatment strategies previously not considered in traditional pain management. Hormones and pain care treatment are now considered integral in the success of treatment. Keep in mind that this website and attendant bulletins were launched because it was discovered in the past decade that the central nervous system (CNS – brain and spinal cord) make some specific hormones that the CNS uses to protect, grow, and repair damaged nerve tissues as well as regulate many physiologic functions such as pain. Before this emerging research, the widely held belief was that the CNS could not be repaired once damaged. The recent emergence of research appears to counter this past belief system. Our goal is to share this information for review, hopefully providing possible treatment options for physicians and patients in need of this information.

Development No. 1 – Detecting Hormone Deficiencies in Patients with Severe, Chronic Pain

A panel of hormones, 6 to 10, from one blood draw, can now be done in any commercial laboratory. (Example: pregnenolone, dehydroepiandrosterone (DHEA), estradiol, progesterone, cortisol, thyroid, adrenocorticotropin.) It has now been well documented that a severe, suffering pain patient may lower some hormones below normal range. Commonly lowered are pregnenolone, DHEA, and testosterone. Cortisol may, in rare cases, be lowered to life-threatening levels. The lowering of hormones is also a diagnostic aid in determining the presence of chronic, severe pain.

Development No. 2 – Opioid Suppression of Some Hormones

Opioid administration may also lower some hormones, particularly testosterone. Long-acting opioids are the worst offenders, and this fact is leading a clinical movement away from long-acting opioids such as the fentanyl patch and extended release formulations of oxycodone, morphine, and hydromorphone.

Development No. 3 – Hormone Supplementation

Hormone supplementation is now common place in pain care. Physicians are increasingly doing hormone blood panels on chronic pain patients and initiating supplementation of deficient hormones such as testosterone, pregnenolone, and DHEA.

Development No. 4 – Some Corticosteroids Suppress Neuroinflammation

The corticosteroids, methylprednisolone and dexamethasone, appear to cross the blood brain barrier and suppress microglial cells and neuroinflammation. Low dose, intermittent, maintenance of these corticosteroids appears to prevent deterioration and reduce pain in many patients with arachnoiditis and Ehlers-Danlos Syndrome. Other corticosteroids, such as prednisone have not been as effective in controlling neuroinflammation.

Development No. 5 – Neuroregeneration with Some Hormones

Early clinic observations suggest that the following hormones may have anabolic effects on nerve tissue and reduce pain in some chronic pain patients: nandrolone, human chorionic gonadotropin, pregnenolone, and DHEA. High dosages of pregnenolone and DHEA are required to achieve an anabolic effect.

Development No. 6 – Oxytocin Relieves Pain

Several hormones aid in the prevention and control of pain, but their mechanism of action is indirect. Oxytocin is a neurohormone that directly acts on the opioid receptor, and releases endorphins to relieve pain. It can be formulated as a troche, sublingual tablet, or liquid. Oxytocin is best used as an opioid substitute, and it can simultaneously be used with ketamine or other pain-relieving agents.

This website and its future, attendant bulletins will focus on hormone administration to patients with arachnoiditis and Ehlers-Danlos Syndrome. Why? These two conditions are emerging as significant, public health pain problems that require more than simply treating symptomatic pain. We now believe that select hormone testing, supplementation, and administration is necessary to maximally treat the most severe pain problems. We also believe hormone balance is a major key to minimizing opioid use for chronic pain control.

SIX MAJOR ADVANCES INVOLVING HORMONES IN PAIN CARE

- Detection of hormone deficiencies in severe, chronic pain patients
- Opioids may suppress some hormones
- Hormone supplementation aids pain control
- Some corticosteroids suppress neuroinflammation
- Neuroregeneration may occur with some hormones
- Oxytocin directly relieves pain



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