



RESTORATIVE (ANABOLIC) HORMONES:
NEW ELEMENT IN PAIN CARE

The term catabolism means that the body's metabolism has gone into a reversal or wasting state. This is seen in the late stages of severe chronic pain patients. The opposite term is anabolism which means growth, healing, and strengthening. This is the metabolic state that persons with chronic pain need to heal, restore, and strengthen injured tissues. A certain set of hormones have been identified to help achieve this goal.

Two Therapeutic Approaches: Some anabolic hormones at low dosages act like a multivitamin or peptide in that they provide a constant stimulus to metabolism and prevent deterioration of the underlying pain conditions.

Daily Anabolic Supplements: Colostrum 1000 mg
 DHEA 100 mg
 Pregnenolone 100 mg
 Deer Antler Velvet 500 mg

The other therapeutic approach is one that supercharges the metabolic system to restore, heal, and reduce pain.

Human Chorionic Gonadotropin 250 to 500 units 2-3 times a week
DHEA 200 mg twice a day
Pregnenolone 200 mg twice a day
Nandrolone 25 to 50 mg a day

Past Clinical Experience: In our experience, HCG has almost always enhanced pain relief and reduced suffering in chronic pain patients. A one-month trial of this hormone should be considered by all severe chronic pain patients.

Concomitant Use with Peptides: At this time, clinical experience is sparse, but the concomitant use of peptides and hormones has produced some welcome results. We have recently observed the use of HCG and ARA 290 to restore bladder and bowel function and diminish severe pain in the groin and feet in a person with both AA and multiple sclerosis.

Summary: Restorative hormonal therapies in chronic pain care are the "new kid on the block." Experience is early, but exciting and hopeful. All chronic pain patients should consider using one or more.

Reference: Tennant F. Hormonal Therapies in Chronic Pain. 2026, *Tennant Foundation*.