



HORMONES OF IMPORTANCE FOR ADHESIVE ARACHNOIDITIS (AA) AND EHLERS-DANLOS SYNDROME (EDS)

There are a few hormones that may enhance one's treatment protocol for AA or EDS. They are reviewed here as persons with AA or EDS can select one of more to try.

Colostrum: Comprised of multiple growth and healing hormones as well as anti-inflammatory agents. Highly recommended in EDS as it seems to neutralize some of collagen deficiency impairments. Its overall purpose is to prevent deterioration of AA and EDS. Dosage is 1000 to 2000 mg twice a day.

Dehydroepiandrosterone (DHEA): This hormone is made in the spinal cord and adrenal gland for healing and regeneration of injured or damaged tissue. It converts to testosterone, estradiol, and other healing hormones. It has some anti-inflammatory properties. It is highly recommended for persons who take peptides. Dosage is 100 to 200 mg twice a day.

Thymosin: This is a pro-growth peptide and suppressor of inflammation and autoimmunity. It is very effective when combined with the peptide BPC-157.

Testosterone: In both males and females testosterone is a regenerative hormone. It also acts on the opioid receptor for pain relief. Any person who has uncontrolled pain or is deteriorating should have a testosterone blood test and take replacement if low.

Pregnenolone: Primarily used as a alternative to corticosteroids or to boost their effect. Dosage is 200 mg twice a day. It has neuroregeneration and inflammation suppression properties.

Human Chorionic Gonadotropin (HCG) and Nandrolone: These are anabolic hormones to be used by persons who want to regenerate inflamed and damaged tissue such as the cauda equina or arachnoid membrane. These agents are initially taken as a 3-week trial to see if pain and neurologic impairments can be reduced. Dosage and supply sources provided on request.

Summary: There are a few hormones that greatly enhance treatment protocols for AA and EDS. Persons should review the list and select one or more that suits their situation. A 3-week therapeutic trial is recommended when a hormone is tried.

References

1. Baulieu, et al. Dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEA-5) as neuroactive neurosteroids. *Proc Nat Acad Sci* 1998;95:4089-4091.
2. Compagnone, et al. Neurosteroids: biosynthesis and function of these novel neurosteroids. *Front Neuroendocrinol* 2000;21:4-56.