REPORT

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WHAT EVERY CHRONIC PAIN PATIENT SHOULD KNOW ABOUT NEUROSTEROIDS

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It is now known that the brain and spinal cord (central nervous system-CNS) make a small number of hormones that are called neurosteroids (NS). They are called steroids because their chemical structure is similar to the corticosteroids. NS are, however, not a corticosteroid. Two of them, pregnenolone and dehydroepiandrosterone (DHEA), are now available for chronic pain care.

This article has been written because every chronic pain patient can almost always benefit from one or both of these neurosteroids.

Natural Function of NS

The NS natural functions are to heal and restore damaged neural tissues and relieve pain. The NS have their own receptors, so they relieve pain independently from opioids, benzodiazepines, or cannabis. Simply, this means if you take a NS, you increase pain relief.

Dosage

NS at low or supplemental use is 20 to 100 mg a day. The combination of both NS will substitute for a corticosteroid like methylprednisolone or prednisone, but the dosage is about 400 mg a day.

Unique Metabolism of DHEA

DHEA metabolizes to estradiol and testosterone. It is now known that opioid pain relievers suppress these hormones. Any chronic pain patient who takes an opioid should consider a daily supplement of DHEA (20 to 100 mg) to keep up blood levels of estradiol and testosterone.

Use to Reduce Pain

A Supplemental dose of 20 to 100 mg a day of either or both NS can be done. If after 10 to 20 days, there is no reduction in pain level, simply stop taking them.

Where to Obtain

Both neurosteroids are so safe that they do not require a doctor's prescription. They can be obtained in most health food stores or over the internet.

Reference