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# HUMAN CHORIONIC GONADOTROPIN PROTOCOL FOR CHRONIC PAIN

## Method of
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Sponsored by
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I. FORMULATIONS (Two are used)

SUBLINGUAL: 500 units per ml
INJECTABLE: 1000 units per ml

II. DOSING

SUBLINGUAL: Start with ½ ml (250 units) on 3 days a week. Increase up to 5 days a week if patient tolerates the hormone and feels they are benefitting from it. May increase dose to 1 ml (500 units) 3 to 5 days a week.

INJECTABLE (SUBCUTANEOUS): Start with ¼ ml (250 units) to ½ ml (500 units) 2 to 3 times a week. Increase up to 5 times a week if the patient tolerates the hormone and feels they are benefitting from it.

**SPECIAL NOTES: Injectable is more effective than sublingual dosing. I may start with sublingual and later switch. Our maximal dose has been 5000 units a week.**

III. LENGTH OF TREATMENT

CLINICAL TRAIL CONCEPT: I stop treatment after one month if the patient perceives no clinical benefit. If benefit is perceived, the patient may continue indefinitely.

***SPECIAL NOTES: We have now had some intractable pain patients take HCG over 5 years. Pain has reduced over 50% in many patients. A drop in opioid usage has essentially paralleled the drop in pain intensity. As of yet, there is no blood or urine assay for total HCG, so clinical trial is the only avenue in pain practice.***

IV. SIDE-EFFECTS

✓ Acne, facial hair, or loss of hair may occur. These occurrences are interpreted to mean excess androgen stimulation, and the HCG dosage is reduced.

✓ Occasionally patients cannot tolerate HCG due to dysphoria, headaches, and dizziness.

**SPECIAL NOTE: Side-effects have been remarkably few.**

V. CONTRAINDICATIONS

a. Past or current history of breast, ovary, prostate, testicular, or thyroid cancer.
b. Pregnancy

VI. PATIENT SELECTION

✓ Any chronic pain patient can be given a one-month trial.

✓ Special Patient Sub-Groups

- Females and males with low testosterone may simultaneously use HCG and testosterone
- Centralized pain patient (Constant Pain, Insomnia, Severe Flares)
- Tragic Intractable pain patients

Arachnoiditis
Autoimmune Disorders
RSD/CRPS
Lyme Disease
Post-viral or Stroke Encephalopathy

**SPECIAL NOTES: HCG can't substitute for opioids, neuropathic agents, anti-inflammatory agents, and interventions that may be necessary to stabilize a non-functioning patient. Some fibromyalgia, osteoarthritic, and neuropathy patients with mild or moderate pain do extremely well on HCG.**

VII. DRUG INTERACTIONS

- ✓ None observed as far as can be determined.
- ✓ Patients are left on their usual analgesic regimen including neuropathic agents, opioids, anti-depressants, bed-time sedatives, adrenergic agents, and hormone supplements including estradiol, thyroid, pregnenolone, corticoids, and testosterone.

VIII. MONITORING

A hormone panel that includes progesterone, estradiol, DHEA, thyroid and testosterone should be done every 3 to 4 months. Reduce the HCG dosage if a high level of one of these hormones is elevated. Repeat the hormone testing in 1 to 2 months to ensure that hormones have lowered into normal range.

IX. PATIENT RESPONSES

- Within the first week patients who positively respond will report increased energy, and motivation with less depression and pain. Some report greater ability to sleep and perform mental tasks such as reading and memory. A feeling of "well-being" is usually reported.
- The effects may be subtle. Sometimes patients feel HCG is not helping until they stop it and see a re-emergence of pain, depression, and fatigue.

**SPECIAL NOTES: HCG is discontinued if the patient doesn't perceive benefit after one month. Some tolerance may develop and patients may wish to increase their weekly intake which is allowed. Patients are told to stop HCG for 10 days at any time they believe their clinical condition is worsening or if they wonder if HCG is causing a side-effect.**