Dr. Techy says, "Oxytocin administration is a high-tech advance".

OXYTOCIN:

GROWING USE IN PAIN MANAGEMENT

In 2014, we first published our findings with oxytocin in intractable pain patients.[1] In a small group of patients we found that 75% reported 2 or more of the following:

- Reduced number of pain flares
- Reduced baseline pain
- Improved memory
- Reduced opioid use
- Decreased fatigue

- Improved reading ability
- Less insomnia
- Improved feeling of well-being
- Decreased severity of flares

STARTING DOSAGE OF OXYTOCIN

20 units per sublingual tablet/troche

1 tablet under the tongue on Mon., Wed., and Fri.

Increase to 5 times a week and/or increase dosage to 30-40 units per tablet.
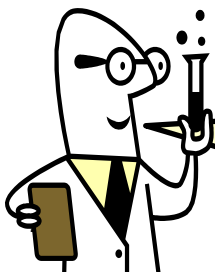
Cease use after 60 days if no effect.

Since 2014, oxytocin is being increasingly used in pain management. Its mechanism is unclear but probably multifunctional.[2] Made in the hypothalamus and secreted into blood via the pituitary, it seeks out its numerous receptors in the CNS and acts as a neurotransmitter in the dorsal horn of the spinal cord to modulate incoming sensory signals. Controlled studies clearly demonstrate that it has analgesic properties.

NOTES:

1. Sublingual tablets or troches have generally been more successful in achieving patient compliance than nasal spray or liquid solutions.

2. We have used oxytocin with HCG and low dose naltrexone in opioid free pain management. This protocol is highly recommended in chronic pain patients who haven't started opioids.

References
1. Tennant F. Oxytocin in intractable pain patient unresponsive to standard treatments. Amer Pain Soc, Tampa, 2014.
2. Goodin RR, et al. Oxytocin: a multifunctional analgesic for chronic deep tissue pain. Curr Pharm Des 2015;21(7):906-913.

Dr. Hormone says, "No major side-effects have been observed or reported. Prudence dictates that oxytocin should be stopped if no response after 60 days".

Tennant Foundation