# HUMAN CHORIONIC GONADOTROPIN PROTOCOL FOR CHRONIC PAIN

# Method of Forest Tennant M.D., Dr. P.H.



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

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

### II. DOSING

<u>SUBLINGUAL:</u> 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

<u>CLINICAL TRAIL CONCEPT</u>: 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 Lyme Disease

Autoimmune Disorders Post-viral or Stroke Encephalopathy

RSD/CRPS

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.

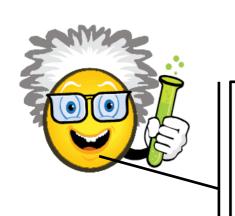
# VIII. MONITORING

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.



### Dr. Hormone says,

"Don't let past HCG controversies or scare tactics deprive you and your patient of a most helpful tool in chronic pain management."

Dr. Techy says,
"HCG has 2 biologic units to
explain its effectiveness.

- 1. Neurogenic (Nerve growth)
- 2. Chain of amino acids that contain TSH, LH, and FSH."

