

## My Experience with Human Growth Hormone (hgh)

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I contracted polio in 1951 when I was nine months old. My residual was paralysis of the right leg. I regained mobility in about six months and subsequently had four surgeries for my right foot. I wore a knee-length brace until I was 13. My right leg is about a half-inch shorter than my left and my right foot is two sizes smaller than my left. I was always strong, however, and managed to do everything I wanted with the exception of ice skating. This failure bothers me to this day.

I was diagnosed with post-polio syndrome in 1997 and was given the standard advice: Don't exercise too much or too hard; conserve your energy; take naps; take these pills for sleep; take these pills for pain; take these pills for muscle twitches. I became depressed as I saw my future before me ... in a wheelchair and dependent on others.

For five years, I lived a sedentary lifestyle. I gained weight and felt lethargic, weak and hopeless. I was frustrated at the support group meetings I attended where it seemed everyone was following the simplified warning of "use it and lose it." I stopped going when the speakers consistently tried to sell something and nobody talked about alternative research or treatments.

In 2002, I learned about the benefits of human growth hormone (hgh) from a friend (not a person who had polio). hgh is an anti-aging product, popular with some baby-boomers because hgh levels begin falling in our 20s. hgh has been called the "fountain of youth in a shot" because research suggests that it builds muscle, decreases body fat, increases energy, enhances sleep, and

thickens your hair and skin. I decided to see if it would help my the post-polio symptoms. For me, nothing ventured, nothing gained.

I started taking 4 mg of injectable hgh five days per week in May 2002. Along with the hgh, my doctor (who also had polio and was taking hgh himself) suggested I use a topical testosterone cream to enhance the hgh. Three weeks later, I went to see my physician and before I knew it, I was at the top of the stairs without using the usual upper body strength to get up those stairs.

I lost 18 pounds within nine months, began to swim, and fairly quickly got up to a half mile with short breaks. I slept well, my energy was high, and my outlook on life improved 100%.

It is now 22 months since I have been on hgh and testosterone. The same 18 pounds are still off, I swim five days per week, and I have tons of energy. I have occasional joint pain (which I have always had) and a bit of weakness in my left hand.

I have had no side effects with hgh except for some edema in my legs in the first week which went away and has not returned.

(Editor's Note: Reported side effects include an increase in blood pressure, fluid retention, carpal tunnel syndrome and joint pain. The use of growth hormone has also been tied to an increase in insulin resistance, which leads to diabetes.)

Little research has been done with polio survivors and hgh. Doctors Shetty, Gupta and Rudman (deceased) from Milwaukee did a few studies in the early '90s. They found that folks with

post-polio syndrome have impaired growth hormone secretion compared to non-polio people in the same age group.\* My level was very, very low.

hgh is very expensive and can be \$1,000-\$2,000 a month or more. I purchase mine through [www.drugstore.com](http://www.drugstore.com), but there are buyers groups where you can get it for less. The *only* type of hgh that works is the injectable form. Anything taken internally will break down before it has any effect.

At this time, insurance will cover only hgh for those who are HIV-positive, have a pituitary condition or are children who are not growing as expected.

I do not know if everyone, or anyone, will benefit from this treatment. But, this is my experience. Please email me ([chriscash2002@msn.com](mailto:chriscash2002@msn.com)) if you have any questions or comments. ●

\*Editor's Note: In this study of six individuals, the majority of muscle tests showed little or no change after three months of hormone treatment. [Human growth hormone was administered subcutaneously at 0.0075, 0.015 or 0.03 mg/kg (full replacement dose) of ideal body weight, three times weekly for successive periods of one month.]

**“I am not sure how many polio survivors, especially men, are aware of the relationship between post-polio and osteoporosis.** This connection has been brought to my attention when a colleague of mine, who also has the late effects of polio, fell and broke his femur. The major cause was osteoporosis. Following his suggestion, I had a bone density scan, and, sure enough, my density level is at 85% of the norm despite the fact that my daily diet includes healthy portions of yogurt, cheese and milk. Nonetheless it is obviously not enough. I have now added the intake of 1500 mg of calcium and 400 mg of vitamin D.”  
Zeke, Los Angeles, California

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Recently, a group of researchers from Montréal, Canada, completed a cross-sectional study involving a chart review of available clinic charts of patients at a university-affiliated hospital post-polio clinic. They wanted to determine the frequency of osteoporosis and osteopenia of the hip, and the association of lower-extremity muscle strength with bone density.

The occurrence of osteoporosis and osteopenia of the hip was: 20/62 (32%) and 29/65 (45%) in men (mean age, 58 years); and 18/67 (27%) and 23/67 (34%) in postmenopausal women (mean age, 63 years), respectively.

In men, there was a significant correlation between hip bone density and hip flexor strength, and strength sum score (hip flexors, knee extensors, ankle dorsiflexors) in the same extremity where bone density was done.

In postmenopausal women, there was a significant correlation between hip bone density and same hip flexor strength, strength sum score in the same lower extremity and strength sum score in both lower extremities.

The researchers of the post-polio clinic concluded that osteoporosis of the hip is a common occurrence. And, that hip bone density is associated with muscle strength in the same lower extremity.

SOURCE: Poster 160: Osteoporosis in a post-polio clinic, Muriel Haziza, MD (University Montreal, Montréal, Quebec, Canada); Richard Kremer, MD; Andrea Benedetti, MSc; Daria A. Trojan, MD, MSc. *Archives of Physical Medicine & Rehabilitation*, 2004; 85(9):E36.

### Post-Polio Health International

**maintains an extensive website at [www.post-polio.org](http://www.post-polio.org).** One section, called “What Works for Me” ([www.post-polio.org/whatwks.html](http://www.post-polio.org/whatwks.html)), contains messages from polio survivors and ventilator users about their personal experiences, ranging from finding shoes to trying hgh as Cash has done. PHI welcomes your contributions to the site and reserves the right to edit the information.

Send “What Works for Me” to [editor@post-polio.org](mailto:editor@post-polio.org) or submit your information in the form provided on the web page.