DR. HELIX PEPTIDES
PRECISION · QUALITY · RESULTS

HCG

Human Chorionic Gonadotropin · Hormonal Support

OVERVIEW

Human Chorionic Gonadotropin (HCG) mimics luteinizing hormone (LH) to stimulate natural testosterone production and preserve testicular function and volume. It is a critical adjunct for men on testosterone replacement therapy (TRT), preventing testicular atrophy and fertility decline. HCG is also an essential component of female fertility protocols and post-cycle hormonal recovery regimens.

SPECIFICATIONS

Size	10,000 IU per vial
Reconstitution	Add 2ml BAC Water → 5,000 IU/ml
Route	Subcutaneous (SubQ) injection
Storage	Refrigerate 2–8°C; protect from light

CLINICAL APPLICATIONS

■ Testosterone support during TRT	■ Testicular atrophy prevention
■ Male fertility & sperm production	■ Hypogonadism & LH deficiency
■ Post-cycle hormonal recovery	■ Female ovulation induction

MECHANISM OF ACTION

HCG binds LH/CG receptors on Leydig cells, stimulating testosterone synthesis through the same pathway as endogenous LH — maintaining testicular volume and intratesticular testosterone during exogenous androgen therapy. In women, HCG mimics the LH surge to trigger ovulation. Its half-life of ~24–36 hours allows less frequent dosing than recombinant LH.

RECONSTITUTION & DOSING GUIDE · SubQ Injection · U-100 Insulin Syringe

2ml BAC Water + 10,000 IU vial = 5,000 IU/ml · U-100 syringe: 10 units = 500 IU

PHASE	DOSE	SYRINGE UNITS (U-100)	FREQUENCY
Low / TRT Support	250 IU	5 units	Every other day
Standard TRT	500 IU	10 units	Every other day
Fertility Protocol	1,000 IU	20 units	3x per week
High / Loading	2,000 IU	40 units	3x per week
Max Dose	3,000 IU	60 units	3x per week