

Losing Weight With HCG

It's a familiar refrain. "Why am I gaining so much weight? If I even look at food I put on more weight. I work out and watch my calories, but it doesn't do any good. Even if I do lose a few pounds I just gain it right back. What's wrong with me, anyway?"

Well, according to Dr. Simeons, a weight-loss expert with many years experience treating obesity, it may not be your fault. Although there are many factors involved in weight gain, one of those is the simple fact that as we age, our metabolism slows down. For most of us this slowdown begins in our mid twenties. And as our metabolism becomes more sluggish, the food that would have been used up during a day's time is now more than our body needs. So the surplus is put into storage as fat in various locations in our body, as directed by a part of the brain called the diencephalon.

Dr. Simeons also suggested that in some people the diencephalon is not doing its job right, by depositing fat in certain places and then forgetting where it put it. It seems that when that part of the brain is doing what it should, a person can eat a lot and not get fat. But when the diencephalon is out of kilter, you may gain weight even when you exercise and eat healthy foods. As he put it, "We have grown pretty sure that the tendency to accumulate abnormal fat is a very definite metabolic disorder, much as is, for instance, diabetes."

He went even further when he said "...we postulate that obesity in all its many forms is due to an abnormal functioning of some part of the body and that every ounce of abnormally accumulated fat is always the result of the same disorder of certain regulatory mechanisms. Persons suffering from this particular disorder will get fat regardless of whether they eat excessively, normally or less than normal. A person who is free of the disorder will never get fat, even if he frequently overeats..."

"When an obese patient tries to reduce by starving himself, he will first lose his normal fat reserves. When these are exhausted he begins to burn up structural fat, and only as a last resort will the body yield its abnormal reserves, though by that time the patient usually feels so weak and hungry that the diet is abandoned. It is just for this reason that obese patients complain that when they diet they lose the wrong fat. They feel famished and tired and their face becomes drawn and haggard, but their belly, hips, thighs and upper arms show little improvement. The fat they have come to detest stays on and the fat they need to cover their bones gets less and less. Their skin wrinkles and they look old and miserable. And that is one of the most frustrating and depressing experiences a human being can have."

Which brings us to HCG. HCG is an acronym for human chorionic gonadotropin, a hormone only found in pregnant women. However, it can safely be used by men and women, with no unsafe side effects. It has been used medically for many years as a fertility aid, and as a test for pregnancy. Of course here we are primarily concerned with its weight loss possibilities.

According to Dr. Simeons, HCG mobilizes the fat stores, irrespective of where it is stored, bringing fat into the blood stream where it can be used for energy. Scientific evidence suggests that hCG promotes lipolytic activity (mobilizes fat). Reshaping of body contour is quickly noticeable in those patients who struggle with fat located in buttocks and hips area. As the hCG metabolizes stored body fat, about 2000 calories per day are released into the bloodstream, thus allowing for a low calorie per day diet without experiencing fatigue, weakness or hunger.

When hCG administration is coupled with a very low calorie diet, the net result is that within days you will begin to see a difference in those problem fat storage areas, both in pounds and in inches.

Abnormal fat deposits begin to disappear. The double chin, potbelly and fat around hips and thighs are the first to go. HCG does not deplete subcutaneous or other essential fat. In fact, it appears that in those cases where the essential fat has been depleted through rigorous dieting, it is replenished as the abnormal deposits are mobilized. For many, complexion improves, gaining a natural freshness and healthy glow. Some have also claimed a noticeable reduction in fine lines and wrinkles.

You can lose up to one pound a day, and sometimes more, on this exciting weight-loss program. Extensively studied and tested by Dr. Simeons in the 50's, 60's, and 70's, hCG is the most effective way to lose weight short of surgery. The average person loses one half to one pound daily. Many people have lost over a full pound daily. Three weeks after completing a course of hCG, a regular diet can be cautiously resumed. At this point, the metabolism is essentially reset, and the diencephalon is again able to handle fat deposition normally.

The rest of this document is an abridged version of Dr. Simeons' HCG diet protocol, including his theories on obesity, weight gain and weight loss. Over a span of nearly thirty years, Dr. Simeons successfully helped thousands of patients achieve their weight-loss goals with this technique. Dr. Simeons' weight loss method is so effective that few changes have been made despite four decades of new knowledge.

To start losing weight with HCG, visit:

<http://www.healthyhcg.com>

Read This First

Please note that Dr. Simeons' method involved daily intramuscular injections of HCG. HCG in this form required a prescription and medical supervision. Recently, however, other methods have been developed which many patients have used successfully. They report that they have experienced similar weight loss with very little hunger by using oral formulations of HCG drops under the tongue (sublingual administration). This method has been used by numerous people and the vast majority of them swear to the same results as the injectable HCG. Of particular note are those persons who have tried both the injections and oral treatments, and claim that using the oral drops achieved virtually the same results, in both weight loss and hunger levels.

Pounds & Inches

By Dr. A. T. W. Simeons

Abridged by Dr. Benjamin Dunkley

Any italicized words or phrases are inserts by Dr. Dunkley

FOREWORD

This book discusses a new interpretation of the nature of obesity, and while it does not advocate yet another fancy slimming diet it does describe a method of treatment which has grown out of theoretical considerations based on clinical observation.

What I have to say is, in essence, the views distilled out of forty years of grappling with the fundamental problems of obesity, its causes, its symptoms, and its very nature. In these many years of specialized work, thousands of cases have passed through my hands and were carefully studied. Every new theory, every new method, every promising lead was considered, experimentally screened and critically evaluated as soon as it became known. But invariably the results were disappointing and lacking in uniformity.

I felt that we were merely nibbling at the fringe of a great problem, as, indeed, do most serious students of overweight. We have grown pretty sure that the tendency to accumulate abnormal fat is a very definite metabolic disorder, much as is, for instance, diabetes. Yet the localization and the nature of this disorder remained a mystery [until now]...

In dealing with a disorder in which the patient must take an active part in the treatment, it is, I believe, essential that he or she have an understanding of what is being done and why. Only then can there be intelligent cooperation between physician and patient. In order to avoid writing two books, one for the physician and another for the patient a prospect which would probably have resulted in no book at all – I have tried to meet the requirements of both in a single book...

To make the text more readable I shall be unashamedly authoritative and avoid all the hedging and tentativeness with which it is customary to express new scientific concepts grown out of clinical experience and not as yet confirmed by clear-cut laboratory experiments.

Obesity a Disorder

As a basis for our discussion we postulate that obesity in all its many forms is due to an abnormal functioning of some part of the body and that every ounce of abnormally accumulated fat is always the result of the same disorder of certain regulatory mechanisms. Persons suffering from this particular disorder will get fat regardless of whether they eat excessively, normally or less than normal. A person who is free of the disorder will never get fat, even if he frequently overeats...

Three Kinds of Fat

In the human body we can distinguish three kinds of fat. The first is the structural fat which fills the gaps between various organs, a sort of packing material. Structural fat also performs such important functions as bedding the kidneys in soft elastic tissue, protecting the coronary arteries and keeping the skin smooth and taut. It also provides the springy cushion of hard fat under the bones of the feet, without which we would be unable to walk.

The second type of fat is a normal reserve of fuel upon which the body can freely draw when the nutritional income from the intestinal tract is insufficient to meet the demand. Such normal reserves are localized all over the body. Fat is a substance which packs the highest caloric value into the smallest space so that normal reserves of fuel for muscular activity and the maintenance of body temperature can be most economically stored in this form. Both these types of fat, structural and reserve, are normal, and even if the body stocks them to capacity this can never be called obesity.

But there is a third type of fat which is entirely abnormal... This abnormal fat is also a potential reserve of fuel, but unlike the normal reserves it is not available to the body in a nutritional emergency. It is, so to speak, locked away in a fixed deposit and is not kept in a current account, as are the normal reserves.

When an obese patient tries to reduce by starving himself, he will first lose his normal fat reserves. When these are exhausted he begins to burn up structural fat, and only as a last resort will the body yield its abnormal reserves, though by that time the patient usually feels so weak and hungry that the diet is abandoned. It is just for this reason that obese patients complain that when they diet they lose the wrong fat. They feel famished and tired and their face becomes drawn and haggard, but their belly, hips, thighs and upper arms show little improvement. The fat they have come to detest stays on and the fat they need to cover their bones gets less and less. Their skin wrinkles and they look old and miserable. And that is one of the most frustrating and depressing experiences a human being can have.

Insert by Dr Dunkley – In an effort to make the article more user friendly I skip the many theories that were tried and discarded as possible causes of obesity. The entire article is available for perusal if desired.

The Diencephalon or Hypothalamus

...Buried deep down in the massive human brain there is a part which we have in common with all vertebrate animals the so-called diencephalon. It is a very primitive part of the brain...from which the central nervous system controls all the automatic animal functions of the body, such as breathing, the heart beat, digestion, sleep, sex, the urinary system, the autonomous or vegetative nervous system and via the pituitary the whole interplay of the endocrine glands.

It was therefore not unreasonable to suppose that the complex operation of storing and issuing fuel to the body might also be controlled by the diencephalon. It has long been known that the content of sugar - another form of fuel - in the blood depends on a certain nervous center in the diencephalon. When this center is destroyed in laboratory animals, they develop a condition rather similar to human stable diabetes. It has also long been known that the destruction of another diencephalic center produces a voracious appetite and a rapid gain in weight in animals which never get fat spontaneously.

The Fat- bank

Assuming that in man such a center controlling the movement of fat does exist, its function would have to be much like that of a bank. When the body assimilates from the intestinal tract more fuel than it needs at the moment, this surplus is deposited in what may be compared with a current account. Out of this account it can always be withdrawn as required. All normal fat reserves are in such a current account, and it is probable that a diencephalic center manages the deposits and withdrawals.

When now, for reasons which will be discussed later, the deposits grow rapidly while small withdrawals become more frequent, a point may be reached which goes beyond the diencephalon's banking capacity. Just as a banker might suggest to a wealthy client that instead of accumulating a large and unmanageable current account he should invest his surplus capital, the body appears to establish a fixed deposit into which all surplus funds

go but from which they can no longer be withdrawn by the procedure used in a current account. In this way the diencephalic "fat-bank" frees itself from all work which goes beyond its normal banking capacity. The onset of obesity dates from the moment the diencephalon adopts this labor-saving ruse. Once a fixed deposit has been established the normal fat reserves are held at a minimum, while every available surplus is locked away in the fixed deposit and is therefore taken out of normal circulation.

The Treatment Of Obesity

If obesity is always due to one very specific diencephalic deficiency, it follows that the only way to cure it is to correct this deficiency... While we did possess a number of drugs whose point of action was believed to be in the diencephalons, none of them had the slightest effect on the fat-center. There was not even a pointer showing a direction in which pharmacological research could move to find a drug that had such a specific action. The closest approach was the appetite-reducing drugs - the amphetamines----- but these cured nothing.

A Curious Observation

Mulling over this depressing situation, I remembered a rather curious observation made many years ago in India... Froehlich had described cases of extreme obesity and sexual underdevelopment in youths suffering from a new growth of the anterior pituitary lobe, producing what then became known as Froehlich's disease... These are the so-called "fat boys" with long, slender hands, breasts any flat-chested maiden would be proud to possess, large hips, buttocks and thighs with striation, knock-knees and underdeveloped genitals, often with undescended testicles. It also became known that in these cases the sex organs could be developed by giving the patients injections of a substance extracted from the urine of pregnant women, it having been shown that when this substance was injected into sexually immature rats it made them precociously mature. The amount of substance which produced this effect in one rat was called one International Unit, and the purified extract was accordingly called "Human Chorionic Gonadotrophin" whereby chorionic signifies that it is produced in the placenta and gonadotropin that its action is sex gland directed.

The... observation that concerns us here, [is] when such patients were given small daily doses they seemed to lose their ravenous appetite though they neither gained nor lost weight. Strangely enough however, their shape did change. Though they were not restricted in diet, there was a distinct decrease in the circumference of their hips.

Fat on the Move

Remembering this, it occurred to me that the change in shape could only be explained by a movement of fat away from abnormal deposits on the hips, and if that were so there was just a chance that while such fat was in transition it might be available to the body as fuel. This was easy to find out, as in that case, fat on the move would be able to replace food.

It should then be possible to keep a “fat boy” on a severely restricted diet without a feeling of hunger, in spite of a rapid loss of weight. When I tried this in typical cases of Froehlich's syndrome, I found that as long as such patients were given small daily doses of HCG they could comfortably go about their usual occupations on a diet of only 500 Calories daily and lose an average of about one pound per day. It was also perfectly evident that only abnormal fat was being consumed, as there were no signs of any depletion of normal fat. Their skin remained fresh and turgid, and gradually their figures became entirely normal. The daily administration of HCG appeared to have no side-effects other than beneficial ones.

From this point it was a small step to try the same method in all other forms of obesity. It took a few hundred cases to establish beyond reasonable doubt that the mechanism operates in exactly the same way and seemingly without exception in every case of obesity. I found that, though most patients were treated in the outpatients department, gross dietary errors rarely occurred. On the contrary, most patients complained that the two meals of 250 calories each were more than they could manage, as they continually had a feeling of just having had a large meal.

Pregnancy and Obesity

Once this trail was opened, further observations seemed to fall into line. It is well known that during pregnancy an obese woman can very easily lose weight. She can drastically reduce her diet without feeling hunger or discomfort and lose weight without in any way harming the child in her womb. It is also surprising to what extent a woman can suffer from pregnancy-vomiting without coming to any real harm.

...Pregnancy seems to be the only normal human condition in which the diencephalic fat banking capacity is unlimited. It is only during pregnancy that fixed fat deposits can be transferred back into the normal current account and freely drawn upon to make up for any nutritional deficit. During pregnancy, every ounce of reserve fat is placed at the disposal of the growing fetus...There is considerable evidence to suggest that it is the HCG produced in large quantities in the placenta which brings about this diencephalic change.

Though we may be able to increase the diencephalic fat banking capacity by injecting HCG, this does not in itself affect the weight, just as transferring monetary funds from a fixed deposit into a current account does not make a man any poorer; to become poorer it is also necessary that he freely spends the money which thus becomes available. In pregnancy the needs of the growing embryo take care of this to some extent, but in the treatment of obesity...a very severe dietary restriction [is required] for the duration of treatment.

Only when the fat which is in transit under the effect of HCG is actually consumed can more fat be withdrawn from the fixed deposits. In pregnancy it would be most undesirable if the fetus were offered ample food only when there is a high influx from the intestinal tract. Ideal nutritional conditions for the fetus can only be achieved when the

mother's blood is continually saturated with food, regardless of whether she eats or not, as otherwise a period of starvation might hamper the steady growth of the embryo. It seems that HCG brings about this continual saturation of the blood, which is the reason why obese patients under treatment with HCG never feel hungry in spite of their drastically reduced food intake.

The Nature of Human Chorionic Gonadotropin

HCG is never found in the human body except during pregnancy and in those rare cases in which a residue of placental tissue continues to grow in the womb in what is known as a chorionic epithelioma. It is never found in the male. The human type of chorionic gonadotrophin is found only during the pregnancy of women...It is produced in enormous quantities, so that during certain phases of her pregnancy a woman may excrete as much as one million International Units per day in her urine - enough to render a million infantile rats precociously mature.

As often happens in medicine, much confusion has been caused by giving HCG its name before its true mode of action was understood. It... was entirely overlooked that it has no stimulating effect whatsoever on normally developed and normally functioning sex-glands. No amount of HCG is ever able to increase a normal sex function; it can only improve an abnormal one and in the young hasten the onset of puberty...HCG acts exclusively at a diencephalic level...

HCG no Sex Hormone

It cannot be sufficiently emphasized that HCG is not a sex-hormone, that its action is identical in men [&] women...it never virilizes a woman or feminizes a man. It neither makes men grow breasts nor does it interfere with their virility, though where this was deficient it may improve it. It never makes women grow a beard or develop a gruff voice. I have stressed this point only for the sake of my lay readers, because, it is our daily experience that when patients hear the word hormone they immediately jump to the conclusion that this must have something to do with the sex- sphere. They are not accustomed as we are, to think thyroid, insulin, cortisone, adrenalin etc, as hormones.

Importance and Potency of HCG

Owing to the fact that HCG has no direct action on any endocrine gland, its enormous importance in pregnancy has been overlooked and its potency underestimated. Though a pregnant woman can produce as much as one million units per day, we find that the injection of only 125 units per day is ample to reduce weight at the rate of roughly one pound per day...

Complicating Disorders

Insert by Dr Dunkley—Again, in an effort to make the article more user friendly I skip the complicating disorders for brevity. The entire article is available for perusal if desired.

Technique

Warnings

I must warn the lay reader that what follows is mainly for the treating physician and most certainly not a do-it-yourself primer. Many of the expressions used mean something entirely different to a qualified doctor than that which their common use implies, and only a physician can correctly interpret the symptoms which may arise during treatment. Any patient who thinks he can reduce by taking a few “shots” and eating less is not only sure to be disappointed but may be heading for serious trouble. The benefit the patient can derive from reading this part of the book is a fuller realization of how very important it is for him to follow to the letter his physician's instructions...

The Duration of Treatment

Patients who need to lose 15 pounds (7 kg.) or less require 26 days treatment with 23 daily injections. The extra three days are needed because all patients must continue the 500-calorie diet for three days after the last injection. This is a very essential part of the treatment, because if they start eating normally as long as there is even a trace of HCG in their body they put on weight alarmingly at the end of the treatment. After three days when all the HCG has been eliminated this does not happen, because the blood is then no longer saturated with food and can thus accommodate an extra influx from the intestines without increasing its volume by retaining water.

We never give a treatment lasting less than 26 days, even in patients needing to lose only 5 pounds. It seems that even in the mildest cases of obesity the diencephalon requires about three weeks rest from the maximal exertion to which it has been previously subjected in order to regain fully its normal fat-banking capacity. Clinically this expresses itself in the fact that, when in these mild cases treatment is stopped as soon as the weight is normal, which may be achieved in a week, it is much more easily regained than after a full course of 23 injections.

As soon as such patients have lost all their abnormal superfluous fat, they at once begin to feel ravenously hungry with continued injections. This is because HCG only puts abnormal fat into circulation and cannot...liberate normal fat deposits...As soon as their statistically normal weight is reached, these patients are put on 800-1000 calories for the rest of the treatment. The diet is...continued for three days after the 23rd injection. Only then are the patients free to eat anything they please except sugar and starches for the next three weeks.

...When a patient has more than 15 pounds to lose the treatment takes longer but the maximum we give in a single course is 40 injections, nor do we as a rule allow patients to lose more than 34 pounds (15 Kg) at a time. The treatment is stopped when either 34 lbs have been lost or 40 injections have been given. **The only exception we make is in the case of grotesquely obese patients who may be allowed to lose an additional 5-6 lbs. if this occurs before the 40 injections are up.**

Immunity to HCG

The reason for limiting a course to 40 injections is that by then some patients may begin to show signs of HCG immunity... After 40 daily injections it takes about six weeks before this so called immunity is lost and HCG again becomes fully effective. Usually after about 40 injections patients may feel the onset of immunity as hunger which was previously absent.

...Patients who need only 23 injections may be injected daily, including Sundays, as they never develop immunity. In those that take 40 injections the onset of immunity can be delayed if they are given only six injections a week, leaving out Sundays or any other day they choose, provided that it is always the same day. On the days on which they do not receive the injections they usually feel a slight sensation of hunger. At first we thought that this might be purely psychological, but we found that when normal saline is injected without the patient's knowledge the same phenomenon occurs.

Menstruation

During menstruation no injections are given, but the diet is continued and causes no hardship; yet as soon as the menstruation is over, the patients become extremely hungry unless the injections are resumed at once...

Further Courses

Patients requiring the loss of more than 34 pounds must have a second or even more courses. A second course can be started after an interval of not less than six weeks, though the pause can be more than six weeks. When a third, fourth or even fifth course is necessary, the interval between courses should be made progressively longer. Between a second and third course eight weeks should elapse, between a third and fourth course twelve weeks, between a fourth and fifth course twenty weeks and between a fifth and sixth course six months. In this way it is possible to bring about a weight reduction of 100 pounds if required...In general, men do slightly better than women and often reach a somewhat higher average daily loss.

Conditions that must be accepted before treatment

...It is impressed upon [the patient] that he will have to follow the prescribed diet to the letter and that after the first three days this will cost him no effort, as he will feel no hunger...If these conditions are not acceptable the case is refused, as any compromise or

half measure is bound to prove utterly disappointing to patient and physician alike and is a waste of time and energy....

...One cannot keep a patient comfortably on 500 Calories unless his normal fat reserves are reasonably well stocked. **It is for this reason also that every case, even those that are actually gaining must eat to capacity of the most fattening food they can get down until they have had the third injection.** It is a fundamental mistake to put a patient on 500 Calories as soon as the injections are started, as it seems to take about three injections before abnormally deposited fat begins to circulate and thus become available.

We distinguish between the first three injections, which we call “non-effective” as far as the loss of weight is concerned, and the subsequent injections given while the patient is dieting, which we call “effective”. The average loss of weight is calculated on the number of effective injections and from the weight reached on the day of the third injection which may be well above what it was two days earlier when the first injection was given...

Starting treatment

In menstruating women, the best time to start treatment is immediately after a period... Patients who require more than the minimum of 23 injections [should] skip one day a week in order to postpone immunity to HCG. [However, do not skip a day within the first week].

The Diet

The 500 calorie diet is explained on the day of the second injection to those patients who will be preparing their own food, and it is most important that the person who will actually cook is present - the wife, the mother or the cook, as the case may be. Here in Italy patients are given the following diet sheet.

Breakfast:	Tea or coffee in any quantity without sugar. Only one tablespoonful of milk allowed in 24 hours. Saccharin or Stevia may be used.
Lunch:	<ol style="list-style-type: none">1. 100 grams of veal, beef, chicken breast, fresh white fish, lobster, crab, or shrimp. All visible fat must be carefully removed before cooking, and the meat must be weighed raw. It must be boiled or grilled without additional fat. Salmon, eel, tuna, herring, dried or pickled fish are not allowed. The chicken breast must be removed from the bird.2. One type of vegetable only to be

	<p>chosen from the following: spinach, chard, chicory, beet-greens, green salad, tomatoes, celery, fennel, onions, red radishes, cucumbers, asparagus, cabbage.</p> <p>3. One bread stick (grissino) or one Melba toast.</p> <p>4. An apple or a handful of strawberries or one-half grapefruit.</p>
Dinner :	The same four choices as lunch.

The juice of one lemon daily is allowed for all purposes. Salt, pepper, vinegar, mustard powder, garlic, sweet basil, parsley, thyme, marjoram, etc., may be used for seasoning, but no oil, butter or dressing.

Tea, coffee, plain water, or mineral water are the only drinks allowed, but they may be taken in any quantity and at all times.

In fact, the patient should drink about 2 liters of these fluids per day. Many patients are afraid to drink so much because they fear that this may make them retain more water. This is a wrong notion as the body is more inclined to store water when the intake falls below its normal requirements.

The fruit or the bread stick may be eaten between meals instead of with lunch or dinner, but not more than than four items listed for lunch and dinner may be eaten at one meal.

No...cosmetics other than lipstick, eyebrow pencil and powder may be used without special permission

...The 100 grams of meat must be scrupulously weighed raw after all visible fat has been removed. To do this accurately the patient must have a letter-scale, as kitchen scales are not sufficiently accurate and the butcher should certainly not be relied upon... Patients... can omit anything they wish.

There is no objection to breaking up the two meals. For instance having a breadstick and an apple for breakfast or before going to bed, provided they are deducted from the regular meals. The whole daily ration of two breadsticks or two fruits may not be eaten at the same time, nor can any item saved from the previous day be added on the following day... It is also worth pointing out that any attempt to observe this diet without HCG will lead to trouble in two to three days...

It should also be mentioned that two small apples weighing as much as one large one never the less have a higher caloric value and are therefore not allowed though there is no restriction on the size of one apple. Some people do not realize that chicken breast does not mean the breast of any other fowl, nor does it mean a wing or drumstick...It must be

made very clear to the patient that he is living to a far greater extent on the fat which he is losing than on what he eats.

Many patients ask why eggs are not allowed. The contents of two good sized eggs are roughly equivalent to 100 grams of meat, but unfortunately the yolk contains a large amount of fat, which is undesirable. Very occasionally we allow egg - boiled, poached or raw - to patients who develop an aversion to meat, but in this case they must add the white of three eggs to the one they eat whole. In countries where cottage cheese made from skimmed milk is available 100 grams may occasionally be used instead of the meat, but no other cheeses are allowed.

Vegetarians

Strict vegetarians such as orthodox Hindus present a special problem, because milk and curds are the only animal protein they will eat. To supply them with sufficient protein of animal origin they must drink 500 cc. of skimmed milk per day, though part of this ration can be taken as curds. As far as fruit, vegetables and starch are concerned, their diet is the same as that of non-vegetarians; they cannot be allowed their usual intake of vegetable proteins from leguminous plants such as beans or from wheat or nuts, nor can they have their customary rice. In spite of these severe restrictions, their average loss is about half that of non-vegetarians, presumably owing to the sugar content of the milk.

Faulty Dieting

Few patients will take one's word for it that the slightest deviation from the diet has under HCG disastrous results as far as the weight is concerned. This extreme sensitivity has the advantage that the smallest error is immediately detectable at the daily weighing but most patients have to make the experience before they will believe it...

Persons in high official positions such as embassy personnel, politicians, senior executives, etc., who are obliged to attend social functions to which they cannot bring their meager meal must be told beforehand that an official dinner will cost them the loss of about three days treatment, however careful they are and in spite of a friendly and would-be cooperative host. We generally advise them to avoid all around embarrassment, the almost inevitable turn of conversation to their weight problem and the outpouring of lay counsel from their table partners by not letting it be known that they are under treatment. They should take dainty servings of everything, hide what they can under the cutlery and book the gain which may take three days to get rid of as one of the sacrifices which their profession entails. Allowing three days for their correction, such incidents do not jeopardize the treatment, provided they do not occur all too frequently in which case treatment should be postponed to a socially more peaceful season.

Vitamins and anemia

Sooner or later most patients express a fear that they may be running out of vitamins or that the restricted diet may make them anemic...Actually, a low blood count not due to any serious disorder of the blood forming tissues improves during treatment, and we have never encountered a significant protein deficiency nor signs of a lack of vitamins in patients who are dieting regularly...

Fluctuations in weight loss

After the fourth or fifth day of dieting the daily loss of weight begins to decrease to one pound or somewhat less per day, and there is a smaller urinary output. Men often continue to lose regularly at that rate, but women are more irregular in spite of faultless dieting. There may be no drop at all for two or three days and then a sudden loss which reestablishes the normal average. These fluctuations are entirely due to variations in the retention and elimination of water, which are more marked in women than in men.

...Patients who have previously regularly used diuretics as a method of reducing lose fat during the first two or three weeks of treatment which shows in their measurements, but the scale may show little or no loss because they are replacing the normal water content of their body which has been dehydrated. Diuretics should never be used...

Interruptions of Weight Loss

We distinguish four types of interruption in the regular daily loss. The first is the one... in which the weight stays stationary for a day or two, and this occurs in almost every case, particularly towards the end of a course.

The Plateau

The second type of interruption we call a "plateau". A plateau lasts 4-6 days and frequently occurs during the second half of a full course, particularly in patients that have been doing well and whose overall average of nearly a pound per effective injection has been maintained. Those who are losing more than the average all have a plateau sooner or later. A plateau always corrects itself, but many patients who have become accustomed to a regular daily loss get unnecessarily worried and begin to fret...

In such cases we consider it permissible, for purely psychological reasons, to break up the plateau. This can be done in two ways. One is a so-called "apple-day". An apple-day begins at lunch and continues until just before lunch of the following day. The patients are given six large apples and are told to eat one whenever they feel the desire though six apples is the maximum allowed. During an apple-day no other food or liquids except plain water are allowed...It is useless to give an apple-day...unless the weight has been stationary for at least four days without any dietary error having been committed.

Reaching a Former Level

The third type of interruption in the regular loss of weight may last much longer - ten days to two weeks. Fortunately, it is rare and only occurs in very advanced cases, and then hardly ever during the first course of treatment. It is seen only in those patients who during some period of their lives have maintained a certain fixed degree of obesity for ten years or more and have then at some time rapidly increased beyond that weight. When then in the course of treatment the former level is reached, it may take two weeks of no loss, in spite of HCG and diet, before further reduction is normally resumed.

Menstrual Interruption

The fourth type of interruption is the one which often occurs a few days before and during the menstrual period...It must also be mentioned that when a woman becomes pregnant during treatment - and this is by no means uncommon - she at once ceases to lose weight...If in such cases, menstruation is delayed, we stop injecting and do a precipitation test five days later. No pregnancy test should be carried out earlier than five days after the last injection, as otherwise the HCG may give a false positive result.

Oral contraceptives may be used during treatment.

Dietary Errors

Any interruption of the normal loss of weight which does not fit perfectly into one of those categories is always due to some possibly very minor dietary error. Similarly, any gain of more than 100 grams is invariably the result of some transgression or mistake, unless it happens on or about the day of ovulation or during the three days preceding the onset of menstruation, in which case it is ignored...

Salt and Reducing (Dieting by Water Loss)

...We make no restriction in the use of salt and insist that the patients drink large quantities of water throughout the treatment. We are out to reduce abnormal fat and are not in the least interested in such illusory weight losses as can be achieved by depriving the body of salt and [water]. Though we allow the free use of salt, the daily amount taken should be roughly the same [as before the injections began]...

Water

Patients are usually hard to convince that the amount of water they retain has nothing to do with the amount of water they drink. When the body is forced to retain water, it will do this at all costs. If the fluid intake is insufficient to provide all the water required, the body withholds water from the kidneys and the urine becomes scanty and highly concentrated, imposing a certain strain on the kidneys. If that is insufficient, excessive water will be with-drawn from the intestinal tract, with the result that the feces become

hard and dry. On the other hand if a patient drinks more than his body requires, the surplus is promptly and easily eliminated. Trying to prevent the body from retaining water by drinking less is therefore not only futile but even harmful.

Constipation

An excess of water keeps the feces soft, and that is very important in the obese, who commonly suffer from constipation and a spastic colon. While a patient is under treatment we never permit the use of any kind of laxative taken by mouth. We explain that owing to the restricted diet it is perfectly satisfactory and normal to have an evacuation of the bowel only once every three to four days and that, provided plenty of fluids are taken, this never leads to any disturbance. Only in those patients who begin to fret after four days do we allow the use of a suppository. Patients who observe this rule find that after treatment they have a perfectly normal bowel action and this delights many of them almost as much as their loss of weight.

Cosmetics (All mineral make-ups are permitted—i.e Bare Essentials)

When no dietary error is elicited we turn to cosmetics. Most women find it hard to believe that fats, oils, creams and ointments applied to the skin are absorbed and interfere with weight reduction by HCG just as if they had been eaten...

The point is so important that I will illustrate it with two cases. A lady who was cooperating perfectly suddenly increased half a pound. Careful questioning brought nothing to light. She had certainly made no dietary error nor had she used any kind of face cream, and she was already in the menopause. As we felt that we could trust her implicitly, we left the question suspended. Yet just as she was about to leave the consulting room she suddenly stopped, turned and snapped her fingers. "I've got it," she said. This is what had happened : She had bought herself a new set of make-up pots and bottles and, using her fingers, had transferred her large assortment of cosmetics to the new containers in anticipation of the day she would be able to use them again after her treatment.

The other case concerns a man who impressed us as being very conscientious. He was about 20 lbs. overweight but did not lose satisfactorily from the onset of treatment. Again and again we tried to find the reason but with no success, until one day he said: "I never told you this, but I have a glass eye. In fact, I have a whole set of them. I frequently change them, and every time I do that I put a special ointment in my eyesocket.. Do you think that could have anything to do with it?" As we thought just that, we asked him to stop using this ointment, and from that day on his weight-loss was regular.

We are particularly averse to those modern cosmetics which contain hormones, as any interference with endocrine regulations during treatment must be absolutely avoided. Many women whose skin has in the course of years become adjusted to the use of fat containing cosmetics find that their skin gets dry as soon as they stop using them. In such cases we permit the use of plain mineral oil, which has no nutritional value. On the other

hand, mineral oil should not be used in preparing the food, first because of its undesirable laxative quality, and second because it absorbs some fat-soluble vitamins, which are then lost in the stool. We do permit the use of lipstick, powder and such lotions as are entirely free of fatty substances. We also allow brilliantine to be used on the hair but it must not be rubbed into the scalp. Obviously sun-tan oil is prohibited.

Many women are horrified when told that for the duration of treatment they cannot use face creams or have facial massages. They fear that this and the loss of weight will ruin their complexion. They can be fully reassured. Under treatment normal fat is restored to the skin, which rapidly becomes fresh and turgid, making the expression much more youthful. This is a characteristic of the HCG method which is a constant source of wonder to patients who have experienced or seen in others the facial ravages produced by the usual methods of reducing. An obese woman of 70 obviously cannot expect to have her face reduced to normal without a wrinkle, but it is remarkable how youthful her face remains in spite of her age.

Other Reasons for a Gain

Apart from diet and cosmetics there can be a few other reasons for a small rise in weight. Some patients unwittingly take chewing gum, throat pastilles, vitamin pills, cough syrups etc., without realizing that the sugar or fats they contain may interfere with a regular loss of weight. Sex hormones or cortisone in its various modern forms must be avoided, though oral contraceptives are permitted. In fact the only self-medication we allow is aspirin for a headache, though headaches almost invariably disappear after a week of treatment, particularly if of the migraine type. *(Ibuprofen & Tylenol were unknown at the time Dr Simeon wrote this article and are permitted. Nor do we stop any prescription medications.)*

...We encourage swimming and sun bathing during treatment, but it should be remembered that a severe sunburn always produces a temporary rise in weight, evidently due to water retention. The same may be seen when a patient gets a common cold during treatment. Finally, the weight can temporarily increase - paradoxical though this may sound - after an exceptional physical exertion of long duration leading to a feeling of exhaustion... Though the extra muscular effort involved does consume some additional calories, this appears to be offset by the retention of water which the tired circulation cannot at once eliminate...

Appetite-reducing Drugs

We hardly ever use amphetamines, the appetite-reducing drugs such as Dexedrin, Dexamil, Preludin, etc., as there seems to be no need for them during the HCG treatment. The only time we find them useful is when a patient is, for impelling and unforeseen reasons, obliged to forego the injections for three to four days and yet wishes to continue the diet so that he need not interrupt the course.

Unforeseen Interruptions of Treatment

If an interruption of treatment lasting more than four days is necessary, the patient must increase his diet to at least 800 calories by adding meat, eggs, cheese, and milk to his diet after the third day, as otherwise he will find himself so hungry and weak that he is unable to go about his usual occupation. If the interval lasts less than two weeks the patient can directly resume injections and the 500-calorie diet, but if the interruption lasts longer he must again eat normally until he has had his third injection.

When a patient knows beforehand that he will have to travel and be absent for more than four days, it is always better to stop injections three days before he is due to leave so that he can have the three days of strict dieting which are necessary after the last injection at home. This saves him from the almost impossible task of having to arrange the 500 calorie diet while en route, and he can thus enjoy a much greater dietary freedom from the day of his departure. Interruptions occurring before 20 effective injections have been given are most undesirable, because with less than that number of injections some weight is liable to be regained. After the 20th injection an unavoidable interruption is merely a loss of time.

Massage

I never allow any kind of massage during treatment. It is entirely unnecessary and merely disturbs a very delicate process which is going on in the tissues. Few indeed are the masseurs and masseuses who can resist the temptation to knead and hammer abnormal fat deposits. In the course of rapid reduction it is sometimes possible to pick up a fold of skin which has not yet had time to adjust itself, as it always does under HCG, to the changed figure. This fold contains its normal subcutaneous fat and may be almost an inch thick. It is one of the main objects of the HCG treatment to keep that fat there. Patients and their masseurs do not always understand this and give this fat a working-over. I have seen such patients who were as black and blue as if they had received a sound thrashing...

Blood Sugar

Towards the end of a course or when a patient has nearly reached his normal weight it occasionally happens that the blood sugar drops below normal, and we have even seen this in patients who had an abnormally high blood sugar before treatment. Such an attack of hypoglycemia is almost identical with the one seen in diabetics who have taken too much insulin. The attack comes on suddenly; there is the same feeling of light-headedness, weakness in the knees, trembling, and unmotivated sweating. But under HCG, hypoglycemia does not produce any feeling of hunger. All these symptoms are almost instantly relieved by taking two heaped teaspoons of sugar (*juice of some variety would be preferable*).

...Once such an attack has been relieved with sugar we have never seen it recur on the immediately subsequent days, and only very rarely does a patient have two such attacks separated by several days during a course of treatment...

The Ratio of Pounds to Inches

An interesting feature of the HCG method is that, regardless of how fat a patient is, the greatest circumference -- abdomen or hips as the case may be is reduced at a constant rate which is extraordinarily close to 1 cm. per kilogram of weight lost (*1 inch per 5 pounds*). At the beginning of treatment the change in measurements is somewhat greater than this, but at the end of a course it is almost invariably found that the girth is as many centimeters less as the number of kilograms by which the weight has been reduced. I have never seen this clear cut relationship in patients that try to reduce by dieting only.

Gallstones

Small stones in the gall bladder may in patients who have recently had typical colics cause more frequent colics under treatment with HCG. This may be due to the almost complete absence of fat from the diet, which prevents the normal emptying of the gall bladder...

The Heart

Disorders of the heart are not as a rule contraindications...

Coronary Occlusion

In obese patients who have recently survived a coronary occlusion, we adopt the following procedure in collaboration with the cardiologist. We wait until no further electrocardiographic changes have occurred for a period of three months. Routine treatment is then started...

In the thousands of cases we have treated we have not once seen any sort of coronary incident occur during or shortly after treatment. The same applies to cerebral vascular accidents. Nor have we ever seen a case of thrombosis of any sort develop during treatment, even though a high blood pressure is rapidly lowered. In this respect, too, the HCG treatment resembles pregnancy...

Teeth and Vitamins

Patients whose teeth are in poor repair sometimes get more trouble under prolonged treatment, just as may occur in pregnancy. In such cases we do allow calcium and vitamin D, though not in an oily solution. The only other vitamin we permit is vitamin C, which we use in large doses combined with an antihistamine at the onset of a common cold. There is no objection to the use of an antibiotic if this is required, for instance by the dentist. In cases of bronchial asthma and hay fever we have occasionally resorted to cortisone during treatment and find that triamcinolone is the least likely to interfere with the loss of weight, but many asthmatics improve with HCG alone.

Alcohol

Obese heavy drinkers, even those bordering on alcoholism, often do surprisingly well under HCG and it is exceptional for them to take a drink while under treatment. When they do, they find that a relatively small quantity of alcohol produces intoxication. Such patients say that they do not feel the need to drink. This may in part be due to the euphoria which the treatment produces and in part to the complete absence of the need for quick sustenance from which most obese patients suffer.

Though we have had a few cases that have continued abstinence long after treatment, others relapse as soon as they are back on a normal diet. We have a few “regular customers” who, having once been reduced to their normal weight, start to drink again though watching their weight. Then after some months they purposely overeat in order to gain sufficient weight for another course of HCG which temporarily gets them out of their drinking routine. We do not particularly welcome such cases, but we see no reason for refusing their request.

Asthma

In cases of bronchial asthma and hay fever we have occasionally resorted to cortisone during treatment and find that triamcinolone is the least likely to interfere with the loss of weight, but many asthmatics improve with HCG alone...

Concluding a Course

When the three days of dieting after the last injection are over, the patients are told that they may now eat anything they please, except sugar and starch provided they faithfully observe one simple rule. This rule is that they must have their own portable bathroom-scale always at hand, particularly while traveling. They must without fail weigh themselves every morning as they get out of bed, having first emptied their bladder. If they are in the habit of having breakfast in bed, they must weigh before breakfast.

It takes about 3 weeks before the weight reached at the end of the treatment becomes stable, i.e., does not show violent fluctuations after an occasional excess. During this period patients must realize that the so-called carbohydrates, that is sugar, rice, bread, potatoes, pastries etc, are by far the most dangerous. If no carbohydrates whatsoever are eaten, fats can be indulged in somewhat more liberally and even small quantities of alcohol, such as a glass of wine with meals, does no harm, but **as soon as fats and starch are combined things are very liable to get out of hand.** This has to be observed very carefully during the first 3 weeks after the treatment is ended otherwise disappointments are almost sure to occur.

Skipping a Meal

As long as their weight stays within two pounds of the weight reached on the day of the last injection, patients should take no notice of any increase but the moment the scale goes beyond two pounds, even if this is only a few ounces, they must on that same day

entirely skip breakfast and lunch but take plenty to drink. In the evening they must eat a huge steak with only an apple or a raw tomato. Of course this rule applies only to the morning weight. Ex-obese patients should never check their weight during the day, as there may be wide fluctuations and these are merely alarming and confusing.

It is of utmost importance that the meal is skipped on the same day as the scale registers an increase of more than two pounds and that missing the meals is not postponed until the following day. If a meal is skipped on the day in which a gain is registered in the morning this brings about an immediate drop of often over a pound. But if the skipping of the meal - and skipping means literally skipping, not just having a light meal - is postponed the phenomenon does not occur and several days of strict dieting may be necessary to correct the situation.

Most patients hardly ever need to skip a meal. If they have eaten a heavy lunch they feel no desire to eat their dinner, and in this case no increase takes place. If they keep their weight at the point reached at the end of the treatment, even a heavy dinner does not bring about an increase of two pounds on the next morning and does not therefore call for any special measures. Most patients are surprised how small their appetite has become and yet how much they can eat without gaining weight. They no longer suffer from an abnormal appetite and feel satisfied with much less food than before. In fact, they are usually disappointed that they cannot manage their first normal meal, which they have been planning for weeks.

Losing more Weight

An ex-patient should never gain more than two pounds without immediately correcting this, but it is equally undesirable that more than two lbs. be lost after treatment, because a greater loss is always achieved at the expense of normal fat. Any normal fat that is lost is invariably regained as soon as more food is taken, and it often happens that this rebound overshoots the upper two lbs. limit.

Trouble After Treatment

Two difficulties may be encountered in the immediate post-treatment period. When a patient has consumed all his abnormal fat or, when after a full course, the injection has temporarily lost its efficacy... When abnormal fat is no longer being put into circulation either because it has been consumed or because immunity has set in, this is always felt by the patient as sudden, intolerable and constant hunger. In this sense, the HCG method is completely self-limiting. With HCG it is impossible to reduce a patient, however enthusiastic, beyond his normal weight. As soon as no more abnormal fat is being issued, the body starts consuming normal fat, and this is always regained as soon as ordinary feeding is resumed... In a few days a tearful patient is back in the consulting room, convinced that her case is a failure. All that is happening is that the essential fat lost at the end of the treatment, owing to the patient's reluctance to report a much greater hunger, is being replaced...

Beware of Over-enthusiasm

The other trouble which is frequently encountered immediately after treatment is again due to over-enthusiasm... They try more or less to continue the 500-calorie diet on which they felt so well during treatment and make only minor variations, such as replacing the meat with an egg, cheese, or a glass of milk. To their horror they find that in spite of this bravura, their weight goes up...

Protein deficiency

Here too, the explanation is quite simple. During treatment the patient has been only just above the verge of protein deficiency and has had the advantage of protein being fed back into his system from the breakdown of fatty tissue. Once the treatment is over there is no more HCG in the body and this process no longer takes place. Unless an adequate amount of protein is eaten as soon as the treatment is over, protein deficiency is bound to develop, and this inevitably causes the marked retention of water known as hunger-edema.

The treatment is very simple. The patient is told to eat two eggs for breakfast and a huge steak for lunch and dinner followed by a large helping of cheese and to phone through the weight the next morning. When these instructions are followed a stunned voice is heard to report that two lbs. have vanished overnight, that the ankles are normal but that sleep was disturbed, owing to an extraordinary need to pass large quantities of water. The patient having learned this lesson usually has no further trouble.

Relapses

As a general rule one can say that 60%-70% of our cases experience little or no difficulty in holding their weight permanently. [Weigh yourself regularly] Relapses may be due to negligence in the basic rule of daily weighing. Many patients think that this is unnecessary and that they can judge any increase from the fit of their clothes. Some do not carry their scale with them on a journey as it is cumbersome and takes a big bite out of their luggage-allowance when flying. This is a disastrous mistake, because after a course of HCG as much as 10 lbs. can be regained without any noticeable change in the fit of the clothes. The reason for this is that after treatment newly acquired fat is at first evenly distributed and does not show the former preference for certain parts of the body.

Pregnancy or the menopause may annul the effect of a previous treatment. Women who take treatment during the one year after the last menstruation - that is at the onset of the menopause - do just as well as others, but among them the relapse rate is higher until the menopause is fully established. The period of one year after the last menstruation applies only to women who are not being treated with ovarian hormones. If these are taken, the premenopausal period may be indefinitely prolonged.

Late teenage girls who suffer from attacks of compulsive eating have by far the worst record of all as far as relapses are concerned.

Patients who have once taken the treatment never seem to hesitate to come back for another short course as soon as they notice that their weight is once again getting out of hand. They come quite cheerfully and hopefully, assured that they can be helped again. Repeat courses are often even more satisfactory than the first treatment and have the advantage, as do second courses, that the patient already, knows that he will feel comfortable throughout.

Plan of a Normal Course

125 I.U. of HCG daily (except during menstruation).

Until 3rd injection forced feeding.

After 3rd injection, 500 calorie diet to be continued until 72 hours after the last injection.

For the following 3 weeks, all foods allowed except starch and sugar in any form (careful with very sweet fruit).

After 3 weeks, very gradually add starch in small quantities, always controlled by morning weighing.

CONCLUSION

The HCG + diet method can bring relief to every case of obesity, but the method is not simple. It is very time consuming and requires perfect cooperation between physician and patient. Each case must be handled individually, and the physician must have time to answer questions, allay fears and remove misunderstandings. He must also check the patient daily. When something goes wrong he must at once investigate until he finds the reason for any gain that may have occurred. In most cases it is useless to hand the patient a diet-sheet and let the nurse give him a "shot."

The method involves a highly complex bodily mechanism, and the physician must make himself some sort of picture of what is actually happening; otherwise he will not be able to deal with such difficulties as may arise during treatment.

I must beg those trying the method for the first time to adhere very strictly to the technique and the interpretations here outlined and thus treat a few hundred cases before embarking on experiments of their own, and until then refrain from introducing innovations, however thrilling they may seem. In a new method, innovations or departures from the original technique can only be usefully evaluated against a substantial background of experience with what is at the moment the orthodox procedure.

I have tried to cover all the problems that come to my mind. Yet a bewildering array of new questions keeps arising, and my interpretations are still fluid. In particular, I have never had an opportunity of conducting the laboratory investigations which are so

necessary for a theoretical understanding of clinical observations, and I can only hope that those more fortunately placed will in time be able to fill this gap...

To start losing weight with HCG, visit:

<http://www.healthyhcg.com>