

SPECIAL REPORT

# HCG

## Weight Loss

by Dr. Mark Stengler



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# Take control of your hormones...and watch the pounds and inches melt away! The hunger-free protocol that you won't hear about from your nutritionist

You've sincerely tried to lose weight. You've followed a strict diet, and you've exercised.

Let's face it, most of the weight loss fads that come out of Hollywood or are promoted by some huckster on the Internet are bogus or downright dangerous.

Most medical doctors will end a patient visit for weight problems with the words "Eat less and exercise!" Was your co-pay worth it to hear something a fifth grader could tell you?

Maybe you've got 15 pounds or more to lose, and you just can't seem to drop a pound no matter the effort. Or you may need to lose 100 pounds or more, due to diabetes or severe arthritis.

I've got good news for you in both these cases. There's a way to fast-track weight loss safely and effectively—but you've got to do it right, with a special approach.

As a reader of *Health Revelations*, you know that I am always searching for cutting-edge holistic solutions to help my patients and readers, but I don't fall for scams and dangerous therapies.

This whole program I'm about to share with you revolves around the use of a very unique natural hormone known as Human Chorionic Gonadotropin, a.k.a. HCG. The HCG program is a kick-start to dropping the pounds and inches, improving insulin resistance, and boosting overall metabolism.

I've seen the results first-hand in my own clinic. This approach routinely helps my patients to lose 15 to 20 pounds in 30 days—in more than 95 percent of cases. And for those who are obese, the 30-day treatment range is generally 25 to 35 pounds of weight loss, on average.

So, can HCG help you lose the 15 or more pounds that you just can't seem to drop?

Quite possibly, it can.

## This weight-loss protocol actually changes your shape

HCG is actually a reproductive hormone that's essential for establishing and maintaining early pregnancy. Naturally produced by the cells that surround the embryo and become the placenta, it is also used as a medication for the treatment of infertility in women as well as to stimulate testicular production of testosterone in men.

More than 50 years ago, British endocrinologist A.T.W. Simeons discovered that HCG was also very effective in treating weight loss in non-pregnant women as well as men.

Dr. Simeons was a medical pioneer—even critics can't dismiss his credibility as a researcher and clinician. For his work on medical advances for malaria, he was awarded the prestigious "Order of Merit" by the Red Cross. In addition, he did extensive research on the bubonic plague and developed a model leper center for the treatment of leprosy.

His initial research on HCG was fascinating. Remember, he was a trained endocrinologist, which means he specialized in hormones. And part of endocrinology can include the investigation of hormone balance as it relates to metabolism and weight.

Dr. Simeons has described his first uses of HCG with young male patients in India who had large abdomens, buttocks, hips, and thighs along with undescended testicles. He discovered that daily injections of the bio-identical hormone HCG, along with a restricted daily diet of 500 calories (high protein diet with little fat and lots of water), resulted in a loss of fat around the midsection and a normalization of their appearance.

As he described, "Only abnormal fat was being consumed, as there were no signs of any depletion of normal fat.... Gradually their figures became entirely normal."

In essence, Dr. Simeons discovered that HCG mobilizes fat away from the waist, buttocks, and hips—those same spots where you seem to gain weight but never lose. On average, they lost about a pound a day. And amazingly, his patients (later consisting mainly of female and male adults) were able to follow the extremely low-calorie diet WITHOUT suffering from hunger.

## It's not one of those starvation diets

When people first hear that the diet is 500 calories, they often gasp. "It's no wonder people lose weight!" they say.

The reality is that a 500-calorie diet is generally accepted when on a medically-supervised diet. Plenty of large, well known conventional medical institutions have patients follow a 500-calorie liquid diet. In those programs, patients typically drink calorie-controlled shakes throughout the treatment and never eat any solid foods.

However, with the HCG program, patients eat real food.

In addition, while it's true that many people can lose a similar amount of weight on a very low-calorie diet without HCG, it would make too many people feel too terrible to stay on the diet for any length of time.

Here enters HCG.

Dr. Simeons hypothesized that HCG and a very low-calorie diet may somehow have a revitalizing effect on a metabolic center of the brain. However, the exact mechanisms of how HCG affects metabolism and fat distribution are still not completely understood.

What we do know is that HCG makes it easier for almost anyone to lose weight for several reasons.

First, HCG is a surprisingly powerful appetite suppressant. It's a great safe alternative to the commonly-prescribed appetite suppressant phentermine, which can cause serious side effects including: increased blood pressure, heart palpitations, restlessness, dizziness, tremor, insomnia, shortness of breath, chest pain, dizziness, swelling of the legs and ankles, and difficulty doing exercise.<sup>2</sup>

HCG isn't a stimulant and therefore typically has none of the troubling side effects that you can expect to see with a stimulant appetite suppressant.

Another advantage for the use of HCG along with a low-calorie diet is that the hormone appears to target fat in the typical problem areas, including the abdomen, hips, thighs, and buttocks.

A double-blind study with adults confirmed this unique ability: Researchers found that HCG plus a low-calorie diet significantly decreased waist and abdominal circumference compared to a low-calorie diet alone.<sup>3</sup>

HCG also has one other major benefit: The hormone combats the fatigue, mood swings, and irritability that often affect those on a very low-calorie diet. In fact, data suggests that HCG acts like an endorphin (a chemical in the brain that improves mood and reduces pain). One study by Argentinian researchers found that those on a 500-calorie diet plus HCG “improved their attitude towards their environment, in the sense of an enhanced well-being, less irritability and lack of fatigue.”<sup>4</sup>

A side benefit of HCG’s endorphin-like action is that patients with arthritis or other types of chronic pain often find a dramatic reduction in their pain levels.

## A modern update

I have modified the HCG program to make it easier for people to follow, while still producing substantial weight loss that is comparable to the 500-calorie diet.

Dr. Simeons’ program was ingenious, but I’ve found it necessary to modernize his program for today’s patients. After all, he developed it over 50 years ago, and we’ve learned a lot more about the body and nutrition since then.

I’ve found patients often do just as well starting at 660 calories. If you’re prone to fatigue or low blood sugar, those extra 160 calories can make a big difference.

A small percentage of patients require 800 to 900 calories a day to feel good. Yet, even on this higher calorie protocol, they still lose weight and inches effectively.

The original program calls for patients to fat load for the first two days. Simeon felt it was important to increase “fat reserves” before starting a very low-calorie diet. On the original program, patients would typically gain four or five pounds after eating the unhealthy fats for two days—and then spend the next three days of the program losing the weight they just gained. This is psychologically unhealthy for people who already have a weight issue.

Besides, I have found this step is unnecessary to safely lose the weight, so I have patients skip the “fat loading” phase altogether.

Given what we know now about nutrition, it sounds a little bit crazy that Dr. Simeons would allow his patients to feast on fats initially and then put them into a total fat famine for the remainder of the diet. In fact, he didn’t allow ANY fat in the menu! This means no fish or eggs (with the exception of an occasional boiled egg).

Now, of course, we know there's a big difference between good fats and bad fats—and that an ample amount of good fats can actually help with metabolism and weight loss.

Totally avoiding good fats, like omega-3s, is not only unnecessary to see weight loss, but it can make you feel WORSE by leaving your skin dry and contributing to poor focus.

In my adapted program, I allow lean fish such as salmon or trout, but I do tell patients to avoid shellfish because they're too high in saturated fat and calories.

I also encourage them to use egg whites instead of whole eggs while on my adapted program.

### **A few more tweaks make it easier to follow**

The original diet includes only tea or coffee without sugar for breakfast. I have replaced this with a high-protein, low-sugar, high-fiber meal replacement (preferably with added soluble fiber for additional blood sugar stabilization, appetite suppression, and binding of fat in the blood). Patients tend to feel better with this modification, and it prevents mid-morning blood-sugar swings and the risk of burning muscle for energy.

On my modified protocol, you'll eat a snack such as an apple with the skin in mid-morning and again in the mid-afternoon.

Your lunch and dinner consist of a protein such as egg whites, poultry, or fish, along with a large salad and small portion of carbohydrate such as a gluten-free piece of toast or brown rice.

One of the more curious aspects of Dr. Simeons' program is that it didn't allow different vegetables to be mixed together. Since they are so low in calories (except for root vegetables) I've found this restriction is unnecessary. Instead, I encourage my patients to mix different vegetables and eat as much of them as they want, especially greens. This allows for more flexibility in meal planning.

Like on Simeons' original program, I encourage patients to drink plenty of water throughout the day. Most patients drink 80 ounces daily.

This helps maintain hydration, suppresses appetite, and allows for detoxification as fat stores are being broken down and metabolized. Remember that many toxins are stored in your fat tissue!



## You'll need a little extra support

Simeon discouraged the internal use of medications, but I don't recommend stopping meds while on my adapted version of the program.

If a patient is to stop a medication before starting a HCG cycle, I have them do this under medical supervision BEFORE starting the program to sidestep any potential withdrawal side effects.

Actually, my experience has shown that the proper use of bioidentical hormones and herbal therapy supports a healthy metabolism and weight loss.

Likewise, I feel that Dr. Simeons' advice against using vitamin supplements during his HCG program is a mistake. The fact is: A restricted calorie diet can put you at risk for nutrient deficiencies. Since nutrients have no caloric value, they don't block weight loss.

Actually, the opposite is true. Taking nutrients during a HCG cycle helps to optimize energy, promote detoxification, and helps with the metabolism of fat. I have patients take a multivitamin and a mineral supplement along with a calcium, magnesium, and vitamin D supplement.

Many of my patients also receive a B12 shot once a week to maintain better energy levels.

I find that some of my patients require additional supplementation. For example, if you are prone to blood sugar swings—as a result of hypoglycemia, prediabetes, or diabetes—you'll benefit from blood sugar balancing nutrients including vanadium, soluble fiber, and berberine.

If you struggle with insomnia, melatonin, passionflower, GABA, or other relaxing nutrients can help.

For enhancement of weight loss and metabolism, I often recommend Slim Success from Best Health Nutritionals. It contains the two studied ingredients for weight loss that include *Garcinia mangostana* and *Sphaeranthus indicus*, also known as “globe thistle”). It also contains a natural appetite suppressant derived from saffron, known as satiereal.

## No shortage of success stories

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My own experience using HCG with patients mirrors Simeons' findings. Frankly, I'm still amazed when patients tell me they're not overly hungry on my HCG program.

And the proof is in the results.

Ninety percent of people who try HCG will lose at least 15 pounds per cycle. Heavier patients—those with 60 or more pounds to lose—will often drop 30 to 35 pounds in the first 30-day cycle.

My patients lose fat around the midsection, yet their faces don't become skinny or withdrawn. In fact, it's common for patients to lose two or three inches around their waist after a 30-day program.

I have many success stories I could share with you, as several patients follow this program every week at our clinic. One is "Bernice" (*not her real name*), who is in her late sixties.

When I first saw Bernice, she was walking very slowly with the aid of a cane. She weighed 300 pounds, and her hip had no cartilage left in it. Her surgeon refused to do surgery to help relieve the pain until she lost 100 pounds.

So, we started Bernice on my adapted HCG program. After four cycles, she lost 95 pounds—which was enough to satisfy her surgeon, who performed a successful surgery on her hip.

"Joan" (*not her real name*), also in her sixties, had just been diagnosed with Type 2 diabetes when she came to see me and wanted to avoid having to take diabetes drugs.

After losing 65 pounds on the HCG program, Joan now has no sign of diabetes at all. She doesn't take any diabetic medications. She has had a complete reversal of her disease!

Most patients that come to see me need to lose a little less weight than Bernice and Joan did. Typically, they're struggling with losing 20 to 40 pounds—and HCG allows them to do that. When they follow up that loss with a good diet and exercise program... and I get their hormones balanced and their digestion and detoxification systems working properly... they have long-term success.

What's more, I've never seen any *major* side effects on this program. While some patients can feel tired, this is normally fixed by increasing the amount of calories they're eating or by giving nutrient support such as B vitamins.

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With the decrease in calories, constipation can occur. This can usually be overcome simply by drinking more water and taking extra fiber. More stubborn cases may require the temporary use of laxative herbs such as cascara.

### Here's how it works

I use a prescription form of HCG with my patients that's available from compounding pharmacies. Since it's done daily, the patient is responsible for taking the HCG on their own.

There are three ways to administer the HCG, but the traditional dosage is an injection of 125 IU of HCG daily. I've found a higher dosage of 250 IU works better, so if a patient is following the diet closely and they start to plateau, I will have them increase the dosage of HCG to help with weight loss.

Patients follow up at the clinic once a week to get their vital signs and measurements checked to be sure they're doing well on the program. At my clinic, a nutritionist who specializes in HCG weight loss helps to monitor patients.

Most patients follow the program for 30 days. I have found that after that period, their weight loss plateaus and patients become sensitized to the HCG.

If a repeat cycle is needed, I will have the patient follow a healthy, higher-calorie diet with exercise for at least 30 days first.

You should be aware that HCG is not a magic bullet. After losing weight with the program, you'll still need to maintain a healthy diet and exercise program.

I do have some patients that repeat a round every couple of years to lose the extra pounds they have put back on, due to things like "holiday weight gain"; but your goal should be to keep the weight off long term.

Otherwise, there's no point to doing the program.

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