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HCG Weight Loss Program

Every year, it seems like the media finds a new diet to tout -- along with the clinics that cater to the fad and customers who swear by the results. Fads in recent years include the South Beach Diet (choosing low-carbohydrate foods), the Atkins Diet (radically reducing carbohydrates), the baby food diet (replacing some meals with baby food) and the Master Cleanse (adopting a liquid diet comprised mainly of lemon or lime juice).

These diets gain quickly in popularity. The media faithfully reports the appearance of the new fad, the rising number of people adopting the diet and testimonials of success from satisfied, slimmed-down believers. But soon enough, there are reports of the dangers involved with unusual weight-loss schemes that often involve cutting out much-needed food groups, or eating only a certain food or food group. Then, follow-up stories trickle from unsatisfied customers, or from former believers who have since gained the weight back. More or less, by the time this cycle runs its course, it begins again with a new diet fad.

Another diet trend has caught traction in the American imagination, and it promises to help the dieter lose a pound a day, or even more. It's the hCG diet, and it was developed by a doctor who believed that a hormone found in a pregnant woman's body could help overweight men and women lose weight -- and keep that weight off after returning to a normal routine.

HCG, Fat and Pregnancy

In 1927, researchers discovered that pregnant women's urine contained a substance not normally present outside of pregnancy: human chorionic gonadotropin, or hCG. This represented the first modern pregnancy test, and to this day, we still check urine for signs of hCG to determine pregnancy. Doctors also look at hCG levels (among other factors) in pregnant women to assess risk of birth defect.

HCG may play many roles, but one function it performs is guaranteeing that a developing fetus receives the calories and nutrients it needs to grow, nearly independent of the daily caloric intake of the pregnant woman in those early developmental months. How does it do this?

We aren't ravenous for fatty foods for no reason. Our bodies like to maximize caloric intake in case lean times are ahead. In the case of women, excess calories tend to wind up in "problem" areas such as the hips, buttocks, abdomen and thighs. However, once pregnant, fat from these areas is released in the presence of hCG, and this fat then makes its way to the fetus. This way, if a woman doesn't consume the nutrients needed for fetal growth, her fat reserves will suffice. (Structural fat, such as that found in the face or layered beneath the entire skin, isn't affected.)

HCG is produced by a woman early in her pregnancy, and levels of hCG in the bloodstream peak at around 14 weeks. After that, levels gradually decrease. HCG's presence in a pregnant woman seems to occur in the timeframe when a woman would be least likely to know she is pregnant, and therefore least likely (especially in ancient -- and leaner -- times in human history) to be consciously trying to secure nutrients to sustain a pregnancy.

Furthermore, hCG was soon found to be gonadotrophic, meaning that it prompts genital development, and was soon used as a treatment for boys experiencing a delay in adolescence or genital development due to disorders of the pituitary gland.

It was during research in the 1950s when one doctor, A.T.W. Simeons, noticed that boys being treated with hCG for underdeveloped gonads were also able to lose excess weight by eating much less without any accompanying hunger pangs. His interest in hCG soon shifted to its potential as a diet aid, and he published a paper touting its effects, as well as developing a dietary regimen for use of the drug as a weight-loss tool.

So, how few calories is one instructed to consume on the hCG diet? You'll find out in the next section, and you may be shocked.

HCG and Weight Loss -- the Calorie Crash

Five hundred calories doesn't give you much to work with as far as dinner options go.

Though subsequent hCG diets have tinkered with the elements, most programs hold pretty true to the original formed by Dr. Simeons.

Each round of treatment lasts a minimum of 26 days, and 23 of those days require a daily dose of hCG. Treatment may last as long as 43 days, unless a patient loses 34 to 40 pounds (15 to 18 kilograms) before the allotted time has passed. Patients don't receive hCG for the last three days of any treatment period so that it can cycle completely out of their bodies before they resume a normal diet. (It also takes about three days for hCG's effects to "kick in.")

Why stop after 40 days? Simeons noted that subjects seemed to develop immunity to hCG after 40 days and required a six-week break from the diet to fully re-sensitize

to it. Simeons recommended no more than four total treatments, separated by breaks.

In addition to receiving hCG, dieters are instructed to cut their daily intake of calories to 500 a day, but not until after the third dose. Once the hCG is active in a dieter's body, its release of long-stored fat provides the body with the calories it needs to burn to get through a day (a day, it should be noted, without much exercise). As long as fat deposits are being released for use, the 500 daily calories being ingested is supposed to be enough to sustain the dieter without the crazy hunger pangs one would normally experience on a 500-calorie diet. Once a dieter drops the excess weight, the treatment must stop, because hCG only affects stored fat. Once that's used up, the body will quickly reject a self-imposed limit of 500 total daily calories.

What little food can be consumed is supposed to be high in protein and low in starches, carbohydrates and high-fat foods. But what does the U.S. Food and Drug Administration (FDA) make of all this? Find out in the next section.

HCG as a Dietary Aid: What Say the FDA?

The FDA has provided its stamp of approval to the use of hCG -- as a fertility drug. In your attempts to lose weight by tricking your body with the presence of a pregnancy-related hormone, your body may turn the tables and help you get pregnant. Within five years of its discovery, hCG was already being packaged and marketed to the public as a fertility drug. (If you're a woman who doesn't want to get pregnant, you should be extra-careful if you're taking HCG.)

Aside from fertility, the FDA doesn't approve hCG use for any other reason, including weight loss. However, lack of approval doesn't prevent hCG's use as a dietary aid. With a surge in public interest in the hCG diet (owing almost entirely to a large marketing push of this dusted-off 60-year-old diet craze), there's no shortage of weight-loss clinics staffed by doctors who write such prescriptions all day long. There have been reports of people obtaining hCG (or something being passed off as hCG) on the Internet, despite the need for a prescription to obtain the drug. Such practice would bring up issues of safety and effectiveness of the doses being provided through the black market.

There have been few reports of health problems developing as a result of the hCG diet, although there are some risks, among them an increased risk of blood clots, headaches, restlessness and depression. Also, you may feel, well, like you're pregnant -- swelling, breast tenderness and water retention, anyone? HCG can also cause a potentially life-threatening condition called ovarian hyperstimulation syndrome (OHSS).

Proponents of the diet point out that hCG is clearly safe for pregnant women and the fetuses they carry, and that dieters receive a much smaller dose of hCG than is found under normal conditions in pregnant women.

Next, why did the hCG diet fall off the radar until recently?

The Showdown Between HCG and Placebos

Diet and exercise is the way to go when it comes to maintaining a healthy weight.

While the initial study performed and published by Dr. Simeons backed his claims of the hCG diet's effectiveness, subsequent studies have produced the type of results that don't get mentioned on late-night diet-fad infomercials.

Most independent, peer-reviewed studies of the hCG diet have shown no difference in weight loss between subjects on a low-calorie diet who received hCG injections and subjects who received a placebo. One study even showed that both the placebo group and the hCG group reported major hunger pangs throughout the treatment.

Regardless, once a person stops the hCG diet, he or she will have to adopt a normal and healthy lifestyle, or the weight's just coming back. Proponents of the hCG diet maintain that the purpose of the diet is to break food addictions and abnormal eating behaviors, and that the month or so of treatment allows a person to do so. In this sense, the diet hopes to achieve short-term weight loss with long-term behavioral modification.

Of course, eating well-proportioned meals is much easier when you're using stimulants and hunger-suppressing hormones. If you gain weight again, the doctor or clinic -- upon the follow-up visit -- may recommend you start the treatment over again. Therefore, you may just scrap real attempts to change eating habits and sign on to long-term use of chemicals without fixing the real problem: your diet and exercise habits.

A month-long course of hCG injections and crash dieting will likely help you lose weight, but a key question is: Is this the best way to permanently modify poor eating habits?

In addition to the reliability of a new diet fad popping up to replace the one before it, there's another constant when it comes to dieting -- no matter what you do, maintaining a healthy weight depends on eating right and exercising.

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