



The Eisenstein Protocol



For Metabolic Syndrome

Is the End of Obesity in Sight?

Review of the Obesity Epidemic

Look around. Notice anything? Our world is getting fatter...much fatter. Never before in the history of humanity have such corpulent bodies walked the earth. Overweight and obese men, women and children now make up the majority of the population of most westernized countries. The USA (74.1 per cent), Australia (67.4 per cent), New Zealand (68.4 per cent) and the UK (61 per cent), have the distinction of being ranked in the top 25 most overweight countries in the world.¹

The World Health Organization (WHO) now describes the prevalence of obesity as an epidemic. (Obesity is defined by percentage of body fat. Women with more than 32 per cent of their weight from fat and men with more than 25 per cent are deemed obese.) People all over the world are getting fatter than ever. Once considered a problem only in high-income countries, obesity is dramatically on the rise in low- and middle-income countries. In recent years, there has been a growing recognition of an emerging epidemic of obesity in the developing societies. In fact, the rate of increase in obesity prevalence in developing countries can often exceed that in the industrialized world. Indeed, the yearly rate of increase in overweight and obesity in regions of Asia, Africa and South America is two- to five-fold that seen in the United States.²

The statistics revealing the impact of this epidemic are staggering:

- Three quarters of American adults and nearly 24 per cent of US children and adolescents will be overweight by 2015.³
- By 2030, over 86 per cent of American adults will be overweight or obese.⁴
- In America, obese people now surpass the number who are overweight.⁵
- One in 10 British children is likely to become obese by 2015.⁶
- In New Zealand, a 2006–07 health survey found that one in three adults were overweight (36.3 per cent) and one in four were obese (26.5 per cent).⁷
- Excess weight has reached epidemic proportions globally, with more than 1.7 billion adults being either overweight or obese.⁸
- WHO predicts there will be 2.3 billion overweight adults in the world by 2015, and more than 700 million of them will be obese.⁹

People are getting so fat that new categories have been created to define accurately the growing fatness of people. Once the term "morbidly obese" described a small segment of the population, but beyond this is now the "super-obese" category. Almost 500,000 Australians are "super-obese", a fivefold increase during the past two decades. The super-obese have a body mass index of 50 or more and weigh upwards of 200 kilograms. It is predicted that the ranks of the super-obese will double in the next decade.¹⁰

This current health crisis has created a growing panic around the world, threatening not only to overwhelm health care systems but also to create excessive financial burdens on governments. For example, the health cost of obesity in the USA is as high as US\$147 billion annually, based on a new study from RTI International and the Centers for Disease Control and Prevention.¹¹ According to the latest research published in The Medical Journal of Australia, the total direct cost of overweight and obesity in Australia is A\$21 billion a year, double the previous estimates.¹²

By far the greatest cost of obesity is its serious threat to good health. Obesity is associated with more than 30 medical conditions including diabetes, high blood pressure, high cholesterol and

triglycerides, coronary artery disease (CAD), strokes, gallbladder disease and cancers of the breast, prostate and colon. The non-fatal but debilitating health problems associated with obesity include respiratory difficulties, chronic musculoskeletal problems, skin problems, osteoarthritis, gout, sleep apnoea and infertility. Obesity puts more stress on joints, which explains why the majority of joint and hip replacements involve overweight people. The toll to one's self-esteem and self-image is immeasurable. No wonder that depression and anxiety are more common in overweight people.¹³

While the costs to health and to government coffers are enormous, there is a booming business to be made out of this health disaster. The profits of the weight loss industry are overflowing. The overweight population is very big business. Americans spend over \$59 billion a year on weight loss programs. In 2007, Weight Watchers' products and services alone netted over US\$4 billion worldwide.¹⁴

In an effort to find a solution to this problem, the latest trend is seen in the growing popularity of bariatric weight reduction operations like gastric banding, gastric bypass and variants of these stomach surgeries. Demand for weight loss surgery is soaring, with more than 100,000 procedures performed annually in the USA.¹⁵ It is estimated that over the next few years the total number of obesity surgery patients in the United States will exceed one million annually. The average cost is \$20,000 to \$30,000 per procedure.¹⁶ According to a University of Washington study, as many as one in 50 people die within one month of having gastric bypass surgery.¹⁷

What's Really Going On

Obesity is a modern problem: statistics about it did not even exist 50 years ago. Yet, in just several decades the growing corpulence of millions of people threatens not only their health but also the health of future generations. Fingers point at the "obesogenic" nature of western diets and lifestyles that promote the increased intake of refined, high-carbohydrate, high-sugar-laden and nutrient-depleted foods as well as physical inactivity.

But, something else is amiss. Our bodies, especially our metabolism, seem to be going haywire. The paradox of this overweight condition is that some people are getting fatter, even though they're eating fewer calories and exercising more. Healthier dietary and lifestyle choices don't seem to be effective in shedding excess kilos. They once were, but not any more. So, what is the problem? If we are truly seeking a solution to obesity, we need to look elsewhere. Traditional weight loss theories and dietary and lifestyle approaches are falling far short of stemming the tide.

Societies Are Drowning in Fat

This is exactly what a brilliant British endocrinologist, Dr. A.T.W. Simeons (d.1970), realized. He committed 30 years of his life to seeking the answer to the underlying cause of obesity. Dr. Simeons was a graduate of the University of Heidelberg Medical School in the 1920s. He chose endocrinology as his speciality, which in turn led to a fascination with tropical diseases such as malaria, dengue fever and leprosy. Simeons spent several years in Hamburg, focusing on the diagnosis and treatment of such diseases.

As he traveled the world, Dr. Simeons became fascinated with the condition of obesity, a relatively rare condition at that time. His research led him to investigate the links between endocrinology, obesity and psychosomatic disorders. While it was commonly believed that overeating causes obesity, Simeons found that overeating is the result of a metabolic disorder—not its cause. Now that he had discovered the long-sought-after cause, Dr. Simeons was in pursuit of a solution. It came when he noticed that pregnant Indian women, although having a subsistence caloric intake delivered healthy babies and lost virtually all their fat stores. After much research, he attributed this phenomenon to the

presence of a substance called human chorionic gonadotropin (hCG), which is produced in high amounts (approximately a million units a day) in a woman's body during pregnancy.

Not All Fat Is Equal

There are three types of fat in the body: structural fat, normal fat reserves and abnormal stored fat. Structural fat provides protection for the body's major organs and joints and is not burned for metabolism. Normal fat reserves are spread all over the body and are used for fuel when the body is faced with immediate nutritional or caloric insufficiencies. These first two types of fat are needed for good health. Abnormal stored fat, or adipose fat, is kept in storage under the skin and around the organs as a "spare fuel supply" for severe nutritional emergencies. In the obese person, it tends to collect in places like the abdomen, hips, buttocks, thighs, knees, ankles, upper arms and neck. This is the fat that not only causes the body to be misshapen but also causes other health problems.

Under normal dieting programs, the body will release structural and normal fat reserves. It will also burn muscle and water. The very last fat that a supple body will burn is abnormal fat reserves, since it is the body's final survival strategy for a severely malnourished body. So, try as dieters might, all that bulging, distorting fat around the gut, hips and thighs will never be touched. Instead, these people become gaunt, saggy and weak as they lose their structural and reserve fat supplies...and further diminish their hypothalamic functions.

Dr. Simeons found that hCG keeps the structural fat and muscle intact, mainly breaking down the abnormal body fat, using it as fuel and causing a person not only to lose kilograms but also centimeters. With hCG, the body releases and transforms the abnormal stored fat into 1,500–3,000 calories a day of energy and nutrition. The more stored fat there is, the greater the daily fat loss.

Furthermore, Dr. Simeons found that hCG maximizes the functional capacity of all the centres in the hypothalamus, including what he termed the "fat centre", making it possible for fat to be released from abnormal fat deposits and to become available as a source of fuel to the body.

This discovery led him to write in 1954: "Someone suffering from obesity [who] attempts weight loss through a low-calorie diet will first lose lean muscle tissue, followed by protective visceral fat." He wrote that "only as a last resort will the body yield its abnormal reserves", adding that "by that time the patient usually feels so weak and hungry that the diet is abandoned".¹⁸ This is the tragedy of those who repeatedly attempt low-calorie diets that invariably fail.

Dr. Simeons concluded that hCG, when reintroduced into the adult system, helps unlock adipose deposits, making them available as a fuel source when calories are not otherwise available, as when eating a low-calorie diet. However, low-calorie diets cause the loss of lean muscle mass and structural fat, while the hCG diet results in only the abnormal stored fat being released.

hCG to the Rescue

Human chorionic gonadotropin (hCG) is a substance produced in huge amounts by the placenta during pregnancy. It is the biggest glycoprotein substance (not technically a hormone) present in human beings. After its discovery, scientists tried to find a name for this substance, and when they observed that the administration of hCG helped to provoke ovulation in experimentation animals, they named their discovery "gonadotropin", which means that it has an action on the gonads (testicles or ovaries), and "chorionic", because later it was found that it is produced by the chorion of the placenta.

The word "hormone" comes from the Greek, meaning "I act through distance", and is used to describe substances that, produced in one organ, have actions elsewhere in the body. Thus, testosterone, thyroid hormones, estrogen and insulin qualify under the term "hormone".

According to Daniel Belluscio, MD, Director of The Oral hCG Research Center in Buenos Aires, Argentina, who for most of his medical career has been devoted to the study of the hCG method for weight loss: "...hCG has been found in every human tissue, also in males and non-pregnant females. Investigators are very intrigued regarding the presence of hCG, for example in lungs, liver, stomach, etc."¹⁹

Dr. Simeons developed a very specific protocol for the use of hCG along with a precise dietary plan. The program must be followed meticulously. People who need to lose 15 pounds (7 kilograms) or less require a 23-day protocol. And the protocol can also be used for up to 40 days to lose 34 pounds (15 kilograms) at a time.²⁰

When hCG is given in conjunction with a very low caloric diet, a condition is simulated in the body, "tricking" it into acting as though it were dealing with an emergency starvation situation. As a result, the hypothalamus signals the release of stored fat reserves. Since about 1,500–3,000 calories of stored abnormal fat is transformed into energy and nutrition, there is a safe but rapid loss of fat, over a pound or more (0.5+ kg) a day (the more fat there is to lose, the more rapid the fat loss).

More remarkable is the rapid resculpting of the body as the abnormal and distorting fat reserves literally melt away, revealing a new contoured shape in the areas of the body that have been most resistant to change. The abdomen becomes flat, the hips and thighs return to normal proportions, and fat pads in the back, upper arms and knees disappear. At the same time, the body becomes more toned and the skin more radiant. As abnormal fat reserves are transformed into energy and nutrition, people report an abundance of energy and rarely, if ever, feel any hunger.

The best thing about hCG is that it is undeniably safe. Remember, pregnant women can experience high levels of hCG with no negative effects. The small amount ingested during the weight loss program comes with absolutely no adverse side effects.

The introduction of hCG is the key to Dr. Simeons' program. Normal low-caloric dieting causes cellular metabolism to slow down, so in the long run the weight returns while bone density and muscle mass decrease. By using hCG with his low-calorie diet, extra fat is mobilized for energy and the rest is eliminated. This low-calorie diet is vital in preventing the immediate refilling of emptied fat cells. You benefit by preferentially getting rid of excess fat without affecting bone and muscle.

Other Health Benefits

It is now widely recognized that the main function of the fat cell is to act as a reservoir of energy, as triglycerides, but it has also been implicated in the sex hormones metabolism. The fat cell is one of the most metabolically active tissues all over the human body, nearly triple the blood circulation of any other organ.

As the body releases and literally dissolves excess fat cells, people notice many health benefits. There is a reduction of inflammation, generated by excess fat, and aches and pains diminish. People report that their hip and knee pains improve, since for every pound of excess fat there is 4–5 pounds of pressure exerted on hip, knee and ankle joints.

According to Dr. Simeons: "The most important associated disorders and the ones in which obesity seems to play a precipitating or at least an aggravating role are the following: diabetes, gout, and arthritis, high blood pressure and hardening of the arteries, coronary disease and cerebral hemorrhage."²¹

People following the hCG protocol discover that their blood sugar and blood pressure levels return to normal range, their moods and sleep improve, sugar and carbohydrate cravings disappear, and their triglyceride and cholesterol levels normalize. It is important to monitor these levels regularly, especially if you are on medication. Always seek the advice of a medical doctor, preferably one who is familiar with hCG.

"Every disease has a beginning," notes Dr. Belluscio. "Those 10 pounds that someone cannot seem to lose can also be seen as the beginning of a progressive disorder called obesity. This initial stage may last a number of years. Although the disease is not mature and the body may not be noticeably distorted, the dangers are clear. As the body ages and the metabolism slows down, the pounds can naturally pack on," he warns. "Even at 10 pounds overweight, people are gambling with their health. Those 10 pounds signal the potential onset of hypertension, coronary artery disease, diabetes, osteoarthritis, and cancer—all the increased risk factors that come with obesity."²²

Recent research conducted by Dr. Daniel Belluscio has demonstrated consistent results with hCG. Records show that his clinic has used the oral hCG approach on 6,540 patients to date. This reliable and effective method for obesity management has been validated by appropriate double-blind studies.²³ According to Dr. Belluscio: "Results are not surpassed by any other modality of obesity therapy."²⁴

A medically supervised Metabolic hCG program can benefit everyone. Whether you are struggling to lose 10-15 pounds of menopausal belly fat or are seriously overweight or obese, as long as you follow Dr. Simenon's hCG program precisely, in conjunction with his specific low-caloric diet, then success is virtually guaranteed. The tremendous successes with the loss of stored fat reserves, as well as the many remarkable health benefits has shown to medical practitioners and patients alike that this is an effective solution to the obesity epidemic, or as my wife likes to say, "results typical."

A growing number of A4M (American Academy of Anti-Aging Physicians) doctors who are incorporating hCG programs into their clinical practices have reported significant weight loss and successful maintenance.

Are you skeptical of such a program? Who wouldn't be? Most people have tried diets galore, only to be disappointed in the end. Let me tell you about my own personal experience.

Physician Heal Thyself (Luke 4:23)

The moral of the proverb is counsel to attend to one's own defects rather than criticizing defects in others. Having weighed over 300 pounds myself for over 30 years, who am I to give advice on weight management?

I met Karen in 1963, when she was 16 years old; we married in 1968. Forward ahead, 44 years of a wonderful marriage, 6 children, 11 grandchildren and 200+ additional pounds between us. My wife and I tried virtually every weight loss program that came on the market such as liquid protein, powder protein, meal replacements, Atkins and countless others, even if they admitted the advertised results were atypical. All had limited weight loss success, zero long term success and often a weight gain afterwards. Why, like so many other people who have been successful in so many aspects of their lives, were we not able to

control our weight? Why, like so many others, did we continue to gain weight and be severely overweight?

I had been reading about a program by the late Dr. Simeons which consisted of low dose, hCG (Human Chorionic Gonadotropin) along with a VLCD (very low calorie diet) which had enormous success in his patients for the treatment of obesity and Metabolic Syndrome. He explained his theory and documented his findings in his manuscript entitled "Pounds and Inches". Metabolic Syndrome consists of some or all of the following: elevated blood pressure, elevated cholesterol, elevated triglycerides, insulin resistance and central obesity. Dr. Simeons purported that his hCG protocol would cause weight loss and reduce inches by mobilizing abnormal fat stores in the abdomen, neck, arms and legs. By doing so it would lower or eliminate the need for pharmaceuticals to treat the symptoms of Metabolic Syndrome.

In September 2009, I was a guest speaker at the A4M (American Academy of Anti-Aging Physicians) Conference in San Jose, California. The A4M Conference brings together physicians, pharmacists, and other health care practitioners who practice anti-aging and rejuvenate medicine. Over the five years that I have been a speaker there I have met many professionals who treat Metabolic Syndrome and obesity. At the Conference I spoke with pharmacists and physicians who utilize various hCG programs in their clinical practices. Some of the pharmacists were able to compound hCG into a low dose sublingual delivery system negating the need for daily injections. I was also inspired by a medical school classmate of mine who used Dr. Simeons' hCG program in 2004, lost more than 70 pounds and not regained any of the weight in over five years.

This convergence of events led me, in September 2009, at the age of 63, 6' tall and weighing 334 pounds, to start the hCG program, using prescription pharmaceutical sublingual hCG prepared by one of the compounding pharmacists at the Conference. At the same time, my oldest son Jeremy (6'1" - 275 pounds), an attorney, joined me. After one month I had lost almost 30 pounds and my son lost approximately 25 pounds. In October my wife, Karen, (5'4½", 230 pounds) and my daughter, Jennifer, (5'7", 225 pounds), an Associate Professor of Nursing at DePaul University, began their hCG journey.

By Christmas 2009, I was down to 275 pounds, the lowest weight I had been in more than 30 years. For the first time in over 30 years I had normal blood pressure readings, no longer needing prescription pharmaceuticals to control it. For the first time in many years the weight on my driver's license was more than my actual weight.

I integrated the hCG program into my practice in March 2010. I had a dual purpose for doing this as I would be the inspiration for my patients and they would be mine. To date we have had approximately 1,000 patients, more than 700 have stayed with the program and have collectively lost over 20 TONS! Many of the patients have reduced their need for prescription pharmaceuticals for controlling blood pressure, cholesterol and blood sugar and others have eliminated the need completely as their metabolic values have normalized. Today (January 17, 2011) I received an email from one of my patients, who has joined me in the 100 pound weight loss club. He is the 30th patient of mine to join this elite club - an incredible achievement. We have had more than 400 patients who have lost more than 50 pounds and many who have lost between 20 and 50 pounds (not everyone needs to lose as much weight as I did). To date my wife and daughter have lost over 70 pounds each, my son, over 50 pounds, and myself over 100 pounds. We have also maintained the new weight for 2 years.

Metabolic Syndrome

Metabolic syndrome is a name for a group of risk factors high blood pressure, insulin resistance, elevated lipids and central obesity which increase the risk for coronary artery disease, stroke, and type 2 diabetes. Metabolic syndrome is becoming more and more common in the United States. Researchers are

not sure whether the syndrome is due to one single cause, but all of the syndrome's risk factors are related to obesity.²⁵

The American Heart Association states that the dominant underlying risk factors for this syndrome appear to be abdominal obesity and insulin resistance. Insulin resistance is a generalized metabolic disorder, in which the body can't use insulin efficiently. This is why the metabolic syndrome is also called the insulin resistance syndrome.²⁶

The statistics for weight loss are grim. Less than 2% of people who are 50 pounds overweight will lose the weight; less than 2% of the ones who lose the weight will maintain the loss for at least one year. That means less than 1 in 2,500 will maintain a 50 pound weight loss for one year. Even more grim, if you are over 100 pounds overweight the chances of maintaining a 100 pound weight loss for one year is 1 in 10,000. My undergraduate degree is in science with a strong emphasis in statistics. I know from my educational background you cannot beat the odds.

In February 2010, the CDC reported that as of 2006 the percent of noninstitutionalized adults age 20 years and over who are overweight or obese: 67% and as of 2015 75% of American adults and nearly 24 per cent of US children and adolescents will be overweight by 2015.²⁷

Current diet programs such as low carbohydrate diets, liquid protein diets, meal replacement diets etc. together with exercise have had limited success in curbing the obesity epidemic. If we are truly seeking a solution to obesity, it appears we need a different paradigm. Traditional weight loss theories and dietary and lifestyle approaches are falling far short of stemming the tide, we are drowning in fat.

Health and nutrition organizations have perpetuated the myth that a reduction of caloric intake of 2,000 joules (500 calories) per day will lead to a steady rate of weight loss of 0.5 kg per week. Because this static weight-loss rule does not account for dynamic physiological adaptations that occur with decreased bodyweight, its widespread use at both the individual and population levels has led to drastically overestimated expectations for weight loss and a regaining of the lost weight in 80-90% of individuals in less than 1 year.²⁸

Research by Campbell et al. at Tufts University²⁹ and Pratley et al. at the University of Maryland³⁰ demonstrated that 1 lb. of muscle burns about 35 calories per day and 1 lb. of fat burns zero calories per day. Research by Dr. Josephine Connolly et al. demonstrated that calorie restricted diets result in a lowering of your resting metabolic rate (RMR) by about 15%.³¹ RMR is the number of calories your body burns at rest to maintain normal body functions. It is the amount of calories per day your body burns, regardless of exercise.

The problem is that to lose weight you need to eat fewer calories. However, calorie restricted programs burn between 25-40% lean tissue (muscle mass)³¹. The more muscle you lose on any calorie restricted diet will result in a greater lowering of your RMR and will require greater reduction in your daily caloric intake in order to maintain your new weight. Based on the evidence a program where a majority of weight loss comes from fat, rather than muscle, would result in a minimal metabolic rate changes and would require less caloric reduction in order to maintain your new weight.

Claims have been made that hCG (Human Chorionic Gonadotropin) along with a VLCD (very low calorie diet) for 30 days in a medically supervised program can reduce weight on average by 10-20 lbs per month along with a reduction of abdominal girth, lower HemA1C, lower blood pressure, lower lipid levels, without experiencing hunger.^{32,33}

The landmark work of the late Dr. A.T.W. Simeons, as outlined in his manuscript *Pounds and Inches*, discusses his more than 30 years of medical observation and practice with low dose hCG. He observed that his protocol resulted in a significant weight loss and change in body composition (mostly fat loss and a small amount of muscle loss). He believed this change in body composition helped people maintain the weight loss.^{32,33}

To date I have conducted several trials verifying the efficacy and validity of a physician supervised Metabolic hCG program.

The Program

Eisenstein Protocol for Metabolic Syndrome and hCG Weight Loss

- 1 Medial History, Exam, Body Composition Analysis
- 2 Lab testing: A1c, Vitamin D, Lipid Panel, CMP, CRP Cardio
- 3 Pharmaceutical hCG
- 4 Nutraceuticals
- 5 Patient Education program instructions hCG phase
- 6 Patient Education Maintenance Phase
- 7 Follow up visits
- 8 Patient support
- 9 Studies on the Eisenstein Protocol
 - a. Clinical Trial of Sublingual Pharmaceutical hCG as a Treatment for Insulin Resistance
 - b. Clinical Trial of Sublingual hCG as a Treatment for Obesity
 - c. Why Do Virtually All People Who Have Lost Weight on Calorie Restricted Diets Put All the Weight Back On?
- 10 FAQ

A Word About Our hCG

Dr. Simeons did not have sublingual hCG available, but he did know about mucosal absorption. Sublingual prescription hCG is effective without the need for daily injections. Our sublingual hCG is not homeopathic and requires refrigeration.

Our protocol is a 200 IU hCG sublingual tablet twice a day for 30 days. Sublingual prescription hCG is effective, achieving a weight loss of about 8-10% of your body weight per round, (i.e. if you weighed 300 pounds, you will lose approximately 24-30 pounds the first round - if you weighed 200 pounds you will lose approximately 16-20 pounds). We have found that patients can start a subsequent round of hCG after a 30 day maintenance phase with continued successful results.

Program Instructions

VLCD (Very Low Calorie Diet)

hCG INSTRUCTIONS:

Twice a day, preferably 12 hours apart, place the hCG tablet under your tongue. It will dissolve in less than a minute. Avoid drinking or eating anything for 45-60 minutes after taking hCG. hCG medication should be refrigerated.

Day 1 and Day 2 loading days:

On these first two days load on healthy fats: avocado, meats, eggs, cheeses, nuts and whatever else you want. Avoid sugars if you are diabetic or insulin resistant. In addition to the loading you will be taking the hCG twice a day and supplements as prescribed on these days.

Days 3-30: On these days you will be taking the hCG twice a day and supplements as prescribed as well as maintaining the VLCD 500 calorie diet (see diet plan handout).

Days 31-33

Maintenance Begins

Continue the VLCD 500 calorie diet without taking hCG.

Days 34-60

Maintenance days: Maintain your weight neither losing nor gaining more than 2 pounds.

Other Notes:

Weigh yourself daily - Log your weight, measurements and meals on Fitday.com or a similar food and calorie logging application, an Excel spreadsheet or keep a paper log.

Apple Day:

If you plateau, no weight loss for 3 or 4 days, you can consider an **apple day** to "jump start" your weight loss again. Eat 6 apples only and drink LOTS OF WATER. Resume VLCD next day.

Some Things to Remember During hCG Phase

1. Drink your water
2. Do not miss meals
3. Take your supplements
4. Do not change your prescription medication without conferring with your medical provider (hypertensive and diabetic patients record your blood pressure and blood sugar values)
5. Do not do strenuous exercise
6. Eat slowly it takes 20 minutes for your brain to realize you've eaten
7. Take your hCG 2 times a day
8. Weigh yourself everyday
9. Keep a daily log
10. Get enough sleep, at least 6-8 hours each night
11. Don't eat while standing. Sit down and enjoy your meals.
12. Read *Pounds and Inches*³²

Prescribing Information for hCG and Natural Supplements

Sublingual hCG 12,000IU-- 30 day supply 1 tablet under tongue 2 times a day

Multivitamins with Probiotics-- 240ct (60 day supply) 4 capsules a day

Digestive Enzymes with Probiotics -- 180ct (60 day supply) 3 capsules a day

Probiotics with FOS-- 240ct (60 day supply) 4 capsules a day (FOS is a prebiotic)

Vitamin D3 with Probiotics 5,000IU --2 capsules per day

Vitamin C with Probiotics -- can be taken if you experience constipation

Saccharomyces Boulardii can be taken if you experience diarrhea

Enjoy your success!

Maintenance Phase

Taken from A.T.W. Simeons M.D.'s *Pounds and Inches*³²

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.....

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 are 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.....

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

From hCG to Maintenance:

Each phase of the program lasts approximately 30 days. The first 30 days you take HCG. The 2 first days are the loading days, and the following 28 days are the VLCD (very low calorie diet) days. After your last dose of HCG on day 30, continue the VLCD for 72 hours (3 days), to allow the HCG to get out of your system. After that you change to the "Maintenance" for 27 days (a total of 30 days off of HCG).

The purpose of the "Maintenance Phase" is not to lose any additional weight, but to learn how to maintain your new weight and to allow your metabolism to get used to the new weight. During this phase you can eat anything you ate during the VLCD phase, plus additional fats, meats, vegetables, etc. You can eat almost anything with the exception of starches, sugars, and other carbohydrates. Continue drinking half your body weight in ounces of water each day.

The key to success in this phase is: be sure to introduce new foods **very slowly**.

This maintenance phase is just that. Maintain the weight you were on the last day of the HCG phase within 2 pounds plus or minus.

As you add different foods back into your diet, the Maintenance Phase will help you learn how individual foods affect your weight. Keeping your daily food journal, will help you pinpoint problem foods. You will also learn what portion sizes work best for you. Once you know which foods cause you to gain weight, you avoid them.

Some New Common Maintenance Phase Foods

Some new foods you can have include milk products such as cream cheese, heavy cream, and low carb cheeses such as cheddar, mozzarella, bleu cheese, and Swiss. You will also want to increase your vegetable selections to include low-glycemic indexed vegetables such as avocado, summer squash and

green beans. You can also include fats such as oils, nuts, butter, and coconut products. Remember, add the new foods **slowly**.

Non-Allowed Foods

Stay away from refined carbohydrates, starches, and sugars. This includes high starch vegetables such as beets, carrots, corn, winter squashes, and yams. This also includes all breaded foods, grain products (tortillas, pita bread, etc.), pasta and oat products. You will also want to stay away from man-made products such as margarine, over processed foods, and pre-made foods that might have hidden sugars or starches such as ketchup.

What if I continue to Lose Weight?

The point of the Maintenance Phase is not to lose weight, but to maintain the same weight you had within 2 pounds on the last day of the VLCD. If you continue to lose weight, you will need to increase caloric intake. Try adding black beans, green beans, you can also increase your fruits and berries or take larger portions.

What if I Gain Weight?

If you gain 2 pounds more than your last weight of the VLCD, evaluate your food intake according to your log. Check all the foods and beverages you are consuming for hidden sugar, starches, and carbohydrates. Count your calories, until you can find your individual intake level. Determine when the last time you had a bowel movement. You might want to increase your water and fiber intake. If you gain more than 2 pounds you will want to immediately do a steak day.

Steak Days:

As soon as your weight increases by more than 2 lbs from the weight you were at on the last day of the VLCD, skip breakfast and lunch, drink lots of water, and eat a huge steak with an apple or raw tomato for dinner.

Tips for Maintenance:

- Continue to keep your food log
- Continue to enjoy apples and/or grapefruits daily
- Make sure you are eating enough (approximately 1200-1500 calories a day) to maintain your new weight
- Continue to weigh yourself every day
- Continue to drink half your body weight in ounces of water per day
- Now you can eat breakfast, lunch, dinner each day
- The Maintenance Phase becomes increasingly longer as you get closer to your goal weight
- Do not allow your weight to increase more than 2 lbs from your last day on the VLCD
- Stick with fresh foods and homemade items
- No highly refined foods, sugar or artificial sweeteners

You will be successful!

Eisenstein Protocol for Metabolic Syndrome and HCG Weight Loss

Summary of Program

On HCG - VLCD

- * 30 Days on low dose sublingual pharmaceutical HCG tablets
- * 500 Calories while on HCG

Off HCG - Maintenance

- * 30 Days maintenance phase without HCG
- * Everyone's calorie allowance will vary - the goal is to maintain your weight loss

Program During hCG Phase

- * No breakfast
- * "Two handfuls" of salad for lunch and dinner
- * 3½-4 oz. protein with lunch and dinner
- * Apple or half grapefruit for dessert
- * Very low carbohydrates and no fat during the hCG phase
- * Drink water, at least half your body weight in ounces daily
- * Carbohydrates only from apples, grapefruits, salads and Melba Toast or Grissini
- * Minimal amount of exercise - walking is fine

Goal During "Maintenance" Phase

- * Maintain your "new" weight

The hCG and "maintenance" cycles repeat until you reach your goal weight

Once you get closer to your goal weight the "maintenance" phase is extended, i.e. 2, 3 or 4 months.

- * Enjoy your success!

Frequently Asked Questions

Q. Will I feel hungry while on hCG?

A. If you drink your water and eat your meals, most people do not feel hungry while on HGC.

Q. If I take the hCG but do not follow the 500 calorie diet, will I lose weight? A.No.

Q. Can I eat carbohydrates during the maintenance phase?

A. Carbohydrates can be added sparingly in the fourth week of the maintenance phase. Read *Pounds and Inches*.

Q. Can I exercise during the hCG phase?

A. No exercise is recommended. You can walk, go for bike rides or do low impact activities like Pilates and yogo.

Q. Can I take Vitamin E, Flaxseed Oil, and Omega3 while on hCG?

A. No. Additional fats are NOT allowed during the hCG phase.

Q. Can I do this hCG weight loss protocol while breastfeeding?

A. We do not recommend it during the first year of breastfeeding.

Q. Can I have a massage during the hCG Phase?

A. No.

Q. What if I get constipated while on hCG?

A. Take FOS, ProC, or Magnesium

Q. What if I experience diarrhea while on hCG?

A. Take Sacchromyces Boulardii

Q. Can I put cream or milk into my coffee during the hCG phase?

A. Only 1 tablespoon of milk is allowed in 24 hours.

Apple Day

Q. What do I do if I am not losing weight while on the hCG?

A. Check to make sure you are not eating more than the 500 calories. Are you using any creams or lotions with edible fats? Are you constipated? Are you drinking enough water? Remember the minimum is 1/2 your weight in ounces. If the scale does not move for a few days you could do an "Apple Day." Drink lots of water and eat only 6 apples during the course of the day.

***Clinical Trial of Sublingual Pharmaceutical HCG
as a Treatment for Obesity and Insulin Resistance Syndrome³⁵***

Method:

Fifteen obese patients with an average weight of 262 lbs., average BME of 40.7 (morbidly obese) and an average Hemoglobin A1c was 6.4% (Prediabetic)^{36,37} were enrolled in the Homefirst[®] weight loss trial. No patients were prescribed appetite suppressants of any kind. All 15 patients finished 3 rounds of Phase I and 3 rounds of Phase II for a total of 6 months.

Phase I is sublingual pharmaceutical HCG^{22,23} 200IU taken twice a day for 30 days along with a VLCD (500 calories per day, 300 calories from lean chicken or beef, 200 calories from fruits and vegetables and no calories from fat). This, along with other parameters such as increased water consumption, and daily weighing is the protocol.

Phase II is a maintenance period of 30 days. The protocol here is to increase the caloric consumption sufficient to maintain the current weight. The protocol is no HCG during the maintenance period.

Results:

The average BMI of our 15 patients when they joined was 40.7, after 180 days their average weight loss was 45 lbs per person resulting in a BMI of 35.3. This represents 17.1% of their total body weight and a change from morbidly obese to obese.

The average Hemoglobin A1c of our 15 patients when they joined was 6.4%(Pre-diabetic), after 180 days their average Hemoglobin A1c was 5.6%(normal range).

Conclusions:

The initial three rounds of Phase I and Phase II of the HCG and VLCD protocol had the effect of significant weight loss as well as a reversal from a pre-diabetic state to a non-diabetic state. The Metabolic HCG program may be one treatment plan to lower overall obesity rates as well as to reverse prediabetes and thereby treat the two most significant factors (obesity and insulin resistance) of Metabolic Syndrome.

Change In Body Composition and Resting Metabolic Rate Using a Sublingual Pharmaceutical HCG Protocol & it's Implication for Metabolic Syndrome³⁴

Method:

Our Protocol incorporates:

- Dr. Simeons' *Pounds and Inches* protocol;
- adds a Nutraceutical component;
- uses sublingual prescription HCG instead of injectable HCG; and
- validates results with the use of Bio Impedance Analysis (BIA)

BIA measures body composition (muscle, fat and water) and metabolic rates. It measures resistance and reactance. Bioelectrical impedance analysis is the study of the electrical properties of biological material and its change over time. The most popular application for BIA is predicting human body composition as a total body measurement from hand to foot where resistance and reactance is evident from a biological circuit that conducts alternating current. The source electrodes introduce an alternating current (50 KHz) at the base of the toes and fingers. The detecting electrodes measure the voltage drop due to this circuit at the anatomical land marks of the ankle and wrist bones. This is a four electrode or tetrapolar measurement, which is essential to eliminate electrode and field distribution problems associated with two electrode measurements. The conducting media has a resistive and capacitive electrical path. These two values are independently measured and resolve the cellular and ionic components of the material. The cellular volume is measured as capacitive reactance and the resistive volume is ionic resistance, both are expressed in ohms. Using this information and scientific formulas we are able to measure body: fat, muscle, water and metabolic rates.

Using the RJL Quantum IV BIA analyzer 12 patients on a modified Simeons HCG protocol were followed for change in their body composition and their metabolic rate at each visit. No patients were prescribed appetite suppressants of any kind. All 12 patients finished three rounds of Phase I and three rounds of Phase II for a total of six months.

Phase I was sublingual pharmaceutical HCG ^{8,9} 200IU taken twice a day for 30 days along with a VLCD (very low calorie diet), approximately 500 calories per day. The diet consists of 300 calories from lean chicken or beef, 200 calories from fruits and vegetables, trace calories from fat, along with other requirements such as increased water consumption, and daily weighing.

Phase II was a maintenance period of 30 days. The goal is to increase the caloric consumption to maintain the current new weight. There is no HCG during the maintenance period.

Results:

Twelve obese patients started with an average:

Weight of 227.33 lbs.

BMI of 37.1

RMR 1831.69 calories per day

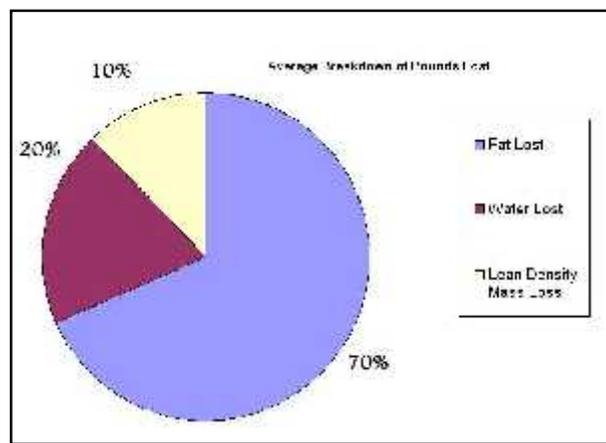
RMR/Weight = 8.16 calories per pound per day

After six months the average patient had:

Weight Loss 34.60 lbs.

Fat Loss 24.22 (70%)

Muscle Loss 3.4 lbs. (10%) (see Graph 1)



Graph 1: Breakdown of fat, muscle and water loss using the Eisenstein hCG protocol.

Weight 195.17 lbs.

BMI 31.5

RMR 1736.00 calories per day

RMR/Weight = 9.09 (+12.3) calories per pound per day

These same patients, had they been on any other calorie restricted program, would have had the following measurements based on the scientific literature. After six months the average patient's expected statistics would have been:

RMR (15% decrease) would be 1554 calories/day

RMR/weight would be 7.96 (-1.7%) calories per pound per day

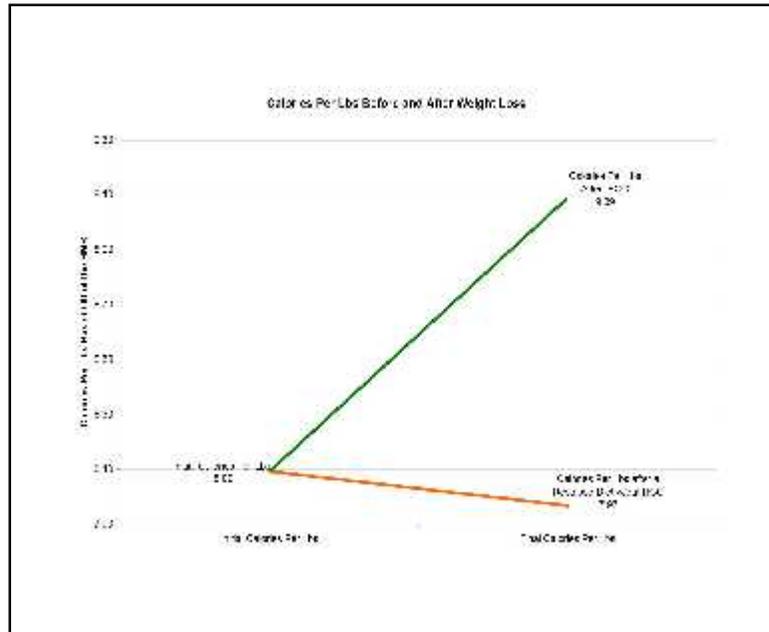
Muscle Loss would be 5.85 - 13.8 lbs. (25% - 40%)

Discussion:

To make sense of metabolic rates you have to divide the metabolic rate by the person's weight. The number of calories that you need to maintain your weight is directly related to how much you weigh. A 200 lb. person will need more total calories per day than a 150 lb. person. However, your metabolic rate divided by your weight will give a number that will allow you to compare individuals with different weights. A good example is gasoline consumption, miles driven are like metabolic rate and miles per gallon are like Metabolic Rate/Weight. To compare gasoline efficiency you must look at miles per gallon. Likewise to compare diet efficiency you must look at Metabolic Rate/Weight. The Simeons HCG protocol causes the Metabolic Rate/Weight to increase and all other calorie restricted programs actually cause the Metabolic Rate/Weight to go down.

Conclusions:

The initial three rounds of Phase I and Phase II of the HCG and VLCD protocol produced significant; weight loss (34.60lbs.), fat loss (70%), muscle loss (10%) as well as an increase in resting metabolic rate/weight by almost one calorie per pound per day (8.16 to 9.09) (see Graph 2).



2Graph 2: Calories Per Pound Before and After Weight Loss

That means a 150 lb. person on the HCG protocol will be burning 150 calories a day **more** than at the beginning of the program. In contrast the expected results in all other calorie restricted programs without the modified Simeons protocol would have resulted in loss of muscle between 25-40% and a decrease in the metabolic rate/weight by about .13 calories per pound per day (8.16 to 7.96). That means a 150 lb. person will burn about 20 calories a day **less** than at the beginning of the program. The HCG protocol results in a catabolic state. You burn more calories per pound at the end of the program. All other calorie restricted programs lead to an anabolic state. You burn fewer calories per pound at the end of the program.

These changes brought about by the modified Simeons Protocol which resulted in the large amount of fat loss (70%) vs. the small amount of muscle loss (10%) and the increase in Metabolic rate per pound(+12.3%), may be the reason why the protocol allows people to lose the weight **and** keep it off. Further research is warranted.

Scientific Studies Concerning *Nutraceuticals and Weight Loss*

Vitamin D and Weight Loss

A person's level of vitamin D may actually be a predictor of his or her ability to lose fat, according to Dr. Shalamar Sibley, a researcher in the University of Minnesota Medical School.³⁹

Dr. Sibley was already involved with a weight-loss study when she decided to measure the baseline vitamin D levels of the participants. She found that higher levels of vitamin D predicted greater fat loss.

In a clinical study of 38 people, Sibley found that higher baseline levels of vitamin D predicted fat loss, especially in the abdominal area.

“What is suggested here is that if you start out with an inadequate vitamin D level, it's possible that this might inhibit or impede your ability to lose weight on a reduced caloric diet,” she says.

Dr. Eisenstein comments:

I spoke with Dr. Sibley and she confirmed that correcting the deficiency would most probably result in further additional weight loss.

The findings are said to be the first to show a clear link between Vitamin D levels and the accumulation of fat in muscle tissue, and add to an ever growing body of science supporting the benefits of maintaining healthy vitamin D levels.

Probiotics and Weight Loss

Probiotics are beneficial bacteria and they can be found in supplement form. According to some recent research, they may also aid in weight loss. Part of this country's obesity problem might stem from a bacterial imbalance in the stomach.

Stanford University medical researchers gave a Probiotic supplement to patients who underwent weight loss surgery, in order to treat an overgrowth of bacteria in the GI tract. There was an unexpected, and beneficial, side effect- they lost more weight. According to Dr. John Morton, a director of bariatric surgery at Stanford, the number of calories taken in depends on the type of bacteria in the intestines. If the makeup of those bacteria is changed, the amount of calories absorbed would change also. The difference may be minimal at first look, but over time, that deficit can add up.

The finding expands on recent studies involving mice that show how lean mice have different intestinal bacteria than larger ones. The type of bacteria in the human intestine changes both before and after weight loss. In the future, it may be possible to come up with individualized Probiotic treatment, and give people a "bacterial infusion" to bolster the bacteria that influence weight loss. The bacteria in the digestive tract are like a furnace, allowing the body to effectively consume calories.

With obesity being the largest cause of preventable deaths in the US, it is definitely promising research. In Canada, thirty-five percent of adults are over- weight, and 24% are obese. So far, the only surefire treatment is gastric bypass surgery, which is fraught with risks. Some patients will have bacterial

overgrowth, which can cause abdominal pain and bloating. Probiotics can help immensely in this situation.

Researchers from Washington University reported that the bacteria found in the digestive tracts of overweight mice help them absorb more calories from food. When they took those bacteria and implanted them in the intestines of lean mice, the lean mice began to gain weight. That seems to suggest that the type of bacteria in the digestive tract can determine how many calories the person absorbs.

The patients in the Stanford study were given a Probiotic supplement of over 2 billion colonies of lactobacillus per day. While the research is promising, it's still unclear whether it's the amount of bacteria, or the composition. That being said, there's really no harm in supplementing with probiotics, and they are generally well tolerated by most people.

Prebiotics

A prebiotic is a selectively fermented ingredient that allows specific changes, both in the composition and/or activity in the gastrointestinal micro flora that confers benefits upon host well-being and health. Simply stated, prebiotics are food for the friendly bacteria.

In that overweight/obesity can change the composition and balance of microorganisms in the gut, Nathalie M. Delzenne, from Université catholique de Louvain (Belgium), and colleagues assessed how specific nutrients, such as prebiotics, may be able to induce beneficial changes in gut microbiota and thereby help to manage obesity and related disorders.⁴⁰

Their new study, conducted on animal models, reports that prebiotics have the potential to beneficially manage metabolic diseases in the overweight/obese.

The Multi-Benefits of Multivitamins for Weight Loss

In that obese individuals are more likely to have either lower blood concentrations or lower bioavailability of minerals and/or vitamins, C.H. Sun, from Harbin Medical University (China), and colleagues investigated the effects of multivitamin/mineral supplementation on fat mass, energy expenditure, and lipid profiles.

The researchers conclude that: “The results suggest that, in obese individuals, multivitamin and mineral supplementation could reduce body weight and fatness and improve serum lipid profiles, possibly through increased energy expenditure and fat oxidation.”⁴¹

Digestive Enzymes and Weight Loss

Digestive enzymes play a highly instrumental role in the process of digestion. Digestive enzymes are organic compounds in nature, and are made up of protein molecules. These digestive enzymes are present in the body fluids, and help the human body in the process of digestion and breaking down of foods. In fact, the process of food breakage is actually initiated by enzymes in the body that are secreted throughout the entire digestive tract. The digestive enzymes are produced in the body in many parts such as the mouth, in the stomach, and also in the small intestine.

One of the effects of digestive enzymes is that they break down the food nutrients into simpler forms; for example, fats are split into fatty acids or carbohydrates are split into sugars. Thus, one of the main benefits of digestive enzymes is that they aid in digestion, as the better concentrated and balanced the digestive enzymes in the body, the better is the breakage and simplification of food nutrients. When these food nutrients are broken down by the digestive enzymes, they can be better used by the body in the simplest possible state, otherwise these nutrients are just deposited by the body, which later on leads to obesity. For example, fats that are broken down into simpler fatty acids are utilized by the body directly, while on the other hand, fats that have not been broken down into simpler substances, are simply stored away by the body.

CoQ10 and Weight Loss

Coenzyme Q10 (or ubiquinone) is a co factor in the mitochondrial electron transport chain. The biochemical pathway in cellular respiration from which adenosine triphosphate (ATP) and metabolic energy are derived. Since nearly all cellular activities are dependent upon energy, Coenzyme Q10 is essential for the health of all human tissues and organs. We have added our probiotic blend to enhance the potency and absorption of our CoQ10.

It is a naturally occurring antioxidant nutrient which retards free radical formation in biological systems. Antioxidants are substances that hunt for free radicals and escort them out of the body, which prevents the free radicals causing oxidative damage to cell membranes and DNA when they accumulate in the tissues and blood as a result of pollution, UV light, cigarette smoking, and as a by-product of normal metabolic processes. Free radicals cause us to age more quickly, and they contribute to a number of health problems including heart disease and cancer.

Scientific studies indicate Coenzyme Q10 may also play an important role in the maintenance of the entire cardiovascular system, lower blood pressure, lower diabetes, and help lower obesity.

All of the statin family of drugs use one of the same metabolic pathways as CoQ10 and thereby block some of the CoQ10 production. If you are taking any type of statin drug, you must take a CoQ10 supplement. A good rule of thumb is that for every 1 mg. of statin, in whatever form, natural or patented pharmaceutical, you should be taking at least 10 mg. of CoQ10.

Diabetes and obesity are metabolic disorders induced by an excessive dietary intake of fat, usually related to inflammation and oxidative stress.

Aims: The aim of the study is to investigate the effect of the antioxidant coenzyme Q10 (CoQ10) on hepatic metabolic and inflammatory disorders associated with diet-induced obesity and glucose intolerance.

Methods: C57bl6/j mice were fed for 8 weeks, either a control diet (CT) or a high-fat diet plus 21% fructose in the drinking water (HFF). CoQ10 supplementation was performed in this later condition (HFFQ).

Results: HFF mice exhibit increased energy consumption, fat mass development, fasting glycaemia and insulinemia and impaired glucose tolerance. HFF treatment promoted the expression of genes involved in reactive oxygen species production (NADPH oxidase), inflammation (CRP, STAMP2) and metabolism (CPT1@a) in the liver. CoQ10 supplementation decreased the global hepatic mRNA expression of inflammatory and metabolic stresses markers without changing obesity and tissue lipid peroxides

compared to HFF mice. HFF diets paradoxically decreased TBARS (reflecting lipid peroxides) levels in liver, muscle and adipose tissue versus CT group, an effect related to vitamin E content of the diet
Conclusion: In conclusion, HFF model promotes glucose intolerance and by a mechanism independent on the level of tissue peroxides. CoQ10 tends to decrease hepatic stress gene expression, independently of any modulation of lipid peroxidation, which is classically considered as its most relevant effect.

This animal study supports the facts that the coenzyme Q10 (CoQ10) may protect or retard the development of fatty liver related to obesity. CoQ10 has properties similar to vitamins, but since it is naturally synthesized in the body it is not classed as such. It is also known as ubiquinone because of its 'ubiquitous' distribution throughout the human body. The coenzyme is concentrated in the mitochondria, the 'power plants' of the cell and plays a vital role in the production of chemical energy. There is an ever-growing body of scientific data that shows substantial health benefits of CoQ10 supplementation for people suffering from angina, heart attack and hypertension. The nutrient is also recommended to people on statins to off-set the CoQ-depleting effects of the medication. Other studies have reported that CoQ10 may play a role in the prevention or benefit people already suffering from neurodegenerative diseases.⁴²

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**September, 2009
334 Lbs.**



**Dr. Eisenstein,
MD, JD, MPH
14 Months later
110 Lbs. lighter
After following
the HCG
Protocol diet.**

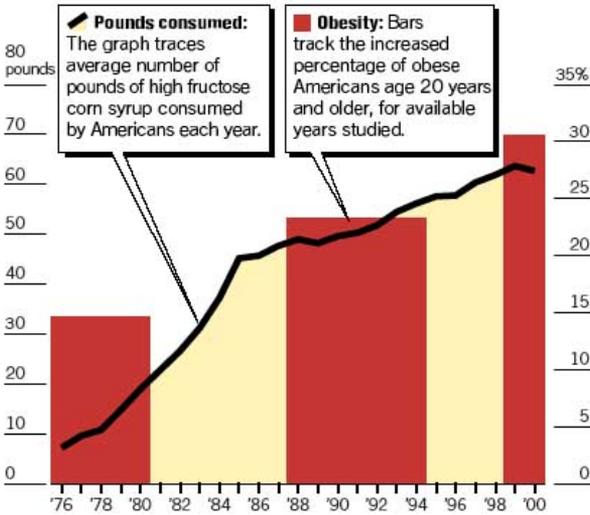


**November, 2010
224 Lbs.**

High Fructose Corn Syrup and Obesity

Obesity and high fructose corn syrup

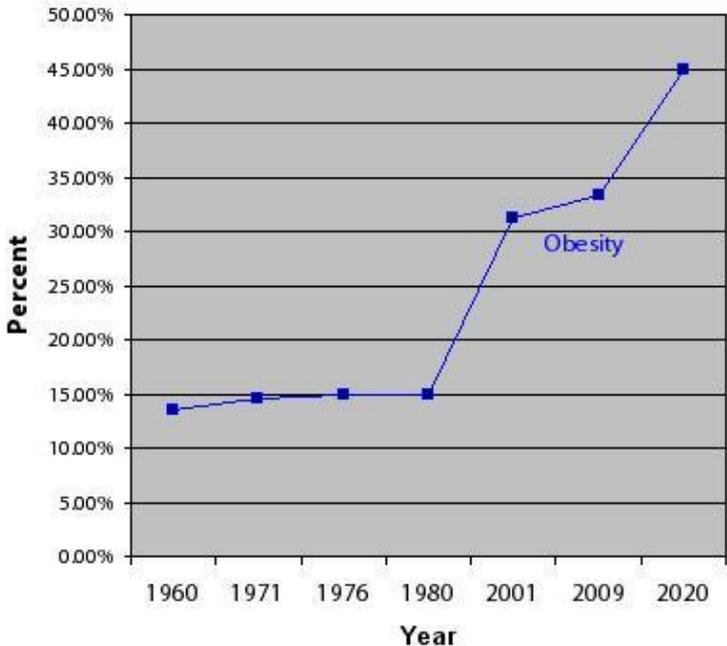
The number of Americans who are obese has quadrupled in recent years, a study shows. At the same time, high fructose corn syrup consumption has risen at parallel rates.



Source: Centers for Disease Control, American Obesity Association, Chronicle research

Chronicle Graphic

Trend of obesity among US Adults



Homefirst® Metabolic Syndrome and HCG Weight Loss Program Graphic Overview

HCG Phase

Take HCG every day during this phase including the loading phase.

Day	Loading																													
	VLCD																													
	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

MAINTENANCE PHASE (No HCG)

Do NOT take HCG on any of these days

Day	VLCD																													
	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

	>Loading - Remember to also take HCG on loading days.
	VLCD
	Maintenance