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AN EFFECTIVE SOLUTION TO THE OBESITY EPIDEMIC

An amazing low-calorie dietary protocol that utilises human chorionic gonadotrophin (hCG) is having enormous success for overweight and obese people and offers a way out of the global health crisis.

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A Costly Problem Worldwide

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 westernised 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 industrialised 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, and that figure jumps nearly fivefold if the surgeon is inexperienced.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), realised. And 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. In 1928, he travelled to central Africa to study these diseases personally.

In 1931, Dr Simeons accepted a post in India, where he spent the next two decades. While there, he developed the use of the drug Atabrine, which became and remained for years a mainstay of conventional antimalarial treatment. He also investigated a new method of blood staining to better observe the malaria parasite. For his work against malaria, Dr Simeons was awarded the Order of Merit by the Red Cross. During World War II, he held several important Indian government posts, conducted extensive research on bubonic plague and also developed model centres for the treatment of leprosy.

After India became independent, Dr Simeons set up in private practice in Bombay and was frequently consulted by the government. Destiny, however, would direct him toward a very different mission.

In 1949, with his wife and three sons, Dr Simeons moved to Rome, where he worked on psychosomatic disorders at the Salvator Mundi International Hospital. He was regarded as one of the top research doctors in Europe. Although much of his early work was concerned with the infectious diseases malaria, leprosy and bubonic plague, psychosomatic disorders were another of Dr Simeons' interests.

As he travelled the world, Dr Simeons became fascinated with the condition of obesity, which was a relatively rare condition at that time. His research would lead him to investigate the links between endocrinology, obesity and psychosomatic disorders.

He studied every potential solution for obesity offered anywhere in the world. As part of his thorough investigation, he researched the thyroid, pituitary and adrenal

glands, the pancreas, the gallbladder and over 100 other physiological functions. He could find no direct correlation between obesity and these various glands and organs.

Dr Simeons finally concluded that the key to the obesity problem lies within the part of the brain called the diencephalon, a complex of structures that includes the thalamus and hypothalamus. It is particularly the compromised function of the hypothalamus, he discovered, that is at the core of the problem.

According to Dr Simeons: "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. At first this seemed an utterly hopeless undertaking. The greatest obstacle was that one could hardly hope to correct an inherited trait localised deep inside the brain, and while we did possess a number of drugs whose point of action was believed to be in the diencephalon, none of them had the slightest effect on the fat centre. 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."¹⁸

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. His "Eureka moment" came when he noticed that very thin pregnant Indian women, although having a low-caloric intake while at the same time doing demanding physical activity, delivered healthy full-weight babies. These pregnant women could easily lose weight by drastically reducing their dietary intake but without feeling hungry or in any way harming the child in the womb. After much research, he attributed this phenomenon to the presence of a substance called human chorionic gonadotrophin (hCG), which is made in high amounts in a woman's body during pregnancy.

He also reflected on the rare medical condition of young obese Indian boys, known as "fat boys", who were cured of their obesity with daily injections of small amounts of hCG: they miraculously lost their ravenous appetites and reshaped their bodies to normal.

Dr Simeons wondered if hCG could assist in opening the abnormal, secure reserves of fat in non-pregnant women and possibly even in men. Under normal conditions, these abnormal fat reserves are almost impossible to access and are only released as the body's last survival strategy during times of extreme starvation. However, Dr Simeons found one very interesting exception: hCG signals the body to mobilise these fat reserves. At his hospital, he experimented with this approach, using daily hCG injections combined with a very specific 500-calories-per-day diet. After many years of working with thousands of test patients, he perfected his "weight loss cure protocol". The results were astonishing. Almost 100 per cent of his patients were losing approximately one pound (0.5 kilogram) per day while on the protocol. And they were only losing the most difficult and resistant form of body fat, i.e., abnormal stored fat.

Was hCG the key that could safely and successfully reset a dysregulated hypothalamus?

Importance of the Hypothalamus Gland

The problem of fat storage, which results in being overweight and obese, seems to be related to the master gland, the hypothalamus. The hypothalamus is a collection of specialised cells located in the lower central part of the brain, allowing communication between the endocrine and central nervous systems. It is one of the central elements of the brain and comprises the neuronal circuitry that controls emotional behaviour and motivational drives. Without proper hypothalamic function, the two systems fail to respond appropriately to each other's signals.

The hypothalamus gland also produces secretions that are important to the management of cardiovascular function, certain metabolic activities such as the delicate maintenance of water balance, sugar and fat metabolism, body temperature control, appropriate sleep programming, appetite and thirst responses. The secretion of all hormones is facilitated by the hypothalamus. It is also involved in control of the pituitary gland.

Hidden within the hypothalamus is a satiety centre that regulates appetite; it is controlled by two chemicals that stimulate the surrounding hypothalamus to increase metabolism, reduce appetite and increase insulin to deliver energy to cells rather than to be stored as fat. Unfortunately, these systems can be easily compromised.

The endocrine system is an intricate "feedback" system in which hormones release or suppress other hormones, controlling the way the body works. Balance is crucial because an unhealthy gland could cause repercussions to cascade down into all parts of the body.

It appears that our 21st-century lifestyle is a serious threat to a healthy, well-functioning hypothalamus. An imbalance of the hypothalamus results in intense and constant hunger, low metabolism, and accumulation of excessive and abnormal fat in various parts of the body including the abdomen, hips, thighs and waist as well as the knees, back and upper arms. This gland does not operate normally in people who are fat. In fact, even the mildly overweight may also have an impaired hypothalamus.

The hypothalamus is adversely affected by stress and trauma, cycles of fasting and bingeing, and a toxic diet of highly refined, low-fibre food contaminated with tens of thousands of man-made chemicals and additives. However, there are even more modern-day perils that take their toll. Toxic substances breach the blood-brain barrier and enter into the hypothalamus and then into the pituitary gland, where they cause dysfunction; for example, pervasive environmental oestrogen disruptors such as nonylphenol (NP) and bisphenol A (BPA) have a direct adverse impact on the hypothalamus.¹⁹

According to medical researcher Robert O. Becker, MD, electromagnetic fields (EMFs) also have an adverse impact on the hypothalamus. "The sites of the greatest change—the brain's hypothalamus and cortex—were cause for concern. The hypothalamus, a nexus of fibers linking the autonomic nervous system, is the single most important part of the brain for homeostasis and is a crucial link in the stress response. Any interference with cortical activity...would disrupt logical and associational thought..."²⁰

Noted researcher Dr Henry Lai stated: "The added stress of continual exposure to wireless frequencies from use of mobile phones and other wireless devices further challenges the brain."²¹

In less than 30 years, almost 90 per cent of the planet and its inhabitants have been engulfed by continuous exposure to unrelenting EMFs and wireless technologies. Perhaps our delicate brain, especially the major controlling centre, the hypothalamus, has finally reached the tipping point from exposure to the many unrelenting toxic substances, physical and emotional stressors, and 21st-century technologies.

With compromised functioning of the hypothalamus, fat will continue to increase whether one eats excessively, normally or minimally. No amount of dieting or exercise will ever cause the stored fat reserves to budge. The plain, simple fact is that this gland does not operate normally in overweight people and probably is compromised to some degree in most people. In order to release stored fat reserves, increase metabolism and reduce unrelenting physical hunger, the hypothalamus must be reset in both women and men.

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 reused 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 while only breaking down the abnormal body fat, using it as fuel and causing a person not only to lose kilograms but also centimetres. 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 maximises 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".²² 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, recalibrates the hypothalamus gland—the part of the brain that regulates metabolic processes. It 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 gonadotrophin (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 "gonadotrophin", 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 chorium 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, oestrogen 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."²³

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.²⁴

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's 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 mobilised 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 recognised that the main function of the fat cells 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 tripling 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, which is generated by excess fat, and aches and pains disappear. Also, 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, rheumatism and arthritis, high blood pressure and hardening of the arteries, coronary disease and cerebral hemorrhage."²⁵

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 normalise. However, 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.

Perhaps the most significant benefits of the hCG protocol are improvements in the metabolism and resetting of the hypothalamus. After you complete the program, which lasts 6–12 weeks depending on how much weight you decide to lose, and make the appropriate changes to diet and lifestyle, the new set point will hold. For people who are obese, several rounds of the hCG diet will be necessary.

"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."²⁶

Dr Simeons published his research in the prestigious medical journal *The Lancet* in 1954.²⁷ As a result of his stellar reputation, his meticulous research and outstanding results on thousand of patients, medical doctors around the world flocked to his technique. Exclusive clinics that catered to the rich and famous were established throughout Europe, and are still in existence today.

Yet, fearful of ridicule or more nefarious agendas from multinational corporations and the medical orthodoxy that were not favourable to a safe fat-loss cure, Dr Simeons was most protective and secretive of his protocol. While there have been detractors to Dr Simeons's work, some studies that have seemingly proven his protocol ineffective were discovered upon further investigation to have been flawed in some manner.

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.²⁸

According to Dr Belluscio: "Results are not surpassed by any other modality of obesity therapy."²⁹

HCG can benefit everyone. Whether you are struggling to lose a stone (over 6 kg) of menopausal belly fat or are seriously overweight or obese, as long as you follow Dr Simeons's hCG program precisely, in conjunction with his specific low-caloric diet, then success is guaranteed.

The tremendous successes with the loss of stored fat reserves, as well as the many remarkable health benefits that accompany the resetting of the master gland, have proven to medical practitioners and patients alike that this is an effective solution to the obesity epidemic.

A Personal Journey on hCG

As with so many women, the mid-life middle spread snuck up on me. I knew I had just emerged from two years of major life changes with their accompanying stresses. However, I was not at all prepared for my doctor's rather blunt comment. Rather tactlessly, he said: "What has happened to you? You look like you are six months'

pregnant." Now, I knew I had been carrying some extra cortisol-induced weight around the midriff, but I guess denial is a wonderful thing. I really didn't think I looked that overweight. Stepping onto his scale ripped the veil of illusion from my eyes!

Whether we like it or not, the older we get the less efficient our body becomes at detoxifying, maintaining a dynamic metabolism, balancing hormones and managing blood sugar. All of these issues can add to ever upward creeping weight. Popular drugs also play their part: HRT, antidepressants, statins and blood pressure medications list weight gain as a side effect!

I have not been immune from this obsession with body image. There have been times when I was thin, and times when I was fat. I dieted and fasted and cleansed and starved and exercised until I was blue in the face! Over the years, I cleaned up my nutritional regime. I basically ate a gluten-free, sugar-free, soda-free, processed-food-free, organic food diet. I exercised. I made the extra effort to manage my stress levels. I took my nutritional supplements. I balanced my hormones (naturally). I went to sleep at a decent hour (going to bed after 11 pm and getting less than seven hours' sleep increases weight gain).

I thought I was doing everything right, but my weight loss was stalled. I couldn't get it to budge. So it's no wonder that my doctor's comment was such a blow to my self-image and my fruitless efforts!

One day, a chance comment about a new kind of weight loss program changed my life. I was introduced to hCG, human chorionic gonadatropin—an obscure hormone that I had never heard of before.

I used to believe that the thyroid would help with fat loss. However, according to Dr Simeons, that is not the case. In fact, the thyroid plays no part in releasing the fat that causes us to be overweight or obese. This was quite a revelation to me!

Dr Simeons wrote in his book, *Pounds and Inches*: "When it was discovered that the thyroid gland controls the rate at which body-fuel is consumed, it was thought that by administering thyroid gland to obese patients their abnormal fat deposits could be burned up more rapidly. This, too, proved to be entirely disappointing because, as we now know, these abnormal deposits take no part in the body's energy turnover—they are inaccessibly locked away. Thyroid medication merely forces the body to consume its normal fat reserves, which are already depleted in obese patients, and then to break down structurally essential fat without touching the abnormal deposits. In this way, a patient may be brought to the brink of starvation in spite of having a hundred pounds of fat to spare. Thus any weight loss brought about by thyroid medication is always at the expense of fat, of which the body is in dire need."³⁰

Are you sceptical of such a program? Who wouldn't be. Most people have tried diets galore, only to be disappointed in the end.

Dr Simeons's original program required a doctor's prescription to purchase daily subcutaneous self-administered injections of hCG. There is also an oral form of hCG and it, too, is only available on prescription from a medical doctor.

However, I learned that there is another effective hCG option: an hCG homoeopathic remedy, taken daily as oral drops. Homoeopathy is a 200-year-old healing approach, based on the emerging science of energy medicine that imprints the energy of a substance without using the actual physical substance. The body is literally able to read the information and create the desired outcome.

Homoeopathic hCG has the same effect as the medically prescribed hCG versions. So, I decided to give it a try.

Using the hCG homoeopathic drops three times a day for 23 days and following Dr Simeons's protocol of eating specific foods in specific amounts for a specific period of time, I embarked on this experiment. The best part of all is that this program requires no specific exercise routines, expensive eating plans or special dietary formulas.

Now, for most of us, stepping onto a scale to weigh in is an extreme, masochistic act. However, on this hCG program, it was closer to a religious experience. I would step onto the scale in the morning and discover that a pound of fat had literally dematerialised from my body overnight!

But it wasn't only the fat: it was also the inches. My old clothes were literally falling off me. I wasn't hungry at all. My energy level was off the chart. Before my very eyes, I saw my body transforming. The midriff disappeared and my hips and thighs are the thinnest they've ever been since my 16th birthday—an accomplishment I never thought possible. And wonder of wonders, my muscle tone improved.

During this 23-day protocol, I lost 15 pounds (6.75 kg) and two dress sizes! I have since done another 23-day protocol and my total weight loss has been 25 pounds (11.25 kg) and four dress sizes. And I now have a totally flat tummy!

The entire program as created by Dr Simeons requires 23 days on hCG followed by a maintenance phase of another three weeks of a low-carbohydrate, low-sugar diet. The complete program is required not only for fat loss and resculpting but also for the resetting of metabolic functions.

The most impressive part of this program is that by resetting my hypothalamus and metabolism, my weight has not varied by more than a pound (0.45 kg) in several months. It appears that Dr Simeons was right. By improving metabolic functioning on the hCG program, there is a greater likelihood that this new weight loss is here to stay.

Since venturing into the hCG world, I have assisted over 200 of my patients on this protocol. Every single one of them has been successful, even those who were severely obese and had given up hope of ever becoming "normal". Men seem to have a fat-loss advantage over women; they are much bigger losers on this program. However, the good news is that *everyone* can be a big loser!

Not only did my patients lose pounds and inches, they all gained health benefits: joint and knee aches and pains disappeared, blood sugar levels returned to normal, blood

pressure was lowered, sleep improved, energy increased, skin tone rejuvenated and food and sugar cravings disappeared.

It's not often that a weight loss program can deliver such fabulous results. In fact, there is no other weight loss program that I know of that can safely release long-term fat reserves or reset the hypothalamus for ongoing weight maintenance.

Could the discovery of Dr Simeons really be the solution to the growing obesity epidemic with all the accompanying chronic health problems?

According to Dr Simeons: "Obesity problems are perhaps not so dramatic as the problems of cancer, but often cause life-long suffering. How many promising careers have been ruined by excessive fat; how many lives have been shortened? If some way—however cumbersome—can be found to cope effectively with this universal problem of modern civilised man, our world will be a happier place for countless fellow men and women."³¹

I have no doubt that in our diet-crazed world of people desperately seeking solutions, this is the ultimate program for fat loss and body-resculpting while at the same time helping to rebalance the functioning of the master gland, the hypothalamus. Fortunately for an overweight world, Dr Simeons's discovery has finally offered a safe, affordable and effective solution for this global obesity crisis.

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Endnotes

1. Epidemiologic.org, "Most Overweight Countries in the World: Ranking", 20 February 2007, <http://tinyurl.com/54rms8>
2. Janiszewski, Peter, "An emerging obesity epidemic in the developing world", 29 April 2009, <http://tinyurl.com/y49pl2y>
3. Wang, Y. and M.A. Beydoun, "The Obesity Epidemic in the United States", *Epidemiologic Reviews*, doi:10.1093/epirev/mxm007, published online 17 May 2007
4. Liang, Lan, PhD, et al., "Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic", *Obesity* 2008 Jul 24;16(10):2323-30
5. *ibid.*
6. Devlin, Kate, "One in 10 children in England 'will be obese within five years'", *The Telegraph*, UK, 15 December 2009, <http://tinyurl.com/yj2x5pu>

7. New Zealand Ministry of Health, "Obesity in New Zealand", <http://www.moh.govt.nz/obesity>
8. Deitel, M., "Overweight and obesity worldwide now estimated to involve 1.7 billion people", *Obesity Surgery* 2003; 13:329-330
9. CIO Foundation, "General Overweight and Obesity Statistics", 26 December 2009, <http://www.ciofoundation.org/overweight.html>
10. Stark, Jill, "Surgeons fear rapid rise in super obese", *Sydney Morning Herald*, 17 January 2010, <http://tinyurl.com/yg3kj9z>
11. CDC, "Study Estimates Medical Cost of Obesity May Be As High As \$147 Billion Annually", 27 July 2009, <http://www.cdc.gov/media/pressrel/2009/r090727.htm>
12. Colagiuri, S. et al., "The cost of overweight and obesity in Australia", *Med. J. Australia* 2010 Mar 1; 192(5):260-64
13. *ibid.*
14. [http://www.wikinvest.com/stock/Weight_Watchers_International_\(WTW\)](http://www.wikinvest.com/stock/Weight_Watchers_International_(WTW))
15. "Matrana, Marc R., MD, MS and William E. Davis, MD, "Vitamin Deficiency After Gastric Bypass Surgery: A Review", *SMJ* 2009 Oct; 102(10):1025-31, <http://tinyurl.com/2c7zm7s>
16. "Duodenal Switch Surgery Cost", <http://www.yourbariatricsurgeryguide.com/duodenal-switch-cost/>
17. Morales, T., "Gastric Bypass Surgery Gone Bad", CBS News, 21 January 2005, <http://tinyurl.com/5ckrp>
18. Simeons, A.T.W., *Pounds and Inches: A new approach to obesity*, Rome, 1967 (privately printed)
19. Elobeid, M.A. and D.B. Allison, "Putative Environmental-Endocrine Disruptors and Obesity: A Review", *Curr. Opin. Endocrinol. Diabetes Obes.* 2008 Oct; 15(5):403-08, <http://tinyurl.com/2chrwfn>
20. Becker, Robert O., MD, and Gary Selden, *The Body Electric: Electromagnetism and the Foundation of Life*, William Morrow, 1985, pp. 284-85
21. Lai, Henry, Dr, "Neurological Effects of Radiofrequency Electromagnetic Radiation Relating to Wireless Communication Technology", paper presented at the IBC-UK Conference, 16–17 September 1997, in Brussels, Belgium, http://www.mapcruzin.com/radiofrequency/henry_lai1.htm
22. Simeons, A.T.W., "The action of chorionic gonadotropin in the obese", *The Lancet* 1954 Nov 6; 267(6845):946-947
23. Belluscio, Daniel Oscar, MD, <http://www.oralhcg.com/english/in7.htm#1>
24. Simeons, 1967, *op. cit.*
25. *ibid.*
26. Belluscio, *op. cit.*
27. Simeons, 1954, *op. cit.*
28. Belluscio, Daniel Oscar, MD, "Utility of an Oral Presentation of hCG (Human Chorionic Gonadotrophin) for the Management of Obesity: A Double-blind Study", at http://www.hcgobesity.org/hcg_obesity_study.htm
29. <http://oralhcg.com/english/in2.2.htm>
30. Simeons, 1967, *op. cit.*
31. Simeons, 1954, *op. cit.*