

HCG Diet Research Study

There is an immense amount of controversy surrounding the HCG Diet. This piece will clarify many of the misconceptions and confusions surrounding this diet. The information contained herein has been developed over years of research to clarify if, and how, this hormone is affecting dieters. Keep in mind there are many opinions on the topic, yet this piece is written from my research experience, and to summarize talking points from [the March 14, 2012 airing of *The Dr. Oz Show*](#).

History of the HCG Diet

Dr. ATW Simeons conducted an experimental treatment involving HCG injections, obese patients, and a special diet. The results of this study were outlined in the now infamous “Pounds and Inches” manuscript, written in 1954. Once this manuscript became public, it ushered in the use of HCG for weight loss, but it was not accepted as a method of treatment by the FDA or general medicine. Why? The studies in the 1970s and early 1980s failed to show how HCG was working to aid in weight loss. It doesn’t make people lose *faster*; it makes people lose *differently*. No study to date has shown this, until my most recent clinical trial.

Why Do I Study HCG?

When I first began my examination of the use of HCG with a low-calorie diet, I found that there was little information on it. However, through the use of this regimen, I produced an astounding weight loss in a childhood friend who was desperate. He had struggled with obesity his entire life, and with two family members that had undergone gastric bypass, he was ready to try anything. He said, “If you can help *me* lose weight, then you’re onto something!”

With daily injections of HCG and a strict diet he swore he would never be able to stick to (but he did), he lost 46 pounds in 6 weeks. In addition, his pre-diabetes, high blood pressure, and high cholesterol virtually disappeared. The success spoke for itself. However, I now had a much bigger job ahead of me. I had to discover *why* it worked.

My Study Findings

In my first retrospective research study conducted from 2010-2011, I analyzed hundreds of patients. This was a large ongoing gathering of data to find proper doses by analyzing blood levels of HCG. In the process of studying the blood levels of the hormone, I found that patients using an oral form of HCG (drops or pellets) had no detectable HCG in the bloodstream. I concluded that HCG is unable to be absorbed by mouth.

Additional studies included the analysis of weekly EKGs and electrolytes in all study patients on a low-calorie diet to monitor safety. There was no significant change in cardiac function or blood electrolytes. However, it must be noted that the patients were all appropriately screened by a physician *and* a cardiologist *prior to* their participation in the study to make sure they were healthy enough for this diet. It is important for anyone considering a low-calorie diet to see their physician *first* to make sure they are a good candidate.

In my next set of studies, I conducted ongoing clinical trials. There were four randomized, double-blinded, placebo-controlled studies for which the usable data was pooled and analyzed. This meant we tested HCG patients against Placebo patients on the same diet. It was shown that *both* groups, HCG and placebo, lost weight, but their body structure in terms of fat and muscle were significantly different in the end. [This data was revealed for the first time on the March 14, 2012 airing of The Dr. Oz Show.](#)

[The large graph shown to the audience illustrated the difference between HCG and Placebo.](#) The HCG group lost an average of 13 pounds in a month, and the Placebo group lost an average of 15 pounds in a month. The weight loss in each group is similar. The striking difference is that the HCG group lost only 2 pounds of muscle, but the Placebo group lost 5 pounds of muscle. This was a significant difference. Anytime muscle is lost from the body frame, it hurts metabolism and puts someone at risk for regaining weight; this is what happens with Placebo or diet alone.

This leads us to conclude that the likely reason why HCG helps someone lose weight *differently* and *better* than with diet alone is because it spares muscle. This also helps explain why *I do not* see rebound weight gain with my patients. ***This is the first modern clinical trial to demonstrate how HCG may be working for lasting weight loss.***

Why are people claiming that HCG causes regaining of weight?

The answer can be very simple. Many people who claim to have lost weight with HCG have only used the drops, which we now know cannot be absorbed. It is the same as dieting alone. That's why people gain the weight back. The only way we have been able to demonstrate a protection against regaining weight is with the use of HCG injections.

What about recent studies?

There have not been any trials published in over 20 years. My trial is the first to show the difference in body composition between HCG and placebo.

Does this diet have to be done at 500 calories?

Any appropriate diet created by a nutritionist or weight-loss physician should involve a calculation of protein requirements to avoid muscle wasting. There should also be a consideration of activity level when planning an appropriate regimen. Dr. Emma's Protocol does *not* require the use of 500 calories.

Why is this form of treatment still controversial?

The majority of studies conducted in the 1970s and 1980s looked strictly at weight loss, which wasn't the whole picture. Through my clinical trials, it is now becoming evident that the value of using HCG is as an aid to protect muscle mass, and strengthen metabolism over time. These are the new parameters I am studying in my clinical trials.

Is this a Do-It-Yourself Diet?

This is not a Do-It-Yourself diet. If you are considering trying this diet, you should make sure it is done appropriately through a knowledgeable physician, or enroll in a clinical trial.

Conclusion

I am privileged to be a part of the research of medicine. The overwhelming response from patients telling me how this treatment regimen has changed their lives is what keeps me motivated. I am certain that this data I've discussed, along with continuing research, will show the medical community how this treatment is producing healthy and long-lasting weight loss in my patients.