



Pounds & Inches Made Easy!

The Skinny on the HCG Protocol Weight Loss

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Pounds & Inches Made Easy

The Skinny on the HCG Protocol Weight Loss Cure

Welcome to the life-changing HCG Protocol! Your success on the HCG Protocol is our #1 Priority.

You are here because you've decided that you're ready to take charge of your body and your life by reaching your ideal weight. To succeed, you first need to understand how and why the HCG Protocol works like no other diet and has a truly remarkable success rate of over 70%. You just need to commit to following the HCG Protocol step by step.

The HCG Protocol was developed by Dr. A.T.W. Simeons, a British Endocrinologist, who, during a lifetime of medical achievements, studied the effects of HCG (human chorionic gonadotropin) on weight loss. After years of research on thousands of patients he proved his theory that small doses of HCG tell the hypothalamus to unlock abnormal fat cells, which causes the fat to be released, burned, and eliminated by the body.

Dr. Simeons wrote about his findings in a book called, *Pounds and Inches: A New Approach to Obesity*. Please see the information section of www.HCGDIETCANADA.com.

Dr. Simeons believed that it is critical for those of us who want to lose weight to be in charge of our own treatment. If you don't know *why* you're doing something, it can be hard to stick to it, especially on the days when you feel like giving up or cheating is more convenient.

The HCG Protocol is simple and clear-cut, but every detail counts. It only takes a few weeks to reach your goal for each weight loss cycle, but there's no wiggle room during those few weeks. To understand why this is important, please read on to learn more about Dr. Simeons' findings on obesity.

What is Obesity?

Based on his research and his hands-on experience with thousands of patients, Dr. Simeons found that people were looking at the obesity problem the wrong way.

Most of us think that we get fat simply because we eat too much. But Dr. Simeons believed that people eat too much because their body has developed a disorder called obesity. For many of us who are overweight, the real cause starts with an imbalance between the incoming fuel and the means to burn it, and then becomes a malfunction in our bodies that makes us store fat differently from thin people, even if we eat the same amount of food.

If you are one of the millions of people who suffer from obesity, you will probably have excess fat whether or not you "overeat." And once you are overweight, you can almost starve yourself to death without losing the fat that has ended up in the wrong places. Sound familiar? This may seem discouraging, but in fact it is an incredibly freeing insight for those of us who have felt guilty or judged because of our weight.



You might wonder how and why this kind of disorder ever developed in the first place. Dr. Simeons traced it in part to when and what we eat. Primitive people ate mostly raw and unprocessed foods, probably a little at a time when they were actually hungry. It takes the body more time to process this kind of food, so the satisfaction from each meal lasted longer. Because they ate smaller meals, they didn't have a lot of excess fuel in their bodies to be stored and turned into fat.

In modern times, we began to sit down and eat a large meal three times a day, hungry or not. But the body doesn't need all this food right away, and all that excess cannot possibly be eliminated fast enough, so the extra calories are stored away as fat...too much fat. The over-processed foods we eat speed up this process because they are digested so quickly.

When this goes on too long, the body starts routinely converting its fuel to stored fat and it's almost impossible to change it back to the lean, mean digesting machine it once was!

Where in the Body is the Obesity Disorder Located?

Dr. Simeons knew that obesity was the result of physical change in how the body processes food and stores fat. But he didn't know where in the body that change occurred. Was it a problem in the thyroid...the adrenal system...the pituitary glands?

He found that the body's instructions for using or storing fat are controlled by a part of the brain called the **hypothalamus**. Located deep inside the brain and about the size of an almond, the hypothalamus regulates many of our body's functions, like hunger, thirst, temperature, sleep cycles, and how the body uses and stores fuel in the form of fat.

This is where the problem of obesity begins, according to Dr. Simeons. The hypothalamus tells your body to take any fuel it doesn't absolutely need right now and store it away as fat. And then it pretty much forgets about it.

Three Kinds of Fat

Actually, it's a little more complicated, because there isn't just one kind of fat in your body. Let's talk about the three kinds of fat.

Two of them are healthy, necessary fat. The first is **normal fuel fat**, the stuff that provides fuel for energy every day. If you didn't have this, you wouldn't have the energy to get through your day, climb the stairs, or take a walk in the park.

The second kind of healthy fat is **structural fat**. This cushions parts of the body like the internal organs or the pads and heel of the foot. If you lose this fat, it would hurt just to walk around.

Then we come to the third kind of fat – the fat that is not useful at all. This is the **abnormal or surplus fat** that shows as obesity. It has no purpose in the body, and the brain never directs your body to use it as fuel.



In fact, abnormal fat is so stored away and forgotten that if you go on a diet to force your body to burn fat, that fat will not be touched until the other two fats – the ones you need – are gone. At that point, you are in starvation mode, which is extremely unhealthy.

To illustrate this point, Dr. Simeons tells the story of a patient he calls "The Emaciated Lady." When he first met her she was seated and he could only see the upper part of her body. She looked gaunt and bony, and he thought she must be suffering from cancer.

When she stood up, however, he saw that her lower body was very large. She had dieted and lost weight to the point of illness and exhaustion, but she had lost all the wrong fat. Dr. Simeons treated her with HCG and the diet plan for five weeks.

During that time, her hips reduced by eight inches and her entire body was reshaped as her abnormal fat was released and the body replenished the good fat she had lost by dieting. She looked healthy and proportional, but her weight didn't change by even one ounce!

What Triggers the Obesity Disorder?

How does this problem happen in the hypothalamus that makes the body store too much fat and never use it? It seems to be inherited. Some children show signs of obesity while they are very young, even though they eat exactly as much as a non-obese child.

It can also be a side effect of an illness like diabetes, which is also related to the hypothalamus. Diabetes and obesity are often found together.

However, research has shown that the "normal" way of managing the use and storage of fat was thrown off track at some point by a major disruption during the normal supply and demand of food to the body.

For example, let's say you are a person who has always been active and you suddenly become inactive--maybe from an illness or a new job where you sit all day. If you keep eating the same amount of food, the balance of food, energy, and fat in your body suddenly changes – faster than your hypothalamus can adjust.

Or say you have the same level of activity, but you start eating much more food, or lots of over-refined foods that move quickly through the body. Again, your system is thrown out of balance. In both of these cases the body is getting more calories than it is able to use and store normally. So the extra goes into deep, abnormal storage—and stays there.

There are a few other causes that can trigger the obesity disorder in the hypothalamus. But whatever the trigger, the outcome is the same—the fuel/fat-processing part of the brain gets reprogrammed and it stops telling the body to process incoming fuel normally. Instead the new instructions are to lock away that energy for storage in deep reserves of fat that will soon show as obesity.

Unfortunately, this process isn't easy to reverse. Simply changing the amount of fuel going in will never reprogram the brain. Once the functions that cause obesity are established, simply reducing food intake will not cure the problem.



Other Symptoms of Obesity

Two strange facts about obesity:

- Not everyone who is overweight is obese.
- Not everyone who is obese is overweight.

Some people are able to gain weight and lose it again quite easily. If you are one of the lucky folks who can lose weight and keep it off by going on a diet, that's probably a sign that you don't have the obesity disorder. You may eat too much sometimes, but your brain still stores the extra fat where you can release it again without too much trouble.

On the other hand, while you may think excess fat is the only sign of obesity, according to Dr. Simeons that isn't true. There is a list of symptoms that suggest a person has the obesity disorder—even if they are not fat. These include unusually large front teeth, dimples on both sides of the tailbone, double-jointed arms and knees, fatty deposits on the neck, arms, knees and pubic area, and stretch marks on the breasts, hips and shoulders.

Other possible signs of obesity are frequent headaches, arthritis, physical and mental lethargy, insomnia, feeling hungry too soon after eating, and craving sweet and starchy foods and/or alcohol. Fat isn't the only or even a necessary sign of obesity. It is actually possible to be obese without being fat.

Discovering the HCG Treatment for Obesity

Once Dr. Simeons figured out where in the body the disorder was located, he looked for a way to fix that broken process in the brain. He actually found the answer by accident, in a treatment that had been used for a totally unrelated problem.

Before his research into obesity, he had studied a group of young boys in India with a pituitary problem that caused them to have underdeveloped sexual organs. These boys also had many of the same symptoms Dr. Simeons saw in his obese patients, like excess fat and knock-knees. The small doses of HCG worked to correct the underdeveloped genitals.

But Dr. Simeons also noted the HCG greatly reduced the boys' appetites and changed how the fat on their bodies was distributed. HCG itself was not a new discovery, but the possibility that it might affect obesity was exciting!

HCG is a hormone produced by the placenta surrounding the fetus in pregnancy. Its job is to tell the hypothalamus to open the body's fat stores to feed the fetus when there isn't enough fuel coming in. In fact, an obese pregnant woman can actually eat less and lose weight without hunger because of the HCG in the body.

Dr. Simeons started testing with obese patients to find out if HCG was allowing the body to tap into the abnormal fat rather than the good fat stores. He found that patients who took small daily doses of HCG lost their appetites and often couldn't eat as many as 500 calories per day. They lost weight, and further tests showed that the loss was from the abnormal fat stores, not the structural fat.



However, it was also clear that HCG alone did not cure obesity. Dr. Simeons found that the HCG must be combined with a reduction of calories, fat, and carbohydrates so that the body starts to release and redistribute the stored fat.

Interestingly, many other physical complaints that obese people often have—gout, diabetes, arthritis, rheumatism, and high cholesterol—are also disorders of the hypothalamus. What's significant is that these disorders decrease or rarely occur in pregnant women—when HCG is present.

How Does HCG Work?

So how does HCG work and what does it do for those of us who aren't pregnant? When used for weight loss, a tiny dose of HCG tells your hypothalamus to release and mobilize abnormal stored fat, but not vital structural fat. Instead of relying on new fuel, the calories you need come from the stored fat released into the bloodstream.

When this happens, you feel full and you have little or no hunger, even with your daily food intake of 500 calories—as long as those 500 calories are from foods on the Protocol. The rest of what you need to burn each day is taken from stored fat. In fact, HCG releases anywhere from 3000 to 4000 calories a day.

You can take HCG several ways. In the 1950s, Dr. Simeons' gave his patients daily injections of HCG at a live-in clinic in Rome, Italy. But in the last ten years a homeopathic sublingual (under the tongue) form of HCG was created that has the same effects without requiring a prescription or daily shots – and is much less expensive.

In this book we have adapted Dr. Simeons' plan to the use of homeopathic drops, rather than daily injections, as this is the most popular and affordable form of HCG.

We assume that you're not seeing your doctor every day while you're on the HCG Protocol. If you are using the homeopathic drops, we encourage you to get a physical exam and baseline blood tests, and then follow up with your doctor in 6 to 12 weeks after you've stabilized at your new weight. The blood test results may surprise you!

Because you're not under a doctor's supervision, it's critical that you understand the process and follow it step-by-step. If you think you can lose weight by taking a few drops a day of HCG and eating less for a few weeks, you'll be disappointed. It doesn't work that way and doing it wrong can actually cause weight gain.

You WILL have success with this Protocol, but you must be committed. You MUST follow the dosage and diet exactly as written. The specific foods and combinations were studied extensively by Dr. Simeons, and eating foods not on the list can cause the plan to fail or be much less successful.



Homeopathic HCG Dosage

If you want the best results with the least amount of hunger, you must know the facts about dosage. It is typical in this industry for a seller to advise a lower dosage just to make a higher profit. What looks like a cheap “26-Day Plan” comes at a great expense to the customer because there’s just half or less of the actual amount of HCG needed.

The correct dosage of homeopathic HCG drops is actually **double** what most people sell who have never studied the protocol, don’t offer any support to customers, and are just out to make a buck. The consequences of this are slower weight loss, more hunger, and a higher failure (dropout) rate for dieters.

Everyone agrees that 30 drops of homeopathic HCG equals the strength of 125IU of the HCG that is taken by injection (125IU is the dose Dr. Simeons gives in Pounds and Inches). That’s where many people stop and so they totally miss the mark.

It is a known fact that when you put medicine under your tongue, it doesn’t absorb into your bloodstream nearly as well as if you had injected it. It’s broken down in the mouth by saliva and acid, and by the time you swallow it the ingredient is not active anymore.

This means that if you want to take something under your tongue that equals 125IU when it’s in shot form, you have to increase, or double, the dosage. It’s common sense.

All homeopathic products work best when lower amounts are taken in more frequent doses. With HCG, this means doubling the daily dose to 60 drops and taking it at different times during the day.

Our clients get a free calibrated 1.0 ml oral dropper with every order of HCG that easily replaces the dropper in the bottle of HCG drops. The daily dose of 60 drops is just under 3.0 ml. The best way to take homeopathic HCG is every 2-3 waking hours, so we simply divide 3.0 ml by six doses. That comes out to 0.5 ml per dose, six times a day.

If your lifestyle doesn’t allow taking this many doses during the day, you can divide the 3.0 by 5 daily doses and take 0.6 ml per dose. Or you can divide 3.0 ml by 4 daily doses and take 0.75 per dose. Or you can divide 3.0 ml by 3 daily doses and take 1.0 ml per dose.

If you miss a dose or several doses, don’t worry. Just take a larger dose as soon as you remember. You can take the drops all the way up until bedtime, so you’ll have plenty of time to get your entire 3.0 ml for the day.

One other note about homeopathic HCG drops: You can’t become immune to them like you can with the HCG shots. The shots must be stopped after 40 injections, but you can take the drops up to 60 days. Most people don’t want to stay on the diet for that long because the food list doesn’t have a lot of variety, but others want to lose the most amount of weight possible before going into maintenance.



Plan Your Timeline

How much weight do you want to lose? Depending on your goal, you have three choices:

- A 26-30-day plan if your goal is to lose from 20 to 30 pounds in one round
- A 43-48-day plan if you'd like to lose 25 to 40 pounds in one round
- A 60-day plan if you want to lose up to 40 pounds in one round (Dr. Simeons warns about the stress to the body of losing more than 40 lbs in a short amount of time.)

These weight loss ranges are averages. Some lose more, especially obese men, but some lose less, mostly those who have very little abnormal fat. Please note that **even if you have just 5-20 lbs of abnormal fat to lose, you must do a minimum of 26-days**. It takes 21 consecutive days of HCG while on the 500 calorie part of the diet for the protocol to work.

You can also add days or weeks to your plan. If you start out with the 26-day plan and decide you want to keep going to 43 or more days, just stay on the diet and keep taking the HCG. With the correct dosage, you will need two ounces of HCG for each 15-18 days you want to extend your round. If you are taking less than 60 drops per day, then you're not losing as much weight as you could be.

Set yourself up for success! You will want to study a calendar before starting HCG. Make sure that there are no important events, like weddings or vacations, while you're on the low calorie phase of the plan. Also, women need to plan around their "time of month" (TOM). The best time to start the HCG Protocol is right after your TOM is finished, but do make sure that you start at least two weeks before your TOM.

Let's Talk About Inches

With all the focus on pounds and weight, it's easy to see how inches have taken a backseat to the almighty pound. We live in a world obsessed with the scale, but is your weight really what you see when you look in the mirror or try on a new pair of jeans? No! What you see is a bunch of inches strung together to make your parts the shape and size that they are.

What you will come to realize on this journey is that inches are much more special than pounds. Earlier in this book you read that HCG reshapes the body, which always causes a loss of inches but not always a loss of pounds. Remember the story of the emaciated lady?

When you lose 4-5 inches in your waist, you've dropped one size of pants, but you may have only lost a few pounds. Which would you rather have – smaller jeans or a smaller meaningless number on a scale?

Now you can see how important it is for you to take "before" pictures (front, side, rear views) AND measurements before you begin. You will want to take a picture after each round. Even if you never show the pictures to another soul, you may be glad you have a comparison to look at after each round.

We strongly urge you to measure each week. When the scale is moving slowly (week 2 is notorious for a slow scale), your tape measure will become your new best friend!



Here are places to measure: Neck, Right and Left bicep, Upper Chest (at underarm level), Midriff (directly under bust line), Waist (smallest part), Hips, Right and Left thigh (at largest part), Right and Left knee (2 inches above knee cap), Right and Left calve (at largest part), and any “problem” areas not mentioned. Please see the information section of www.HCGDIETCANADA.com for more details.

The HCG Protocol Step-by Step

Here is the layout of the plan – we’ll go into detail in the next section:

Load Days (2 days with HCG)

VLCD (Very Low Calorie Diet with HCG + 3 days without HCG)

M1 (Maintenance 1 – 3 weeks no sugar/no starch without HCG)

M2 (Maintenance 2 – 3 weeks of gradual introduction of sugar/starch without HCG)

Life (Full integration of food)

Step 1: Load Days

Days 1 and 2 are called **Load Days**. You may need more than two if for the past six months you have eaten low-fat/low calorie or you have a long history of yo-yo dieting with large weight swings. It’s common for people to do three load days when doing back-to-back rounds of the protocol because they’ve just had 10-15 weeks of very healthy eating.

Most people gain 1 to 6 pounds during loading; however, it is possible to gain more than that AND it’s also possible to lose weight on load days. Any weight you gain, you will quickly lose during the first few days of the diet.

- **HCG Drops:** Start taking HCG the morning of Day 1. If you do more than two load days, only take HCG on the last two days. Follow this schedule with the drops for the entire course. If you miss a dose, you can make up for it later or with a larger dose.

Do not eat or drink anything for 15 minutes before or after taking the drops.

Take a total of 3 ml **PER DAY** (not per dose!) using your 1 ml calibrated dropper:

- 0.5 ml six times a day (every 2-3 waking hours) **or**
- 0.6 ml five times a day (every 2-3 waking hours) **or**
- 0.75 ml four times a day (every 3-4 waking hours) **or**
- 1.0 ml three times a day (every 4-5 waking hours)

Hold the drops under your tongue for 15-30 seconds, then swallow. It’s that easy!

- **Food:** On Load Days you must eat as much fat as possible. Though this may sound like fun, it can be surprisingly difficult, especially on Day 2 when the HCG is starting to work, making you feel full.



You must eat more than you want to eat, much more than you would normally eat. This is your chance to indulge in all your favorite high-fat foods—bacon, eggs, cheese, butter, ice cream, sausage, nuts, mayonnaise, pizza (extra meat and cheese, leave the crusts), cheesecake, cream sauces, etc.

However, it's really important that you don't confuse sugar and carbohydrates with fat. This is not the time to eat baked potatoes, pasta, candy, cake, pastries, etc. If you fill up on starch and sugar instead, your body will not have enough excess fat to keep you from being hungry during your first week of VLCD.

We strongly suggest that you get a quart of heavy cream for the end of Day 2 because you won't want much else. Use it to make smoothies, hot chocolate or chocolate milk, or to saturate your coffee.

For a helpful list of food ideas for Step 1, please see the information section of www.HCGDIETCANADA.com.

Step 2: VLCD (Very Low Calorie Diet – 2 parts)

The day after your last load day is your first day of VLCD. You will continue taking your drops during this time, and now you're in the weight loss phase of the plan. **You can stay on VLCD for up to 60 days but you MUST do at least 21 consecutive days**, without breaks or cheating, even if you have reached your goal.

○ Part 1: VLCD Days with HCG

During these days:

- **HCG:** Continue taking the HCG (3.0 ml per day)
- **Diet:** Follow the VLCD diet precisely. **Any deviations will affect the long-term result of resetting the body's metabolism, which means the possibility of gaining back the weight without much effort.**
- **Exercise:** Dr. Simeons encourages light exercise, like walking or yoga up to an hour a day, but it's not required. Two rules if you want to exercise: (1) If you haven't done any for the last few months, start slowly, and (2) Strenuous exercise—even if you have been doing it for 6+ months—will cause fatigue and weight gain, so no lifting other than light toning weights and no running or intense aerobic activity.
- **Water:** You must drink a minimum of two liters of water each day. If you drink caffeinated coffee or tea or if you exercise, you must increase your water intake to make up for the dehydration.
- **Personal Care Products:** Avoid personal care products that contain oils. This includes getting massages or facials, getting your hair colored, and using ointments for skin or other ailments. For a list of recommended oil-free items, please see the information section of www.HCGDIETCANADA.com.



- **Medicines & Vitamins:** Supplements are not necessary during VLCD and, some such products may slow your losses. If you feel that you **MUST** take supplements, you must ensure that they contain no sugar or starch. Avoid laxatives, diet pills, diuretics, cortisone, cough syrups/drops and over-the-counter meds. Take your prescription medications, including oral contraceptives. Aspirin is the only acceptable non-prescribed pain reliever. Steroids, hormones and antibiotics may stall weight loss and, in some cases, so only take them if required by your doctor.
- **Part 2: VLCD Days without HCG**

When you're ready to finish VLCD, whether you're at 21 days or up to 57 days, **you must take your last dose of HCG and stay on VLCD for 72 more hours.** This allows time for all of the HCG to leave your body before you start adding foods to your diet. Without these three days, you would start gaining weight on your first day of maintenance!

During these days:

- **LDW:** This stands for Last Drops Weight and is a very important number! Your LDW is the weight you were on the morning of your last dose of HCG. So if your last dose was Saturday night, your LDW is whatever the scale said on Saturday morning. Make note of this number and we'll talk more about it in the Maintenance section.
- **HCG:** No HCG during this time. You won't need it again until the next round, so if you're going to wait more than 4-6 months, store any open bottles in the refrigerator. Otherwise, no refrigeration needed.
- **Food:** Follow the VLCD diet precisely. The homeopathic HCG drops tend to leave the body faster than the HCG injections, so if you have intense hunger on the third day, increase your protein and vegetables at one or both meals, but don't eat anything that's not on the VLCD food list until it has been 72 hours since your last dose of HCG. This means if your last dose was at 7:00 p.m. on Monday, you can eat from the Maintenance food list for dinner on Thursday after 7:00!
- **Exercise, Water, Personal Care Products, and Medicines:** Same as above.

The Very Low Calorie Diet (VLCD)

The food plan must be followed exactly. You may have hunger during the first week, especially if you didn't eat enough fat on Load Days. That will go away after a few days.

You may also have symptoms like headache, skin rash, and light fatigue. These are signs that the body is cleaning out the toxins from your fat stores. The best remedy is to drink extra water to flush out the toxins. **If you have symptoms that you feel are too severe to be normal, contact us quickly for an evaluation** by one of our Certified coaches and a possible adjustment to your plan.



Breakfast may include:

- Unlimited tea or coffee without sugar.
- One tablespoon of milk per day, not necessarily for breakfast.
- Artificial sweetener (only Stevia—we recommend Sweetleaf brand)
- Some enjoy one of their daily pieces of fruit at this time.

Lunch includes:

- **Protein:** 100 grams (3.5 oz) of totally lean meat. It must be weighed raw and all visible fat must be removed. Choose from veal, very lean cuts of beef, beef kidney, buffalo, chicken breast, fresh white fish (Chilean sea bass, flounder, sole, or halibut), lobster, crab, crawfish, shrimp, or prawns.
- **Vegetable:** No mixing vegetables. Choose one vegetable from this list: onion, tomato, cucumber, asparagus, cabbage, lettuce of any kind, spinach, chard, chicory, beet-greens, and radishes.
- **Bread:** One Melba toast or grissini breadstick (Alessi is a common brand)
- **Fruit:** One fruit from this list: apple (any size), orange, half a grapefruit, or 10 medium strawberries (your best estimate).

Dinner offers the same menu choices as lunch; however, you don't have to eat the same foods. In fact, it's best to eat difference choices for dinner than you had for lunch.

For a helpful list of VLCD-safe foods, with the allowed portions and calories, please see the information section of www.HCGDIETCANADA.com.

You can break up lunch and dinner into smaller meals, but no meal can have more than four items. The fruits should be eaten at least six hours apart. If you can't eat all of the foods in one day, you can skip the fruit or Melba toast, but don't skip protein or veggies.

Two or three times a week, you can substitute half a cup of non-fat cottage cheese, OR a protein shake, OR one whole egg + three egg whites for a serving of protein. The protein shake must be (1) sweetened only with Stevia, and (2) have 0-2 carbs per serving. Sweeteners have many names, so beware.

You can have the juice of one lemon (not lime) per day. Salt is fine on this diet and you shouldn't worry about retaining water unless you experience a plateau. You can have herbs and spices, but avoid premade mixes because most contain sugar.

There are a few foods that some people claim should be allowed. The top three debated foods are canned tuna (solid white packed in water), tilapia, and broccoli. We suggest you stick 100% to the diet as written by Dr. Simeons. He's the one with decades of research, and if he thought these foods should be on the list, then they would be.



Weight Fluctuations & Plateaus

During your first round of HCG, you should weigh yourself several times a week, if not every day. If you find that you have gained more than four ounces, it is likely that you've slipped somewhere on the diet. The smallest variation or cheating on the foods, the water, or the personal care products can make a big difference while taking HCG.

In the beginning, you will lose weight quickly—as much as 2-6 pounds per day. That will slow down, particularly for women, after five days or so. Occasionally, you may get stuck or fluctuate for up to a week, even while following the plan exactly. The best remedy for this is persistence. It never fails – and we mean NEVER – that this ends within a few days and the body drops more weight, sometimes 1-3 lbs in a day.

During TOM (time of month), women may see the scale stall for a few days. But the biggest reason for a plateau that isn't caused by cheating is reaching a former weight. If you have lost and regained weight one or more times in your past, you have other “setpoint” weights that the body may perceive as a normal weight. This plateau can last up to two weeks – one week is typical.

NOTE: When the scale isn't moving, the tape measure is. Measure – you'll see!

If you are experiencing a naturally-occurring plateau for four or more days, you may do an “**Apple Day**.” Naturally-occurring means that you have not cheated or done anything you shouldn't do on VLCD.

An Apple Day goes like this: From noon one day and until noon the next, you may eat six large apples. Drink water to quench your thirst. The apples release any water weight and you should see a scale movement the next morning. Even though it's only water weight, that can keep you motivated. Do continue to take your drops on an Apple Day, and eat lunch as scheduled at the end of the 24 hours.

Before jumping into an apple day, here are questions to ask yourself: Have you varied at all from the permitted foods? Are you drinking less than two liters of water a day? Are you getting poor sleep or have you been under more stress? Have you been using extra salt or taken new medications? Do any of your personal care products contain oil? **If the answer to any of these questions is Yes, then an apple day will not work, and you will need to address the cause of the plateau.**

Step 3: Maintenance (2 parts)

Six weeks of maintenance is the time your body needs to stabilize at your new setpoint weight while introducing more food. This is a weight that you'll be able to maintain by eating normally. **It is critical that you follow the rules of maintenance; otherwise, you are likely to gain the weight back pretty quickly.**

In maintenance your goal is to stay within 2.0 lbs of your LDW (Last Drops Weight) mentioned previously. To do this, you must know your BMR (Basal Metabolic Rate) and eat enough of the right foods to equal the number of calories suggested by your BMR.



This is where all other diets fail and the HCG protocol succeeds. No other diet affects the hypothalamus so that it reprograms/resets the metabolism to burn calories at the rate that allows you to stay at your new weight. On other diets, if you don't stay on them for life, you're out of luck. Not so with the HCG Protocol...thanks to Maintenance!

○ **Step 1: Maintenance 1 (M1): No Sugar, No Starch**

Weeks 1-3 immediately following VLCD you'll eat from a list of foods that have very little sugar or starch. (No alcohol until Week 4.) For a list of M1 foods, please see the information section of www.HCGDIETCANADA.com.

Many people find that after VLCD, they need to take a digestive enzyme during the first few weeks of Maintenance to help digest the new foods.

You may start exercising again if you wish, but be sure to factor that into your BMR and eat enough calories. **Eating too little is the most common reason for weight gain in M1!**

- **Week 1** is the most critical week. You should not eat any foods from the "Caution" part of the list. About 35% of HCG dieters stabilize in Week 1, meaning they don't gain or lose more than 2.0 lbs. Most need more time. If you don't stabilize in Week 1, be very careful when adding Caution foods.
 - **Week 2** is when you can start adding what are called Caution foods – things like nuts, dairy, fattier meats like bacon and hot dogs **IF** your weight did not move more than 2.0 lbs up or down during Week 1.
 - **Week 3** is more lenient with Caution foods, **IF** your weight stayed within 2.0 lbs of your LDW. You'll see the suggested schedule for adding Caution foods in the M1 Food List. At the end of Week 3, your weight should be stabilized within 2.0 lbs of LDW and you're ready to move to Maintenance 2.
- **Step 2: Maintenance 2 (M2): Add Sugar & Starch**
- Weeks 4-6 immediately following Maintenance 1 you will gradually add foods you enjoy back into your diet. Move slowly so that your metabolism can get used to these new foods and use the calories efficiently. For a list of starches to add slowly, please see the information section of www.HCGDIETCANADA.com.
- **Week 4** you can add **one carb food per day, but it should be a different food each day**. Stick with good carbs like brown or whole grain rice, peanut butter, whole grain bread, melon, grapes, oatmeal, lentils, peas, beans, etc.
 - **Week 5** you can have **two carb foods per day, not at the same meal**. Foods like popcorn, trail mix, sugar-free ice cream, shredded wheat, cashews, and macadamia nuts are good choices.
 - **Week 6** you can **start combining carb foods at the same meal once a day**. *Very slowly* add foods like cocoa, juices, potatoes, corn, yogurt, rice cakes, etc.



Weighing: During both phases of Maintenance you **MUST** weigh yourself every day at the same time before eating or drinking. Watch for any weight gain of more than 2.0 pounds over your LDW (Last Drops Weight). If or when you go over 2.0 pounds from LDW, **you MUST do a Steak Day on that very same day.** It won't help to do it the next day or the day after. It may take three weeks of maintenance for wild fluctuations in weight to stop. This is common and not a cause for concern. Just follow the M1 guidelines and perform a steak day when needed.

Steak Day (aka Lean Protein Day): You will skip breakfast and lunch and drink plenty of water all day. At dinner, eat a large steak or other lean meat, along with an apple or a raw tomato—nothing more. The excess will be gone at the next morning's weigh-in.

There is no such thing as an “apple and cheese day” or an “egg day” or any other such nonsense. These are gimmicks that have never been proven to work and could cause further weight gain and problems with stabilizing.

Do not try to lose more weight during maintenance! If your weight hasn't already stabilized for at least a week and it falls more than 2.0 lbs below LDW during Maintenance, this means your weight isn't stable. Stabilizing means it shouldn't go up or down. If you don't stabilize, you risk gaining back the weight, so take this seriously!

Life Phase (Full Integration of Food)

After finishing maintenance, if you still have excess fat to lose you can start another round of the protocol when you're ready. If you've reached your goal and successfully finished six weeks of maintenance, your metabolism will be set at its new rate and you'll have a new setpoint weight. You can now eat “normally” without fear of gaining weight.

You must understand that “normal” may not be the same as the way you ate that caused the weight gain to start with. If your diet used to be lots of processed, high fat, or high sugar foods, then that is not normal eating.

Normal means choosing these foods for special occasions or once a week on a splurge meal. You can still have “sinful” foods but you can't eat them every day or your metabolism will again become overloaded (as described previously) and start to store the excess as fat.

Avoid meals that are high in both fat **and** carbs. Either one alone may not cause trouble, but the combination can be a recipe for weight gain. Yes, you can eat that large plate of ribs, but don't pair it with a baked potato or fries. Instead, eat a raw veggie salad or non-starchy vegetable like steamed broccoli—with cheese sauce!

Know your daily calorie limit. A good guideline for women is 11 times your target weight. For men, aim for 12 times your target weight. For example, a woman who weighs 150 lbs would need at least 1650 calories per day, more if she is fairly active. These guidelines will help you avoid overeating. **If you continue to weigh daily and do a Steak Day when the scale moves up more than 2.0 pounds, your new weight will be easy to maintain.**

Do not attempt to do anything close to a 500-calorie diet after you're finished. It can lead to weight gain and protein deficiencies. It is only the use of HCG that allows the body to get



the fuel it needs from your abnormal fat stores. As many unhappy dieters have learned, on very low calories without HCG, you burn vital and structural fat that comes right back.

A Few Other Issues

You might be worried that the HCG Protocol isn't safe or could interfere with treatment if you have certain medical problems. In fact, HCG has been found quite safe, though we do recommend that you consult with your doctor before starting any weight loss program.*

You may feel some temporary physical effects during the Protocol. If you don't normally get much exercise, your muscles may feel weak and tired near the end of the diet. This will go away as your muscles adjust. If you do typically exercise, you may not notice this. You may also experience muscle cramping due to loss of potassium from drinking all the water. Eating more spinach or taking potassium will help.

Near the end of the VLCD, your blood sugar can drop for a few moments, leaving you dizzy or weak. It's a good idea to keep a piece of fruit handy in case you experience hypoglycemia. The diet is safe for Type 2 diabetics, with permission from a doctor.

HCG can potentially increase your chance of gallstones if you are prone to those, due to the sudden absence of fat from the diet. If you have had a heart attack, you should only do this with a doctor's supervision. However, the program can benefit many people with heart ailments, as weight loss can quickly reduce symptoms, such as breathlessness and high blood pressure. If you have trouble with your teeth, you may take calcium for protection.

If you are a nursing mother, you can do the HCG Protocol, but you must make adjustments AND your nursing must be at least six months old. Contact us for information.

CONCLUSION

That's the story of the HCG Protocol. It's now time for your story! Make the commitment. Follow the Protocol. Whether you wish to lose 10 pounds or 500 pounds, you will feel better, look better, and your body will be reconditioned to help you maintain the ideal you.

* We have provided this summary for informational purposes only. This information is not intended as a substitute for advice from a physician or other health care professional, and should not be used for diagnosis or treatment of any health problem or for prescription of any medication or other treatment.

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WARNING: Do not use this product during pregnancy or while nursing except as directed by your health care professional. Always proceed with a doctor's supervision for maximum safety. This product is not intended for use by children under 12 years of age. Keep out of reach of children. Do not use if tamper-resistant seal is broken or missing.

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