

HCG DIET FREQUENTLY ASKED QUESTIONS (FAQS) – FOR HEALTH PRACTITIONERS

This FAQ sheet has been put together as a supplemental information source for practitioners. It is not meant in any way to give medical advice and should not be given to or used by patients. All care related to patients should be managed by their practitioner. This material should not be relied upon in any respect for patient medical decisions.

This FAQ sheet was built based on common questions encountered during the hCG diet. Although there are many topics of interest in this FAQ, it should be noted that in general, most patients do very well on the hCG diet and are extremely pleased with the outcome of the diet. However, the information contained herein may not be applicable to your patient and many patients will not be able to do the hCG diet.

The FAQs below are based on the assumption you are using the hCG Professional formula as the hCG based component for your hCG program. The hCG Professional formula has 16 total ingredients, in addition to the homeopathic hCG, that provide a wide variety of support to this program. If you are using a simple homeopathic hCG or hCG injections, these FAQs may not be applicable as most simple hCG programs do not contain the important and supportive ingredients of the hCG Professional formula and will provide much less overall support to the body during the hCG diet process.

Contents

Are there any contra-indicated diseases for doing the hCG diet?.....	2
What about patient Medications?.....	3
What should I be watching for with my hCG patients that are just starting the diet?.....	3
Is the Detox protocol required?.....	5
I’m concerned about heavy metal toxicity, is there anything else I can do?.....	5
Is 500 calories per day enough?	6
Should I be adjusting my patient’s dosage of the Homeopathic hCG professional formula?	6
My patient is saying they are hungry, what is happening?	6
Some sources say fat-loading should be for two days, and others say three. Which is it?.....	7
My patient is experiencing some symptoms related to lethargy, energy, and hunger, should they continue the hCG diet?	8
Is there any difference between the homeopathic hCG and the injectable hCG?.....	8
Can my patients exercise, lift weights, or play sports during the hCG diet?	9
We live in a very hot or very cold place, does this make any difference?.....	9
My patients seem to be having withdrawal symptoms and/or cravings, is this normal?	9
Should I be taking Vitamin E or Essential Fatty Acid Supplements?.....	10
My patient wants to lose the “last five pounds” using the hCG diet, is this recommended?.....	10

Do Men and Women respond the same to the hCG diet?	11
Can the hCG diet be used for shorter time periods then the 26 or 43 day plans?.....	11
Do I have to finish the 26 day program or the 43 day program?	11
I have heard of people using modified hCG diets with some success, can we modify the diet?	11
Can we mix two vegetables?	12
Can we [fill in the blank here with any proposed changes to the diet] and still lose weight and “reset” the diencephalon?	12
Will my patients lose any muscle mass?.....	13
How often do plateaus occur?.....	13
What should women do with respect to their periods?.....	14
Why can't you have massages during the hCG diet?.....	14
Can people have NAET treatments while on the hCG diet?	14
My Patient is regaining a large portion of the weight that was lost during the hCG program, why?.....	14
Can pregnant women or breast-feeding women take hCG?	15
Can patients continue their normal supplements?	15
I am interested in giving the hCG formula to my patients to assist in regulating the hypothalamus as an anti-anxiety option. Is that ok?	16

Are there any contra-indicated diseases for doing the hCG diet?

The hCG diet is a stressful process for the body. Anyone with material health issues should take great caution before beginning the hCG diet including full blood work and close monitoring. Even healthy patients need to be closely monitored. The stress for the body can come in numerous ways such as (but not limited to) withdrawal symptoms, weakness/energy loss, reduced immune response potential, lower blood pressure, water/dehydration issues, electrolyte balance, etc. If your client has any types of issues that may be affected by these types of stressors or other stressors related to a very low calorie diet (VLCD), it is not recommended that they participate in the hCG diet. For example purposes (this list is not meant in any way to be all inclusive) we have provided a list below that contains a few of the areas practitioners may want to be following:

Do Not Participate

1. Patients with weak or compromised immune systems (or those who get an infection during the hCG diet) and/or patients taking antibiotics
2. Patients with “Brittle” or hard to control diabetes
3. Patients with untreated Graves Disease
4. Hypertensives needing 2 or more drugs to control pressure
5. Hypotensives
6. Patients on Chemotherapy
7. Cancer patients not in remission
8. Pregnant Patients
9. Tuberculosis Patients

10. Patients with Gall Bladder Colic
11. Patients with Unstable Gout
12. Patients with Unstable Angina

Monitored Closely

1. Diabetics in General
2. Patients with Hypothyroid
3. Stable Hypertensives
4. Anxiety/Depression Patients
5. Recovering Alcoholics/Addicts
6. Drug Addicts or Recovering Addicts
7. Patients who have issues with electrolyte balance or dehydration
8. Current or historical Cardiac Arrhythmia

What about patient Medications?

In general this is not an answerable question because of the infinite number of possible combinations. This needs to be evaluated individually for each patient. In general homeopathics, and specifically homeopathic hCG and the hCG professional formula, are not known to be contraindicated with respect to any other medications. However, the 500 calorie diet and excessive weight loss can have a myriad of physiological effects. These effects need to be monitored and may influence thyroid, blood pressure, glucose levels, etc. Each patient needs to be carefully monitored and evaluated with their specific circumstances. You will need to pay close attention to patients whose medication needs may change as they go through the hCG protocol. Many times dosages may need to be reduced. If you are not their primary care physician, you should recommend that they have a checkup with respect to medications if you think that it might be needed.

What should I be watching for with my hCG patients that are just starting the diet?

Health care practitioners should be diligently monitoring patients participating in the hCG diet. The hCG diet can cause significant stress in the body to some patients and the potential issues are not finite. As the body transitions from burning simple fuel (carbs and sugars) to utilizing fat as the primary fuel source some patients can experience a wide variety of symptoms. Common symptoms include headaches, slight nausea, and mild weakness. These may stem from a variety of causes but are most likely due to slow transition of the body to fat burning and/or withdrawal symptoms and/or toxicity. Less frequent occurrences and ones which should be closely monitored and may require the patients to immediately cease the diet are light-headedness, blurry vision, "brain fog" or mental lethargy, and/or significant emotional or mood changes. Practitioners will need to assess the significance of any of these issues. It is recommended that if there is any question, the diet be ceased immediately.

Mild and short-term symptoms of transitioning to the 500 calorie per day diet are common. Each patient's individual symptoms must be evaluated for significance by the practitioner. We have put together the following list of potential symptoms that may be relevant to your individual patient:

1. Headaches
 - i. Normally go away after 2-3 days of the 500 calorie per day diet
 - ii. Although not part of the original Simeon diet, ibuprofen and aspirin can be used
 - iii. Excedrin or any other caffeine containing products should not be used
2. Dehydration and associated effects (**Major issue** as most people are not used to drinking enough water)
 - i. Potential Solution: Drink more water – some have recommended the brand “Smart Water” or Kangen water
 - ii. DesBio pH Stabilizer may be beneficial
3. Weakness/muscle cramps as related to a lack of potassium and salt – Electrolyte Imbalances
 - i. Add potassium/magnesium supplement and additional salt; Mineral Supplements
 - ii. DesBio has a potassium, Magnesium, Calcium + Enzymes supplements that is well suited for this issue.
 - iii. DesBio Electrolyte Plus may prove beneficial
4. Lack of energy
 - i. Same as #3
 - ii. Vitamin B12 supplementation; Multi-Vitamins
 - iii. Equilib (see below)
 - iv. Iron, if indicated.
5. Mild Emotional/Mood Issues
 - i. If patients are not on the 6 part detox, it should be re-started.
 - ii. Equilib is a nutritional support product designed to assist the body in regulating these types of issues.
 1. For patients that you feel may be susceptible to these issues, Equilib can be started a week before the actual hCG diet concurrent with the Detox.
 2. Equilib does contain some fatty acids, this is ok. See explanation in later FAQs.
 - iii. Serotonin levels may be lower during the hCG diet.
 - iv. Vitamin D
6. Light or very mild Vertigo/Dizziness
 - i. Immediately lie down for short-term effects
 - ii. Peppermint Oil (diluted for application to skin of course) may be helpful if put on a Q-tip and swab the inside of both ears with a little under the nose.
 - iii. Watch hydration and electrolyte balance
 - iv. May need a spoonful of sugar
7. Still Hungry

- i. See additional information below
- ii. Drink more water, especially right before eating. Drinking at least 8 ounces immediately BEFORE eating may provide some relief
- iii. Switch up the order of food (eating vegetables first and then meat or vice versa)
- iv. Eliminating the Grissini or Melba Toast (many times this will make people more hungry)
- v. Time the eating of fruit right before the meals as for some people, any eating that does not “fill” them may cause discomfort for some patients

Is the Detox protocol required?

All patient decisions are made by the practitioner.

The Comprehensive Detox program created by Deseret Biologicals includes substantial support for the kidneys, liver, lymphatics and the interstitial space (matrix). It also includes other key ingredients and potencies to maximize the body’s ability to clear any released toxins from the fat cells and ensure good detoxification and drainage during the hCG diet.

Utilizing the hCG diet without comprehensive detox and drainage as well as good supplementation support is not recommended.

Key additional supplements may include:

- Magnesium, Potassium, Calcium + Enzymes
- Equilib
- Essential Fatty Acids
- Vitamin b-12
- Multi-Vitamin may be needed

I’m concerned about heavy metal toxicity, is there anything else I can do?

Yes, if you are concerned about heavy metals beyond the standard detox protocol you can add Detoxamin Chelation Suppositories.

During the hCG diet, it is recommended that they be inserted for not more than 2 hours (due to the cocoa butter) and then expelled.

If you are not familiar with Detoxamin, please visit the practitioner resource page at www.desbio.com/resources and watch the two webinars “The Basics of Chelation Therapy” and “Advanced Detox: Non-invasive Chelation Therapy”

Is 500 calories per day enough?

According to Dr. Simeon, the hCG will allow the body to burn fat equivalent to an extra 1,500-4,000 calories per day. He noted that you are living far more on what you are burning than what you are eating.

It is noted below that the 500 calorie per day diet should be in conjunction with a general supplement program.

Please see exercise question as well. Strenuous exercise is not recommended and even moderate exercise may not be suitable during the hCG diet.

Should I be adjusting my patient's dosage of the Homeopathic hCG professional formula?

The standard recommendation is 10 drops, 3 to 6 times per day. For patients that are continuing to experience hunger, they will likely need more towards the 6 times per day. For some patients, especially those who are not only not hungry, but no longer have any desire to eat or may be experiencing nausea towards food, their dosage should be reduced until they are comfortable eating at least the 500 calories per day.

Number of drops is not related to weight or age but patient response.

Additionally, drops may be adjusted to be taken in higher quantities less often or lower quantities more often. Drops may also be added to water and sipped.

The key indication with respect to the drops is patient reaction and desired response.

My patient is saying they are hungry, what is happening?

This is a very complicated issue that needs to be closely monitored by practitioners.

Mild hunger is normal for many patients during the hCG diet. The number one thing to help most patients is to drink water when they are hungry.

However, we have identified five additional areas that may be of benefit to practitioners when evaluating hunger issues. The five areas below are not meant to be exclusive or exhaustive of the potential issues or causes related to hunger.

The first is that the patient's body is not making the appropriate transition to burning fat. As mentioned above, according to Simeon, the hCG turns on the Diencephalon to "allow" the body to burn non-essential fat. However, some patients may struggle with becoming efficient fat burners especially in the beginning even if the "ok" to burn the fat has been given by the Diencephalon. This is most common in patients who do not exercise often, have been overweight for a long period of time, and seems to affect men more than women. This inefficiency will be manifest with Hunger and weakness initially and may

progress to “brain fog” and emotional changes – which may require the diet to be ceased immediately. Managing this transition and deciding if a patient needs to stop or can continue is a primary concern for the practitioner. Patients experiencing continued hunger need to be closely monitored and a small number of patients may not be able to ever make the transition and will need to stop the hCG protocol. Again, some mild hunger is normal in many patients.

Secondarily, there may be significant emotional issues related to food. Many patients, especially in the beginning 3-7 days (after fat-loading), will still have a “strong desire to eat” as per their normal eating schedule. Patients who normally have a snack in the afternoon, a donut for breakfast, or a “sweet something” before bed will typically have significant cravings during these times. This is normal and patients just need to be taught to recognize the difference between hunger and the more emotionally determined “desire to eat” that is very common. This emotion cannot be overstated and patients should be made aware that this will occur. This may also have to do with food intolerances/sensitivities as well – please see that question for additional details.

The third area of concern is mostly related to potential withdrawal symptoms. Practitioners should be very aware that patients who are used to consuming significant amounts of caffeine, sugar, or carbs will likely have some form of withdrawal symptoms. These symptoms can be mild to somewhat severe. The most common with respect to caffeine is headaches but other symptoms that are common to going “cold turkey” can manifest in patients that are on the hCG diet and affect hunger.

The fourth area is mentioned in more detail later in this FAQ sheet but is related to people who are nearing a BMI score of 25 and do not have significant supplies of non-essential fat remaining in their bodies. When a patient nears this BMI number level the hCG will begin to lose its efficacy and may start to lose the hunger reducing affect. Please see FAQ “My patient wants to lose the “last five pounds” using the hCG diet, is this recommended?”

The fifth and most often overlooked is inadequate fat loading days. Dr. Simeon specifically noted that patients that did appropriate fat loading generally had fewer issues during the transition. Patients who avoid the fat loading because they don’t want to gain the weight will typically have more hunger issues. This is another reason that diabetics must be closely monitored as the fat loading may be difficult.

Hunger may also be related to fluctuating hormone levels (especially in menstruating women), which may be addressed by administering DesBio’s Hormone Combination formula and the DesBio/NAET Male or Female Stimulant formula.

Some sources say fat-loading should be for two days, and others say three. Which is it?

Dr. Simeon originally wrote that fat loading should be for three days. However, this was based on the average diet of the time. Currently, if a patient is generally consuming a material amount of fat in their normal diet a period of two days of fat loading is likely sufficient.

For patients that have recently been on a diet (in the past few months) or who already have reduced their normal intake of fat to lower than normal levels, they will likely require three days of fat loading as originally noted by Dr. Simeon.

My patient is experiencing some symptoms related to lethargy, energy, and hunger, should they continue the hCG diet?

This question will need to be answered by the health care provider. As noted above, if there is any significant question related to the patient's health, the diet should be stopped. If the symptoms are mild and short-term, it may just be a transition or normal variation. If the practitioner sees no immediate issues with the symptoms and the patient would like to continue, the practitioner can evaluate these possible options:

1. Do nothing, monitor patient closely
2. Increase the caloric intake for a short-term period
3. Allow some fat to be consumed for a 1-3 day period
4. Adjust or increase supplementation
5. Allow some sugar to be consumed
6. Consider other diet modifications

Each practitioner can evaluate if these or other options should be offered to the patient. As Dr. Simeon did not provide any information with respect to deviations from the diet (except for identifying reasons why patients were not losing weight) it is unclear what the effects of these changes may be so any change may cause significant variations in weight loss/gain. Please see additional FAQs below related to modified diets.

Is there any difference between the homeopathic hCG and the injectable hCG?

There is no data that has compared the efficacy of the two options.

Most experience has shown that both methods work about the same. However, the response from practitioners who have personally done both injections and the homeopathic hCG Professional formula is that the appetite control and weight loss is superior with the homeopathic. In addition, the hCG in the Deseret Biologicals formula is derived from human urine of pregnant women.

Additionally, the homeopathic hCG professional formula is a safer form of hCG and is made in the USA with hand succused homeopathy in a US based, FDA registered facility, which is regularly inspected by the FDA.

Millions of patients have successfully completed the hCG protocol using homeopathic hCG.

Much, if not almost all of the hCG being sold as injections in the US market is currently coming from unregulated sources outside of the US with questionable purity and regulation.

Lastly, much of the homeopathic hCG being sold is not being made in a correct form and is being made in unregistered facilities that are not regulated by the FDA and the source of their hCG is unknown.

Can my patients exercise, lift weights, or play sports during the hCG diet?

Moderate to Heavy activity is not recommended during the hCG diet even though Simeons seemed to vaguely imply it was ok. If your patient has been performing moderate to heavy activity for long periods before beginning the hCG protocol, it is recommended that they plan on adjusting their routines to less rigorous activities. If they insist, they should be monitored closely for electrolyte levels, dehydration, light-headedness, and should be cautioned to stop immediately if they experience any out of the normal symptoms.

For most people, very light activity such as a leisurely walk in moderate temperatures is all that is recommended during the low-calorie phase of the hCG diet.

Patients that have not done any regular exercise prior to the diet should take great caution in performing any activity that requires significant physical exertion.

We live in a very hot or very cold place, does this make any difference?

Patients who are on the hCG diet need to be cautious about severe temperature swings. For example, sitting outside in the hot sun, in a southern US city, for a prolonged period of time and increasing core body temperature is not recommended. For example, attending a sporting event such as a baseball game in the midday under a hot sun is not recommended.

During the hCG diet, the body is required to use fat as its primary fuel source. The conversion process is slower than other forms of energy and may slow the body's ability to react to significant temperature changes or long-term heat or cold. In general, patients involved in the hCG diet should be cognizant of not putting themselves in a position of high stress on the body with respect to exercise or external factors.

My patients seem to be having withdrawal symptoms and/or cravings, is this normal?

Yes, this is normal for some patients. Patients who have normally consumed large amounts of caffeine, sugar, and/or carbohydrates will likely experience some withdrawal symptoms.

In addition, a Food Craving may be a strong sign that you are allergic to what you are craving. The net result is that you end up eating the food and manifest allergy symptoms. One of those symptoms is gaining weight in the body storage areas specifically fat.

Many Obese Patients have gotten obese by eating foods that their body is either intolerant or allergic to and thereby reinforcing the obesity cycle. This has been referred to as the Allergy-Addiction Syndrome.

DOES DESBIO have an answer for this?

If the Hunger proves debilitating the patient may need to be treated for the food allergy/intolerance/sensitivity/addiction first or during the hCG protocol.

DesBio has numerous tools to assist practitioners with this issue including using Detox Protocols, Meridian Clearing protocols and the newly introduced Comprehensive Food Sensitivity Kits.

Here are some references to information related to this topic from an essay entitled "More about Allergy and Addiction" by Stephen Levine, Ph.D.

http://www.remediesforrecovery.com/more_allergy_addiction_article.php :

1. Randolph TG Quart. J. Study Alcohol 17:198, 1956.
2. Randolph TG, Rinkel HJ, and Zeller M. Food Allergy / Springfield IL/Thomas, 1950.
3. Randolph TG J. Lab Clin Med 32:1547, 1947.
4. Newbold HL. Dr. Newbold's Revolutionary New Discovery About Weight Loss / Rawson Associates Publishers, Inc./New York, 1977.
5. Mandel M. Dr. Mandell's Five Day Allergy Relief System/ Simon & Schuster / New York, 1977.
6. Philpott WH Brain Allergies / Keats Publishing / Connecticut.
7. O'Banion Ph.D. 15th Advanced Seminar in Clinical Ecology. Oct. 1981, Hershey, PA.

Should I be taking Vitamin E or Essential Fatty Acid Supplements?

Although the original Simeon diet said that no oils were allowed the benefits of EFAs/Omega 3 and 6s and Vitamin E during the diet outweigh the potential downside related to the weight loss and they should be consumed during the diet.

My patient wants to lose the "last five pounds" using the hCG diet, is this recommended?

No, but it depends on the patient and what the definition of the last five pounds is for the patient. As a patient approaches a BMI of 25 the hCG diet may become less and less effective with hunger beginning to increase and other symptoms related to lack of calories (due to insufficient non-essential fat) manifesting. The hCG diet is most effective for patients that have substantial weight loss goals.

As the body begins to exhaust the non-essential fat stores, the hCG diet will not only cease to be effective but may actually induce weight gain. The hCG diet may not be appropriate for people who are below a BMI of 25 (or thereabouts), and patients who reach that level should be monitored closely for symptoms that the hCG has reached the end of its efficacy.

The exact BMI where hCG ceases to be effective is unknown. A BMI of 25 is a guideline to give you a number to start with as an average.

Do Men and Women respond the same to the hCG diet?

Men typically lose more weight than women on the hCG diet. Women average about .5 pounds per day over the 23 day cycle where men seem to be slightly higher. However, individual results vary greatly and patients need to be educated that their body is unique and their results will also be unique.

hCG is not a sex hormone and there are no known issues with Men taking hCG.

Can the hCG diet be used for shorter time periods then the 26 or 43 day plans?

The answer is yes, but with a caveat. The hCG diet is effective in losing pounds in a shorter time period then the 26 or 43 day objectives but may not be sufficient to “reset the diencephalon” which was Simeon’s primary objective of the diet.

However, if a patient chooses to do this, it is highly recommended that no matter what the duration of the diet, that the maintenance diet (which has no caloric restriction just types of foods) be completed in order to solidify the weight loss. Shorter bouts of the hCG diet combined with no maintenance diet will likely result in significant weight being gained back in a short period of time.

Additionally, if the desired weight loss is achieved, or the patient reaches a BMI of 25 or lower (with symptoms), the practitioner should evaluate when the diet should be stopped and transitioned to the maintenance phase.

Do I have to finish the 26 day program or the 43 day program?

In regards to the 26 day program, if the patient reaches the desired weight sooner (or they get close to a BMI of 25 or less and begin experiencing symptoms as noted above) you may to direct them to stop the 500-calorie diet by stopping the hCG, continuing the diet for 3 more days and then transitioning to the maintenance phase. The hCG diet will not work if you have are getting close to having used most of your non-essential fat.

It is unclear exactly how long the diet must be followed to achieve Dr. Simeons noted “reset” of the Diencephalon.

In regards to the 43 day program, if a patient loses 34 pounds you must stop the diet at that time or if they begin to go below to a BMI of 25 and start experiencing symptoms, you must stop the diet and transition them to the maintenance as noted above.

I have heard of people using modified hCG diets with some success, can we modify the diet?

The original Simeon diet is what all hCG based diets originate from to this day. It is clear that Dr. Simeon was able to work with many patients over a 20+ year period and made his observations related to the

diet and what he believed was and was not acceptable to achieve the desired results. Most “purists” feel that if you do not follow the diet, as noted in his original manuscript, “Pounds and Inches,” exactly you are not going to “reset” the diencephalon and you are not going to lose the appropriate non-essential fat weight first, or at all.

However, there are a substantial number of clinics/practitioners that have slightly altered the original diet for their patients which appear to be successful in assisting their patients to lose weight in the same manner. Whether or not the Diencephalon can be reset in this manner is unknown and the effect on order of fat burned and access to non-essential fat is also unknown.

There are innumerable websites and authors with modifications, opinions, theories and the like with what is and what is not acceptable.

Each practitioner will have to evaluate additional claims on their own merit and watch patient responses to determine if modifications are effective.

Can we mix two vegetables?

Dr. Simeon said not to mix vegetables.

However, we do not consider Lettuce to be anything but water and fiber. In addition, a tomato can be considered a fruit or a vegetable.

There are ample examples of people who have run hundreds of patients through hCG programs with some modifications to the original diet with success. There are many experienced hCG practitioners that believe that patients need to “stay close” to the diet but minor variations with respect to mixing a fruit or vegetable will not have a material effect on the outcome.

It is our opinion that if the patient desires to mix some vegetables, they should try it, if weight loss is unaffected, it may be that it is fine for that patient.

Patients who hit plateaus for more than 2 days should go back to the “pure” diet if they have been making any modifications.

We do not believe that meats should be mixed.

Can we [fill in the blank here with any proposed changes to the diet] and still lose weight and “reset” the diencephalon?

As you can see from the above answered questions it is generally unknown, outside of Dr. Simeon’s very specific opinions, as to what changes to the diet or program may or may not do to the outcome.

There are a substantial number of clinics/practitioners that have altered the original diet for their patients which appear to be successful in assisting their patients.

There is no data available on whether or not any specific change does or does not affect the “reset” process other than Dr. Simeon’s original opinion.

Significant variations from the original diet should be judged on their own merit as a “stand alone” protocol and not be related to the Simeons diet as the basis for efficacy.

Will my patients lose any muscle mass?

According to Simeon, under the influence of the hCG the body burns fat as its primary source of energy during the diet.

However, some subjective information related to the hCG diet (i.e. individual responses and informal feedback) has suggested that some muscle/protein loss is still experienced during the hCG diet as part of the process.

In addition, the inability to continue significant activities such as exercise and weight lifting during the VLCD portion of the hCG diet will also allow for a natural decline in pure muscle mass.

How often do plateaus occur?

Plateaus are a normal and often occurrence where patients lose little or no weight for a prolonged period of time even though they are only consuming 500 calories per day. They occur in women much more than in men. They can last for one day up to seven days. In general, this will happen with people that have experienced rapid weight loss in the beginning of the diet but then plateau. If the patient is above .5 pounds lost per day since the beginning of the 500 calorie diet, it is likely just a normal part of the diet process.

The patient and practitioner guides provide numerous potential issues that may be causing the plateaus as well as solutions to help with the plateaus. Please see guides.

The concept of why a plateau occurs is potentially very complicated. However, the prevailing opinion seems to be related to the fact that although fat cells may be giving up their contents as fuel, the body may retain water in the cells as it continually adjusts and maintains during these periods. In general, the “breaking of the plateau” is usually accompanied by a high volume of urine in a short period of time.

Additionally, some patients with known or unknown food sensitivities may struggle with plateaus and long-term weight maintenance. If you believe your patient may have this issue, please review DesBio’s webinar on Food sensitivities for more information and see the craving/allergy question above. This may be a significant issue.

In any case, short-term plateaus of one to three days are usually of no concern. However, if the plateau continues, practitioners may want to question the patient on some of the common causes of plateaus found in the guides.

Lastly, if the practitioner and patient feel it is ok, and the patient feels like they have the energy, an additional plateau breaker not mentioned in the guides is a leisurely walk. Helping the body increase caloric burn by an extra 100 calories a day from a leisurely 30 minute walk may help the patient push through the plateau. Please see questions on extreme heat and cold and exercise for practitioners assisting patients in geographies that experience extreme heat or cold. This should not be done in those geographies during the day or in the sun.

What should women do with respect to their periods?

Women who are planning on doing the 26 day program should start the program immediately at the end of their period. It is not recommended that it be started at any other time.

Women who are planning on doing the 43 day program should also start immediately after their period. Once menses has begun, women should discontinue the use of the hCG for the three days of their period with the most significant volume. They should restart the hCG after those three days.

Some women may experience severe hunger during this time and an increase in caloric intake may be required. An increase to 1,000 calories per day (with the exact same requirements of food, just doubled) may be needed for women during this time.

The hCG “off days” count towards the 23 and 46 day periods.

Weight gain during this time may fluctuate dramatically and women should not be concerned with weight fluctuations during their period.

Why can't you have massages during the hCG diet?

It is unclear why Simeon mentioned this as an issue. Most people believe it is related to the use of oils during the massage. There is no other prevailing opinion with respect to any other potential issues related to massage.

Can people have NAET treatments while on the hCG diet?

It is believed that most patients can do both with no problem.

My Patient is regaining a large portion of the weight that was lost during the hCG program, why?

The first and most important question is whether or not the patient followed the three week maintenance program after finishing the active portion of the hCG protocol. If a patient does not follow the maintenance program, they will likely regain the weight.

If the patient has followed the protocol and the maintenance program, it may be that they still need to adjust their normal eating and exercise patterns to maintain the long-term weight loss.

In addition, according to Dr. Simeon, some patients may require additional rounds of the hCG protocol in order to fully reset the Diencephalon.

Finally, it is believed that patients with know or unknown food sensitivities may not be able to maintain the weight loss without reducing or eliminating those sensitivities. DesBio has prepared a full webinar related to food sensitivities for more information on helping patients with this issue.

Food sensitivity kits can be done simultaneous to the hCG protocol. See above questions related to this topic.

Can pregnant women or breast-feeding women take hCG?

Although this question should be obvious, it is often asked.

Women who are pregnant should never take additional hCG (they already have tons) or go on any diet program not specifically advised by their physician

Women who are breast feeding should not take hCG or go on the hCG diet. The release of toxins would not be beneficial to the baby and it is unlikely the body would continue to lactate with a very low calorie diet.

Women who are trying to conceive should not do the hCG diet.

Women who have miscarried should wait a sufficient amount of time before starting the hCG diet. Practitioners should evaluate the situation but no less than 6-8 weeks is recommended.

Can patients continue their normal supplements?

Yes, and it is recommended.

We absolutely insist that patients be doing the detox program during the hCG diet.

You can run the \$10 urine test in your office during the first office visit after your patients start the 500 calorie diet. If they are showing unbound heavy metals, you may want to add Detoxamin to the protocol.

It is likely that patients will benefit from the potassium, magnesium, and calcium + digestive enzyme formula that DesBio has available.

A Vitamin B-12 supplement is recommended.

For patients experiencing withdrawals, cravings, and or emotional issues Equilib is a great option (and food sensitivities may be an issue).

Smart silver is a great supplement for patients to be taking during the very low calorie diet as it will supplement the immune system. Patients who get a virus or bacteria during the diet need to be watched.

with great caution. Silver will assist in this area if they are taking it during the Diet. Patients that are prone to illness or are exposed to sick people or are starting the diet during “flu seasons” should use smart silver.

Probiotics are fine.

In general, patients can and should continue taking any other homeopathics or nutritionals.

Special caution should be exercised with herbals.

I am interested in giving the hCG formula to my patients to assist in regulating the hypothalamus as an anti-anxiety option. Is that ok?

It is a partial yes. hCG is only a partial regulating mechanism. It is recommended that if this protocol is desired by the practitioner that DesBio’s Hormone balance and Cerebromax formulas be added to the mix as a more comprehensive “cocktail” to be considered.