Dr. Jonathan V. Wright's

NUTRITION & HEALING

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How I lost 12 pounds in 3 weeks—and how you could lose even more

By Jonathan V. Wright, M.D.

I could hardly believe it: In 23 days, I lost 12 pounds. Holly (my wife and very best friend) lost nine. And the weight came off just where we wanted it to come off the most—the lower abdomen for both of us, and a bit from the hips for Holly. (And for you skeptics out there, our "impedance" measuring scale confirmed that the large majority of the weight we lost was indeed fat, not water, which is frequently the case with such quick results.) Granted, we had been on a program involving a severely calorie restricted diet, but we hadn't even been unusually hungry, thanks to daily injections of a natural substance that first made the news more than 30 years ago. So why hadn't I done this before?

I suppose I should have been more attentive in the 1970s and 80s when the first large wave of interest in this same program occurred, but, in my defense, I was busy with other things. In the 1970s, I was working on accumulating the scientific information base about natural medicine that would help establish Tahoma Clinic. In the 1980s, I continued to research and develop nutritional therapies, and started to teach what I had learned to interested physicians with my colleague Dr. Alan Gaby. During the 80s I was also starting to develop combined bio-identical hormone therapies—estrogens, progesterone, testosterone, DHEA, and thyroid. And throughout that time, all of our children were still at home, which, as most of you know first-hand, makes following a restricted diet much more difficult. So when some Tahoma Clinic clients asked about this "natural weight loss program," I checked into it briefly and said I didn't think it would hurt, but didn't pursue it any further. After awhile, the enthusiasm died down, and I forgot all about it.

But as you may know, last year there was a best-selling book enthusiastically discussing the same natural weight loss program. The sort of media attention surrounding "diet trends" always invites skepticism and controversy, so, not surprisingly, questions came up at the Tahoma Clinic once again—many more than in the 1980s. So this time, I thought I'd look into it in more depth.

Straight from the source

In the 1970s and 80s, information was considerably harder to find. That's definitely not a problem in the Internet-aided 21st century. While it's certainly true that you can't believe everything you read, that's been the case as long as humans have been writing and reading, whether on stone, cave walls, parchment, paper, or newsprint. "On-line" is no different. Judgment—hopefully educated and informed judgment—is always necessary with anything we read, anywhere. But from my experience, it's best to start with the original source. So instead of reading the recent popular book, my first step was to look for publications by the originator of the program, Dr. A.T.W. Simeons.

First, I tried the website of the National Library of Medicine (more commonly known in the medical field as "PubMed"). Four citations attributed to Dr. Simeons appeared, published in very respectable medical journals—*Lancet* (1954), *Journal of the American Geriatrics Society* (1956), and the *American Journal of Clinical Nutrition* (1963 and 1964). All four titles mentioned the same natural hormone, human chorionic gonadotrophin (HCG), and three of the titles specified the use of HCG for treatment of obesity, but, oddly, no abstract of any of the four articles was available.

So from there, I looked for information about Dr. Simeons himself. Dr. Simeons was definitely no "diet huckster" or "quack," but a brilliant physician with a

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NUTRITION & HEALING

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A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Renton, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

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solid list of accomplishments.

Although he was born in England, like many Britons and Americans of his time, Dr. Simeons attended a German university, graduating summa cum laude in Medicine from the University of Heidelberg. (During the latter part of the 1800s and the early 1900s, German medical schools were widely considered to be the best in the world.) He then did post-doctoral work in Germany and Switzerland, followed by work at a hospital in Dresden, Germany. He developed an interest in tropical diseases, studying and working at the School of Tropical Medicine in Hamburg, Germany. From there, he went to Africa for two years, and then to India from 1931 until 1949.

While in India, Dr. Simeons developed the use of the drug Atabrine, which became and remained for years a mainstay of conventional anti-malarial treatment. He also invented a new method of blood staining to better observe the malaria parasite. For all his work against malaria, Dr. Simeons was awarded an "Order of Merit" by the Red Cross.

During his years in India, he also developed a model center for the treatment of leprosy (Hansen's disease) and did extensive work concerning bubonic plague (the disease known in Europe in prior centuries as "the Black Death"). In 1949, he re-located to the Salvador Mundi International Hospital in Rome, where he changed the focus of his practice.

Although much of his early work concerned infectious disease—malaria, leprosy, bubonic plague—psychosomatic disorders were another of Dr. Simeon's interests. So when he moved to Rome, he began researching and working on them, as well as on endocrinology, obesity, and the links between the three. He insisted that while obesity had psychosomatic components, most of the time it was a physical, not mental, disorder. In his book *Pounds and Inches* (which is widely available for free downloading on-line[1]), he refers to his observations while in India of a syndrome first described by a German doctor, Froelich, in 1901. These observations were the key to his development of HCG treatment for obesity.

The little-known syndrome that could be related to your stubborn weight gain

Having learned about Dr. Simeons and his solid credentials, my next step was to look up Froelich's syndrome. The best description I found came from a 1924 textbook titled *Organotherapy in General Practice*.[2] (Anyone who's heard me speak at bio-identical hormone seminars is likely aware of my enthusiasm for organotherapy, which is a discipline based on copying Nature by using naturally balanced complexes of naturally derived hormones. Unfortunately, organotherapy was literally pushed off the stage in the 1940s—with a great deal of help by patent medicine companies, aided by *los Federales*—and replaced by "endocrinology." While endocrinology is a very useful science, it uses single molecules—sometimes patented, sometimes bio- identical—instead

of the complexes that occur naturally in the body.)

According to the 1924 textbook, people suffering from full-scale Froelich's syndrome are usually extremely obese and have underdeveloped gonads (ovaries and testicles) and, consequently, underdeveloped genital organs. The excess fat accumulates in the lower abdomen, and around the hips, buttocks, and breasts. In some cases, it's also accompanied by a growth in the pituitary gland.

But with or without a pituitary growth, *Organotherapy in General Practice* tells us that variations of Froelich's syndrome can develop at any time of life, so the degree of underdeveloped gonads varies from severe to mild to none at all. And thanks to the varying degrees of severity, the textbook hypothesizes that the milder forms of Froelich's syndrome are "undoubtably much commoner than supposed."

In *Pounds and Inches*, Dr. Simeons describes his experience with one of the common variations of Froelich's syndrome. While he was in India, he observed many "fat boys" with "long, slender hands, breasts any flat-chested maiden would be proud to possess, large hips, buttocks and thighs with striation [stretch marks], knock-knees, and underdeveloped genitals, often with undescended testicles."

Dr. Simeons found that when the so-called "fat boys" were given small daily injections of HCG—a substance extracted and purified from the urine of pregnant women—their testicles not only descended into the scrotum, but they also "seemed to lose their ravenous appetites." And while the boys weren't on restricted diets and didn't actually lose any weight, Dr. Simeons observed that their shapes changed, and there was a "distinct decrease in the circumference of the hips."

HCG is not HGH

Just so there's no confusion: HCG (human chorionic gonadotrophin) is not the same as HGH (human growth hormone). HCG is ordinarily made by the placenta, and occasionally by "trophoblastic" tumors; HGH is made by the pituitary gland. Both are entirely natural molecules and not intrinsically dangerous, but since large quantities of HGH have given both professional and amateur athletes a competitive advantage seen as unfair, HGH has become very controversial and is treated as a "controlled substance."

There's no athletic advantage associated with HCG (other than weight loss when used with calorie restriction) and although it requires a prescription and should only be used when working with a physician, it's not difficult to obtain. It's also remarkably less expensive than HGH.

Dr. Simeons was intrigued. He theorized that the HCG injections had moved ("mobilized") the fat from the hips and deposited it in more normal distribution for a male body without any actual change in overall weight.

Nearly all conventional MDs believe that "fat mobilization" and consequent body re-shaping by HCG, with or without weight loss, is a myth. But the *Organotherapy in General Practice* textbook actually highlighted another example of this sort of fat mobilization and redistribution.[3] This case occurred in a woman with a more typical case of Froelich's syndrome, which included considerable excess fat on the hips and abdomen. Instead of HCG (which wasn't available in purified form until years later), her treatment included a common "organotherapy" preparation of the time: tablets containing glandular substance from animal pituitary, thyroid, and adrenal glands, along with another two grains of thyroid substance. Within three months, the woman's waistline had shrunk 5 inches (30 inches to 25 inches), and her hip circumference had gone down 7 1/2 inches (43 to 35 1/2). But despite the dramatic change in her measurements, she lost only one pound of body weight the entire time. The fact that a pituitary-extract, HCG-free program can do the same thing that Dr. Simeons observed in the Indian boys who did undergo HCG therapy helps strengthen the case for this "fat-mobilization" theory that critics tend to brush off.

Dr. Simeons also referred to animal experiments demonstrating that HCG doesn't work if the pituitary gland is removed and concluded that HCG works directly on the pituitary and/or hypothalamus, and only indirectly on the gonads (testicles and ovaries).

Taking this theory one step further, Dr. Simeons guessed that combining HCG injections with relatively severe calorie restriction would lead to significant weight loss without significant hunger, since the body would use the "mobilized" fat as fuel, rather than just moving it from one place to another.

So he tried this approach—daily HCG injections combined with a 500-calorie-per-day diet—in a few hundred cases of "regular" overweight individuals and observed that his guess was correct. Despite the calorie restriction, his patients didn't get unusually hungry, and every single patient experienced very significant weight loss.

What you can gain even from less-than-average loss

After all of this careful research, there was just one more thing to do

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before recommending Dr. Simeons' weight loss program to my patients: Try it myself. (My policy has always been to try anything new on me first before trying it for clients, "just in case." I've tried nearly everything except for bio-identical estrogens, which Holly won't let me do, but volunteered to do herself.) And, as you read above, both Holly and I can personally vouch for Dr. Simeons' technique. In a matter of 23 days Holly lost 9 pounds, and I lost 12. We were quite pleased, but according to Dr. Simeons, our results were actually below average. In his experience, average weight loss is approximately .6 to .9 pounds per day, for an average of 15 to 20 pounds over 23 days.

It's possible that Holly and I didn't lose as much weight as many others because we continued our supplement programs during the entire series of HCG injections. We've put our supplement regimens together very carefully over the years and know we do much better with them than without. However, Dr. Simeons makes a repeated point in his writings to explain that fats and oils must be very strictly controlled during HCG use—even oils in skin crèmes—or the body may burn those before it burns the "mobilized" fat. He recommends against nearly all other supplements, too, as possibly interfering with weight loss.

We did stop taking our fish oil while we were on the program, but, knowing that our health is much better while we're taking essential fatty acid supplements, we made sure to "load" our bodies with fish oil and GLA *before* starting the HCG-restricted calorie diet. The extra quantities would be stored in every cell membrane and our bodies would be able to use those supplies while we followed the HCG program. So it's possible that our bodies burned some of those stores of essential fatty acids before burning the body fat that had been mobilized by the HCG, which may have resulted in our slightly-less-than-average results.

But just because Holly and I continued our supplements doesn't necessarily mean you must continue yours—although at a very minimum I'd suggest continuing at least 2 grams of vitamin C and a general multiple vitamin-mineral daily. But please make sure to discuss the issue of your personal use of diet supplements during HCG treatment with a physician skilled and knowledgeable in nutritional and natural medicine.

Different programs for different goals

Over the course of several decades treating thousands of patients, Dr. Simeons worked out two different programs. For those who need to lose 15 pounds or less he advises a 23-day series of HCG injections along with the 500-calorie-per-day diet. For people with more than 15 pounds to lose, he suggests a full 40-day course of injections along with the diet. However, Dr. Simeons did set a limit on total weight loss for any one series of injections: If the patient loses 34 pounds before completing the series of 40 injections, he advises stopping the injection series at that point.

For seriously overweight individuals who want or need to lose more than 34 pounds, he recommends additional series of 40 injections, but waiting approximately six weeks between each series.

There is also a three-day high-protein, high-calorie "lead-in" to each course of HCG injections, and when the series is complete, Dr. Simeons recommends continuing the 500-calorie diet for another three days. Dr. Simeons explains that the three-day "protein loading" lead-in provides the body with extra protein to "get through" the first few days of diet restrictions. After that, the fuel your body needs comes from the 500 calories you eat each day along with the fat that the HCG mobilizes. Continuing the 500-calorie-per-day diet for three days after the HCG injection series is over ensures that every trace of HCG is eliminated from the body. As Dr. Simeons explained, without this three-day follow-up, some patients

Weight loss that's worth a shot

You might be wondering if it's possible to take HCG orally rather than by injection. But as you've read from me many times before, when you're using natural, bio-identical hormone treatments, it's best to copy Nature. And like any other internally produced hormone, HCG enters the bloodstream first, circulates around the body affecting its "target cells." And only after that is where it is disposed of by the liver and kidneys.

HGC doesn't enter the body through the gut, where at least half of any "oral" hormone preparation goes. So until someone (and someone likely will) invents a 100-percent-proven form of HCG that doesn't get absorbed by GI tract and sent to the liver first—where at least some of it will be metabolized and lost—or totally "trapped" in the skin before it can reach the bloodstream, your best bet is to copy Nature and stick with the injections that go directly to the bloodstream.

may "put on weight alarmingly."

He also warns that once patients have "lost all their abnormal superfluous fat, they at once begin to feel ravenously hungry in spite of continued injections." So if you reach this point during your series of injections, you should work with your doctor to increase your daily calorie intake to 1,000 until you've completed the full HCG program.

What every gout patient needs to know before trying HCG

There are a few potential complications of HCG use that Dr. Simeons discovered during his years of research. Fortunately, none of them are serious or life-threatening.

The first is gout. Dr. Simeons found that serum levels of uric acid rise after initiating HCG treatment. This rapid increase causes some people to experience "acute and often severe attacks" after the first few days of HCG treatment. However, even though uric acid levels may persist for several months after completing the program, he also found that after the initial "attack" there's no more pain at all—even if the patient undergoes a full 40-day course of injections. Even better, Dr. Simeons discovered that "those who have regained their normal weight remain free of symptoms regardless of what they eat."

As I've had gout (fortunately only once, in my University undergraduate days) this was another reason to try HCG treatment on myself first. I didn't have a gout attack during my course of HCG injections, despite deliberately avoiding "premedication," as Dr. Simeons recommended.

But since my personal experience with gout attacks isn't as frequent as many people's, I'd certainly follow his lead and recommend that anyone with gout work with a physician skilled and knowledgeable in natural and nutritional treatments, to treat their condition prior to following the HCG and diet program.

Less pain, lower blood sugar, and 3 other HCG benefits besides a smaller waistline

In his decades of HCG use, Dr. Simeons observed that the benefits of HCG go beyond physical appearance. The weight loss the injection and diet program brings on also helps to improve other obesity-related health problems.

Type 2 diabetes is the condition most often associated with obesity. Dr. Simeons found that type 2 diabetics sometimes have a drop in elevated fasting blood sugar to normal values within two to three weeks of starting HCG treatment. While this is a great added benefit, extreme blood sugar swings can be dangerous—even when they're in the right direction. So Dr. Simeons advises careful monitoring of blood sugar in all type 2 diabetics who undergo HCG treatment.

Like elevated blood sugar, high blood pressure often drops during HCG treatment. It does rise again once HCG is stopped, but following the significant weight loss that almost always occurs with the HCG and diet program, the blood pressure doesn't usually rise to it's former heights.

Dr. Simeons also found that "all rheumatic pains" improve within just a few days of starting HCG treatment. After the HCG treatment is over, arthritis pain usually returns, but most patients report that it's less than before and more manageable with less pain relieving medication.

Two of the more surprising benefits of HCG treatment are improvements in conditions not typically associated with weight—psoriasis and varicose ulcers (although Dr. Simeons found that psoriasis patients may relapse afterwards).

Of course, all of these problems also have successful natural treatments other than HCG and diet. And since they all tend to recur (although in lesser form) once HCG is stopped, it's a good idea to talk with your doctor about what other approaches you can take either during HCG treatment (to take advantage of the maximum combined effect) or afterwards (if you prefer to follow Dr. Simeons' advice of keeping supplement use to a minimum during treatment).

Skyrocketing cholesterol levels: A benefit in disguise?

The next complication of HCG treatment may actually be a benefit in disguise. In the 1950s and 60s before the advent of "HDL," "LDL," and today's even more detailed cholesterol tests, serum cholesterol was typically measured in two fractions: "free" and "esterified." Esterified cholesterol was thought to be the fraction related to arterial damage, and, according to Dr. Simeons, made up approximately 75 percent of a person's total cholesterol, while "free" cholesterol made up the remaining 25 percent.

Dr. Simeons found that, other than during pregnancy, HCG treatment is the only time that these proportions change, and free cholesterol becomes a larger proportion of a person's total cholesterol.

He also found that if a person's total cholesterol is normal before HCG treatment, then their levels won't increase or decrease. But if a patient's total cholesterol is already high, HCG treatment may cause their "total blood cholesterol [to] soar to heights never before reached."

He writes: "At first, this greatly alarmed us. But then we saw that the patients came to no harm even if treatment was continued, and we found that in follow-up examinations

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that the cholesterol was much better than it had been before treatment."

Dr. Simeons found that the increase was mostly free cholesterol, and he hypothesized that "the rise [in total cholesterol during HCG treatment] is entirely due to the liberation of cholesterol deposits that have not yet undergone calcification in the arterial wall, and is therefore highly beneficial."

In other words, Dr. Simeons believed (although he didn't actually prove) that HCG treatment could at least partially clear the arteries of recently deposited but not-yet-calcified cholesterol.

And some subsequent research suggests that he may have been on the right track in suggesting that the HCG-stimulated rise in cholesterol is actually a health benefit, not a risk. In 1981, a research group working with animals demonstrated that HCG is one of two substances that breaks down esterified cholesterol (the "bad" fraction) and increases the production of pregnenolone.[4] Pregnenolone is the "parent" of all steroids and is made from cholesterol. This research suggests that HCG stimulates that process, directly or indirectly.

So it appears that Dr. Simeons may very well be correct in hypothesizing that the increase in already-elevated cholesterol levels caused by HCG is actually a good thing. Still, if you are overweight and have elevated cholesterol, it's a good idea to work closely with a physician skilled and knowledgeable in nutritional and natural therapies to monitor your cholesterol by more modern means, before, during, and after intervals of HCG treatment.

Drink more, spasm less

Since we started the HCG and restricted-calorie weight loss program at the Tahoma Clinic (admittedly not very long), we've noted one other possible adverse effect not mentioned by Dr. Simeons —muscle spasm.

In the two cases that have occurred, we suspect the spasms were related to dehydration, since there's extra water loss (in addition to fat loss) during the first few days of the program. Dr. Simeons emphasizes that the use of water, tea, and coffee (unsweetened or sweetened with stevia only) is unlimited throughout the HCG program, and I also encourage everyone to make sure to drink plenty of these fluids.

For those of you especially susceptible to spasms, you may want to consider a period of "loading" with calcium, magnesium, and potassium prior to undergoing the HCG program.

The diet after the diet

Just like any other weight loss program, you can't just go back to your old eating habits once you've reached your goal and expect to keep the weight off. You've read this in *Nutrition & Healing* many times before, but it bears repeating that the best diet for all of us to follow as closely as possible is the kind our ancestors ate for hundreds of thousands of years prior to the introduction of agriculture.

This sort of diet is made up of free-range animal protein, wild fish and other seafood, nuts, seeds, non-starchy vegetables, and some fruit. (And don't forget that for our ancestors, fruit was available only at limited times of year. Large quantities of fruit year-round aren't the best for your health, either.) If you eat a reasonable number of calories made up of these types of foods (and get some exercise) you can keep your weight normal much more easily after following the HCG program. For guidance, see *The Paleo Diet* by Loren Cordain, Ph.D. and/or *God's Diet* by Dorothy Gault-McNemee, M.D.

If you're significantly overweight and have type 2 diabetes in your family, it's very likely that you have insulin resistance. Before you even start an HCG and restricted-diet program, please check with a physician skilled and knowledgeable in natural and nutritional medicine to have yourself tested. If your test is positive, then keeping weight off after the HCG program will be considerably easier if you stick with a healthful low-carb diet. Good books here include *The Paleo Diet* again, as well as *Protein Power* by Drs. Michael and Mary Dan Eades.

You should also have yourself checked for food allergies before undertaking the HCG/restricted-calorie diet program. Dr. Theron Randolph, the founder of the American Academy of Environmental Medicine (AAEM), was one of the first to write about the connection between food allergy and weight gain, and I've observed this relationship to be true for many allergic individuals. If you intend to keep weight off after your HCG program is over, avoiding food allergens (or avoiding, rotating, and desensitizing them, if there are too many to avoid altogether) will be a help. Check with a physician skilled and knowledgeable in nutritional and natural medicine for help with food allergy testing.

The truth behind the criticism

"Mainstream" criticism of HCG claims that studies have shown that it's ineffective as a weight loss aid. So I looked up the article in the *American Journal of Clinical Nutrition*,[5] frequently cited as the "definitive" study, and found that that claim was true—as far as it went.

This single study concluded: "HCG does not appear to enhance the effectiveness of a rigidly imposed

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Sweet and spicy ways to lift your mood this winter

By Kerry Bone

There's no doubt that St. John's Wort is the best and most-proven herbal answer for mild to moderate depression. But unfortunately St. John's Wort has acquired a lot of "baggage" along the way—some of it justified and some not. In particular, concerns have been raised about its interaction with a whole range of drugs. There is some evidence that St. John's Wort decreases the efficacy of certain drugs, ranging from digoxin to the contraceptive pill. But what concerns me more are the claims that it might interact harmfully with antidepressant drugs. There's not a lot of solid evidence to back these claims up—they're based more on rumor and propaganda. But the mud has stuck and I now find that many of my depressed patients taking conventional medication are reluctant to add St. John's Wort to their regimen.

So until the matter is settled once and for all, it's worthwhile to know what other herbs might also help manage the blues. And there is some encouraging research that has highlighted a couple of unlikely candidates—lavender and saffron. Let me fill you in on the details.

Smells good, feels even better

Lavender has been used for years in aromatherapy to calm anxiety and boost mood and its effects have supported by clinical studies.[1] But recently a small, double-blind clinical trial compared the oral use of 60 drops per day of a lavender tincture with the antidepressant drug imipramine.[2] A third group of patients took both treatments. While the lavender tincture showed some benefit, it was not as effective as the imipramine for depression. Perhaps a higher dose of lavender might have yielded better results, as the dose used in the trial was quite low. But the combination of lavender with imipramine worked better than imipramine alone, without increasing the drug's side effects.

An exotic mood boost worth every penny

The evidence for saffron (*Crocus sativus*) is more extensive, with a number of clinical trials showing promising results. You've likely heard of saffron as an ingredient in Indian and Middle Eastern cooking—and an expensive ingredient at that. The reason it's so expensive is that saffron is harvested by hand from the flower of the crocus plant. And since saffron comes only from the stigma of the flower, it takes hundreds of flowers to collect just one pound of this exotic spice. So it's just as well that a small dose of just 30 mg per day has been effective against depression in the trials.

What I like even more about the evidence for saffron is that there are trials that tested it against a placebo and others that compared it to conventional antidepressants.

The double blind placebo-controlled trials found that just 30 milligrams per day of saffron powder was significantly better than placebo in improving the mood of patients with mild to moderate depression.[3,4] There were no more side effects in the saffron group than in the placebo. And saffron's effects appeard to be as quick as they were dramatic: After just two weeks, the patients taking the saffron had a significant drop in their scores on the Hamilton depression rating scale, and those scores continued to plummet until the end of the six-week trial. In all, the Hamilton ratings dropped from around 23 to 9 in the group taking saffron, versus a drop of only around 23 to 18 in the placebo group.

Saffron also held its own in the clinical trials comparing the spice to conventional drugs. The main difference between saffron and imipramine was that the patients taking saffron didn't experience the side effects, like dry mouth and excessive sedation, commonly associated with the drug.[5]

Two separate studies also found that saffron worked as well as Prozac (fluoxetine), with no more reports of side effects than in patients on the drug.[6,7]

One final note of caution: depression manifests itself in a number of ways and can be quite severe. The herbal options discussed above are gentle and much more suited as part of an overall program for milder forms of depression. **KB**

Citations available upon request and on the Nutrition & Healing website: www.wrightnewsletter.com

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regimen for weight reduction." But claiming that HCG is "ineffective" based on this conclusion is more than a little deceptive, because (as is often the case) it leaves out some key information included in the rest of the study.

Here's the missing information, as actually written in that supposedly "negative" article:

> "Numerous reports have been published attempting to support [6 articles cited] or to disprove [5 articles cited] the Simeons' theory on the usefulness of HCG in weight reduction. However, until Asher and Harper's report,[6] there had not been a well-designed, prospective, randomized, double-blind study comparing HCG and placebo in the setting designed to test the true Simeons technique. [Harper and Asher's] study yielded evidence that HCG had a statistically significant benefit over placebo; this was reflected by a significantly greater mean weight loss, mean weight loss as a percentage of initial weight, mean weight loss per injection, and decrease in hunger."

So according to the authors of this "negative" study, the "score" by the time of their publication was: "Well-designed, prospective, randomized, double-blind" studies: 1 positive, 1 negative. "Not-so-well-designed" studies: 6 positive, 5 negative.

Hardly the resounding disproof the critics would like us to believe! And based on my own experience as well as Holly's and the handful of Tahoma Clinic patients who have tried the HCG program so far, I would certainly say that seeing and experiencing—not just reading—is believing. JVW

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