Fat Cleanse

This cleanse is only for those people who have completed 3-4 liver cleanse properly.

Dr. Praveen Kumaar MBBS (OSM), FACAM, Regional Dean FRCAM (Dublin), Clinical Metal Toxicologist (IBCMT USA) from Hyderabad called me one evening at 11 PM on my private number. Normally, I sleep early after switching my phones to silent mode, so this was an unexpected call. It was with reference to my hostel senior Mr. P. Kumar, who had been a mentor to me throughout my college life. Dr. Praveen Kumar had seen my book 'Cure Yourself' an hour ago and he felt the need to congratulate me immediately. Our conversation led to the two of us developing a close affinity. Soon thereafter, he suggested to me to try the fat cleanse program. Since I am a proponent of cleansing therapy, I immediately agreed to do it. He forwarded all the details of Simeon's protocol to me and I wasted no time trying out the new cleanse. I got encouraging results and lost 5 kg of cellulite fat in 3 weeks. The details of the fat cleanse program given below is Indian interpretation of this cleanse. It can also be done under the supervision of Dr. Praveen Kumaar in Hyderabad for a fee. Incidentally he also specialises in the treatment of many ailments. His details are available at www.healthyheart.in

I suffered from a weight problem of medium proportion. I used to keep my weight in control with a regular exercise routine and liver cleansing but with no food restrictions. Like others, I also made many attempts to lose weight and succeeded to a small extent, albeit temporarily. The lost weight was regained as soon as I left the regimen and resumed normal food habits – since taste reigns supreme. Dr. Praveen Kumaar told me about the approach of an Italian Doctor A.T.W. Simeons, M.D. Salvator Mundi International Hospital 00152 – Rome Viale Mura Gianicolensi, 77. I appreciated his logic and tried out his regimen. I have modified the dietary intake to suit Indian habits. Based on my experience, I can

explain the process that happens in the body. HCG dissolves abnormal fat only if the food intake is approximately 500 calories per day, rather than the 2000 calories required daily. This deficit in the energy requirement is made up by the human body by conversion of abnormal fat using HCG.

In this cleanse, I will not talk about a fancy slimming diet where the results are reversed as soon as the course is over. I will discuss the fundamental problems of obesity, its causes, symptoms and varying nature. I disagree when patients are told that they are fat because they eat too much. It is neither the whole truth nor the last word in the matter. Overeating is the result of the disorder of obesity, not its cause. Obesity in all its many forms is due to an abnormal functioning of some part of the body and each kg of cellulite fat accumulated is always the result of the same disorder of certain regulatory charisma. People suffering from this particular disorder will get fat regardless of whether they eat excessively, normally or less than normal. On the other hand, a person who is free of the disorder will never get fat, even if he frequently overeats.

Those in whom the disorder is severe will accumulate fat very rapidly, those in whom it is moderate will gradually increase in weight and those in whom it is mild may be able to keep their excess weight stationary for long periods. In all these cases, a loss of weight brought about by dieting, treatments with thyroid, appetite-reducing drugs, laxatives, violent exercise, massage or baths is only temporary and will be rapidly regained as soon as the reducing regimen is relaxed. The reason is simply that none of these measures corrects the basic disorder.

The treatment ‘Fat Cleanse’ aimed at curing the disorder is effective equally in both sexes, at all ages and in all forms of obesity. After treatment, the patient is free to eat any food that he/she normally eats without regaining any extra weight. Therefore, I call it cure through Fat Cleanse and not an attempt to reduce weight.

The History of Obesity

There was a time, not so long ago, when obesity was considered a sign of health and prosperity in man and of beauty, amorousness and fecundity in women. This attitude probably dates back to Neolithic times, about 8000 years ago; when for the first time in the history of culture, man began to own property, domestic animals, arable land, houses, pottery and metal tools. Before that, with the possible exception of some races such as the Hottentots, obesity was almost non-existent, as it still is in all wild animals and most primitive races.

Today, obesity is extremely common among all civilized races, because a disposition to the disorder can be inherited. Wherever abnormal fat was regarded as an asset, sexual selection tended to propagate the trait. It is only in very recent times that manifest obesity has lost some of its allure, though the cult of the outsize bust – always a sign of latent obesity – shows that the trend still lingers on.

The Significance of Regular Meals

In early Neolithic times, another change took place which may well account for the fact that today nearly all inherited dispositions sooner or later develop into manifest obesity. This change was the institution of regular meals. In pre-Neolithic times, man ate only when he was hungry and only as much as he required to still the pangs of hunger. Moreover, much of his food was raw and all of it was unrefined. He roasted his meat but he did not boil or fry it, as he had no pots or pans and what little he may have foraged from the Earth and picked from the trees, he ate as he went along.

The whole structure of man's omnivorous digestive tract is, like that of an ape, rat or pig, adjusted to the continual nibbling of titbits. It is not suited to occasional gorging as is, for instance, the intestine of the carnivorous cat family. Thus, the institution of regular meals, particularly of food rendered rapidly, placed a great

burden on modern man's ability to cope with large quantities of food suddenly pouring into his system from the intestinal tract.

The institution of regular meals meant that man had to eat more than his body required at the moment of eating so as to tide him over until the next meal. Food rendered easily digestible suddenly flooded his body with nourishment of which he was in no need at the moment. Somehow, somewhere this surplus had to be stored and this surplus is the main cause of obesity.

Kinds of Fat

In the human body, we can distinguish three kinds of fat. The first is the structural fat which fills the gaps between various organs, a sort of packing material. Structural fat also performs such important functions as bedding the kidneys in soft elastic tissue, protecting the coronary arteries and keeping the skin smooth and taut. It also provides the springy cushion of hard fat under the bones of the feet, without which we would be unable to walk.

The second type of fat is a normal reserve of fuel upon which the body can freely draw when the nutritional income from the intestinal tract is insufficient to meet the demand. Such normal reserves are localised all over the body. Fat is a substance which packs the highest caloric value into the smallest space so that normal reserves of fuel for muscular activity and the maintenance of body temperature can be most economically stored in this form. Both these types of fat, structural and reserve are normal and even if the body stocks them to capacity this can never be called obesity.

However, there is a third type of fat which is entirely abnormal. It is the accumulation of such fat and of such fat only, from which the overweight patient suffers. This abnormal fat is also a potential reserve of fuel but unlike normal reserves it is not available to the body in a nutritional emergency. It is, so to

speak, locked away in a fixed deposit and is not kept in a current account, as are the normal reserves.

When an obese patient tries to reduce by starving himself, he will first lose his reserve fat deposits. When these are exhausted, he begins to burn up structural fat and only as a last resort will the body yield its abnormal reserves, though by that time the patient usually feels so weak and hungry that the diet is abandoned. It is just for this reason that obese patients complain that when they diet they lose the wrong fat. They feel famished and tired and their face becomes drawn and haggard but their bellies, hips, thighs and upper arms show little improvement. The fat they have come to detest stays on and the fat they need to cover their bones gets less and less. Their skin wrinkles and they look old and miserable. That is one of the most frustrating and depressing experiences a human being can have.

Injustice to the Obese

When then obese patients are accused of cheating, gluttony, lack of will power, greed and sexual complexes, the strong become indignant and decide that modern medicine is a fraud and its representatives fools, while the weak just give up the struggle in despair. In either case the result is the same: a further gain in weight, resignation to an abominable fate and the resolution at least to live tolerably the short span allotted to them, without caring about doctors and insurance companies.

Obese patients only feel physically well as long as they are stationary or gaining weight. They may feel guilty, owing to the lethargy and indolence always associated with obesity. They may feel ashamed of what they have been led to believe is a lack of control. They may feel horrified by the appearance of their nude body and the tightness of their clothes. But they have a primitive feeling of animal content which turns to misery and suffering as soon as they make a resolute attempt to reduce. For this there are sound reasons.

In the first place, more caloric energy is required to keep a large body at a certain temperature than to heat a small body. Secondly the muscular effort of moving a heavy body is greater than in the case of a light body. The muscular effort consumes calories which must be provided by food. Thus, all other factors being equal, a fat person requires more food than a lean one. One might therefore reason that if a fat person eats only the additional food his body requires he should be able to keep his weight stationary. Yet every physician who has studied obese patients under rigorously controlled conditions knows that this is not true. Many obese patients actually gain weight on a diet which is calorically deficient for their basic needs. There must thus be some other mechanism at work.

The Fat Bank

Assuming that in man such a centre controlling the movement of fat does exist, its function would have to be much like that of a bank. When the body assimilates from the intestinal tract more fuel than it needs at the moment, this surplus is deposited in what may be compared with a current account. Out of this account it can always be withdrawn as required. All normal fat reserves are in such a current account, and it is probable that a diencephalic centre manages the deposits and withdrawals.

When now for reasons which will be discussed later, the deposits grow rapidly while small withdrawals become more frequent, a point may be reached which goes beyond the diencephalon's banking capacity. Just as a banker might suggest to a wealthy client that instead of accumulating a large and unmanageable current account he should invest his surplus capital, the body appears to establish a fixed deposit into which all surplus funds go but from which they can no longer be withdrawn by the procedure used in a current account. In this way the diencephalic 'fat-bank' frees itself from all work which goes beyond its normal banking capacity. The onset of obesity dates from the

moment the diencephalon adopts this labour-saving ruse. Once a fixed deposit has been established the normal fat reserves are held at a minimum, while every available surplus is locked away in the fixed deposit and is therefore taken out of normal circulation.

Three Basic Causes of Obesity

1. The Inherited Factor

Assuming that there is a limit to the diencephalon's fat banking capacity. It follows that there are three basic ways in which obesity can become manifest. The first is that the fat-banking capacity is abnormally low from birth. Such a congenitally low diencephalic capacity would then represent the inherited factor in obesity. When this abnormal trait is markedly present, obesity will develop at an early age in spite of normal feeding; this could explain why among brothers and sisters eating the same food at the same table some become obese and others do not.

2. Other Diencephalic Disorders

The second way in which obesity can becomes established is the lowering of a previously normal fat-banking capacity owing to some other diencephalic disorder. It seems to be a general rule that when one of the many diencephalic centres is particularly overtaxed; it tries to increase its capacity at the expense of other centres.

Whether obesity is caused by a marked inherited deficiency of the fat-centre e.g. menopause, diabetes or thyroid or by some entirely different diencephalic regulatory disorder, its insurgence obviously has nothing to do with overeating and in either case obesity is certain to develop regardless of dietary restrictions. In these cases any enforced food deficit is made up from essential fat reserves and normal structural fat, much to the disadvantage of the patient's general health.

3) The Exhaustion of the Fat-bank

But there is still a third way in which obesity can become established, and that is when a presumably normal fat-centre is suddenly (with emphasis on suddenly) called upon to deal with an enormous influx of food far in excess of momentary requirements.

Other Aspects of Obesity

Psychological Aspects

Much has been written about the psychological aspects of obesity. Among its many functions the diencephalon is also the seat of our primitive animal instincts, and just as in an emergency it can switch energy from one centre to another, so it seems to be able to transfer pressure from one instinct to another. Thus, a lonely and unhappy person is deprived of all emotional comfort and instinct pressure and so develops obesity. Yet once that has happened, no amount of psychotherapy or analysis, happiness, company or the gratification of other instincts will correct the condition.

Compulsive Eating

Compulsive eating does occur in some obese patients, particularly in girls in their late teens or early twenties. Fortunately from the obese patient's greater need for food, it comes on in attacks and is never associated with real hunger, a fact which is readily admitted by the patients. They only feel a feral desire to stuff. Two pounds of chocolates may be devoured in a few minutes; cold, greasy food from the refrigerator, stale bread, leftovers on stacked plates, almost anything edible is crammed down with terrifying speed and ferocity.

No end of injustice is done to obese patients by accusing them of compulsive eating, which is a form of diverted sex gratification. Most obese patients do not suffer from compulsive eating; they suffer genuine hunger – real gnawing, torturing hunger – which has nothing whatever to do with compulsive eating. Even their sudden desire for sweets is merely the result of the experience that

sweets, pastries and alcohol will most rapidly of all foods allay the pangs of hunger. This has nothing to do with diverted instincts.

Reluctance to lose weight

Some patients are deeply attached to their fat and cannot bear the thought of losing it. If they are intelligent, popular and successful in spite of their handicap, this is a source of pride. Some fat girls look upon their condition as a safeguard against erotic involvements, of which they are afraid. They work out a pattern of life in which their obesity plays a determining role and then become reluctant to upset this pattern and face a new kind of life which will be entirely different after their figure has become normal and often very attractive. They fear that people will like them – or be jealous – on account of their figure rather than be attracted by their intelligence or character only.

Sign and symptoms of obesity

The bodily signs may be divided into those that have developed before puberty, indicating a strong inherited factor, and those which develop at the onset of manifest disorder. Early signs are a disproportionately large size of the two upper teeth, the first incisor, or a dimple on both sides of the sacral bone just above the buttocks. When the arms are outstretched with the palms upward, the forearms appear sharply angled outward from the upper arms. The same applies to the lower extremities. The patient cannot bring his feet together without the knees overlapping; he is, in fact, knock-kneed.

The beginning of the accumulation of abnormal fat shows as a little pad just below the nape of the neck, colloquially known as the ‘Duchess’ Hump’. There is a triangular fatty bulge in front of the armpit when the arm is held against the body. When the skin is stretched by fat rapidly accumulating under it, it many split in the lower layers. When large and fresh, such tears are purple, but later they are transformed into white scar-tissue. Such striation, as it is called, commonly occurs on the abdomen of women during pregnancy but in obesity it is

frequently found on the breasts, the hips and occasionally on the shoulders. In many cases striation is so fine that the small white lines are only just visible. They are always a sure sign of obesity and though this may be slight at the time of examination such patients can usually remember a period in their childhood when they were excessively chubby.

Another typical sign is a pad of fat on the insides of the knees, a spot where normal fat reserves are never stored. There may be a fold of skin over the pubic area and another fold may stretch round both sides of the chest, where a loose roll of fat can be picked up between two fingers. In the male an excessive accumulation of fat in the breasts is always indicative, while in the female the breast usually has this fat but may not be- necessarily large. Obviously excessive fat on the abdomen, the hips, thighs, upper arms, chin and shoulders are characteristic.

Common clinical symptoms which are indicative only in their association and in the frame of the whole clinical picture are: frequent headaches, rheumatic pains without detectable bony abnormality; a feeling of laziness and lethargy, often both physical and mental and frequently associated with insomnia, the patients saying that all they want is to rest; the frightening feeling of being famished and sometimes weak with hunger two to three hours after a hearty meal and an irresistible yearning for sweets and starchy food which often overcomes the patient quite suddenly and is sometimes substituted by a desire for alcohol; constipation and a spastic or irritable colon are unusually common among the obese and so are menstrual disorders.

Some fat boys had slender hands, big heavy breast, large hips, buttocks and thighs with striation, knock knees and underdeveloped genitals, often with undescended testicles. They had extreme obesity and sexual underdevelopment.

The curious observation

Mulling over this depressing situation, I remembered a rather curious observation made many years ago in our country. At that time we knew very little about the function of the diencephalon and my interest centred round the pituitary gland. Froehlich had described cases of extreme obesity and sexual underdevelopment in youths suffering from a new growth of the anterior pituitary lobe, producing what then became known as Froehlich's disease.

During the course of this study, three interesting things emerged. The first was that when fresh pregnancy-urine from the female ward was given in quantities of about 300 cc. by retention enema, results as good as those obtained by injecting the pure substance could be had. The second was that small daily doses appeared to be just as effective as much larger ones given twice a week. Third and that is the observation that concerns us here, when such patients were given small daily doses they seemed to lose their ravenous appetite though they neither gained nor lost weight. Strangely enough however, their shape did change. Though they were not restricted in diet, there was a distinct decrease in the circumferences of their bellies and hips.

Treatment of Obesity

If obesity is always due to one very specific diencephalic deficiency, it follows that the only way to cure it is to correct this deficiency.

The urine of pregnant women contains Human Chorionic Gonadotropin (hereinafter called HCG) Chorionic signifies that it is produced in placenta and gonadotropin that its action is sex gland directed.

This HCG was injected into fat boys. Very soon their fat started to dissolve.

I found that as long as such patients were given small daily doses of HCG they could comfortably go about their usual occupations on a diet of only 500 calories

daily and lose an average of about ½ kg per day. It was also perfectly evident that only abnormal fat was being consumed, as there were no signs of any depletion of normal fat. Their skin remained fresh and turgid, and gradually their figures became entirely normal. The daily administration of HCG appeared to have no side-effects other than beneficial ones.

On the contrary, most patients complained that the two meals of 250 calories each were more than they could manage, as they continually had a feeling of just having had a large meal.

It seems that HCG brings about this continual saturation of the blood, which is the reason why obese patients under treatment with HCG never feel hungry in spite of their drastically reduced food intakes.

Introduction to HCG

HCG is a hormone or chemical substance that is found in the female body only during pregnancy. It is never found in males. During certain phases of pregnancy, a woman may produce as much as 10 lac IUs of HCG per day, which is passed out in her urine. This is enough to render a thousand infantile rats completely mature. This hormone is nature's gift to a pregnant mother. Even if she does not get food for a week, this hormone breaks down the abnormal fat in her body and releases the energy for the development of the foetus. On a similar principle, injecting this hormone in obese people burns the abnormal fat, thus helping him to lose weight.

HCG – No Sex Hormone

It cannot be sufficiently emphasized that HCG is not a sex-hormone, that its action is identical in men, women, children and in those cases in which the sex-glands no longer function owing to old age or their surgical removal. The only sexual change it can bring about after puberty is an improvement of pre-existing deficiency but never stimulation beyond the normal. In an indirect way via the

anterior pituitary, HCG regulates menstruation and facilitates conception but it never virilizes a woman or feminizes a man. It neither makes men grow breasts nor does it interfere with their virility, though where this was deficient, it may improve it. It never makes women grow beards or develop gruff voices. I have stressed this point only for the sake of my readers not familiar with medicine, because it is our daily experience that when patients hear the word 'hormone' they immediately jump to the conclusion that this must have something to do with the sex-sphere. They are not accustomed as doctors are, to think of thyroid, insulin, cortisone, adrenalin etc, as hormones.

Importance and Potency of HCG

Owing to the fact that HCG has no direct action on any endocrine gland, its enormous importance in pregnancy has been overlooked and its potency underestimated. Though a pregnant woman can produce as much as one million units per day, we find that the injection of only 125 units per day is ample to reduce weight at the rate of roughly ½ kg per day, even in a colossus weighing 200 kg, when associated with a 500 calorie diet. It is no exaggeration to say that the flooding of the female body with HCG is by far the most spectacular hormonal event in pregnancy. It has an enormous protective importance for mother and child and I even go so far as to say that no woman, and certainly not an obese one, could carry her pregnancy to term without it.

Technique

Please read the instructions carefully. If you are going to make any variations by yourself you must assess the quantum of risk involved.

Keep a general history. Recollect when the first signs of overweight were observed. Do you suffer from headaches? Rheumatic pains? Menstrual disorders? Exertion? Swollen ankles? Do you consider yourself greedy? Do you feel the need to eat snacks between meals?

Take your weight now and record it. The normal weight for your height, age, skeletal and muscular build is established from the table; calculate the degree of overweight. The duration of treatment is calculated as the number of days = total expected weight loss / 250 gm per day. This number of days and weight loss thus calculated is remarkably constant in reasonable patients regardless of sex, age and degree of overweight.

Duration: Persons who need to lose weight required 26 (23+3) days treatment with 23 daily injections.

As soon as such patients have lost all their abnormal superfluous fat, they at once begin to feel ravenously hungry with continued injections. This is because HCG only puts abnormal fat into circulation and cannot, in the doses used, liberate normal fat deposits; indeed, it seems to prevent their consumption. As soon as their statistically normal weight is reached, these patients are put on 800-1000 calories for the rest of the treatment.

The diet is arranged in such a way that the weight remains perfectly stationary and is thus continued for three days after the 23rd injection. Only then are the patients free to eat anything they please except sugar and starches for the next three weeks.

Such early cases are common among actresses, models and people who are tired of obesity, having seen its ravages in other members of their family. Film actresses frequently explain that they must weigh less than normal. We flatly refuse to comply with the request, first, because we undertake to cure a disorder, not to create a new one and second, because it is in the nature of the HCG method that it is self limiting. It becomes completely ineffective as soon as all abnormal fat is consumed. Actresses with a slight tendency to obesity, having tried all manner of reducing methods, invariably come to the conclusion that their figure is satisfactory only when they are underweight, simply because none of

these methods remove their superfluous fat deposits. When they see that under HCG their figure improves out of all proportion to the amount of weight lost, they are nearly always content to remain within their normal weight-range.

When a patient has more than 7 kg pounds to lose, the treatment takes longer but the maximum we give in a single course is 40 injections. As a rule, we do not allow patients to lose more than 15 kg at a time. The treatment is stopped when either 15 kg have been lost or 40 injections have been given.

Immunity to HCG

The reason for limiting a course to 40 injections is that by then some patients may begin to show signs of HCG immunity. Though this phenomenon is well known, we cannot as yet define the underlying mechanism. May be after a certain length of time the body learns to break down and eliminate HCG very rapidly, or possibly prolonged treatment leads to some sort of counter-regulation which annuls the diencephalic effect.

Patients who need only 23 injections may be injected daily, including Sundays, as they never develop immunity.

The First Days of Treatment

On the day of the third injection it is almost routine to hear two remarks. One is: “You know, Doctor, I’m sure it’s only psychological but I already feel quite different.” So common is this remark, even from very sceptical patients that we hesitate to accept the psychological interpretation. The other typical remark is: “Now that I have been allowed to eat anything I want, I can’t get it down. Since yesterday I feel like a stuffed pig. Food just doesn’t seem to interest me any more and I am longing to get on with your diet.” Many patients notice that they are passing more urine and that the swelling in their ankles is less even before they start dieting.

On the day of the fourth injection most patients declare that they are feeling fine. They have usually lost two pounds or more, some say they feel a bit empty but hasten to explain that this does not amount to hunger. Some complain of a mild headache of which they have been forewarned and for which they have been given permission to take aspirin.

Oral contraceptives may be used during treatment. There are no contra indications to the HCG method. Treatment can be continued in the presence of abscesses, suppuration, large infected wounds and major fractures. Treatment will continue during surgery, general anaesthesia or even fever or malaria.

Injecting HCG – It produces little or no tissue reaction. It is completely painless. There is never an inflammatory or supportive reaction at the site of the injection.

I prefer very fine needless of 26 gauge that are 2 inches long and inject deep intragluteally to reach the muscle in the outer upper quadrant of the buttocks. Daily injection should be given at intervals as close to 24 hours as possible.

Concluding a course - After the last 23rd injection, continue with the 500 calorie diet for another 3 days because the HCG continues to affect for 72 hours. Then for 2 weeks take normal food. After that take your choice of food and you will wonder that you are still not putting weight.

Losing Weight During Pregnancy

During pregnancy an obese woman can very easily lose weight. She can drastically reduce her diet without feeling hunger or discomfort and lose weight without harming the child in her womb in any way.

That she so rarely makes use of this opportunity is due to the erroneous notion, usually fostered by her elder relations, that she now has “two mouths to feed” and must “keep up her strength for the coming event”. All modern obstetricians

know that this is nonsense and that the more superfluous fat is lost, the less difficult will be the confinement, though some still hesitate to prescribe a diet sufficiently low in calories to bring about a drastic reduction.

Pregnancy seems to be the only normal human condition in which the diencephalic fat banking capacity is unlimited. It is only during pregnancy that fixed fat deposits can be transferred back into the normal current account and freely drawn upon to make up for any nutritional deficit. During pregnancy, every ounce of reserve fat is placed at the disposal of the growing foetus. Were this not so, an obese woman, whose normal reserves are already depleted, would have the greatest difficulty in bringing her pregnancy to full term. There is considerable evidence to suggest that it is the HCG produced in large quantities in the placenta which brings about this diencephalic change.

Losing Weight During Menstruation

During menstruation no injections are given but the diet is continued and caused no hardship; yet as soon as the menstruation is over, the patients become extremely hungry unless the injections are resumed at once. It is very impressive to see the suffering of a woman who has continued her diet for a day or two beyond the end of the period without coming for her injection and then to hear the next day that all hunger ceased within a few hours after the injection and to see her once again content, florid and cheerful. While on the question of menstruation, it must be added that in teenage girls, periods may in some rare cases be delayed and exceptionally stop altogether. If this is artificially induced later, then some weight may be regained.

Further Courses

Patients requiring the loss of more than 34 lbs. must have a second or even more courses. A second course can be started after an interval of not less than six weeks, though the pause can be more than six weeks.

Gain before Loss

Patients whose general condition is low, owing to excessive previous dieting, must eat to capacity for about one week before starting treatment. Regardless of how much weight they may gain in the process. One cannot keep a patient comfortable on 500 calories unless his normal fat reserves are reasonably well stocked. It is for this reason also that every case, even those that are actually gaining must eat to capacity of the most fattening food they can get down until they have had the third injection. It is a fundamental mistake to put a patient on 500 calories as soon as the injections are started, as it seems to take about three injections before abnormally deposited fat begins to circulate and thus become available.

Starting treatment

In menstruating women, the best time to start treatment is immediately after a period. Treatment may also be started later but it is advisable to have at least ten days in hand before the onset of the next period. Similarly, the end of a course should never be made to coincide with onset of menstruation. If things should happen to work out that way, it is better to give the last injection three days before the expected date of the menses so that a normal diet can be resumed at onset. Alternatively, at least three injections should be given after the period, followed by the usual three days of dieting. This rule need not be observed in such patients who have reached their normal weight before the end of the treatment and are already on a higher caloric diet.

The Diet

The 500 calorie diet is explained on the day of the second injection to those patients who will be preparing their own food, and it is most important that the person who will actually cook is present – the wife, the mother or the cook, as the case may be.

Breakfast: Tea or coffee in any quantity without sugar. Only one

tablespoonful of milk allowed in 24 hours. Saccharin or Stevia may be used. Fresh lime water with salt but without sugar in any quantity. Butter milk in limited quantity.

Lunch

1. 100 grams of veal, beef, chicken breast, fresh white fish, lobster, crab or shrimp. All visible fat must be carefully removed before cooking and the meat must be weighed raw. It must be boiled or grilled without additional fat. Salmon, eel, tuna, herring, dried or pickled fish are not allowed. Vegetarians may substitute with 100 grams of skimmed milk or paneer.
2. Choice of vegetables from the following: spinach, green salad, tomatoes, celery, fennel, onions, red radishes, cucumbers, asparagus, cabbage, *parval, lauki, torai, shelgam* or any vegetable.
3. One *chapati* of *bajra, nachni, moog* sprouts but not wheat.
4. An apple or a handful of strawberries or one-half of an orange or sweet-lime.

Dinner — The same four choices as lunch.

The juice of one lemon daily is allowed for all purposes. Salt, pepper, vinegar, mustard powder, garlic, sweet basil, parsley, thyme, marjoram etc. may be used for seasoning but no oil, butter or dressing.

Tea, coffee, plain water or mineral water are the only drinks allowed. They may be taken in any quantity and at all times.

In fact, the patient should drink about 2 litres of these fluids per day. Many patients are afraid to drink so much because they fear that this may make them

retain more water. This is a wrong notion as the body is more inclined to store water when the intake falls below its normal requirements.

Fruit or breadsticks may be eaten between meals instead of with lunch or dinner, but not more than four items listed for lunch and dinner may be eaten at one meal.

Every item in the list is gone over carefully, continually stressing the point that no variations other than those listed may be introduced. All things not listed are forbidden and the patient is assured that nothing permissible has been left out. The 100 grams of meat must be scrupulously weighed raw after all visible fat as been removed.

Making up Calories

The diet used in conjunction with HCG must not exceed 500 calories per day, and the way these calories are made up is of utmost importance. For instance, if a patient drops the apple and eats an extra breadstick instead, he will not be getting more calories but he will not lose weight. There are a number of foods, particularly fruits and vegetables, which have the same or even lower caloric values than those listed as permissible and yet we find that they interfere with the regular loss of weight under HCG, presumably owing to the nature of their composition.

If the best possible results are to be obtained, that the daily ration should contain 200 grams of fat-free protein and only a very small amount of starch.

Just as the daily dose of HCG is the same in all cases, so the same diet proves to be satisfactory for a small elderly lady of leisure or a hard working muscular giant. Under the effect of HCG the obese body is always able to obtain all the calories it needs from the abnormal fat deposits, regardless of whether it uses up

1500 or 4000 calories per day. It must be made very clear to the patient that he is living to a far greater extent on the fat which he is losing than on what he eats.

Vegetarians

Strict vegetarians present a special problem, because milk and curds are the only animal protein they will eat. To supply them with sufficient protein of animal origin they must drink 500 cc of skimmed milk per day, though part of this ration can be taken as curds. Cheese from skimmed home milk only is permissible.

As far as fruit, vegetables and starch are concerned, their diet is the same as that of non-vegetarians; they cannot be allowed their usual intake of vegetable proteins from leguminous plants such as beans or form wheat or nuts, nor can they have their customary rice. In spite of these severe restrictions, their average loss is about half that of non-vegetarians, presumably owing to the sugar content of milk.

If you need to attend a social function during the treatment, avoid taking foods which are not allowed. As a last alternative, stop injections 3 days before the function, then eat food. Otherwise you will gain more and lose less.

Exercise – No exercise is needed for reduction of weight through HCG. Infra-red sauna helps a bit to reduce more weight if taken twice a week for 3 weeks.

Summary

Plan of a normal course:

1. 125 International Units (IU) of HCG (except during menstruation) ui injections to be given daily.
2. Forced feeding until the 3rd injection.
3. After the 3rd injection, 500 calorie diet to be continued until 72 hours after the last injection.

4. For the following 3 weeks, all foods allowed except starch and sugar in any form (be careful with very sweet fruit)
5. After 3 weeks, add starch in small quantities very gradually, always controlled by weighing in the morning.

No medicines or cosmetics other than lipstick, eyebrow pencil and powder should be avoided, since they may interact adversely with the process.

Expected difficulties:

1. Your family members and doctor will become your well-wishers and will not allow you to take the risk. I am for this fat cleanse after trying it on myself and a few of my close friends. Those well-wishers argue against it because they do not want to take any risk. Now see – each pregnant woman's placenta is making 1,00,000 IU of HCG, which she passes through urine. This can be measured at any time. I am talking about a dosage of 125 IU per day. This is clearly 1/8000th (one divided by eight thousandth time of her daily release). Homeopathic medicines too are used on similar principles. So shed all fears from your mind. Plan for a fat cleanse. There is no risk at all.
2. The next problem is the administration of the HCG injection – Any nurse from your neighbourhood will do it for Rs.50/- (maximum) per injection. Indian doctors are not very particular about the prescription. If she insists on one, then go for another nurse/doctor.
3. Getting the HCG medicine – They are available across the counter at Rs.170/- for 500 IU. It makes 4 sets of injections of 125 IU each. The overall cost of permanent loss of 5 kg cellulite fat is Rs.5000/-.

Conclusion: I did it on myself. The results are amazing. I lost 7 kgs in 23 days. Not only that, I started feeling much better, which cannot be expressed. It was because I not only did lose weight but also lost it from the most

damaging locations in the most difficult forms. This has been an amazing experience for me.

The HCG + diet method is not simple. But simple treatments do not bring permanent results. When the cellulite abnormal fat leaves the body, you will feel an unprecedented freshness, vigour and vitality. After the 26 days treatment, patients feel as if they have become 10 years younger. I am not listing the cures but almost any medical problem finds improvement after the fat cleanse.

The problem of obesity is perhaps not so dramatic as the problems of cancer but it often causes life long suffering. How many promising careers have been ruined by excessive fat; how many lives have been shortened. If some way – however cumbersome – can be found to cope effectively with this universal problem of modern civilized man, our world will be a much happier place for countless fellow men and women.

If you are willing to do it, you can contact me for more details. I will only be too happy to provide simple answers to your difficult questions.

Food Item	Ca/Oz	Grams eaten	Calories
Apple, raw	15		
Grapefruit, raw	9		
Orange, raw	13		
Strawberries, raw	9		
Asparagus, raw	6		
Beet Greens	6		
Cabbage	7		
Celery	4		
Chard	7		
Chicory	7		
Cucumber	3		
Fennel	9		
Lettuce,Cos,Romaine	5		

Lettuce, Iceburg	4		
Onion, bulb raw	12		
Onion, green	9		
Radish	5		
Spinach	7		
Tomatoes, raw	5		
Chicken, raw	31		
Crawfish	27		
Flounder/Sole	26		
Halibut	31		
Hamburger 85% lean	60		
Hamburger 90% Lean	50		
Hamburger 95% Lean	38		
Prawn	30		
Steak, sirloin	37		
Scallops	25		
Shrimp, shelled	30		
Lobster, shelled	26		
Crab, shelled	25		
Lemon Juice-Wedge	1		
DAILY CALORIE TOTAL			
CALORIES LEFT			**500**