HCG 2.0
Don’t Starve · Eat Smart · And Lose
A Modern Adaptation
Of the Traditional HCG Diet

By: Dr. Zach LaBoube
Prologue

Medicine is called a practice for a reason. As new technology and research becomes available, treatment protocols evolve, hopefully for the better. Shouldn’t the HCG diet be the same? First published in 1954, the traditional HCG diet, as seen on many of your favorite daytime talk shows, including Dr. Oz, has helped millions achieve weight loss success. However, the strict tone and rigid calorie restrictions have been very polarizing. While the concepts and theory that inspired the traditional diet are still very relevant, the protocol itself is still stuck in the 50s and in dire need of revision.

Introducing HCG 2.0, authored and developed by Dr. Zach LaBoube, founder of InsideOut Wellness and Weight Loss, HCG 2.0 utilizes current research into a variety of topics such as low-carb, Ketosis dieting, the high-protein diets of Inuit Cultures and innovative new food statistics such as Estimated Glycemic Load, Fullness Factor and Caloric Ratios to add smart calories to the diet, thus making it a safer, more realistic weight loss option for the working adult.

HCG 2.0 uses a BMR (Basal Metabolic Rate) calculation to determine the amount of calories you’re allowed to consume. This is a significant variation from the traditional diet that allows each dieter only 500 calories per day, whether male or female, big or small. Additionally, HCG 2.0 uses precise food chemistry, which was primitive at best when the diet was originally developed, to provide a wider selection of protein options, while also increasing portion size of items higher in nutritional value, but void of empty calories that only contribute to weight gain.

Whether you’re looking to lose weight or simply eat better, HCG 2.0 will accommodate. Understand Ketosis and the benefits to low-carb living. Learn the difference between positive and negative calories. Understand how to cut your caloric intake by 200-300 calories per day by simply addressing unnoticed habits, and much more.

There’s a smarter way to lose.
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Disclaimer

Please do not interpret anything herein as medical diagnosis or treatment. You should always consult your doctor before beginning a weight loss program.
HCG 2.0

Don’t Starve – Eat Smart – And Lose

A modern approach to the traditional HCG diet

When Dr. Simeons developed his protocol for HCG weight loss in 1950’s Italy, food was grown fresh, organically. The fish were caught from the sea rather than harvested from breeding pools. The beef was grass fed on the rolling hills of Tuscany. Food is now a business. It’s engineered in laboratories with the purpose of extending shelf-life rather than enhancing nutritional content. It’s packaged and shipped to all corners of the country like industrial goods. Five-hundred calories today is NOT what it was in 1950’s Italy.

When I began working with HCG weight loss, I was a skeptic like many others. A 500 calorie diet didn’t seem sustainable and I was reluctant to recommend it to my patients. However, through my own research and witnessing the results of colleagues and mentors already working with HCG, I became a believer. Yet, I was still not fully convinced, primarily due to the restrictions on protein in combination with the inclusion of up to 70 grams of carbohydrates from fruit and bread sticks. This notion of allowing 280 calories from carbs while restricting protein, in an attempt to lose weight, is a direct contradiction to everything we now know of low-carb, Ketosis dieting. Another concern, and an often overlooked component of Dr. Simeons’ original HCG protocol, was the fact that his patients were treated on an in-patient basis. Many spent one month to a year at his clinic under constant supervision, removed from the everyday stressors of work, family and activities of daily living that necessitate large amounts of energy and calories. These calorie restrictions cannot realistically be replicated by the average working adult and acts as major deterrent for most would be dieters.

With the decreased nutritional value of our food today, combined with the additional energy requirements of balancing the demands of work, family and life in general, 500 calories just isn’t enough. Nor is it reasonable to believe that the calorie requirements be “fixed” for all dieters, as the energy and protein demands of a 6’5” male will be significantly higher than that of a 5’2” woman. As a practitioner, these disconnects were concerning. In the beginning, I was reluctant to deviate from the protocol because I wanted my patients to achieve success. However, as I gained experience with the diet and gathered feedback, I was slowly able to modernize and adapt the 65 year old protocol to accommodate the average working adult.

It’s important to remember that the original HCG diet was based entirely on anecdotal results. In fact, 16 years passed between the time Dr. Simeons published his first research
article regarding his HCG diet protocol and the time he published his famous manuscript, *Pounds and Inches: a New Approach to Obesity*. During this time he was continuously adding, removing, and revising, while methodically documenting results. The same can be said for medicine in general. It’s called a practice for a reason. As new technology and research become available, treatment protocols evolve, hopefully for the better. Likewise, shouldn’t the HCG diet be the same? Why wouldn’t we use our current research in the biochemistry of Ketosis to question the inclusion of high-sugar, high-carb fruits in Dr. Simeons’ original diet? Why wouldn’t we use innovative statistics like that of Estimated Glycemic Load, Nutritional Density and Caloric Ratios to increase portion size of food items richer in nutritional value but void of empty calories that only contribute to weight gain? Or, utilize advancements in food technology to incorporate high protein, low-fat, low-carb isolates like whey or soy protein?

These are the questions, amongst many others, that inspired me to deviate from the traditional diet and ultimately create HCG 2.0. Simple food chemistry tells us that 100 grams of chicken has roughly the same caloric value as 200 grams of fish, depending on the variety. If you’re not a fish eater, consider bison: a sirloin cut of bison has more protein and half the calories of its beef counterpart. The numbers don’t lie. If you’re restricting calories to lose weight, would you rather have a small amount of chicken or a filling amount of fish? A *single* beef kabob or *two* bison kabobs? To put it another way, if you had $100, would you rather buy a single shirt from Nordstrom or 2 complete outfits (plus a week’s worth of lunch) from Target? It’s a matter of smart shopping and budgeting your calories. By adding SMART calories to the diet - high protein, low carb/fat items, and removing the Ketosis inhibiting fruits, I’ve created a diet that is equally as effective, but safer and more sustainable, thus leading to more widespread success. Bear in mind that I’m not claiming that you’ll lose MORE weight on HCG 2.0 than you would on the traditional version, nor was that my goal. My goal was only to provide patients with a smarter, more realistic alternative to the older version. The increase in calories, all from lean protein, provides patients with a more realistic opportunity to succeed resulting in greater optimism and higher completion rates. A diet need not be the undertaking of a lifetime to yield positive results. HCG 2.0 balances a realistic opportunity for success with healthy, rapid weight loss.

**Before we begin**, it’s important to understand that nearly all of the research we have regarding HCG and its role in supporting weight loss is mostly clinical, meaning it is more subjective in nature and not tested in a controlled environment. Additionally, HCG is not a miracle pill that magically makes the unwanted pounds fall off, nor does such pill exist, despite what you might see or hear on TV and radio. HCG requires a restrictive diet. In fact, HCG is not what causes you to lose weight at all. Your weight loss is a result of your decrease in caloric intake and a healthy metabolic process called Ketosis, which is defined and discussed in the
So what then does HCG do and why is it used to accompany this diet?

HCG, as theorized by Dr. Simeons and supported by a substantial collection of clinical research, provides two distinct actions to facilitate your weight loss while on the low calorie phase of the diet and one action following the diet to help you maintain your ideal weight. All three are listed below.

1. **HCG targets your weight loss** so that you maintain muscle mass while strictly losing from abnormal fat deposits.

2. **HCG suppresses appetite** by enhancing Ketosis, which is a process that converts our fat reserves to usable calories allowing us to sustain ourselves on our own stored fat. By summoning calories from stored fat, our body reacts as though it has just consumed a meal thus producing a feeling of satiety and fullness.

3. **Following the low calorie phase** - By acting on a gland in the brain called the hypothalamus, which is responsible for regulating metabolic activity, including hunger and satiety, HCG has the capacity to “reset” your metabolism allowing you to successfully maintain your weight loss.

**Part 1: The Traditional HCG Diet**

**Questioning Dr. Simeons**

Below are what I found to be the inadequacies of the traditional diet and the areas I believe were in most need of revision. I’m not arguing the effectiveness of the traditional diet, as millions have had tremendous success with it. In fact, I’ve had many patients tell me that the HCG diet changed their lives. However, I’ve also had many patients walk out of my office and many drop out of the program because they’ve found the diet to be too unrealistic. A greater number have said they’d come back at a later date when they had more time and could make it fit into their busy work, family and social schedule. Most don’t return. These are the people I’m hoping to help with HCG 2.0. Let’s face it, dieting isn’t fun, but it should be embraced, not feared. As I said earlier, a weight loss plan need not be the undertaking of a lifetime to yield
life-changing results. The revisions I’ve made to Dr. Simeons original diet, with the assistance and feedback from my patients, will provide the same weight loss results and can be comfortably completed by all.

If you’re an HCG purist, and there are many of you out there, then take this with a grain of salt, or whatever allowable spice you’d prefer. Better yet, read with a side of open-mindedness, savoring the ingredients herein to find a tasty combination of the old and the new. Bon appetite! There’s a smarter way to lose.

1. **Tone**

I put this first on the list because I find it to be the biggest roadblock for most would be dieters. What I’m addressing here is the all-or-nothing attitude that is portrayed in Dr. Simeons’ manuscript and nearly all of the current literature about the traditional diet. This frightens many patients away and is the typical reason most drop out before completion. Too often, patients on the traditional HCG diet will have consecutive “bad days,” and give up. That’s foolish and a by-product of this all-or-nothing mentality. My patients will use the word “cheat,” but it’s not a word I use. There is no “cheating” on any diet, only variations of intensity and success. Any attempt to improve your quality of life should not be feared, nor expected to end in defeat. Don’t give up! You can still have success even if you have a couple of “bad days.”

2. **Measuring food items in weight rather than in caloric value**

If you were shopping for a bracelet and your jeweler offered to set your precious stones in 100 grams of gold or 100 grams of copper, you’d be a fool not to choose the gold, right? For the same expense, gold has tremendously more value. The two metals may in fact weigh the same, but they’re not remotely equal. The same can be said for the protein options on the traditional diet. You’re allowed 100 grams of protein per meal. You may eat an equal portion size of fish one day and beef the next, but the caloric value is quite different. With beef, you’re getting roughly the same amount of protein you would in fish (value), but with almost triple the calories (expense). That’s not smart shopping. So why not make the two food items “equal?” By equal, I mean equal in calories. Two-hundred grams of white fish is roughly equal to 100 grams of chicken, which, in turn, is equal to about 80 grams of beef. If you’re a beef eater, this news may be upsetting, but it’s probably time to consider eating more fish. There are plenty of
varieties, experiment until you find something you like; and give it some time. Taste is an acquired sense.

3. **The inclusion of high-carb fruit items and bread sticks**

In the traditional HCG diet about 200 of the 500 calories come from fruit and bread sticks, in some situation more. That leaves only 300 calories from lean protein sources. In fact, the numbers on Dr. Simeons’ diet don't even add up. Let's look at the scenario below which is an entirely allowable low calorie day on the traditional HCG diet.

**Breakfast** – Nothing
**Lunch** - Chicken breast (100g) = 195 calories, tomato = 22, apple = 72, bread stick = 20
Total = 309 calories and 27.4 grams of carbs
**Dinner** – Flounder (100g) = 133 calories, onion (1 cup) = 67, orange = 69, bread stick = 20
Total = 289 calories and 37.7 grams of carbs.

**Total for Day = 598 with a substantial 65 grams of carbs**

- Had I substituted a cut of beef for the flounder, the calories would have been over 700.

I bring this up to show you that the traditional diet wasn’t as specific as you might think. From the very second I read the original manuscript, the carbs were an immediate concern. If the goal of the diet is to lose weight as quickly as possible, which is the obvious goal of any crash diet, why include carbs? Fruits are great and I would never discourage my patients from eating fruit, but if your objective is to lose weight then they have to be eliminated, as they prevent Ketosis.

Why not apply our current knowledge of zero-carb dieting, and the biochemistry of Ketosis to the traditional diet? Whether Dr. Simeons had any knowledge of Ketosis as a metabolic process when he was practicing is unknown, but he insinuated this Ketogenic effect when he discussed his “steak day.” He suggested that if your weight loss begins to stall or if you begin to gain after completing the diet, you should perform a “steak day.” This means you eat nothing all day long, starving yourself of all calories, and eat a large steak for dinner. The absence of carbs would likely be enough to reinitiate Ketosis and weight loss.

Sustained Ketosis is the only way to tap into the abnormal fat we tend to store in all the places we don’t want it. This is the central focus of HCG 2.0.
4. **Limitations on allowable vegetables and serving sizes**

Dr. Simeons’ had a very specific list of vegetables that could be consumed on the diet. He claimed that when other vegetables were substituted or when vegetables were mixed, it acted to slow down weight-loss. I have trouble understanding this reasoning, especially considering his vegetable choices. For example, onions are allowed on the traditional diet while bell peppers and broccoli are not. Onions have double the calories and carbs of peppers and nearly triple that of broccoli. Carbs disrupt Ketosis and this is why I believe the weight loss to be inconsistent on the traditional diet. My advice is to do your best to keep your carbs below 30 grams per day and this is best accomplished by selecting green leafy vegetables and limiting root veggies. I hate to limit vegetables at all, but it’s necessary to maintain Ketosis. The veggie chart on page 42 is a good resource for comparing your vegetables. They’re listed from least carbs to most carbs. The items at the top of the list will be your best options and you’re allowed to mix them any way you choose. There is no need to count calories from veggies if you can limit your carb intake to less than 30 grams per day.

5. **Exercise**

Dr. Simeons suggested that exercise was not allowed on his original diet. In fact, as mentioned earlier, many of his patients were treated on an in-patient basis. My advice to patients is to continue doing what you were doing before you started the diet. If you were working out 3 to 5 times prior to starting the diet, continue to do so. If you were doing no exercises prior to starting the diet, try and begin a walking program. Thirty minutes per day is all you need and if you can manage to get this in before breakfast, you’ll be surprised at the boost of energy and euphoria it will provide that will last throughout the day. It also will spark your metabolism, thus facilitating greater weight loss.

If you find yourself getting dizzy or lightheaded, obviously take a break. Drink some water and if you feel better you can resume. Additionally, and this will be discussed in more detail later, if your goal is weight loss, vigorous cardio is not the best way to achieve it. Weight loss is best achieved with light-weight/high-repetition weight training, isometric workouts like Yoga, or brisk walking.
6. **Cosmetics and skin care products**

Cosmetics and skin care products have little to no impact on weight loss. You may take slight concern with moisturizers that contain avocado oil or coconut oil, etc., but in the bigger picture, avoiding carbs is what's going to provide you with the most success. It’s been my experience that many places that suggest cosmetics are the reason you're not losing weight have sold you some sort of weight loss guarantee. Or maybe they’re retailing diet safe lotions or lip balms. As a side note, avoid purchasing your HCG from places that offer guarantees. Medical professionals don’t offer guarantees.

7. **Weighing yourself daily**

Dr. Simeons demanded getting on the scale every day. I don't believe this to be productive; in fact, I think it can be harmful. The same reason a financial analyst does not recommend that you look at your stock portfolio on a daily basis, so do I advise my patients not to look at a scale on a daily basis. Your 30-40 day diet is a marathon, not a sprint. If you do the diet properly you'll lose 20+ pounds in 40 days. A single poor day on the scale, in which your weight-loss remains constant or possibly gain, can be demoralizing. This is especially true for women as a result of water retention. Weight loss may stall about the time of ovulation and within a day or two of menstruation. Heat is also a factor in water retention and will affect both men and women. Summers in St. Louis can be scorching and the amount of time you’ve spent outside in the heat can affect water retention and skew weight loss.

Another reason not to weigh yourself daily is that in the later stages of the diet, weight loss may taper off. However, it's likely that you're actually converting fat mass to lean mass. As muscle tissue weighs more than fat, this may show up as a wash on your bathroom scale, but if you were to analyze body composition, you would see an increase in lean muscle mass and a decrease in fat mass. This is what results in a loss of inches in your problem areas, which you’ll notice in the way your clothes are fitting you. This is often overlooked by many dieters and a couple of poor days on the scale can diminish your motivation. Trust in yourself and the program and you’ll be thoroughly rewarded. If you still feel it necessary to weigh yourself on a daily basis, then do so, but bear this in mind and allow the scale to tilt a bit either way.
8. **New products**

Another inadequacy of Dr. Simeons’ diet, and by no fault of his own, is that we have an enormous variety of zero-cal/zero-carb products on our store shelves that didn’t exist during Dr. Simeons’ time. Many practitioners will tell you to avoid these products as they were not included on Dr. Simeons’ original diet. My theory on this is do whatever you have to do to keep yourself focused and motivated. If that means having your Diet Coke after lunch, then by all means have at it. After you shed the weight you can address your Diet Coke habit.

The next section will be a recap of Dr. Simeons original manuscript as paraphrased and in his own words. I find the better educated a patient to be on the diet protocol and supporting theories, the greater their success. This is echoed by Dr. Simeons, “In dealing with a disorder in which the patient must take an active part in the treatment, it is, I believe, essential that he or she have an understanding of what is being done and why. Only then can there be intelligent cooperation between physician and patient.” (1954)