

The use of human chorionic gonadotropin oral or injectable) for the treatment of METABOLIC SYNDROME

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Abstract

Here we present data on the utility of hCG Human Choriogonadotropin + diet in patients displaying one or more of the following clinical symptoms or laboratory findings: high blood pressure, diabetes type 2, hyperglycemia, hypertriglyceridemia, hypercholesterolemia, and gout as part of the metabolic syndrome.

Introduction

Metabolic Syndrome (MS), also known as plurimetabolic syndrome, insulin-resistant syndrome, or syndrome X, is a clinical entity with broad phenotypic variations.

Individuals with an endogenous predisposition to it as genetically determined and conditioned by environmental factors.

Typically, MS display insulin resistance and compensatory hyperinsulinemia associated with metabolic disorders, high blood pressure, hypertriglyceridemia, decreased HDLC.

The presence of elevated LDL, increased free fatty acids plasmatic levels, postprandial lipemia and obesity, resulting in an increase in morbidity and mortality.

MS is the aggregate of the most dangerous heart-risk factors, i.e., diabetes and pre-diabetes, abdominal obesity, changes in cholesterol rate, and high blood pressure.

Although 80% of the nearly 200 million diabetic adults worldwide will die due to heart disease, MS subjects are also in a greater-risk stage.

They are twice as potential sufferers of heart arrest or heart attack as the rest of the persons who do not suffer this syndrome.

Laboratory and physical signs characteristic to MS:-

MS triples the risk for heart disease (up to 80% of MS patients die because of complications of heart disease.)

Prediction of MS evolution

Average follow up for 8.9 years showed that mortality due to heart disease increased separately in 45% of men and 73% of women with MS.

MS total mortality relative risk was 27% in men and 25% in women.

Therefore, there is an urgent need to use medical treatment to improve life quality in these patients.

The hCG Protocol MS treatment

The utility of Human Chorionic Gonadotropin oral or injectable coupled to a very low-calorie diet for a short period for the treatment of MS, performed under precise control and follow-up protocol, improves the following parameters:

- 1) hypertriglyceridemia
- 2) Hypertension
- 3) Hypertriglyceridemia
- 4) Abdominal obesity
- 5) Sleep apnea

Daily doses of Gonadotropin are adjusted depending on the BMI (Body Mass Index) to 300-600 International Units per day for oral administration. Moreover, they undergo a very low-calorie diet (about 500 Kcal/day) that is also low-fat, hypohydrocarbonate, and normoproteic, providing 200gr of animal protein.

The treatment takes one month and can be extended up to two months.

This combined therapy of hCG+very low-calorie diet, due to its action on fatty tissue inhibiting its synthesis, and due to its action

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on the hypothalamus, results in:

Constant reduction of hyperglycemia) during the treatment period.

Fast improvement of hypertriglyceridemia

Reduction of high cholesterol levels.

Stabilization of blood pressure to normal or acceptable levels.

Marked reduction of total fat mass.

A feeling of well being during the treatment period.

Reduction of abdominal diameter.

Biography

Dr. Daniel Belluscio,

Most of his medical career has been devoted to the study of the hCG method for weight loss and research in Integrative Medicine.

He spent 12 years at Bellevue Klinik-Switzerland, an institution with the most impressive record of patients treated with hCG.

He has traveled extensively, lecturing on the method in the United States, Sweden, Italy, Germany, Brazil, Mexico and Israel.

In 1987, Dr. Belluscio founded the Oral hCG Research Center, an institution for the research of obesity and its comorbidities. Records show that the Center has used the oral hCG approach in 6,540 patients to date.

In 1991, it developed a protocol for the oral administration of hCG, which has been shown to be effective in a series of double-blind studies.

Together with Dr. Vogt, chief of Bellevue Klinik, he published several reports on the method for health professionals and articles on the subject for the general public.

Medical qualifications of Dr. Daniel Belluscio.

- Medical doctor graduated from the Faculty of Medicine of Buenos Aires (1974).

- Specialist in internal medicine

- Specialist in Bariatric Medicine

- Researcher - Bellevue Klinik - Switzerland.

- Researcher - Marbert Laboratories - Germany

- Guest researcher-Planas Clinic-Barcelona-España

- Visitor - University of Utrecht - The Netherlands

- Visitor - Institute of Medicine II - Gothenburg - Sweden

- Visitor - Serono Laboratories - Milan - Italy

- Director: The Oral hCG Research Center™

