

Chocolate with High Cocoa Content as a Weight-Loss Accelerator

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Received: 7 February 2015 Accepted: 4 March 2015 Published: 15 March 2015

Abstract

Background: Although the focus of scientific studies on the beneficial properties of chocolate with a high cocoa content has increased in recent years, studies determining its importance for weight regulation, in particular within the context of a controlled dietary measure, have rarely been conducted. **Methodology:** In a study consisting of several weeks, we divided men and women between the ages of 19-67 into three groups. One group was instructed to keep a low-carb diet and to consume an additional daily serving of 42 grams of chocolate with 81

Index terms—

on the beneficial properties of chocolate with a high cocoa content has increased in recent years, studies determining its importance for weight regulation, in particular within the context of a controlled dietary measure, have rarely been conducted.

Methodology: In a study consisting of several weeks, we divided men and women between the ages of 19-67 into three groups. One group was instructed to keep a low-carb diet and to consume an additional daily serving of 42 grams of chocolate with 81% cocoa content (chocolate group). Another group was instructed to follow the same low-carb diet as the chocolate group, but without the chocolate intervention (lowcarb group). In addition, we asked a third group to eat at their own discretion, with unrestricted choice of food. At the beginning of the study, all participants received extensive medical advice and were thoroughly briefed on their respective diet. At the beginning and the end of the study, each participant gave a blood sample. Their weight, BMI, and waist-to-hip ratio were determined and noted. In addition to that, we evaluated the Giessen Subjective Complaints List. During the study, participants were encouraged to weigh themselves on a daily basis, assess the quality of their sleep as well as their mental state, and to use urine teststrips.

Result: Subjects of the chocolate intervention group experienced the easiest and most successful weight loss. Even though the measurable effect of this diet occurred with a delay, the weight reduction of this group exceeded the results of the low-carb group by 10% after only three weeks ($p = 0.04$). While the weight cycling effect already occurred after a few weeks in the low-carb group, with resulting weight gain in the last fifth of the observation period, the chocolate group experienced a steady increase in weight loss. This is confirmed by the evaluation of the ketone reduction. Initially, ketone reduction was much lower in the chocolate group than in the low-carb peer group, but after a few weeks, the situation changed.

The low-carb group had a lower ketone reduction than in the previous period, they reduced 145 mg/dl less ketones, whereas the chocolate group had an average reduction of an additional 145mg/dl.

Effects were similarly favorable concerning cholesterol levels, triglyceride levels, and LDL cholesterol levels of the chocolate group.

1 Introduction

Although there has been an increased focus on the beneficial properties of high cocoa content chocolate in recent years, there are still very few studies concerning its use in weight-loss diets.

A large number of studies have proven the positive health effects of chocolate on the coronary vasculature 1, insulin secretion 2,3,4 and endothelial function 5, ?? . Additionally, the lowering effects of dark chocolate on high blood pressure have already been well documented. ??8 Moreover, in a systematic review, Ried et al. were able to prove its health benefits and antihypertensive effect. 9 In terms of nutritional interventions, there have been

46 interesting first attempts with the use of chocolate. In 2012, Golomb et al. showed a connection between regular
47 chocolate consumption and a lower body mass index. 10 However, this study was limited to the mere collection
48 and analysis of chocolate consumption and a possible connection to the BMI.

49 Moreover, recent research approaches suggest that the selective use of high cocoa content chocolate can also
50 support active weight loss. A long-term study with mice shows that even with a high-fat diet combined with
51 high cocoa content chocolate, the weight of laboratory mice remains low. 11 II.

52 2 Methodology

53 A similar study with humans has not been published yet.

54 3 a) Study Design

55 The study is based on the evaluated results of three parallel groups that underwent various dietary interventions
56 in January 2015. They were under medical supervision and were examined at the beginning, divided into groups,
57 instructed, and measured. During the collection period, the participants' data was retrieved in two-day intervals
58 to ensure the regularity of measurement results. In addition to the mere weight loss, there was an emphasis on
59 the documentation of A Moreover, the subjects of the chocolate group found a significant improvement in their
60 well-being (physically and mentally). The controlled improvement compared to the results of the low-carb group
61 was highly significant ($p < 0.001$).

62 4 (D D D D) K

63 the well-being of the subjects, as this is considered key to long-term weight loss. 12

64 5 b) Study Participants

65 To obtain a genuine, non-preselected representation of the general public, the study participants were recruited
66 without further requirements. On average, participants were 29.6 years old and weighed 81.5 kg. Their average
67 BMI was 26.16; the lowest BMI was 19.15, the highest at 39.95.

68 To represent the disproportionate number of female dieters in the general public, two-thirds of the participants
69 were female, and one-third male.

70 The participants were healthy or had medical conditions for which a nutrition intervention represents a
71 generally medically accepted form of therapy.

72 6 c) Randomization

73 After a detailed preliminary, the participants were randomly assigned one medical group from three different
74 batches of diet instructions. For both the study participants and for the authors of this study, the grouping of
75 the participants was unforeseeable.

76 7 d) Interventions / Measures

77 Participants were assigned to the following groups: low-carb diet plus high cocoa content chocolate (chocolate
78 group), low-carb diet (low-carb group), and the control group.

79 The participants of the chocolate group were told to eat as many low-carbohydrate foods as possible, and to
80 increase the protein and fat content of their diet. Additionally, they were given 875 grams of chocolate with a
81 cocoa content of 81 percent. They were asked to consume a daily dose of 42 grams of chocolate in addition to
82 the low-carb diet. Over a period of three weeks, 100 percent of the subjects adhered to this requirement.

83 The participants of the low-carb group were instructed to change their diet to a low-carbohydrate diet.
84 Concerning the diet, their instructions were absolutely identical with those of the chocolate group.

85 Nutrition interventions that apply a lowcarbohydrate diet are currently the most applied approach to a weight-
86 loss diet, which is particularly recommended in the S3-guidelines on "Prevention and Treatment of Obesity." 13
87 e) Testing Methods Participants in the control group were encouraged to continue their previous eating habits.
88 It should be noted that the study was conducted in early January, after the Christmas / New Year celebrations.

89 In addition to the continuous measurement of weight development, participants were asked to do routine
90 testing of the urine with multiparameter stripson a daily basis by using test strips, and to document their mental
91 state and their sleep behavior.

92 At the beginning and end of the study, a blood test was conducted; weight, BMI, and waist-to-hip ratio
93 were documented; and the Giessen Subjective Complaints List, which measures the change in wellbeing on a
94 scientifically sound basis, was evaluated. 14 The main focus within the blood parameters was on the changes in
95 lipid levels and liver values, as well as the possible increased amount of protein in the blood. Previous studies
96 have shown that a unilateral low-carb diet can lead to some dramatic changes in the albumin value. 15

97 8 f) Statistics

98 Concerning the evaluations, we took into consideration changes of cholesterol, triglycerides, LDLcholesterol, ALT,
99 GGT/GGTP, and the albumin.

100 Additionally, we observed the changes of ketone reduction in urine.

101 A t-test for independent samples was used to assess differences in baseline variables between the groups. The
102 analysis was a repeated-measures analysis of variance in which the baseline value was carried forward in the case of
103 missing data. One subject (low carbohydrate) had to be excluded from the analysis, because of a weight measure
104 issue within the trial.

105 **9 III.**

106 **10 Results**

107 **11 a) Weight Development**

108 Both the participants of the chocolate group and the low-carb group lost weight, whereas the control group
109 gained weight during the study period. The subjects of the low-carb group lost 3.1 percent of their body weight
110 in 21 days and the chocolate group lost 3.2 percent. The participants of the control group were on average 0.7
111 percent heavier. The body mass index decreased in the chocolate group to 0.93, in the low-carb intervention group
112 by 0.95 points, whereas the control group gained 0.7 points. Remarkably, participants in the chocolate group
113 lost more weight than those of the low-carb group. The temporal course of the weight-loss success is also worth
114 noting: the course of the intervention period shows that there were marked differences in both groups. While the
115 low-carb group lost weight from the beginning and continued this weight loss during the first three quarters of
116 the testing period, the chocolate group gained weight in the first quarter before they started to lose considerably
117 more weight than the low-carb group.

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119 In the third quarter, the weight-loss ratio of the low-carb group came to its minimum, while the chocolate group
120 lost considerably more weight during the third consecutive quarter than prior, and significantly more than both
121 of the control groups combined.

122 **13 b) Ketones**

123 A higher amount of ketones could be detected in the participants of the chocolate group than in the low-carb
124 group. The measured results were found to be highly significant ($p < 0.01$).

125 **14 e) Albumin**

126 While the measured urinary protein breakdown increased significantly in the low-carb group, the proportion in
127 the chocolate group increased by only one-sixth. At the end of the testing period, the protein detected in the
128 control group's urine was lower than the initially measured values.

129 **15 f) Giessen Subjective Complaints List**

130 We also found highly significant differences with regard to physical and psychological ailments, which we
131 obtained with the help of the Giessen Subjective Complaints List. Although the perception in the low-carb
132 group and control group did not change by much, the participants of the chocolate group felt much better on
133 average. Exhaustion symptoms in particular, such as fatigue or the sensation of heavy legs, significantly

134 **16 Conclusion**

135 The results of this study show that the addition of high cocoa content chocolate can actually be used as a
136 supportive measure in nutritional interventions. However, the focus should not remain on the slightly greater
137 weight loss of the chocolate group compared to the low-carb group, but on the weight development.

138 High cocoa content chocolate could be the key to solving the biggest problem of all nutritional interventions.
139 "Weight cycling" is, for example, associated with increased bone loss ratio in the hip and the lumbar area,
140 and with an increased risk for loss of bone density. 16 Moreover, several studies have shown additional risks of
141 significant weight gain (increased risk of cardiovascular and all-cause mortality, of hypertension in obese women,
142 and symptomatic gallstones in men). 17, 18, 19, 20, 21 In a study of the medical outpatient intervention program
143 Bodymed, Walle et al. found that the continuous slimming effect of the mean body weight also stopped after 26
144 weeks. 22 The same applies to the OPTI FAST program. 23 In 2003, Foster et al. proved in their groundbreaking,
145 randomized study on a low-carb diet that the effect of weight reduction or greater weight loss compared to a
146 low-fat intervention is not significantly detectable after one year. 24 Many weight-loss diets share the common
147 factor of weight gain within several months after a short different weight development course of the chocolate
148 group is therefore all the more impressive. Remarkably, "weight cycling" is not detectable in this group. The
149 initial slight weight gain is currently inexplicable to us. It may (D D D D) K be related to the body's response
150 to the flavanols or to other factors that were not the focus of this study. However, it is more important to consider
151 the blood and fat levels. Thus, the values of the chocolate group on average improved not only considerably more
152 than those of the low-carb group, but they even resulted in better LDL levels after just three weeks compared

153 to levels participants reached after three months in diet groups graded by the professional associations with the
 154 quality level S3 (highest stage) and the recommendation grade A (the highest level).

155 The albumin values of the study participants are also worth mentioning. Criticism of low-carb diets always
 156 broaches the issue of excessive protein intake. One suspects that this may lead to an increased risk of coronary
 artery disease. 25 ¹



14

Figure 1: Figure 1 : 4 -

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(mg/dl)			
Ketone			
Chocolate vs.Low-Carbohydrates		Poly. (Chocolate vs.Low-Carbohydrates)	

Figure 2: Table 1 :

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158 Unlike the participants in the low-carb group, however, the chocolate group showed hardly any increase of
159 albumin degradation. It was lower by a factor of 6. The risk for coronary heart disease should therefore be much
160 lower.

161 Considering all of these results, it is not surprising that the chocolate group participants felt significantly
162 better than those in the other two groups. Therefore, we recommend the consumption of high cocoa content
163 chocolate during nutritional interventions. The positive effects that have been proven in laboratory mice seem
164 to be relevant to humans.

165 The authors of this study believe that high cocoa content chocolate is therefore an ideal "weightloss turbo" if
166 used in combination with a low-carb intervention for weight loss.

167 Further studies should examine the suitability of this highly efficient weight-loss accelerator for other
168 intervention programs.

169 [Foster et al. ()] 'A Randomized Trial of a Low-Carbohydrate Diet for Obesity'. G D Foster , H R Wyatt , J O
170 Hill , B G Mcguckin , C Brill , B S Mohammed , P O Szapary , D J Rader , J S Edman , S Klein . *N Engl J*
171 *Med* 2003. 348 p. .

172 [Wechsler et al. ()] *Adipositas therapie mit Formuladiäten*, G Wechsler , G Bischoff , H Hagen , M Bischoff . 2011.
173 5 p. .

174 [Golomb et al. ()] 'Association Between More Frequent Chocolate Consumption and Lower Body Mass Index'.
175 B A Golomb , S Koperski , H L White . *Arch Intern Med* 2012. 172 (6) p. .

176 [Corti et al. ()] 'Cocoa and cardiovascular health'. R Corti , A J Flammer , N K Hollenberg , T F Lüscher .
177 *Circulation* 2009. 119 p. .

178 [Allen et al. ()] 'Daily consumption of a dark chocolate containing flavanols and added sterol esters affects
179 cardiovascular risk factors in a normotensive population with elevated cholesterol'. R R Allen , L A Carson ,
180 C Kwik-Urbe , E M Evans , J W Erdman Jr . *J Nutr* 2008. 728 p. .

181 [Taubert et al. ()] 'Effect of cocoa and tea intake on blood pressure'. D Taubert , R Roesen , E Schömig . *Arch*
182 *Intern Med* 2007. 167 p. .

183 [Ried et al. ()] *Effect of cocoa on blood pressure*, K Ried , T R Sullivan , P Fakler , O R Frank , N P Stocks .
184 2012. The Cochrane Library.

185 [Brähler et al. ()] *GBB-24. Der Gießener Beschwerdebogen. Manual*, E Brähler , A Hinz , J W Scheer . 2008.
186 Bern.

187 [McCullough et al. ()] 'Hypertension, the Kuna, and the epidemiology of flavanols'. M L McCullough , K Chevaux
188 , L Jackson , M Preston , G Martinez , H H Schmitz , C Coletti , H Campos , N K Hollenberg . *J Cardiovasc*
189 *Pharmacol* 2006. 47 p. .

190 [Wabitsch et al. ()] *Interdisziplinäre Leitlinie der Qualität S3 zur "Prävention und Therapie der Adipositas*, M
191 Wabitsch , A Wirth , H Hauner . 2014. Deutsche Adipositas Gesellschaft.

192 [Lagiou et al. ()] 'Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women:
193 prospective cohort study'. P Lagiou , S Sandin , M Lof , D Trichopoulos , H O Adami , E Weiderpass . *BMJ*
194 2012. 344 p. e4026.

195 [Lagiou et al. ()] 'Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women:
196 prospective cohort study'. P Lagiou , S Sandin , M Lof , D Trichopoulos , H O Adami , E Weiderpass . *BMJ*
197 2012. 344 p. e4026.

198 [Engler et al. ()] 'Metabolic syndrome and insulin resistance: Contrasting views in patients with high normal
199 blood pressure'. M B Engler , M M Engler , C-Y Chen , M J Malloy , A Browne , E Y Chiu , H-K Kwak ,
200 P Milbury , S M Paul , J Blumberg , M L Mietus-Snyder , B M Egan , V Papademetriou , M Wofford , D
201 Calhoun , J Fernandez , J E Riehle , S Nesbitt , Julius S . *Am J Hypertens* 2005. 18 p. . (Flavonoid-rich dark
202 chocolate improves endothelial function and 7)

203 [Dorenkott et al. ()] 'Oligomeric Cocoa Procyanidins Possess Enhanced Bioactivity Compared to Monomeric and
204 Polymeric Cocoa Procyanidins for Preventing the Development of Obesity, Insulin Resistance, and Impaired
205 Glucose Tolerance during High-Fat Feeding'. M R Dorenkott , L E Griffin , K M Goodrich . *J. Agric. Food*
206 *Chem* 2014. (10) p. .

207 [Guagnano et al. ()] 'Risk factors for hypertension in obese women. The role of weight cycling'. M T Guagnano
208 , E Ballone , V Pace-Palitti , R D Vecchia , D 'orazio , N Manigrasso , M R Merlitti , D Sensi , S . *Eur J*
209 *Clin Nutr* 2000. 54 (4) p. .

210 [Papaioannou et al. ()] 'Risk factors for low BMD in healthy men age 50 years or older: a systematic review'. A
211 Papaioannou , C C Kennedy , A Cranney , G Hawker , J P Brown , S M Kaiser , W D Leslie , . O'brien , C
212 J Sawka , A M Khan , A Siminoski , K Tarulli , G Webster , D McGowan , J Adachi , JD . *Osteoporosis Int*
213 2009. 20 (4) p. .

214 [Grassi et al. ()] 'Short-term administration of dark chocolate is followed by a significant increase in insulin
215 sensitivity and a decrease in blood pressure in healthy persons'. D Grassi , C Lippi , S Necozione , G Desideri
216 , C Ferri . *Am J Clin Nutr* 2005. 81 p. .

- 217 [Diaz et al. ()] ‘The association between weight fluctuation and mortality: results from a population-based cohort
218 study’. V A Diaz , A G Mainous , Iii , C J Everett . *J Community Health* 2005. 30 (3) p. .
- 219 [Rzehak et al. ()] ‘Weight change, weight cycling and mortality in the ERFORT Male Cohort Study’. P Rzehak
220 , C Meisinger , G Woelke , S Brasche , G Strube , J Heinrich . *Eur J Epidemiol* 2007. 22 (10) p. .
- 221 [Tsai et al. ()] ‘Weight cycling and risk of gallstone disease in men’. C J Tsai , M F Leitzmann , W C Willett ,
222 E L Giovannucci . *Arch Intern Med* 2006. 166 (21) p. .
- 223 [Blaine et al. (2007)] *Weight Loss Treatment and Psychological Well-being: A Review and Meta-analysis. J Health*
224 *Psychol*, B E Blaine , J Rodman , J M Newman . January 2007. 12 p. .
- 225 [Heshka et al. ()] ‘Weight Loss With Self-help Compared With a Structured Commercial Program’. S Heshka ,
226 J W Anderson , R L Atkinson , F L Greenway , J O Hill , S D Phinney , R L Kolotkin , K Miller-Kovach ,
227 F X Pi-Sunyer . *JAMA* 2003. 289 (14) p. .
- 228 [Becker and Walle ()] ‘Ärztlich betreut, ambulant gegen Adipositas’. C Becker , H Walle . *Aktuel Ernährungsmed*
229 2014. 39 (04) p. .