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# Focus on Health

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Gynecologic Endocrinology

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## OBESITY AND OVERWEIGHT

John R. Woodward, M.D

### THE OBESITY ANSWER

**O**BESITY AND OVERWEIGHT - There is evidence at present that the condition of being overweight is different from the condition of being obese. Being overweight is the result of taking in more calories than one expends. Obesity, on the other hand, is much more complex. It is caused by an **infection (Coxsackie virus or a bacterium called Helicobacter pylori are the likely culprits)** in people whose genetic makeup makes them incapable of fighting them off.

The two conditions may and frequently do coexist, but either can be present without the other. Obese people occasionally have a normal overall percentage of body fat. The distinction between *overweight* and *obesity* is important in that the latter, like **diabetes**, is associated with an increased risk of **cardiovascular disease**. The easiest and most obvious way to distinguish between the two is to look in the mirror at the distribution of the fat. Those who are victims of obesity tend to have an accumulation of **excess abdominal fat** (the so-called apple shape) and to have fatty deposits on the insides of the knees. Their fat distribution is predominantly trunkal in location.

Obesity has reached epidemic proportions in this country as well as in other industrialized nations – distribution of the **Coxsackie B virus** and **H. pylori** being worldwide, in both food and water, especially ice machines and well or ground water.

An initial infection occurs, setting up an *immune response*. Any type of subsequent viral infection (not necessarily the same) occurs with the virus entering the bloodstream, then attacking and entering whatever cells were sensitized originally. If those cells are **trunkal adiposities (fat cells)**, the organism enters the cells and the body responds by sending in natural killer **lymphocytes (NK cells)**. These white blood cells attack the agent, killing it and the cells containing it by a programmed process called cell **apoptosis**, causing extrusion of particles called **prions** from the *nucleoli of apoptotic infected cells*.

**Dendritic cells** make a **hormone** named **interferon alpha** with the aid of calcium molecules. Interferon alpha stimulates **tumor necrosis factor alpha (TNF alpha)** which attracts more killer lymphocytes and the process repeats over and over. The body replaces **apoptotic fat cells** again and again with increasing frequency and rapidly produces obesity. In **diabetes** the target cells are **insulin producing islet beta cells** of the pancreas and renal (kidney) cells, in addition to **adenosites**. Treatment with a **hormone GLP1** or its analog/**Byetta or Januvia** dampens dendritic cell driven islet cell apoptosis by **T lymphocytes (NK cells)**. A second type of islet cells, alpha cells, produces a hormone called **glucagon**. A third and almost unmentioned group of islet cells is called **delta cells**. They produce a hormone called somatostatin, thus inhibiting the secretion of many other hormones such as growth hormone (HGH), insulin, thyroid stimulating hormone (TSH), and several others. Somatostatin is also produced by the hypothalamus of the brain.

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All of the **islet cells** contribute to the causes and effects of obesity, metabolic syndrome, diabetes, and other autoimmune diseases. Continued cell apoptosis after the initial episode is due to the above-described chain of events. Re-infection with the initial causative agent is not necessary because recurring apoptosis continues due to bystander effect rather than molecular mimicry.

In thyroid disease, **hypo** or **hyperfunction** (as in Type I or Type II diabetes) are again the result of immune system attack on those cells or their hormones, thyroxin or TSH, or lack of cell defense due to genetic mutation. Most other autoimmune diseases such as multiple sclerosis fit into this schematic as well.

A diet was designed by Dr. A.T.W. Simeone, a British endocrinologist, who practiced in Rome in the 1960's and is now deceased. In 1967, while I was practicing at the American Hospital in Paris, France, I became aware of Dr. Simeone and his weight loss plan when the American ambassador's wife asked me to start her on his diet. I flew to Rome to meet him personally, then used the diet on patients for several months in Europe. I did not continue when I returned to the U. S. and entered private practice here in Dallas in 1968. However, when I decided to lose weight in October of 2002, I instituted the diet for myself. The results were dramatic – a consistent **one-half pound per day weight loss with no hunger**, fatigue, etc.

More recently a book, The China Study by Dr. Colin Campbell, which promotes a low animal protein vegetarian intake has revolutionized dietary thinking and explains why Dr. Simeone's plan worked so well for those with metabolic syndrome, the condition leading to Type II diabetes.

Hepatitis B Vaccine (Recombivax) protects against both Coxsackie B and Helicobacter.

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As part of the professional services I feel should be provided by me to my patients, screening of the voluminous medical literature has become more and more important. The information in this newsletter is derived from periodicals and books which I have read and whose information I have consolidated. Perhaps you have seen an item that I have not included in this list or have not seen myself. If so, feel free to bring it to my attention.

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