

---

---

# Focus on Health

---

---

Special Edition  
March 2006, Revised

John R. Woodward, M.D., P.A.  
Gynecologic Endocrinology, Gynecologic Urology

---

---

## OBESITY AND OVERWEIGHT

John R. Woodward, M.D., P. A.  
THE OBESITY ANSWER

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 a viral infection (Coxsackie virus is the culprit) in people whose genetic makeup makes them incapable of fighting certain viruses.

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 truncal in location.

Obesity has reached epidemic proportions in this country, as well as in other industrialized nations - distribution of the Coxsackie virus being almost worldwide.

An initial infection due to Coxsackie occurs, setting up an immune response. Any type of subsequent viral infection (not necessarily the same virus) starts with the virus entering the bloodstream, then attacking and entering whatever cells were sensitized originally. If those cells are truncal adiposities (fat cells), the virus enters the cells and the body responds by sending in natural killer lymphocytes (NKC's). These white blood cells attack the virus, killing it and the cells containing it by a programmed process called cell apoptosis, causing extrusion of viral 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, dampens dendritic cell driven islet cell apoptosis by T lymphocytes (NKC's).

A second type of islet cells, alpha cells, produces a hormone called glucagon. A third and almost unmentioned group of islet cells are called delta cells. They produce a hormone called somastatin, which inhibits the secretion of many other hormones.

Visit our website at [www.womenandhormones.com](http://www.womenandhormones.com)

All of the islet cells contribute to the causes and effects of obesity, 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 virus is not necessary because returning apoptosis occurs due to the 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 hormone thyroxin or lack of cell defense due to genetic mutation.

Most other autoimmune diseases such as multiple sclerosis fit into this schematic as well.

The accompanying 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 patient 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. Long-term clinical studies are needed to further evaluate the safety and efficacy of this concept.

---

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. Please read this now if you have time before I see you, so that we can further discuss whichever topic especially interests you.

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.

John R. Woodward, M.D., P.A.  
7777 Forest Lane, Suite A338  
Dallas, Texas 75230  
(972) 566-7870