
Focus on Health

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OBESITY AND OVERWEIGHT 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.

The treatment for obesity consists of daily application of topical creams which can be mixed together, plus 1 tablet per day (1 gram) of Valtrex. One cream contains DHEA (dehydroepiandrosterone), an adrenal hormone which also contains a hormone named cachexin. The second cream is called Aldara which becomes Interferon Alpha in the body, Efundex as a cheaper alternative. The tablet of Valtrex interferes with viral replication.

The mode of action of these compounds, all of which are on the market and available by prescription at present, is the following: Interferon Alpha attaches to the surface of the virus. The virus (with the Interferon attached) enters numerous types of cells causing Killer T lymphocytes to attack the cells containing the virus and causing cell apoptosis, also called cell necrosis (death). The body continually makes killer T lymphocytes, replacing those which originally attacked islet cells of the pancreas (the body's insulin producers) and reprograms them to recognize the Coxsackie virus with Interferon attached as an enemy.

The 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 2001, I instituted the diet for myself. The results were dramatic—a consistent one-half pound per day weight loss with no hunger, fatigue, etc.

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