Increasing Prevalence of Chronic Obstructive Pulmonary Disease, Tuberculosis, Lung Cancer and Rising Environmental Oestrogen

Proof of concept study-Retrospective analysis was done at Karunya University, Coimbatore, India

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Abstract: Background: Era after contraception witnessed increased prevalence in chronic obstructive pulmonary disease, drug resistant tuberculosis, lung cancer; Objectives: Altruistic association between contraception, rising environmental estrogen, respiratory diseases [if any] is sought after. Methods: Randomized sampling of 20-35 years, 35-50 years, 50-70 years, >70 years was done with bioinformatics analysis; Results: 4 fold increase in respiratory pathologies in contraceptive users than people without contraception; chronic obstructive pulmonary disease showed 75-80 fold increase in contraceptive users , of which ~40-fold increase in smokers with contraception , 40-50 fold increase in people with contraception but nonsmokers in 35-50 years, 50-70 years age groups; Tuberculosis destroying lungs, tuberculous pneumonia of entire lung , inspite of antituberculous (drug resistance) treatment was seen in people with contraception by 15-30 fold increase; Lung Cancer was seen with 5-15 fold increase in contraceptive users in 20-50 years age group. Conclusion: The concept is contraception, abortion has resulted in innocent aborted blood, contraceptive menstrual blood stained environmental pollution with hypoxia(obnoxious inhalational, exogenous stimuli), evidenced by rise in environmental estrogen; combined with smashed fragmentation of millions of germ cells every day , decreased endogenous estrogen resulting in defaulted genomic repertoire of every cell , leading to increase in prevalence of degenerative, neoplastic, autoimmune diseases , including respiratory pathologies ; contraception reversal to autologous germ cell replant effect, restored hormonal surveillance, regresses diseases of all systems , including respiratory system; prohibition of abortions will decrease the aborted blood environmental pollution, thereby will decrease lung cancers, pulmonary diseases, tuberculosis.

Keywords: era after contraception, autologous germ cells replant effect, increasing environmental estrogen , decreased endogenous estrogen, two subsets of people-with, without contraception.

1. Introduction

75% asthma had increased, Chronic obstructive Pulmonary Disease had increased 20 fold more than asthma, Lung Cancer was seen to rise steadily from 1935 onwards as seen in the graph [1] , smoking was attributed as a cause ; when it was observed 94 years old males on pipe smoking were alive but youth with smoking .after contraception-[ family welfare-guillotine protocol programmes, implemented without evidence for therapeutic indication or safety ]suffered lung cancer ;tuberculosis was doubling in incidence in 2009, multidrug resistant strains were emerging inspite of implementation of national tuberculosis eradication programmes effectively; rising environmental estrogenic compounds was published in 1994,1998; hence a correlation[if any] was sought between contraception, increase in respiratory diseases, estrogen rise in environment-the missing link-unsolved puzzle.

2. Methods

As advised by a scientist ,30 sample size being essential for statistical analysis, minimum of 30 samples was planned for, in each of 3 age groups, namely 20-35 years, 36-50 years,>50;though people from the community are visiting the hospital ,analysis of hospital patients alone can create a bias, hence data from the community, hospital , health screening camps ,different geographical locations were included ;data from each person included ,prevalent diseases ,status of contraception, hysterectomy, type of oil ingested, life style, level of nutrition, presence of anemia; the data was tabulated as prevalent diseases, matched against the variables in each age group; retrospective bioinformatics analysis was done, by plotting histograms for the 3 age groups and cumulative graphs for each disease, including Lung diseases in 2012;an example of tabulation of the data is provided in the supplementary file.

In 2003 house to house survey in the community, spread over 3 weeks, was conducted by the corresponding author, to collect data of prevalent diseases of 100 people; the people who were present during the survey were included at random, by convenient sampling into the 3 age groups namely 20-35 years, 35-50 years,>50 years ,to include a minimum of 30 people in each age group; serum estrogen estimation was done for 12 people as per their request; the reduced estrogen levels [5-8pm]found in young contraceptive users ,was the eye opener, leading to further data analysis.

In 2004 data of 93 hospital patients was collected over a period of 6 months, including diseases prevalent, contraception status, life style, nutrition, type of oil ingested ,level of hemoglobin and were assigned to the 3 age groups by stratified random sampling with a minimum of 30
patients in each age group; serum estrogen estimation was done for all 93 patients; the data was tabulated matching diseases against status of contraception and other variables; one patient was a foreign national.

In 2011, 96 people [43 couples] working in different states of our nation had attended a health screening camp conducted in the community, spread over 3 days and their data was analyzed after assigning into the 3 age groups at random, for association of diseases with status of contraception, hysterectomy and other variables; effect of contraception in both partners after contraception also could be analyzed; none had sedentary lifestyle, low nutrition or anemia or had worn tight attires around the pelvis.

In 2012, data of 61 hospital patients including a foreign resident, from yet another geographical location separated by >500 Kms, was collected over a span of 6 months, assigned to the 3 age groups at random and was pooled to the other data from 2003, 2004, 2011 and retrospective bioinformatics analysis was undertaken for the 350 patients in 2012, by plotting histogram for the 3 age groups and cumulative graphs for each disease, including respiratory pathologies.

Every participant was informed about their data being included for study purpose and the concerned hospital authorities were also informed; an engineering college student did the bioinformatics analysis as his project in 2012. 54 patients with tuberculosis, 19 patients with lung neoplasm, 163 patients with chronic obstructive pulmonary disease, to include a total of 236 patients with respiratory illnesses seen in clinical practice from 1989-2012 were assigned to the 3 age groups and the correlation with smoking, contraception was also analyzed. It was attempted to measure hemoglobin by routine electrophoresis, in sea waters.[measurement in grams]

3. Results

275% increased diseases were seen in contraceptive users, with associated decreased estrogen levels in 75% of contraceptive users; 500% rise in diseases were noticed in patients after hysterectomy, since estrogen decrease as low as 0.4 ppm was noticed; [color figures]3,4,5,supplementary]. Respiratory diseases in general showed an increase of 4 fold in contraceptive users as compared to noncontraception.- figure-2

Chronic obstructive pulmonary disease was seen to increase 75 fold in contraception of which 25 fold increase in nonsmokers, 50 fold increase in smokers with contraception in 35-50 years age group; among 50-70 years with contraception, 72 fold increase in chronic obstructive pulmonary disease was seen, of these 42 fold rise was seen in nonsmokers [Figure-1], 30 fold rise was seen in smokers; [awareness of harm for smoking had achieved nonsmoking]

Lung cancer was seen as 5 fold increase in 20-35 years age in smokers on contraception, whereas 3 fold increase in cancer in smokers without contraception. No contraception, non smokers did not have lung neoplasm at any age in this sample. >70 years mainly consisted of people without contraception; [people on contraception had seen early demise]; of them smokers had minimal increase in chronic obstructive pulmonary disease.

Contraception has significant role in etiology for incidence of respiratory diseases also, tuberculosis is seen as 22 fold increase in nonsmokers but on contraception, in 35-50 years age –some had destroyed lung, progressive disease, despite of national tuberculosis eradication programmes; 5-10 fold increase in tuberculosis was seen in 50-70 years age using contraception with, without smoking respectively.

Global abortion clock is ticking since 1920 and lung cancer started to rise from 1935 onwards steadily [2]. Routine hemoglobin electrophoresis could not detect hemoglobin in sea waters; if some nano scientist can detect hemoglobin in the waters, air in nanograms or picograms, can further establish the altruistic correlation of innocent aborted blood and rising environmental estrogen.

4. Discussion

Upper respiratory tract including nose, nasopharynx, larynx are lined by vascular mucous membranes with ciliated epithelium; lower respiratory tract [3] includes the trachea, bronchi, inter connecting tree of conducting airways to join around 64000 terminal bronchioles with alveoli to form acini, ciliated epithelium lines lower respiratory tract as far as terminal bronchioles.; larynx ,large bronchi are supplied with sensory receptors involved in the cough reflex; alveoli are lined with type -1 pneumocytes-flattened epithelial cells but there are some more cuboidal type -2 pneumocytes – Clara cells producing surfactant-mixture of phospholipids which act to reduce surface tension, counteract the tendency of alveoli to collapse ; type 2 pneumocytes display remarkable capacity to divide and reconstitute the type -1 pneumocytes in lung injury; genomic repertoire is seen in wound healing process in adults which activates cell characteristics expression in ‘embryo like fashion’[4]; all cells are derived from zygote and have identical genetic information; by contraception ,embryo like functioning tissue repair-genomic repertoire defaults.

Chronic obstructive pulmonary disease encompasses chronic bronchitis, emphysema , slowly progressive, characterized by airflow obstruction-forced expiratory volume at 1 second <80% [5], >25000 deaths/year in United Kingdom, with >20 fold rise than asthma ; airway limitation that’s not fully reversible [6] ,small airway disease – small bronchioles are narrowed -4th leading cause of death involving >10 million people in United States of America ; it’s a global concern.

Though pack years of smoking is the highly significant predictor only 15% of variability in forced expiratory volume in 1st second is explained by pack years, suggesting an additional environmental or genetic factors contributing to the impact of smoking , on development of air flow obstruction ;tendency of increased broncho constriction, in response to a variety of exogenous stimuli is one of the defining features of asthma; chronic obstructive airway disease also shares this hyper responsiveness; air flow during forced exhalation is the result of the balance between elastic recoil of the lungs promoting flow and the resistance
of the airways limiting flow; heterogenous is the nature of the disease process within the airways and lung parenchyma [happens with obnoxious exogenous stimuli of innocent aborted, contraceptive menstrual blood polluted air inhalation with smashed destruction of germ cells, reduced hormonal surveillance]; in large airways there is goblet cell hyperplasia leading to mucous production, squamous metaplasia, cancers, disruption of mucociliary clearance.

Small airways, <2 mm disease, are the major site of airway resistance; goblet cells replace clara cells, infiltration of mononuclear cells, smooth muscle hypertrophy, luminal narrowing by fibrosis, decreased surfactant, alveoli collapse, bronchiolitis, destruction of alveolar walls, increased collagenase, elastolytic proteinases, destruction of elastin are seen.

Macrophages patrol lower airspaces normally, upon exposure to oxidants from cigarette smoke.[concept is - inhalation of innocent aborted blood polluted hypoxic air produce similar but worse deleterious effects] macrophages activate proteinases, chemokines attracting other inflammatory cells, inactivation of histone deacetylase, leads to transcription of matrix metalloproteinases, proinflammatory cytokines as interleukins 8, tumor necrosis factor alpha; neutrophils, CD8+T cells are also recruited, proteolytic cleavage products of elastin fuels this destructive feedback loop.

Autoimmune mechanisms including increased B cells, lymphoid follicles, antibody against elastin, IgG autoantibodies with avidity for pulmonary epithelium and the potential to mediate cytotoxicity, detected by ineffective repair, stem cells to repopulate the lung has difficulty to restore appropriate extracellular matrix, functional elastic fibres. Concept is, contraception results in smashed fragmentation of ~20 million germ cells/day, resulting in acentric fragments, ring chromosomes, chromatid breaks [9], which are identified by immune mechanism as foreign, leading to autoimmunity against various systems including respiratory system.

Tuberculosis is one of the oldest diseases caused by mycobacterium tuberculosis; if properly treated all drug susceptible strains were curable in all cases of tuberculosis. World Health Organisation estimated 9.4 million new cases of tuberculosis in 2009; 95% were from developing countries, of which 12% had associated Human Immunodeficiency Virus infections, 80% of Human immune deficiency virus associated tuberculosis were seen in Africa; 1989, 90 industrialised countries reported tuberculosis (absent prior), multidrug resistant tuberculosis emerged in 2008; drug resistance to tuberculosis was reported in 58 countries including United States of America, of this India had 60% of multi drug resistant tuberculosis patients. The concept is contraception, abortion with its resultant aborted blood, contraceptive menstrual blood polluted hypoxic air, and cell cycle of differentiation followed by controlled multiplication to become tissue, governed by endogenous hormonal surveillance being jeopardized, by reduced endogenous estrogen, androgen secondary to contraception, abortion and uncontrolled multiplication preceded by no differentiation in cell growth, metabolism leading to increase in lung neoplasms.

Lung cancer [8], modern man’s disease was rare before 1900; mid twentieth century epidemic of lung cancer was established as leading cause of cancer related deaths in North America, Europe; smoking is the prime cause of Lung Cancer, >1 in 5 females, 1 in 12 men diagnosed with lung cancer have never smoked; >60% of new lung cancer occurs in never smokers; 220,000 diagnosed with lung cancer in United States of America by 2010; one genetic mutation occurred for every 15 cigarettes smoked.[the concept is air inhalation, with obnoxious innocent blood pollutants produce similar but worse effects]

Contraception results in smashed fragmentation of germ cells, i.e. chromatid breaks, acentric fragments, ring chromosomes [9] with associated decrease in endogenous estrogen mediated by hypothalamo pituitary axis, results in inadequate reparative cell functions, genomic repertoire i.e. embryo like healing in tissue injury; every cell’s differentiation, repair, maintenance, controlled multiplication, cell cycle, metabolism governed by endogenous hormonal surveillance is impaired with contraception and its associated reduced endogenous estrogen levels; degenerative pathologies occur more in cells of air ways, lung parenchyma; Concept is immune mechanisms identify the ring chromosomes, acentric fragments, chromatid breaks which have resulted as a consequence of contraception, abortion as foreign and develop auto immunity for varied fragmented nuclear, cytoplasmic components of germ cells and the resultant cytotoxicity destroys the pulmonary epithelium, surfactant, clara cells, components of air ways, ciliary epithelium; progressive damage by auto immunity continues silently, in permanent sterilization methods until recanalisation, reversal; stem cells to repopulate the lung is ineffective because genomic reparative process, requiring endogenous estrogen, androgen surveillance has significantly decreased below normal, secondary to contraceptive germ cells destruction.

Cholesterol deprived diet results in decreased endogenous estrogen, androgen synthesis, decreased surfactant, phospholipids synthesis; thereby results in decreased immunity, hyper responsiveness of airways, chronic airways obstruction, increase in neoplasm [11]

In 1997 Professor Paul Devroey discovered that increasing oestrogen like particles were detected as pollutant in the air
Oestrogen is secreted directly into the blood, which bathes each cell; unless blood is shed estrogen cannot reach the cell, nurtures, maintains, enables differentiation, regeneration of tissues. Estrogen is secreted directly into the blood, which bathes waters by 1994. Kings discovered mosquitoes have increased, inspite of good environmental practices in the community, namely filarias is leading to eosinophilia with resultant increase in asthma, restrictive, obstructive lung diseases, chikungunya, malaria, dengue, yellow fever.

Inhalation of this hypoxic, innocent aborted blood, contraceptive menstrual blood polluted air(obnoxious exogenous stimuli) –the smooth, vascular, respiratory, ciliated mucosa exhibits heterogenous manifestations of hyper responsiveness, inflammation, altered immune responses; with added contraceptive destruction of germ cells, reduced endogenous estrogen, androgen, associated immune mediated, degenerative, cytotoxic effects on cell function, characteristics, genomic repertoire defaults, apoptosis increases, compounding the enormous increase in mortality, morbidity of chronic obstructive pulmonary disease, asthma, drug resistant tuberculosis, lung cancers.

Rising Environmental estrogen in air, waters =innocent aborted blood, contraceptive menstrual blood polluted air – global inhalation, innocent aborted blood, contraceptive blood polluted water -global ingestion; Biomass fuels, fossil fuels (needed for man’s existence from stone age) resulting in emission of carbon dioxide, are utilized by plants for photosynthesis, replacing oxygen(eco balanced cycle by creation to support life), but innocent aborted blood, contraceptive menstrual blood(from 1920, hemoglobin of innocent blood with high affinity for oxygen) depleting oxygen of air, water, cannot be replaced by plants producing progressive cumulative depletion of oxygen, global hypoxia, global warming[condensed oxygen, ozone layer depleted, radiation increases] birds, grapes are disappearing due to irreversible fault of chromosomes secondary to radiotherapy, radiation, hypoxia; innocent blood polluted waters depleting oxygen of waters results in disappearance of fish; 98% there'll be no sea food by 2048, already 90% sea food has disappeared by 2005, millions of dead fish came ashore in march 2011 at Los Angeles, California; December 2012 whales had come to the surface of broken ice frost for want of oxygen; global hypoxia, ozone layer depletion, hot air currents, global warming, tsunamis, earth quakes, floods, cyclones are inevitable secondary to contraception, abortions with their aborted blood, contraceptive menstrual blood depleting oxygen of the environment; March 2011, Japan had disappeared by coupled earthquake, tsunami; by 2050 most of the islands are predicted to be under the sea.

Innocent aborted blood, contraceptive menstrual blood pollutant of the air is a suitable media for growth, virulence of organisms eg multidrug resistant tuberculosis viruses like SARS, human immune deficiency virus, hepatitis A, B, C, D, E, viruses, polyvalent strains of Varicella making vaccines ineffective, Extended spectrum of beta lactamases, H1N1; mosquitoes have multiplied for whom human blood is the food, being made freely available in the environment by contraception, abortion and thereby diseases borne by mosquitoes have increased, inspite of good environmental

5. Conclusion

Contraception with its destruction of germ cells, reduced endogenous hormones with associated cytopathic effects, results in 75 fold increase in chronic obstructive pulmonary disease in 35-70 years of age; Inhalation of innocent aborted blood, contraceptive menstrual blood polluted air, hypoxic air(obnoxious exogenous stimuli) evidenced by rise in environmental estrogen, has resulted in heterogenous manifestations of hyper responsiveness, cancer, agonizing immune mediated, degenerative destruction of pulmonary epithelium, alveoli, bronchiolitis, with resultant increased morbidity, mortality of chronic obstructive pulmonary disease(contraception -permitted by life sciences has worse effect than smoking insult).

Environmental innocent aborted, menstrual blood pollution is a very good media for multidrug resistant strains of tuberculosis emerging in industrialized nations also, wherein earlier before the era of contraception tuberculosis was not
reported; with contraception – tubectomy-permanent methods of sterilization in the body, with destruction of germ cells, decreased reproductive hormones, defaulted genomic repertoire tuberculosis is destroying lungs and is becoming incurable claiming lives, which was virtually curable earlier than the era after contraception[20th, 21st centuries].

Mosquito borne diseases including filariasis favoured by innocent blood pollution, has increased asthma, restrictive, obstructive lung pathologies by 75%.

If some nano scientist can document fetal, adult hemoglobin in nanograms or micrograms in air, water, it’ll further substantiate environmental estrogen pollution equating with aborted blood, contraceptive menstrual blood pollution of the environment.

Cholesterol deprived diet with reduced endogenous hormone synthesis, reduced surfactant-phospholipids synthesis, increases hyper responsiveness in the airways with altered immune response increasing asthma, restrictive diseases, in non contracepted individuals also.

Inhalation of aborted innocent blood, contraceptive menstrual blood polluted air [obnoxious exogenous stimuli], with contraception associated reduced endogenous hormonal surveillance, resultant cellular uncontrolled multiplication without differentiation, culminates in the epidemic of lung cancer.

Contraception reversal results in autologous germ cell replant effect, restoration of 79.9%of endogenous hormones with genomic repertoire, with no further increase in environmental innocent aborted blood, contraceptive menstrual blood pollution, with resultant 75% decrease in chronic obstructive pulmonary disease, neoplasms, drug resistant tuberculosis.

6. Scope of the Study

Contraception, abortion {which belittle womanhood to use and throw [abortion policy] instead of God ordained, blessed, royal motherhood, by married basic family life} promoted by pornography, adultery, fornication, premarital sex, sexual promiscuity, waxy welfare schemes, implemented as guillotine protocol without any evidence for safety or therapeutic indication, consequent increasing environmental innocent aborted blood pollution needs to be prohibited by urgent legislative amendments, by awareness of this concept, to prevent further increase in respiratory pathologies. Urgent policies to implement contraception reversal, including permanent sterilization is mandatory to reduce morbidity, mortality by lung cancer, drug resistant, destructive tuberculosis and obstructive restrictive lung diseases, by restoration of germ cells with endogenous hormones upto 79.9%

7. Key Points

- Contraception results in 75 fold increase in chronic obstructive pulmonary disease.
- Environmental estrogen rise suggests, innocent aborted blood, contraceptive menstrual blood pollution in waters, air, for inhalation, ingestion [obnoxious exogenous stimuli].
- Innocent blood polluted air favors flourishing growth of multi drug resistant tuberculosis, virulent organisms including H1N1
- Mosquito borne diseases including filariasis, resultant eosinophilia, restrictive, obstructive lung pathologies, and asthma are favoured by innocent aborted blood pollution of the environment.
- Contraception with aborted blood, menstrual blood polluted environment has led to epidemic of Lung Cancer
- Contraception reversal, prohibition of abortions, to be implemented with legislative enforcements will prevent increase in lung cancer, tuberculosis, and chronic obstructive pulmonary diseases.
- Cholesterol deprived diet with decreased phospholipid-surfactant; endogenous reproductive hormone synthesis also increases airway diseases.

8. Acknowledgements:

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Conflicts of Interests: None Declared

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Figure 1: Respiratory diseases – Prevalence – 1989 to 2012-clinical practice

Figure 2: Lung diseases and contraception

Cumulative distribution of Lung Diseases across age.
Diseases in both partners (Husband and wife) (in young age-20-50 years) in Contraception only

In non contraceptive users both husband and wife exhibit no disease in 20 – 35 and 35-50 age groups. Hysterectomy there was no patient in 20-35 age group

Figure 3: Suppl.file

Diseases/morbidity-contraception/hysterectomy.

Tubal Recanalization – mandatory/essential - will return life factors – result in decreased diseases. Hysterectomy should be reserved only for PPH/Uterine Cancers. Hysterectomy to be replaced by tubal-recanalization,myomectomy, Pelvic Floor Repair.

Figure 4: Supplementary file
Figure 5: Supplementary file

Supplementary file-tabulation format used for data analysis

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