Increased Prevalence of Obesity and Fragmented Germ Cells with Reduced Endogenous Estrogen: Androgen

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Abstract- Back ground: Era of contraception, abortions, [20th, 21st centuries] implemented as family welfare schemes, witnessed increased global prevalence of obesity.

Objectives: Altruistic association of contraception [if any], with increasing obesity, was sought after.

Methods: In 2012, retrospective analysis of, prevalence of obesity in 350 patients of 20-35 years, 35-50 years, >50 years age groups, from data collected by convenient, stratified random sampling, from different geographical locations, between 2003-2012 and its association with presence, absence of contraception, abortion was undertaken; simultaneously, serum oestrogen levels obtained from 105 patients, was also analyzed.

Results: Contraception status was associated with 3 fold increase in obesity [without secondary sexual dimorphism] among 20-35 years with a p value of <0.025; 6 fold increase in obesity among 35-50 years with a p value of <0.0005; 1.5 fold increase in obesity among >50 years with a p value of <0.001.

Cholesterol deprived diet without contraception was associated with 10 fold increase in obesity among <20 years including adolescents with a p value of <0.0005.

Endogenous oestrogen was reduced below normal in 61% of contraceptive users, with a p value of <0.0005; 25% of contraceptive users had low normal levels of serum oestrogen.

Conclusion: Concept is acquired contraception, abortion status, with smashed fragmentation of germ cells, consequent reduced endogenous oestrogen: androgen, results in defaulted genomic repertoire, deranged cell cycle, cell metabolism, consequent increased incidence of obesity as part of metabolic syndrome.

Cholesterol deprived diet with resultant decreased endogenous oestrogen: androgen synthesis, consequent deranged cell metabolism results in obesity; tight attires around pelvis causing thermogenic destruction of germ cells with consequent reduction of endogenous oestrogen: androgen also can lead to defaults in genomic repertoire and obesity.

Physiological genomic repertoire, cell cycle of growth differentiation controlled multiplication, cell metabolism, is dependent upon endogenous oestrogen: androgen surveillance; hence reduced endogenous oestrogen: androgen surveillance results in metabolic syndrome and resultant obesity.

Contraception reversal slimmed obesity remarkably, as a cause and effect phenomenon.

Index Terms- without secondary sexual dimorphism; germ cell fragmentation; contraception reversal [medical miracle]; autologous germ cell replant; endogenous oestrogen.

I. Introduction

People in ~1989 complained of weight gain, low back aches and were attributing to aftermath of puerperal permanent sterilization, though ignored by medical personnel, since contraception was presumed to be without side effects, [permitted by Life Sciences, without evidence base or studies prior to or after implementation of family welfare schemes, implemented without therapeutic indication,] and the contraceptive procedures as such were uneventful. Global incidence of diseases including obesity was rising; hence an altruistic analysis was planned to assess, if any correlation existed with global implementation of contraception and rising incidence of diseases including obesity.

II. 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, >50years; 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, of different geographical locations were included; data from each person depicted, prevalent diseases, status of contraception, hysterectomy, type of oil ingested, life style, level

of nutrition, presence of anaemia; 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 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 oestrogen estimation was done for 12 people as per their request; the reduced oestrogen levels [5-8pgm] 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 haemoglobin and were assigned to the 3 age groups by stratified random sampling with a minimum of 30 patients in each age group; serum oestrogen 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 life style, low nutrition or anaemia or had worn tight attires around the pelvis.

In 2012, data of 61 hospital patients including a foreign resident, from another geographical location, 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 bio informatics analysis was undertaken for the 350 patients in 2012, by plotting histogram for the 3 age groups and cumulative graphs for each disease.

Data of 94 obese patients seen in clinical practice from 1989-2012 were grouped at random to the three age groups and the association of contraception status, consumption of cholesterol deprived diet with obesity was analyzed retrospectively.

Every participant was informed about their data being included for study purpose and the concerned hospital authorities were also informed; an engineering college student of Karunya University did the bio informatics analysis as his project.

III. Results

Contraception status was associated with 3 fold increase in obesity [without secondary sexual dimorphism] among 20-35 years with a p value of <0.025; contraception was associated with 6 fold increase in obesity among 35-50 years with a p value of <0.0005; contraception was associated with 1.5 fold increase in obesity among >50 years with a p value of <0.001 figure 1

Cholesterol deprived diet [consumption of refined, bleached, cholesterol depleted ground nut oil, gingili oil, palmolein oil, coconut oil, sunflower oil] without contraception was associated with 10 fold increase in obesity among <20 years including adolescents with a p value of <0.0005 figure 2.

Endogenous oestrogen was reduced below normal in 61% of contraceptive users, with a p value of <0.0005; 25% of contraceptive users had low normal levels of serum oestrogen [figure-3]

275% increased prevalence of total diseases was seen among contraceptive users (colour figures-supplementary file)

Two subsets of population were emerging one with, the other without contraception with significant differences in incidence of diseases and associated decreased endogenous oestrogen.

Morbid obesity with loss of secondary sexual dimorphism i.e. >40 kg/m2 body mass index, presenting with hypoventilation syndromes was seen with 25-35 fold increase among contraception users only with a p value of <0.0005, who were also on cholesterol deprived diet i.e. consuming sunflower oil[sunflower seed has 6 times less vitamin E than ground nut seed], cholesterol depleted ground nut oil, refined gingili oil, bleached coconut oil, cholesterol depleted palmolein oil (cholesterol deprived diet) figure-2

Tight attires were associated with overweight attributing thermogenic destruction of germ cells with consequent reduced endogenous oestrogen: androgen with absolute significance.

People without contraception, on normal diet showed no obesity but physiological weight gain only above 50 years, when the endogenous hormones dip to 15pg from100- 300pg at 17 yrs of age.

~30 people could undergo tubal recanalisation for medical grounds, (patients fear surgery, non existing protocols, policies to recanalyze due to lack of awareness of health restoration,

therapy effectiveness, with contraception reversal) ~5 patients had removal of Copper-t, of these 15% had overweight, 25% had normal weight, 60% were obese; Contraception reversal as a cause and effect phenomenon resulted in, 100% obvious, remarkable slimming, (with pleasurable difficulty to recognize them) restoring secondary sexual character build with fertile beauty, health, within 15 days without any other medications [figure-supplementary file.]

Tubal recanalisation restored survival of germ cells (autologous germ cell replant effect), 79.9%retrieval of increase in endogenous oestrogen.

Unfortunately over obese people have not undergone tubal recanalisation yet, persuasion, recommendation is being continued; that's the pity of permanent methods of sterilization requiring surgical corrections to reverse contraception, which my dear mother land has adapted mainly; Indians face early demise, epidemic of obesity (clear reflection of the global scenario) unless global health policies to implement global contraception reversal is considered with urgency.

IV. Discussion

Body mass index >25kg/m2 is considered overweight, >30kg/m2 is considered obese, >40kg/m2 is considered over obese [1] prevalence of obesity has increased for the past 20 years; there has been little success in describing genetic disposition to general obesity using genetic probes to scan the human genome for loci; leptin an adipose tissue derived hormone was originally thought to be the homeostatic factor for maintaining body weight; changes in mortality are difficult to analyze in association with obesity; an association of obesity is seen with increased incidence of cancers of colorectal region, gallbladder, biliary tract, prostate, endometrial tissue, and cervix; increased incidence of type 2 diabetes mellitus, systemic hypertension, dyslipidemias, coronary artery disease, obstructive sleep apnea are also seen with obesity; 14%increased cancer deaths are observed in men with obesity, 20%increase in cancer deaths in women with obesity is observed; obesity cannot be treated in isolation; prevalence of obesity in American adult population with body mass index of >30kg/m2 has increased from 14.5% (1976-1980) to 33.9%(between 2007-2008); 68% of adults in united states are over weight i.e. body mass index of >25kg\m2; over obesity affects 5-7% of people; increased obesity is seen in blacks, poor [2] and Hispanics; increased prevalence of obesity in children is a global concern.

Bodyweight is regulated by complex interplay of neurohumoral factors; major regulator of this adaptive between energy intake, energy expenditure is adipocyte derived hormone leptin which acts through brain circuits predominantly in the hypothalamus to influence appetite, energy expenditure and neuroendocrine functions (including ovarian cyclical function, endogenous oestrogen);

Appetite is influenced by neural afferents like vagal inputs, hormones like insulin, cortisol, gut peptides like ghrelin expression, release of hypothalamic peptides e.g. neuropeptide gamma, agouti related peptide, melanin stimulating hormone.

Daily energy expenditure is by adaptive thermo genesis i.e. 70% (significant component of energy consumption is fixed) is used for basal metabolic rate, 5-10% for physical activity;

Exquisite regulation of energy balance cannot be monitored easily by calorie counting in relation to physical activity.

Adipose tissue is composed of the lipid storing adipose cell, stromal vascular compartment in which pre adipocyte, macrophages reside; adipose mass increases by enlargement of adipose cells through lipid deposition, increase in number of adipocyte; obese adipocyte has increased number of infiltrating macrophages; adipose cells are derived from mesenchymal preadipocytes through orchestrated series of differentiation, steps mediated by cascade of specific transcription factors e.g. peroxisome proliferators activated receptor gamma.

Adipocyte is an endocrine cell that releases numerous molecules in a regulated fashion-energy balance regulating hormone leptin, cytokines e.g. tumour necrosis factor alpha, interleukin 6, complement factors as factor D (adipsin), prothrombotic agents such as plasminogen activator inhibitor 1, angiotensinogen; adiponectin decreases in obesity, resistin and RBP4 are increased in obesity; although molecular pathways regulating energy balance are beginning to be illuminated, the cause of obesity (what leads to the derangement of these marvellous molecular pathways)remains elusive;

Heritability of bodyweight is similar to height; prevalence of obesity in the United States of America is far too rapid to be due to changes in the gene pool; environmental factors play a role; in industrial society poor women are obese, in underdeveloped countries rich women are obese; 80% of patients with diabetes mellitus are obese, not all obese have diabetes mellitus.

Obesity hypoventilation syndromes [3] with a body mass index of >30kg/m2, sleep disordered breathing, chronic day time hypoventilation producing hypercapnia of >45mmhg, hypoxemia of<70mmhg is suggested to be estimated in more than 5 lakh individuals in United States of America; global obesity epidemic persists.

The concept is contraception, abortion results in smashed fragmentation of germ cells with consequent reduction of endogenous oestrogen: androgen leading to defaulted genomic repertoire, deranged cell metabolism and obesity as part of metabolic syndrome; germ cells: slender chromatids by union(fertilization) stem to life, by orchestrisation of cell cycle with their organelles, to form organs, systems its marvel physiology being governed by endogenous oestrogen[4] androgen surveillance; this wonderful fertility is targeted by contraception (believed to be harmless without evidence)rendering smashed fragmentation of germ cells [5] with resultant decreased hormonal surveillance for cell cycle, cell metabolism, leading to disharmony, degeneration, deregulation, derangement of cell, organelle, neurohumoral transmitters, mediators, cytokines, peptides, interleukins` functions resulting in varied pathologies including unexplained Obesity. How will the unaware, microscopic germ cell destruction not but produce these afore mentioned pathologies?!; decades of globally increased prevalence of diseases with millions of deceased young lives illuminate this possibility; should reluctance to admit still these facts, perpetuate our failure in effective therapy in spite of advanced technologies unlike earlier century the era before contraception; because once the aetiology is addressed our therapy can be made effective by cell`s optimum function to heal-genomic repertoire but not after contraception with cell`s early degeneration.[we can only suture, healing is God ordained in the cells;] people using contraception equate to withered trees(with artificial iatrogenic acquired destruction of germ cells and consequent reduced endogenous hormones) and cannot heal optimally till we reverse contraception, to restore autologous germ cells function with endogenous oestrogen: androgen to revive optimum somatic cell, tissue functions to enhance recovery from diseases including obesity]

Retrospective analysis showed 275% increase in diseases (supplementary figure) including degenerative, neoplastic, autoimmune aetiologies among contraception users; 500% increase in prevalence of diseases after hysterectomy: orchidectomy as a result of germ cell destruction with resultant reduced endogenous oestrogen mediated by endorphins to the hypothalamic pituitary axis, leading to defaulted genomic repertoire and deranged cell metabolism.

Recommendation of cholesterol deprived diet (consumption of refined oil, bleached oil, sunflower oil with 6 times less vitamin E than groundnut oil) resulted in decreased availability of essential fatty acids, transferred from nuts, seeds harbouring baby plants, which are the moieties required for the synthesis of steroid hormones, [6] with resultant decreased endogenous oestrogen, androgen and increased degenerative diseases including obesity without secondary sexual dimorphism.

Concept is cholesterol was dammed from being converted to endogenous oestrogen, androgen due to contraception, absence of placenta of the foetus (capable of producing 4200pg of oestrogen during pregnancy); cholesterol was not the culprit but contraception with decreased hormones; further deprivation of essential cholesterol compounded problems.

Tight pelvic attires (e.g. jeans, tights, barrel, boot model, pencil cut) due to increased heat around the pelvic region similar to undescended testis effect (loss of cooling effect of dartos muscle, pelvic plexus of veins on the extremely fragile germ cells-slender chromatids, 1\2 cell performing alone) results in loss of viability of germ cells with decreased hormones, resultant obesity without secondary sexual dimorphism; viability of germ cells is lost with 100% carcinogenesis and degenerative diseases also increase with absolute significance.

As a cause and effect phenomenon reversal of contraception including tubal recanalisation resulted in obesity slimming remarkably with restoration of secondary sexual dimorphism; over obesity with hypoventilation syndromes also can revert if surgeons can comprehend this, frame protocols, to revert contraception, reserve hysterectomy (associated with 500% increased prevalence of diseases) for cancer uterus, postpartum haemorrhage; to replace hysterectomy with myomectomy, pelvic floor repair coupled with tubal recanalisation; hysterectomy, orchidectomy are paths of no return (unlike contraception which can be reverted)with higher reduction of endogenous hormones,[0.4pg] associated with 500% increased diseases.

V. Conclusion

Contraception of any form with decreased endogenous hormones, iatrogenic destruction of germ cells results in 6 fold increase in obesity, [both life partners are affected] with a p value of <0.0005.

Contraception users, coupled with cholesterol deprived diet manifest 30 fold increase in morbid over obesity without secondary sexual dimorphism with a p value of <0.0005 since cholesterol is the basic moiety for steroid hormone synthesis including endogenous oestrogen: androgen.

Cholesterol deprived diet from childhood, due to decreased reproductive hormone synthesis results in obesity in children, adolescents.

Tight pelvic attires due to thermogenic destruction of extremely fragile germ cells, reduced hormones, lead to obesity including childhood.

Contraception reversal as a causal-effect phenomena slims obesity, reverts other diseases by restoring germ cells survival as autologous germ cells replant, endogenous hormones by-79.9% in addition to essential cholesterol, fatty acids rich diet.

Normal diet consumption, non contraception users did not exhibit obesity or increased diseases as in the era before contraception.

Key Points:

• Contraception increases obesity incidence 6 fold with a p value of <0.0005

• Contraception coupled with cholesterol deprived diet results in increase in over obesity 30 fold with a p value of <0.0005

• Cholesterol deprived diet, tight pelvic attires, result in childhood obesity.

• Reversal of contraception, slims obesity with added low density lipoprotein rich, essential fatty acids rich diet

Conflicts of Interests: None Declared

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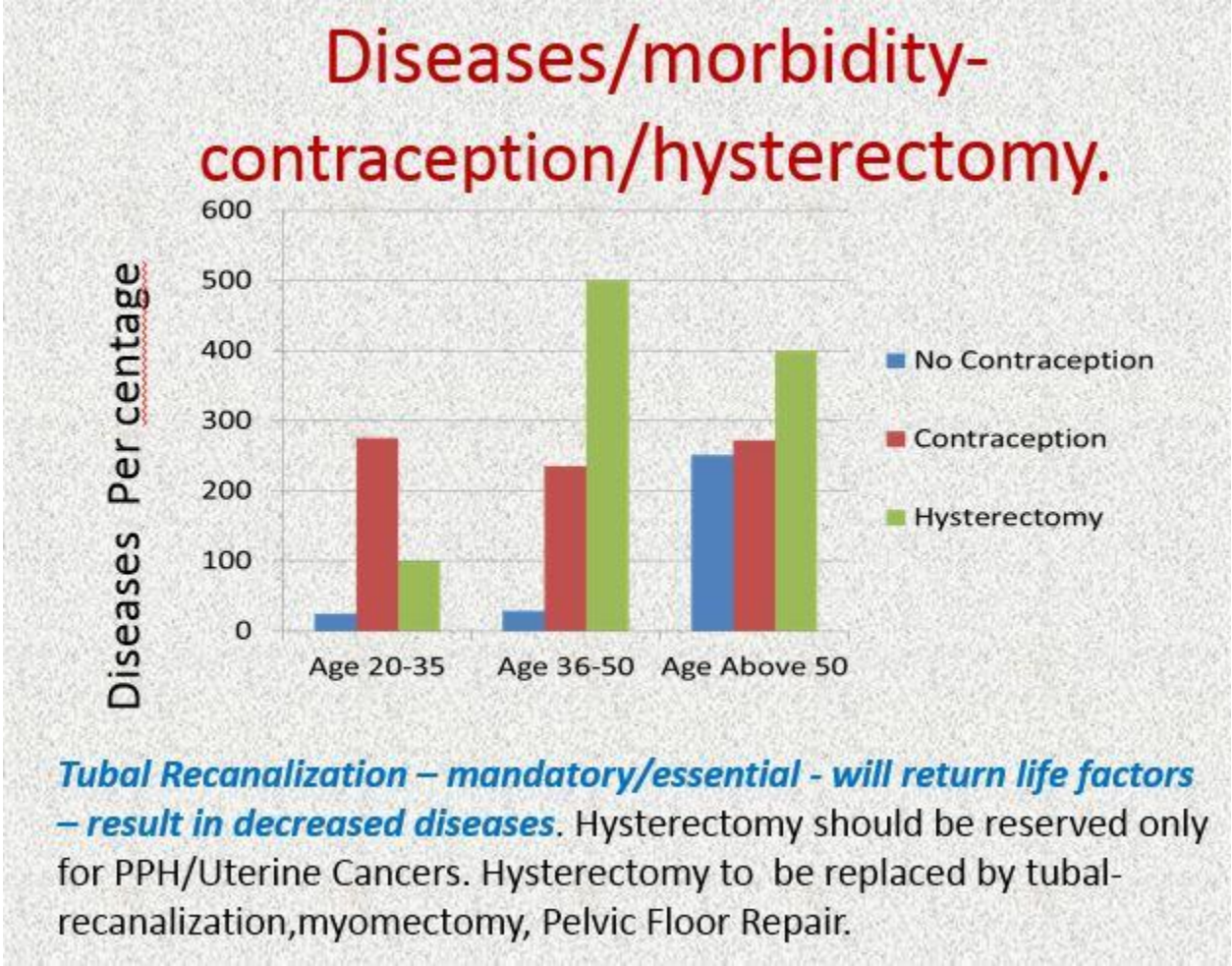


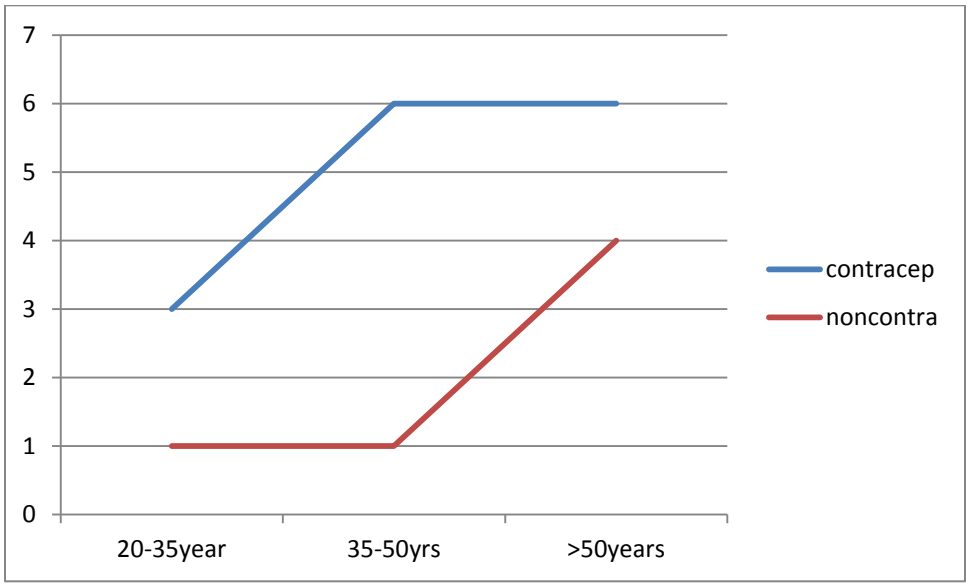
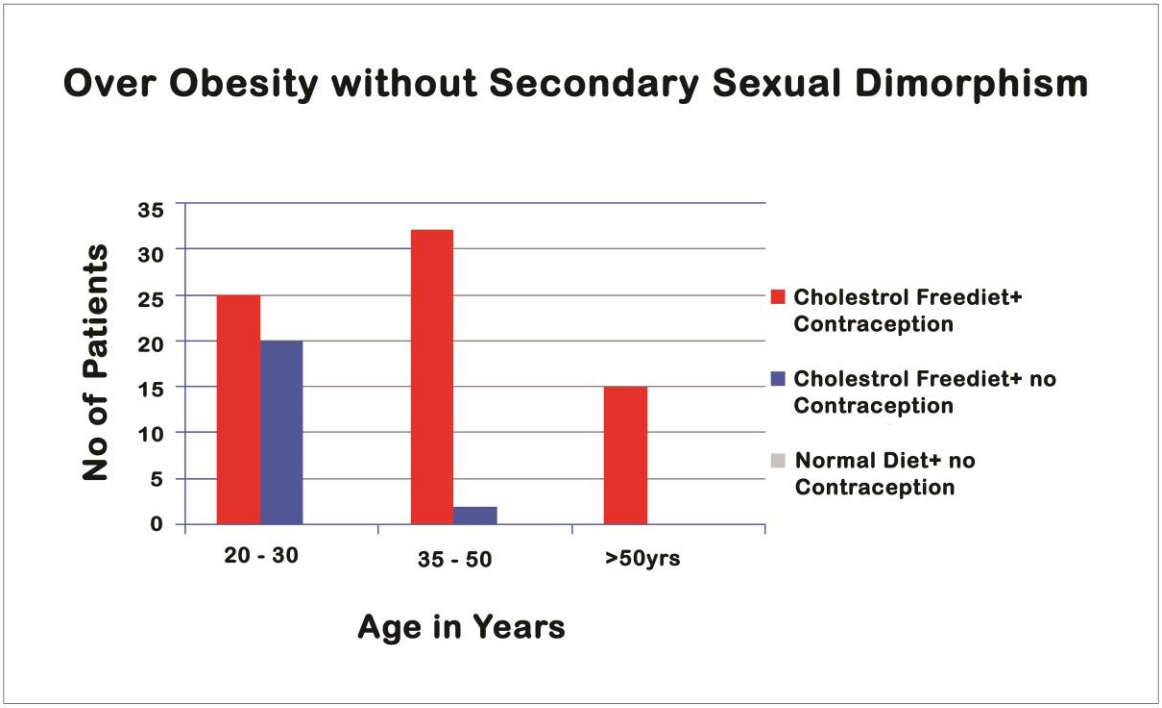
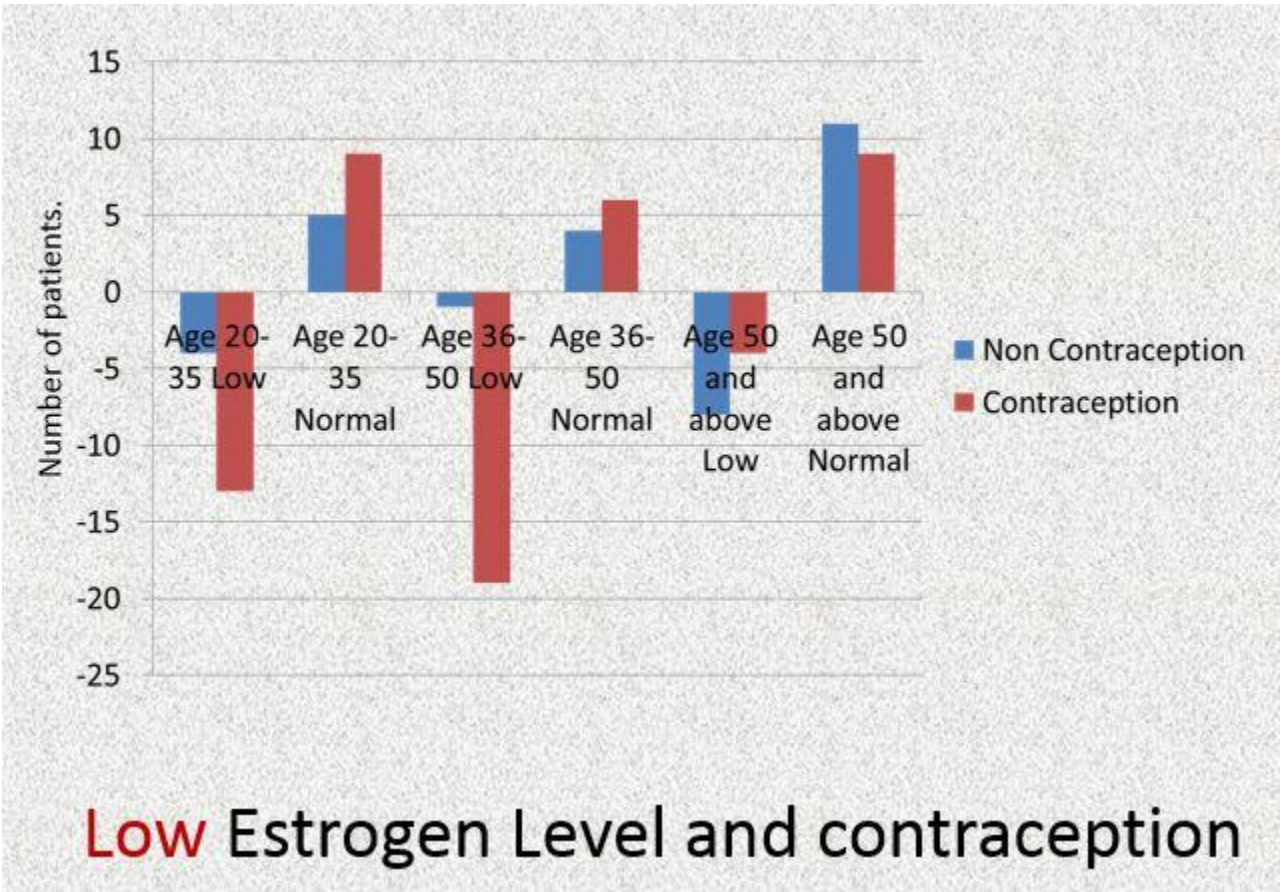


Figure 1 Prevalence of obesity, contraception


Over Obesity without Secondary Sexual Dimorphism
No of Patients
35
30
25
20
15
10
5
0
20 - 30
35 - 50
>50yrs
Age in Years
Cholestrol Freediet+ Contraception
Cholestrol Freediet+ no Contraception
Normal Diet+ no Contraception


Number of patients.
15
10
5
0
-5
-10
-15
-20
-25
Age 20-35 Low
Age 20-35 Normal
Age 36-50 Low
Age 36-50 Normal
Age 50 and above Low
Age 50 and above Normal
Non Contraception
Contraception
Low Estrogen Level and contraception