

# Cancer and Germ Cells

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## Abstract

**Background:** Era of contraception, abortions, [20th, 21st centuries] implemented as family welfare schemes witnessed, increased global incidence of cancer, tumors, neoplasm and mortality. **Objectives:** Altruistic association of contraception [if any], with increasing cancer, tumor was sought after. **Methods:** In 2012, retrospective analysis of, prevalence of cancer, tumor 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 2002-2012 and its association with presence, absence of contraception, abortion was undertaken; simultaneously, serum estrogen levels obtained from 105 patients, were also analyzed. From 1983-2012 clinical practice, 212 patients treated for different types of neoplasm namely breast cancer, prostate cancer, cancer cervix and benign prostatic hyperplasia were randomly allotted to the above 3 age groups and the data were analyzed for association with contraception status and possible significance. **Results:** 6 fold increase in cancer incidence was seen in contraceptive users among >50 years with a p value of <0.0005. Contraception was associated with 4 - 7 fold increase in tumor prevalence among >35 - >50 years with a p value of <0.0005. Endogenous estrogen had decreased to ~5-8 pg in 61% of contraceptive users with a p value of <0.0005; after hysterectomy endogenous estrogen values up to ~0.4 pg were seen. Cholesterol deprived diet, due to decreased synthesis of endogenous estrogen:androgen also was associated with 50% increase in tumor, cancer in youth without contraception. Estrogen receptors were positive in well differentiated cancers of breast, associated with reduced levels of endogenous estrogen among contraceptive users, suggesting estrogen receptor positivity could be a compensatory phenomenon; anaplastic tumors did not exhibit estrogen receptor positivity. 10 - 20 fold increase in breast cancer was seen among 20 - >50 years, in contraceptive users with a p value of <0.0005; 20 - 30 fold increase in prostate cancer was seen among 35 - >50 years, in contraceptive users with a p value of <0.0005; cancer of the cervix had increased 20 - 40 fold, among 20 - 70 years, in contraceptive users with a p value of <0.0005. **Conclusion:** Concept is acquired contraception preventing traversal of normal path by germ cells with resultant smashed destruction of germ cells, consequent reduced endogenous estrogen:androgen surveillance, leading to agonizing faults of cellular genomic repertoire, uncontrolled multiplication

preceded by no differentiation of cell cycle, metabolism, resulting in soaringly high incidence of cancers including breast, prostate and uterine cervix in both life partners. Increased estrogen receptors:androgen receptors in breast, prostate well differentiated cancers respectively are, probably a compensatory rise, secondary to the sudden artificially acquired contraception resulting in significant reduction of endogenous germ cell hormones in contraceptive users. Contraception reversal with chemotherapy, radiation therapy, surgery achieves arrest of progression of cancer, reduces incidence, prevalence of neoplasm, as a cause-effect phenomenon and not castration or anti estrogen:antiandrogens which will perpetuate, promote neoplastic diseases by decreasing endogenous estrogen:androgen.

## Keywords

**Smashed Fragmentation of Germ Cells, Reduced Endogenous Estrogen, Germ Cell Replant Effect, Defaulted Genomic Repertoire, Metabolic Syndrome, Two Subsets of People with, without Contraception**

## 1. Introduction

Era after Contraception [20th, 21st centuries] steadily, stealthily implemented including family welfare schemes, witnessed alarming increase in incidence of diseases, including malignancies at young age.

Contraception [presumed to be harmless, without evidence for therapeutic indication or safety, practice based on guillotine protocol] was permitted by life sciences, as against the principles and practice of medicine *i.e.* contraception is not a therapeutic intervention for any disease but is performed, practiced on normal healthy bodies, to prevent child birth, [normal, marvel physiology] for many reasons, philosophies {our physiology is God ordained in the cells and will not behave in accordance to our philosophies}, with no follow up studies, either prior to, or after implementation of contraception including permanent method of sterilization, tubectomy: vasectomy for parents [(spelling small family norms) Indian culture prohibits premarital sex as abomination].

Transition from robust health during the fertile reproductive young age to varied ailments [e.g. osteoporosis, obesity] was felt obviously by the people and reported (but ignored by the medical personnel since the surgery tubectomy, vasectomy or insertion of copper-T or usage of condoms and other modalities of contraception were mostly uneventful [for the procedures] to the naked eyes, but we'd overlooked the probable metabolic, cellular side effects), since permanent methods of sterilization's effect is constantly, cumulatively present in the somatic cells.

Altruistically, scientifically, if any correlation existed between contraception and alarming change in scenario of increasing diseases including neoplasm, observed since ~1995 was sought for, in this analysis.

## 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, >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 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 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 - 8 pg] 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 including cancer, 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 anemia 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, by plotting histogram for the 3 age groups and cumulative graphs for each disease.

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 bio informatics analysis as his project.

Data of 212 patients from clinical practice of 1989-2012 detected to have varied neoplasm including breast cancer, prostate cancer, cancer of uterine cervix and benign prostatic hyperplasia was analyzed for significant association with contraception status.

### 3. Results

6 fold increase in cancer incidence was seen in contraceptive users among >50 years with a p value of <0.0005; contraception was associated with 2 fold increase in cancer among 20-35 years with a p value of <0.025, and 4 fold increase in cancer among 35-50 years with a p value of <0.0005 **Figure 1**.

Contraception was associated with 2 fold increased prevalence of tumor among 20-35 years with a p value of <0.025, 4 fold increase in tumor prevalence among >35 years with a p value of <0.0005, 7 fold increase in tumor prevalence among >50 years was noticed with a p value of <0.0005 **Figure 2**.

10-20 fold increase in breast cancer was seen among 20->50 years age group, in contraceptive users with a p value of <0.0005; 20-30 fold increase in prostate cancer was seen among >35- >70 years in contraceptive users with a p value of <0.0005; 20-40 fold increase in uterine cervix cancer was seen among 20-70 years age group in contraceptive users with a p value of <0.0005 **Figure 3**.

32 fold increase in benign prostatic hyperplasia was seen among >70 years: **Figure 3**, in non contraception subset of population; most of the patients above 70 years belonged to non contraception group, probably contraceptive users had seen their demise **Figure 4** prior and these geriatrics were born before the era of contraception, so their bodies with unhampered physiology, escaped the damage due to contraception.

The cumulative distribution of mortality seen in **Figure 4** depicts contraception status was associated with 3 fold increase in mortality among 20 - 35 years with a p value of 0.001; 4 fold increase in mortality was associated with contraception users among 35 - 50 years with a p value of <0.0005; 5 fold increase in mortality was associated with contraception status among >50 years with a p value of <0.0005.

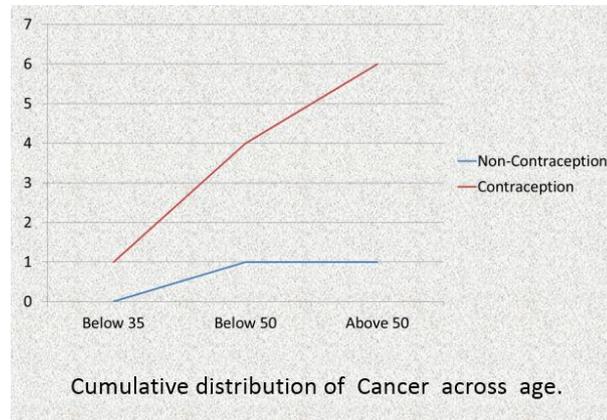
61% of contraceptive users had low levels of endogenous estrogen (~5 - 8 pg) with a p value of <0.0005 and 25% of contraceptive users had low normal estrogen, corresponding to their age **Figure 5**.

*Estrogen receptors, were positive in well differentiated cancers of breast, among contraception group, wherein endogenous estrogen levels were significantly reduced than normal, suggesting a probable compensatory increase in estrogen receptor expression at the cells in a desperate attempt to avidly bind the available, suddenly reduced endogenous estrogen—Figure 5* (as against normal physiology) whose surveillance is mandatory for normal growth of breast during the robust fertile, reproductive age group, whereas exogenous, enforced sterility with sudden artificial destruction of germ cells, reduced hormones sets the agonizing faults of cells, organelles, cytokines ,genomic repertoire , to result in diseases including cancers.

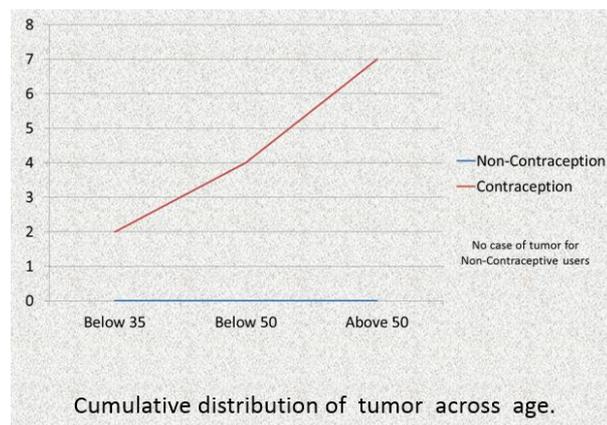
Poorly differentiated tumors with poor prognosis (high grade anaplasia could not express estrogen receptors) were not positive for estrogen receptors; castration, anti androgen: anti estrogen drugs including tamoxifen were of no avail in curing cancers, rather early mortality was the stay.

*Endogenous androgen: estrogen is essential for normal growth, differentiation and proliferation of cells and will protect from abnormal growth: cancer; anti estrogen therapy, anti androgen therapy, castration, contraception promotes, perpetuates cancer.*

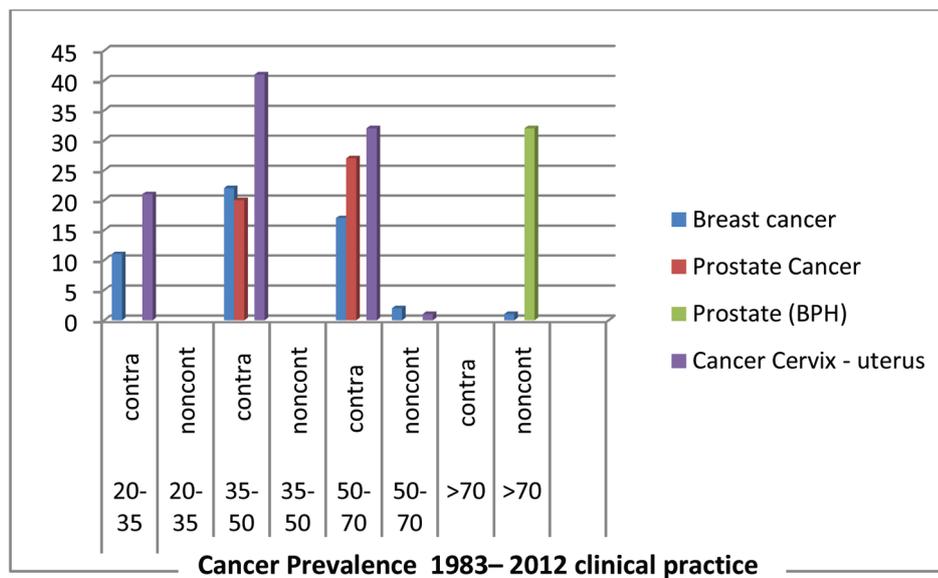
*Exogenous estrogen, hormone replacement therapy, will suppress the endogenous estrogen producing the*



**Figure 1.** Cumulative distribution of cancer.

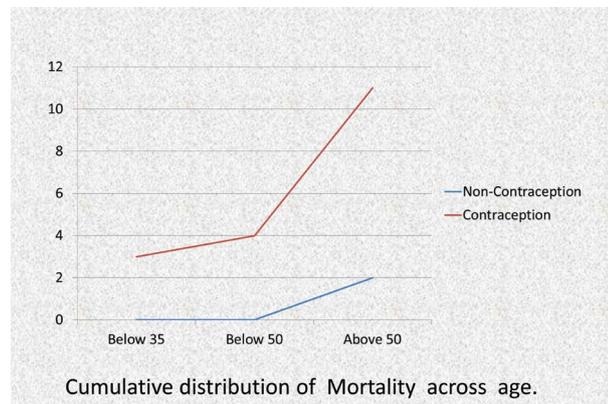


**Figure 2.** Cumulative distribution of tumor.

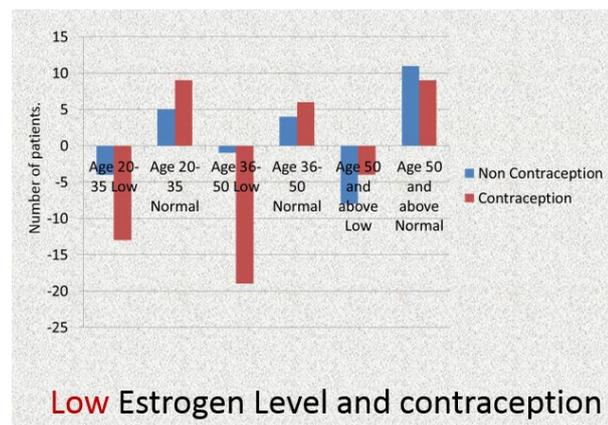


**Figure 3.** Cancer prevalence 1983-2012 clinical practice.

same effects of contraception, to increase cancer incidence; it's the endogenous estrogen associated with robust germ cells, zygote (from which every cell has stemmed) safe guards the cell cycle and protects from diseases in-



**Figure 4.** Reduced endogenous estrogen.



**Figure 5.** Low estrogen levels and contraception.

cluding cancers.

2 fold rise in breast cancer was seen in non contraception subset of people[unmarried] among 50- > 70 years age group, who were on cholesterol deprived diet (on sunflower oil, refined, bleached oil ingestion) for the past 3 - 4 decades; because it's the essential fatty acids, cholesterol, derived from vegetable oil, originating from nuts, seeds (containing seedling, with growth factors to support life) is utilized to produce our endogenous estrogen: androgen, which cannot be synthesized in cholesterol deprived diet.

Cholesterol deprived diet was associated with 8 fold increase in tumors including fibro adenoma breast, myoma uterus, benign ovarian tumor among 20 - 35 years with a p value of <0.0005; 10 fold increase in benign tumors among 35 - 50 years age group with a p value of <0.0005 was seen with cholesterol deprived diet. Cancer uterus also was seen in a patient of 20 - 35 years age group with cholesterol deprivation **Figure 6**.

Tight attires around the hip region, pelvis (jeans, tights, barrel, boot cut, pencil cut models) due to increased heat (thermogenic destruction), lead to destruction of germ cells, reduced endogenous reproductive hormones and absolute increase in malignancies of testes, ovaries at young age.

Poly cystic ovarian disease is associated with hormonal imbalance, hence exogenous estrogen suppressing endogenous estrogen will compound diseases, rather essential cholesterol rich diet from which endogenous hormones can be synthesized along with omega 3 fatty acids, isoflavanoid supplementation to improve endogenous hormone synthesis addresses the problem.

Contraception reversal [tubal recanalisation] though recommended, [due to non existing awareness, policies,] could not be done for all; though contraception reversal was done for other medical causes in about ~25 patients wherein the diseases reverted (color figure-supplementary file).

>70 years non contraception subset of people, showed 30 fold increases in benign prostatic hyperplasia-universal phenomenon that occurs with disproportionate growth due to gradual physiological reduction of androgen levels and compensatory rise in androgen receptors.

## 4. Discussion

Cancer is a global concern [1] with worldwide 10 million new cases per year; 46% in developed countries, mortality as high as >7 million deaths per year global costs, social impact are considerable. Common solid organ neoplasm involve lung, breast, gastro intestinal tract; infections, tobacco, ethanol contribute towards identified etiology.

Cancer cells possess unique characteristics of unregulated proliferation, capacity to invade surrounding tissues, penetrate walls of blood vessels to spread to other sites; oncogenesis is a multistage process, often begins with a somatic mutation in a single cell with growth advantage, mediated by increased growth factor production coupled with failure of apoptosis.

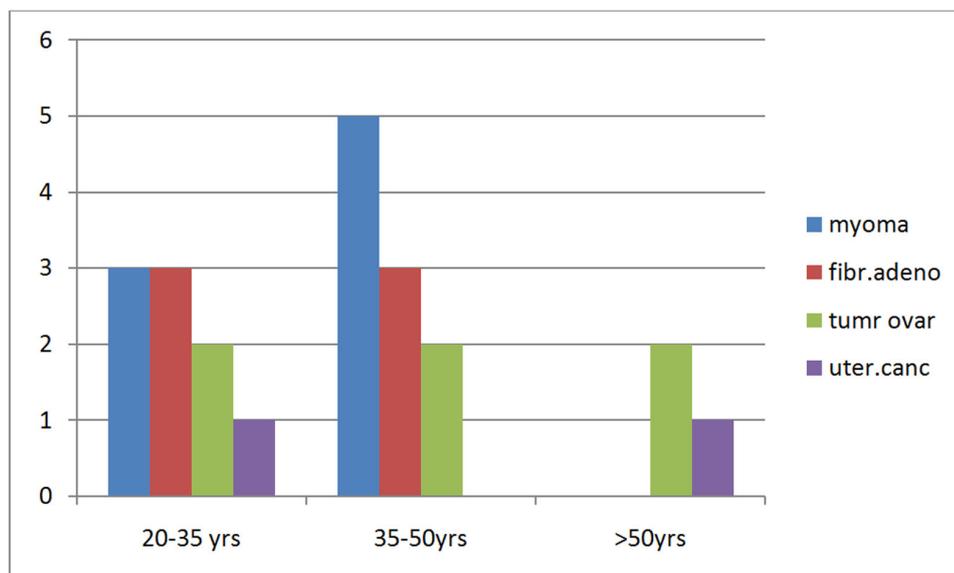
Cell cycle constitutes 2 functional phases of S and M, 2 preparatory phases of G1,G2; during S phase replication with doubling of chromosomes, producing sister chromatids occurs, during M phase nucleus divides, daughter cells separate during mitosis; G1,G2 phases precede S,M phases respectively synthesizing materials required for the next phase; cell cycle is regulated by 2 families of molecules namely cyclins, cyclin dependent kinases; multiple check points monitor, regulate the cell cycle progress including repair of defective Deoxy ribonucleic acids products.

3 genes that prevent cell cycle progression, protect from tumor formation-tumor suppressor genes namely p53, p21, p16; deregulation of any part of the cell cycle may be associated with increased susceptibility to cancer.

*Concept is zygote's (fertilized germ cell) identical genetic information is present in all the cells; cell's differentiation followed by controlled multiplication to form tissue,organs [2] is under the endogenous estrogen, androgen(germ cell's hormonal) surveillance; cells heal by genomic repertoire-embryo like fashion; when the endogenous estrogen, androgen decreases suddenly by artificially, wantonly acquired contraception (Figure 4),without any therapeutic indication, cell cycle follows no differentiation with uncontrolled multiplication leading to cancer.*

Cancer cells produce growth factors which drive their own proliferation by positive feedback loop e.g. tumor growth factor alpha, platelet derived growth factor are seen in increased levels; ligand independent signaling *i.e.* abnormal cell growth in the absence of growth factor stimulation is also observed.

*Increased estrogen receptors are seen in well differentiated breast cancers, increased androgen receptors in well differentiated prostate cancers are seen among contraceptive users, as a compensatory rise to avidly bind the inadvertently reduced, available endogenous estrogen, androgen associated with artificially acquired, agonizing contraception, enforced during the robust fertile reproductive age, resulting in unaware smashed destruction of germ cells, documented as a centric fragments, ring chromosomes, chromatid breaks [3] generating auto-immunity also.*



Cholesterol deprived diet and tumors 2005-2012 clinical practice.

**Figure 6.** Cholesterol deprived diet and neoplasm.

Low density lipoprotein receptors increase [4] when the cell membrane synthesis or steroid hormone synthesis incorporating more low density lipoprotein is required; when availability of low density lipoprotein is sufficient, then receptor expression decreases; similarly when sudden shocking reduction in endogenous estrogen-figure 4, androgen occurs with agonizing germ cell destruction, secondary to acquired contraception, during robust fertile period, unlike normal physiology, wherein there is a slow decrease in estrogen, androgen by 80 years to ~5pg; to bind avidly the decreased estrogen, androgen, estrogen receptors, androgen receptors increase as compensatory phenomenon; with deregulation of cell cycle, genomic repertoire favoring increased susceptibility to cancer.

Hence castration, anti androgen [5] antiestrogen therapy perpetuate neoplasm of breast, prostate than cure, as a cause and effective phenomenon, whereas contraception reversal, (tubal recanalisation, removal of copper-t, inhibition of condoms) with specific chemotherapy, surgery, radiation therapy enables, increase in survival.

Increased length of breast feeding lowers the risk, nulliparity increases the risk of breast cancer; ~180,000 cases of invasive breast cancer, 40,000 deaths occurred in United States in 2010; common cause of cancer in females; human breast cancer is a clonal disease, by a product of series of acquired somatic mutations or germ line mutations; millions of women consume oral contraceptive pills, *hormone replacement therapy doubles the risk of breast cancer; [endogenous estrogen gets suppressed akin to contraception] women who have never had estrogen [6] replacement therapy do not develop breast cancer.*

Prostate cancer is common in northern Europe and United States of America more in black population, rare in China, Japan; in United Kingdom this is the 2nd most common malignancy; mean age of incidence is 50-70 years, it occurs within the peripheral zone of prostate, almost all are [7] carcinomas.

Benign, malignant changes of prostate increase with age; autopsies at 8th decade of life have detected benign prostatic hyperplasia in 90%; malignant changes were seen in 70% of individuals; prostate epithelial cells, stromal cells express androgen receptors and depend *on androgens for their normal growth*; testosterone is converted [8] by 5 $\alpha$  reductase enzyme to dihydrotestosterone in the gland, prostatic secretions liquefy seminal coagulum;

Prostate specific antigen is produced by epithelial cells and is prostate specific and not prostate cancer specific; *hormonal therapy does not offer improvement on prostate specific antigen relapse*; by >55 years when androgens decrease physiologically, periurethral-transition zone growth occurs (non uniform).

Prostate weighs few grams at birth; at puberty it undergoes androgen mediated normal uniform growth and reaches 20 gm at 20 years; >50 years 2<sup>nd</sup> growth [9] commences-in the periurethral region unequal in the presence of decreased androgens.

Cancer of uterine cervix ranges about 500,000/year with 240,000 deaths per year; this is more common after multiple sexual partners [10] requiring contraception; vaccines for human papilloma virus can result in pre mature ovarian failure [11] sexual relationship after holy matrimony followed by blessed child birth, to build families, universe, will avoid cervix cancers and not vaccines.

It's the innocent aborted blood, contraceptive menstrual blood—environmental pollutant documented by rise in environmental estrogen [12] [13] favors emergence of varieties of new virulent microbes including human papilloma virus and cervical cancers. Halt of contraception, abortions with contraception reversal will reduce incidence, prevalence, mortality of cancers a global concern.

Artificially acquired contraception with agonizing germ cells destruction, (affecting both partners) suddenly reduced androgens at young age, leads to compensatory rise in androgen receptors, deregulated cell cycle and prostatic cancers ~50 years

## 5. Conclusions

Contraception of any form (implemented without therapeutic indication, as guillotine protocol based, without evidence for need or safety, non physiological) results in smashed fragmentation of germ cell to a centric fragments, ring chromosomes, chromatid breaks, generating auto immunity, significant reduction of endogenous, reproductive hormones, without which genomic repertoire: embryo like healing process defaults leading to 275% increased incidence of diseases, including cancers.

Cell cycle with differentiation, followed by controlled multiplication, requires endogenous estrogen, androgen surveillance, without which cell cycle is deregulated, by no differentiation with uncontrolled multiplication of cells resulting in malignant potential; more of degeneration, apoptosis, less of regeneration, genomic repertoire

or cell repair, results in degenerative diseases; fragmented germ cells by contraception (non physiological) recognized by the immune process as foreign, since every cell has identical genetic information of zygote, germ cells, auto immune multisystem or organ specific diseases occur.

6 fold increase in cancers were seen in contraceptive group with a p value of <0.0005; breast cancer depicted 10 - 20 fold increase among 20- > 50 years in contraceptive users with a p value of <0.0005; prostate cancer exhibited 20 - 30 fold increase among 35 - 50 years in contraceptive users with a p value of <0.0005; cancer cervix showed 20 - 40 fold increase among 20 - 70 years in contraceptive users with a p value of <0.0005.

32 fold incidence of benign prostatic hyperplasia was seen among >70 years in non contraception subset of population, associated with physiological gradual decrease in androgen and compensatory rise in androgen receptors.

*Estrogen receptor increase* seen in well differentiated breast cancers, androgen receptor *increase* seen in prostate cancers, *is an attempted, compensatory rise, to avidly bind the suddenly, significantly, agonizingly reduced levels of endogenous estrogen, androgen secondary to the artificially, wantonly, enforced exogenous, guillotine protocol based, non physiological contraception, with associated smashed fragmentation of germ cells; endogenous estrogen, androgen promote normal growth, mediated through receptors and they prevent, protect from abnormal growth; hence castration, anti estrogen, anti androgen therapies are not effective but rather can promote, perpetuate cancers; but contraception reversal with specific chemo, radiation therapy, surgery will enable effective therapy as a cause and effective phenomenon.*

2 fold increase in breast cancer was seen among >70 years, in non contraception subset, who were on *cholesterol deprived diet* for >3 - 4 decades; since cholesterol is essential for endogenous estrogen, androgen synthesis, reduced endogenous hormone synthesis with its genomic repertoire derangement increases the susceptibility to cancer. Cholesterol deprived diet was associated with 8 - 10 fold increase in tumors of breast, ovary, and uterus among 20 - 50 years age group with a p value of <0.0005.

3-5 fold agonizing increase in mortality was seen among contraception users from 20 - >50 years with a p value of 0.001 - 0.0005.

*Tight attires* (jeans, tights, bells, barrel, boot model pencil cut) around pelvis by increasing the heat, thermogenic loss of viability of germ cells, with metaplastic, dysplastic, anaplastic changes results in *absolute increase intesticular, ovarian neoplasm.*

Consumption of shell fish, fish without scales, gills' [brackish water fish-crabs, prawns, jelly fish, sharks] results in 5 fold increase in pancreatic cancers at young age with a p value of <0.0005; hap ten toxins mediated auto immunity result in nephritis, transverse myelopathies, radiculopathies, angio neurotic edema, urticaria, demyelination, myoclonus, gastro enteritis also.

Uterine cervix cancers increase with multiple sexual partners, (requiring condoms, contraception use) and the vaccine for human papilloma virus—gardasil use has been reported to be associated with premature ovarian failure; innocent aborted blood, contraceptive menstrual blood polluted environment evidenced by rise in environmental estrogen, has favored the emergence of new virulent microbes, including human papilloma virus, resulting in 40 fold rise in cervix cancers; holy matrimony with blessed child birth [marvel physiology] thereafter, has to replace pre marital sexual relationship, with halt of contraception, abortions, contraception reversal, then vaccines are not required leading to premature ovarian failure; cancer 'incidence, mortality, prevalence also will decrease, as a cause and effect phenomenon.

Similarly poly cystic ovarian disorder is secondary to hormonal insufficiency, wherein *exogenous estrogen administration will further suppress the endogenous estrogen producing contraceptive effect, increasing diseases; rather consumption of omega 3 fatty acids, isoflavanoid supplementation in addition to essential fatty acids rich diet used to synthesize androgen: estrogen will address to establish regular menstrual cycles by achieving maturation in the genital tract; oil is derived from nuts, seeds harboring seedlings with phytoestrogen, high, low density lipoproteins, growth factors essential to support life, being transferred to oil; oil has essential fatty acids; fat of the meat should be discarded that's harmful triglyceride-atherogenic lipoprotein, and fish without scales and gills should not be consumed for its triglycerides and toxins leading to pancreatic cancer and gastro intestinal tract neoplasm.*

## 6. Key Points

- Contraception results in 20 fold increase in breast cancer, 30 fold increase in prostate cancers, 40 fold increase in cervical cancers with a p value of <0.0005 in each.

- Cholesterol deprived diet had 2 fold increase in breast cancer with a p value of <0.025.
- Cholesterol deprived diet is associated with 8-10 fold increase in tumors of breast, ovary, uterus with a p value of <0.0005 among 20 - 50 years age group.
  - Consumption of shell fish, fish without scales and gills showed 5-fold increase in pancreatic, gastro intestinal neoplasm.
    - Acquired contraception, abortion status is associated with agonizing 3 - 5 fold increase in mortality among 20 - >50 years with a p value of <0.001 - <0.0005.
    - Tight attires around pelvis showed absolute increase in testicular, ovarian malignancies.
    - Contraception with associated acquired, artificially, fragmented germ cells, reduced endogenous estrogen, androgen surveillance leads to deregulated cell cycle and malignancy.
      - *Estrogen, androgen receptor increase is a compensatory rise, due to decreased endogenous hormones, secondary to acquired artificial contraception.*
      - *Castration, anti androgen, anti estrogen therapy promotes, perpetuates neoplasm.*
      - Tight attires, cholesterol deprived diet, *contraception including exogenous estrogen results in malignancy due to associated decreased endogenous hormonal status.*
      - Contraception reversal, with halt in contraception, abortions, as a cause, effective phenomenon, with specific therapies, increase survival, reduces incidence of malignancies.

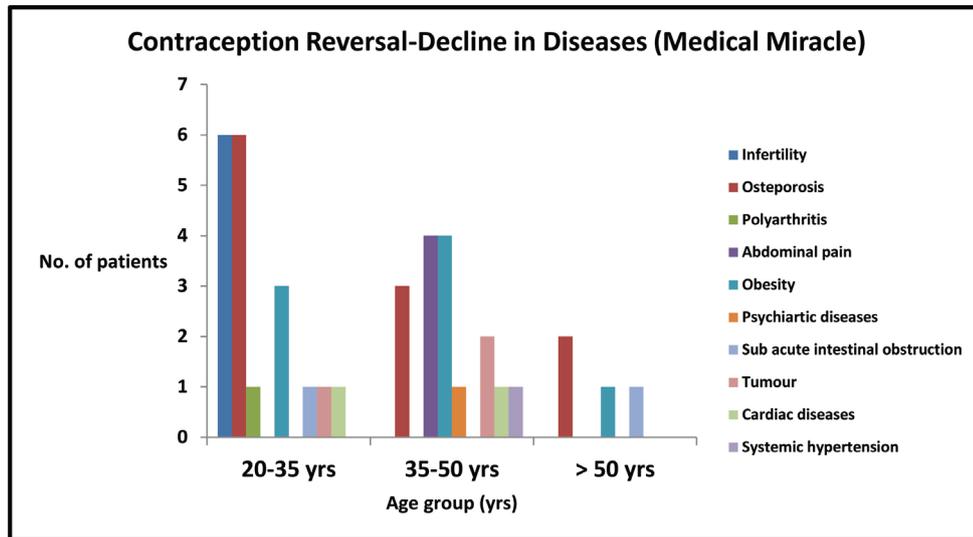
## Acknowledgements

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Supplementary File



Supplementary file: Contraception reversal—decline in diseases.

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