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Survival in Severe Sepsis and Non Fragmented Germ Cells. Virulent Infections in Children and Aborted Blood, Contraceptive Menstrual Blood Environmental Pollution. Proof of Concept Study-Retrospective Analysis

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Keywords: *survival in sepsis, fragmented germ cells, reduced endogenous androgen, estrogen surveillance.*

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Survival in Severe Sepsis and Non Fragmented Germ Cells. Virulent Infections in Children and Aborted Blood, Contraceptive Menstrual Blood Environmental Pollution. Proof of Concept Study-Retrospective Analysis

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Abstract- Background: Increased prevalence and mortality of sepsis has been noticed in 20th, 21st centuries after successful implementation of global contraception, abortion in spite of newer antibiotics availability, improved health care provision and advanced technologies, protocols, strategies and policies of management; hence an altruistic retrospective analysis was planned to elucidate association between contraception and prognosis in severe sepsis.

Methods: Retrospective analysis of data of 40 patients admitted to a tertiary care hospital, with severe sepsis, shock, multiorgan dysfunction, over a span of 60 days, to match against the contraception status was undertaken; they were divided into male, female, belonging to 20-35 years, 36-50 years, 51-70 years and >70years.

Estimation of endogenous androgen for 8 male partners of contraception users, randomly chosen from the community, divided into the three age groups, was also performed.

Retrospective analysis of data of children who presented with dengue fever, H1N1 infection, encephalitis, rheumatic fever with rheumatic heart disease correlating with contraception status of parents, dividing into <5years, 5-12 years and >12-18 years, was undertaken; these children received treatment over the past 4 years of clinical practice of the corresponding author; all the children's parents were contraception users with absolute significance.

Results: Contraception users with severe sepsis, showed 7 fold increase in mortality among 20-35 years [$p<0.0005$]; 11 fold increased mortality among 36-50years [$p<0.0005$] and 6 fold increase in mortality among 51-70years; whereas 12 fold survival in severe sepsis was seen in non contraception users among >70years also. [$p<0.0005$]

Endogenous plasma testosterone levels showed significant decrease in 66.6% of male partners of contraception users aged 20-35 years and 100% among contraception users of >36years to >50years.

Among children of contraception users, 5 fold increase in encephalitis was seen among <5years [$p<0.0005$], 7 fold increase in rheumatic fever [$p<0.0005$] and 11 fold increase in H1N1 [$p<0.0005$] were seen among 5-12 years; 18 fold increase in dengue [0.0005] was seen among 12-18 years.

Conclusion: Contraception, abortion with its aborted blood, contraceptive menstrual blood pollution favors flourishing growth, emergence, virulence of microbes specially within the house holds, families, towns, countries, globe wherein universal contraception is accepted and practiced; contraception with its smashed fragmentation of germ cells, reduced endogenous estrogen, androgen surveillance, leads to deranged cell metabolism, defaulted genomic repertoire-defaulted embryo like healing capacity of the cells and thereby increases the susceptibility, risk of the host [equal to withered tree] resulting in increased mortality, secondary to severe sepsis, unlike in non contraception users wherein life factors for cell metabolism-germ cells, their hormones are not wantonly, [unaware] destroyed.

Households, families observing small family norms, one child policy have higher aborted blood, menstrual blood pollution favoring microbial flourishing growths, hence the children of contraception users had significantly increased incidence of encephalitis, dengue, H1N1, rheumatic fever. [today Ebola virus]

Keywords: survival in sepsis, fragmented germ cells, reduced endogenous androgen, estrogen surveillance.

I. INTRODUCTION

Increased prevalence of Sepsis and mortality associated with sepsis was obviously increasing since mid 20th, 21st centuries in spite of advancement of research enabling better comprehension of etiopathogenesis, technology, living standards, availability of antimicrobials including inhibitors of extended spectrum of Beta lactamase of the pathogens and promotion of health care services. This reality was felt in all disciplines of medical, surgical practice more in the vulnerable infants, children and elderly also. When the million dollar question 'why' was

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asked, a faint line of comprehension dawned by a probable association with the stealthily implemented global contraception, abortion at the same time, believed to be without side effects as mentioned in the curriculum but without evidence for the same presumption, since the procedures as such were uneventful e.g. vasectomy, tubectomy. Cost of therapy was escalating though the success was less and failure of therapy was obviously high, unlike the era before contraception wherein simple ampicillin could eliminate *Escherichia coli* infection from the blood even in patients with liver disease, retrieving the person from hepatic coma.

Hence retrospective analysis of the prognosis in sepsis, correlating with status of contraception was planned.

II. METHODS

The data of 40 patients admitted, to a tertiary care hospital, over a period of 60 days, with severe sepsis, multi organ dysfunction, hypotension, associated co morbidities was analyzed retrospectively for the survival, mortality in sepsis and status of contraception; antibiotics used ranged from Piperacillin Tazobactam, Meropenem, Imipenem, Vancomycin, Polymyxin B, based on culture sensitivity reports.

Estimation of endogenous androgen for 8 male partners of contraception users, randomly chosen from the community, divided into the three age groups, was also performed.

Retrospective analysis of data of children who presented with dengue fever, H1N1 infection, encephalitis, rheumatic fever with rheumatic heart disease correlating with contraception status of parents, dividing into <5years, 5-12 years and >12-18 years, was undertaken; these children were seen over the past 4 years of clinical practice of the corresponding author; all the children's parents were contraception users with absolute significance.

III. RESULTS

Contraception users with sepsis showed 7 fold increase in mortality among 20-35 years [$p<0.0005$]; 11 fold increased mortality among 36-50years [$p<0.0005$] and 6 fold increase in mortality among 51-70years; *whereas 12 fold survival in severe sepsis was seen in non contraception users among >70years* [$p<0.0005$] *Figure 1*; *all the patients had severe sepsis with multi organ dysfunction, hypotension, renal failure; supportive ventilation was required in most of the patients.*

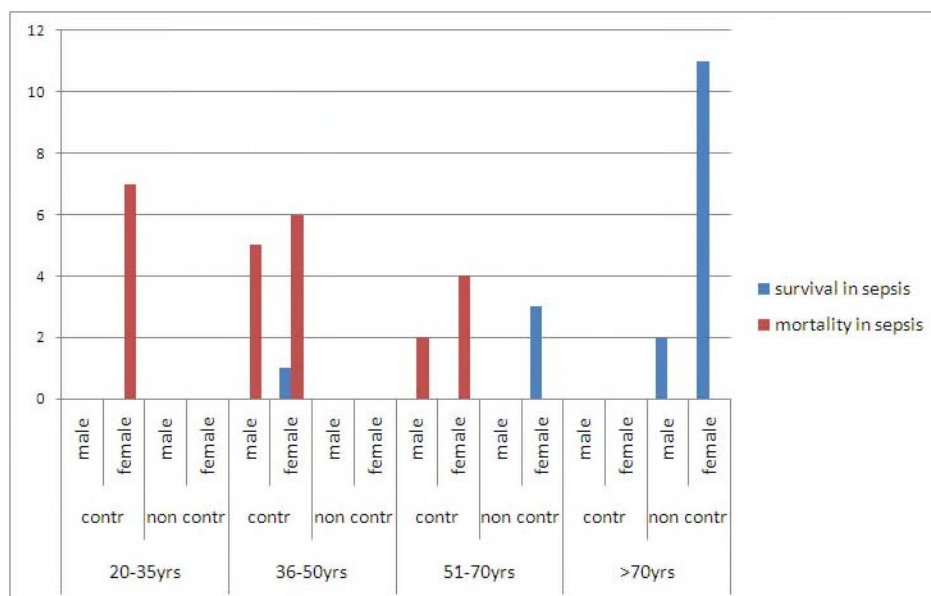


Figure 1 : Survival in sepsis among contraception, non contraception users

There was no difference in male, female of contraception users, non contraception users towards survival or mortality in sepsis; but contraception plays a significant role in increasing mortality [$p<0.0005$]; both partners of contraception are equally affected.

Non contraception users required simpler antibiotics like Ceftriaxone or Cefperazone+ sulbactam as per culture sensitivity, whereas contraception users required, for e.g. Meropenem, Polymyxin, Piperacillin

Tazobactam with increased resistance to many other antibiotics, as per the culture sensitivity; t2 diabetes mellitus, systemic hypertension, coronary artery disease, were present as co morbidities among contraception users, and non contraception users but the contraception users had these co morbidities at much younger age i.e. 20-35 years itself as compared to >50->70years of non contraception users[contraception users had succumbed to sepsis at <1/2 age of non

contraception users-it's a painful truth obviously seen, if only we recognize contraception as a variable].

Endogenous plasma testosterone levels showed significant decrease in 66.6% [$p < 0.0005$] of male partners of contraception users [e.g. wives had

undergone tubectomy, wearing Copper T, had undergone Medical termination of pregnancy..] aged 20-35 years and 100% showed significant decrease among male contraception users aged >36 years to >50 years [$p < 0.0005$] Figure 2.

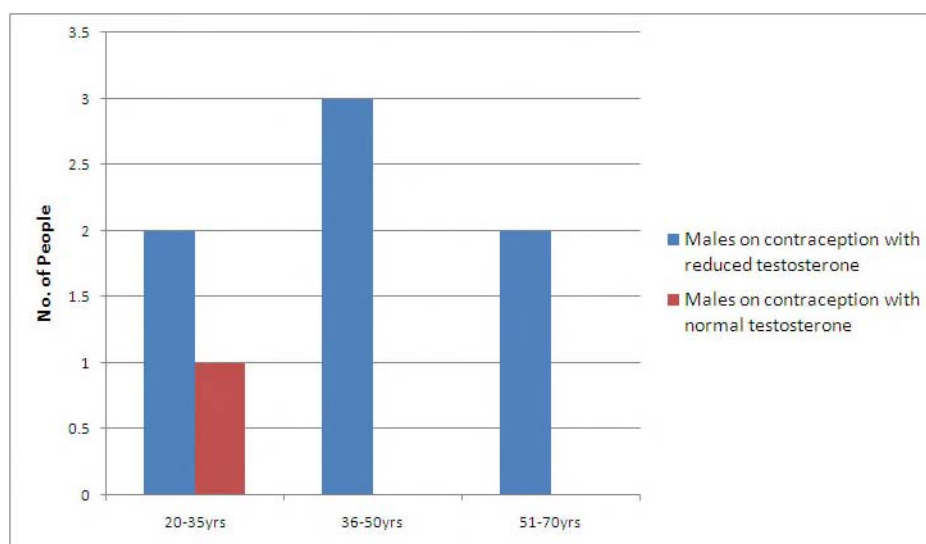


Figure 2 : Prevalence of reduced testosterone in male partners, on contraception

5 fold increase in encephalitis was seen among <5 years [$p < 0.0005$], 7 fold increase in rheumatic fever [$p < 0.0005$] and 11 fold increase in H1N1 [$p < 0.0005$] were seen among 5-12 years; 18 fold increase in dengue [0.0005] was seen among 12-18 years children

born to contraception users with few siblings and 200 months more of menstrual blood pollution within the household. All the children's parents were contraception users with absolute significance. Figure 3

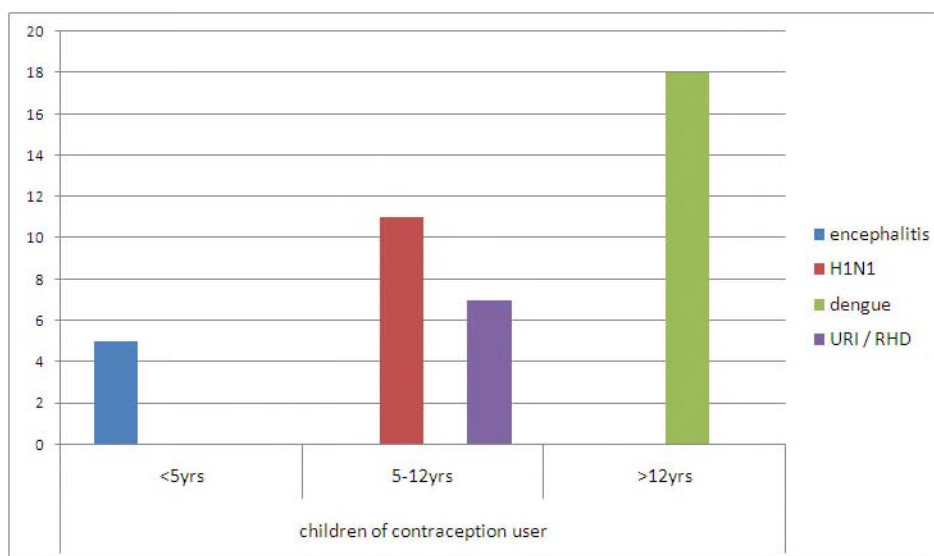


Figure 3 : Increased prevalence of serious infections in children of contraception users

IV. DISCUSSION

Animals mount local and systemic response to microbes that traverse their epithelial barriers and enter underlying tissues. Fever or hypothermia, leukocytosis or leucopenia, tachycardia, tachypnoea are cardinal signs of the systemic responses to microbes i.e.

systemic inflammatory response syndrome. SIRS may have infectious, non infectious etiology; if infection is suspected or proven a patient with SIRS is said to have sepsis; when sepsis is associated with dysfunction of organs distant from the site of infection, the patient has severe sepsis; severe sepsis is accompanied with hypotension and evidence of hypo perfusion; when

hypotension is not corrected by infusing intravenous fluids the diagnosis is 'septic shock'; definitions developed by consensus conference committee in 1992 and 2001 have been widely used; there is evidence that different stages form a continuum.

Sepsis can be response to any class of organisms; microbial invasion of the blood stream is not essential; since local inflammation can also elicit distant organ dysfunction and hypotension; blood culture sensitivity yield bacteria or fungi in 20-40% of cases of severe sepsis and 40-70% of septic shock. Individual gram negative or gram positive bacteria account for 70% of the isolates; remainder are a mixture of microorganisms; specific identification of microbial Deoxy ribonucleic Acid or Ribo Nucleic acid in blood or tissue samples is also used; majority of patients with a clinical picture of severe sepsis or septic shock have had negative microbiologic data.

Epidemiological data showed 1 severe sepsis is a contributing factor in > 2 lakh deaths/ year in the United States of America, incidence of sepsis and severe sepsis has increased over the past 30 years and the annual number of cases is now >700,000. Approximately 2/3 of the cases occur in patients with significant underlying illness. Sepsis related mortality rates increase with age and pre existing co morbidity; rising incidence of severe sepsis is presumably attributable to the aging of the population, the increased longevity of patients with chronic diseases and *the relatively high frequency with which sepsis develops in patients with Acquired Immune Deficiency Syndrome*. The widespread use of immune suppressive drugs, indwelling catheters and mechanical devices also play a role.

Invasive bacteriological infections are prominent causes of death around the world, particularly among young children. In sub-Saharan Africa for e.g. careful screening for positive blood cultures found that community acquired bacteremia accounted for at least 25% Of deaths of children > 1 year of age. Non typhoid salmonella species, streptococcus pneumonia, Haemophilus influenza and Escherichia coli are community isolated bacteria. Bacteremic children often had Human immune deficiency viral infection or were severely malnourished.

Patho physiology-Most cases of severe sepsis are triggered by bacteria or fungi that do not ordinarily cause systemic disease in immune competent hosts; to survive within the human body, these microbes often exploit deficiencies in host defenses, indwelling catheters or other foreign matter or obstructed fluid drainage conduits; the concept is *contracepted physique is immune compromised host, high risk host with increased susceptibility due to destruction of germ cells and associated reduced endogenous estrogen, androgen surveillance for cell metabolism, genomic*

repertoire with resultant metabolic syndrome, degenerative changes in cells..

Microbial pathogens in contrast can circumvent innate defenses, because they lack molecules that can be recognized by host receptors or elaborate toxins or other virulence factors; in both cases the body can mount a vigorous inflammatory reaction that results in severe sepsis, yet fails to kill the microbes. The septic response can also be triggered by microbial exotoxins that act as super antigens e.g. toxic shock syndrome.

The concept is *contracepted menstrual blood pollution, aborted blood environmental pollution favored flourishing growth, emergence, virulence of organisms, simultaneously contraception, abortion, impairing the host components-alas the marvellous God ordained physiology being hamperedby artificial wanton contraception- young parents embrace early demise, in spite of advancements in technologies, therapies.*

Hosts have exquisitely sensitive mechanisms for recognizing and responding to certain highly conserved microbial molecules; recognition of the lipid moiety of lipo polysaccharide LPS also called endo toxin is the studied example; a host protein [LPS binding protein] binds lipid A and transfer the LPS to CD4 on the surfaces of monocytes, macrophages and neutrophils. LPS then is passed to MD-2 that is bound to TLR receptor 4 to form a molecular complex that transduces the LPS recognition signal to the interior of the cell. This signal rapidly triggers the production and release of mediators such as tumor necrosis factor that amplify the LPS signal and transmit to other cells and tissues. Bacterial peptidoglycan and lipopeptides elicit responses in animals that are similar to those induced by LPS; 11 different TLRs have been identified so far in humans; host pattern of recognition proteins that are responsible for sensing microbial invasions include the intracellular NOD1, NOD2 proteins which recognize discrete fragments of bacterial peptidoglycan, flagellin; early complement components [principally in the alternative pathway] and mannose binding lectin and c reactive protein which activate the classic complement pathway.

A host's ability to recognize certain microbial molecules may influence both the potency of its own defenses and the pathogenesis of severe sepsis; recognition of microbial molecules by tissue phagocytes triggers the production of numerous host molecules that increase blood flow to the infected tissue, increases the permeability of blood vessels, recruit neutrophils to the site of infection and elicit pain; these reactions are familiar elements of local inflammation, the body's frontline innate immune mechanisms for eliminating microbial invaders; systemic responses are activated by neural and or humoral communication with the hypothalamus and brain stem; these responses enhance local defenses by increasing blood flow to the infected area, increasing the number of circulating

neutrophils and increasing blood levels of numerous molecules that have anti infective functions. In septic shock there is decrease in peripheral vascular resistance in spite of vasopressin catecholamine; oxygen delivery to the tissues is compromised by myocardial depression, hypovolemia; blood lactate levels are elevated, central venous oxygen saturation is low.

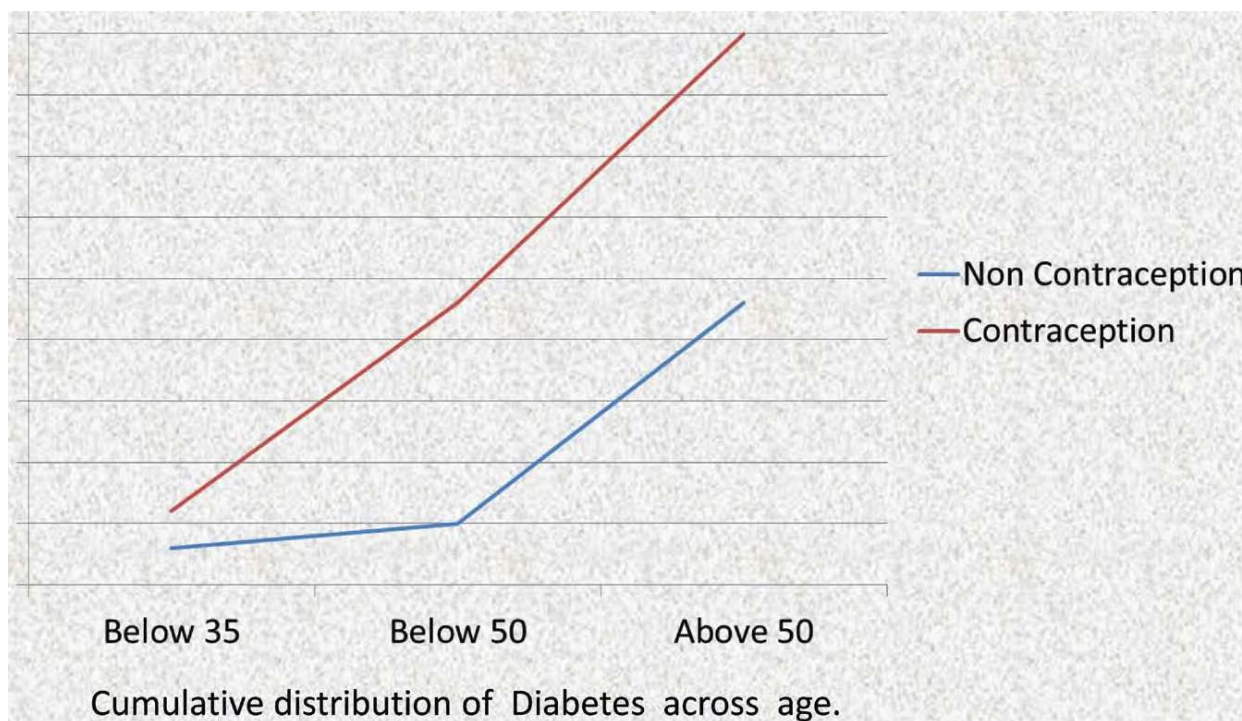
20-35% of patients with severe sepsis and 40-60% of patients with septic shock die within 30 days; others die within the ensuing 6 months; case fatality are similar to culture negative and culture positive severe sepsis; age and prior health status are important risk factors; *case fatality rate is < 10% until 4th decade after which it increases to 35% in the very elderly.*

The concept is, contraception smashes the germ cells to fragments i.e. acentric fragments, ² chromatid breaks, ring chromosomes, consequently there is decrease in endogenous estrogen, androgen; decrease in endogenous estrogen is³ seen in 61%

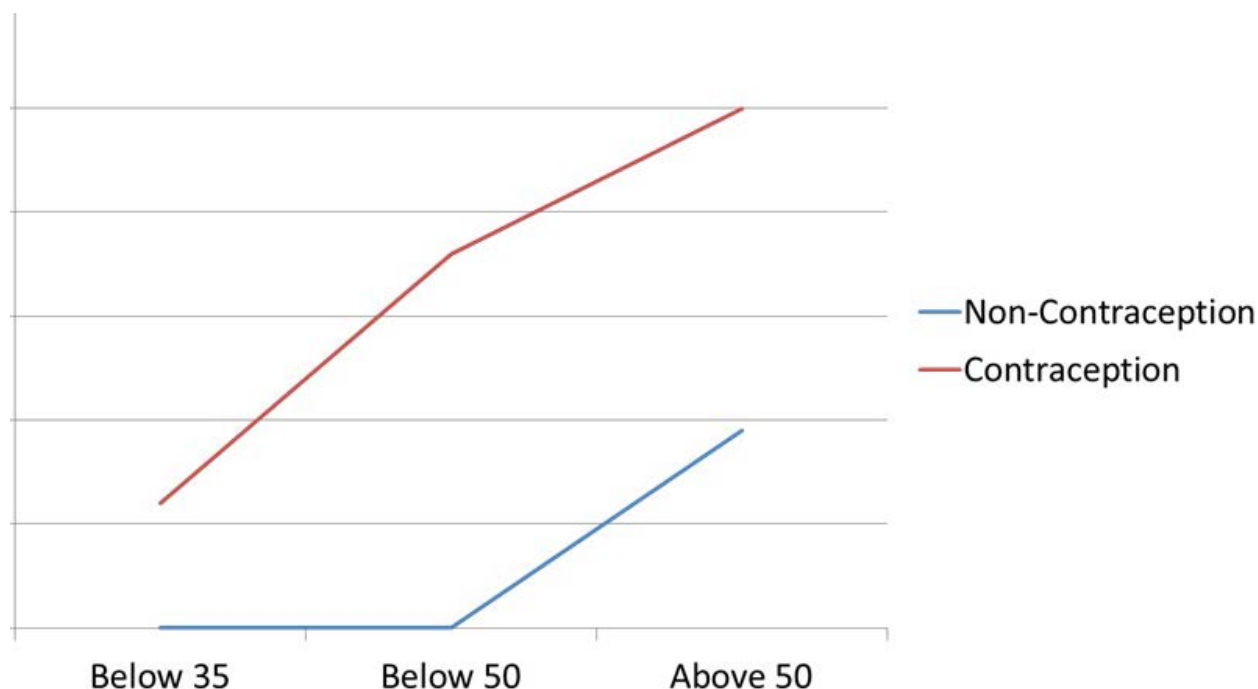
[$p < 0.0005$] of contraception users; in our study the endogenous testosterone levels are reduced less than 50% of low normal in 66.6% among 20-35 years, and grossly reduced in 100% among 36->50 years [$p < 0.0005$].

Decreased endogenous estrogen, androgen surveillance results in deranged⁴ cell metabolism, defaulted genomic repertoire i.e. embryo like healing in the cells, high risk host with impaired immune response, leading to increased mortality in sepsis uniformly among contraception users aged 20->70 years [$p < 0.0005$]; whereas the non contraception users though they were among >50 - >70 years with co morbidities, receiving similar treatment with antibiotics, supportive therapy with fluids, oxygen, they showed gratifying survival.

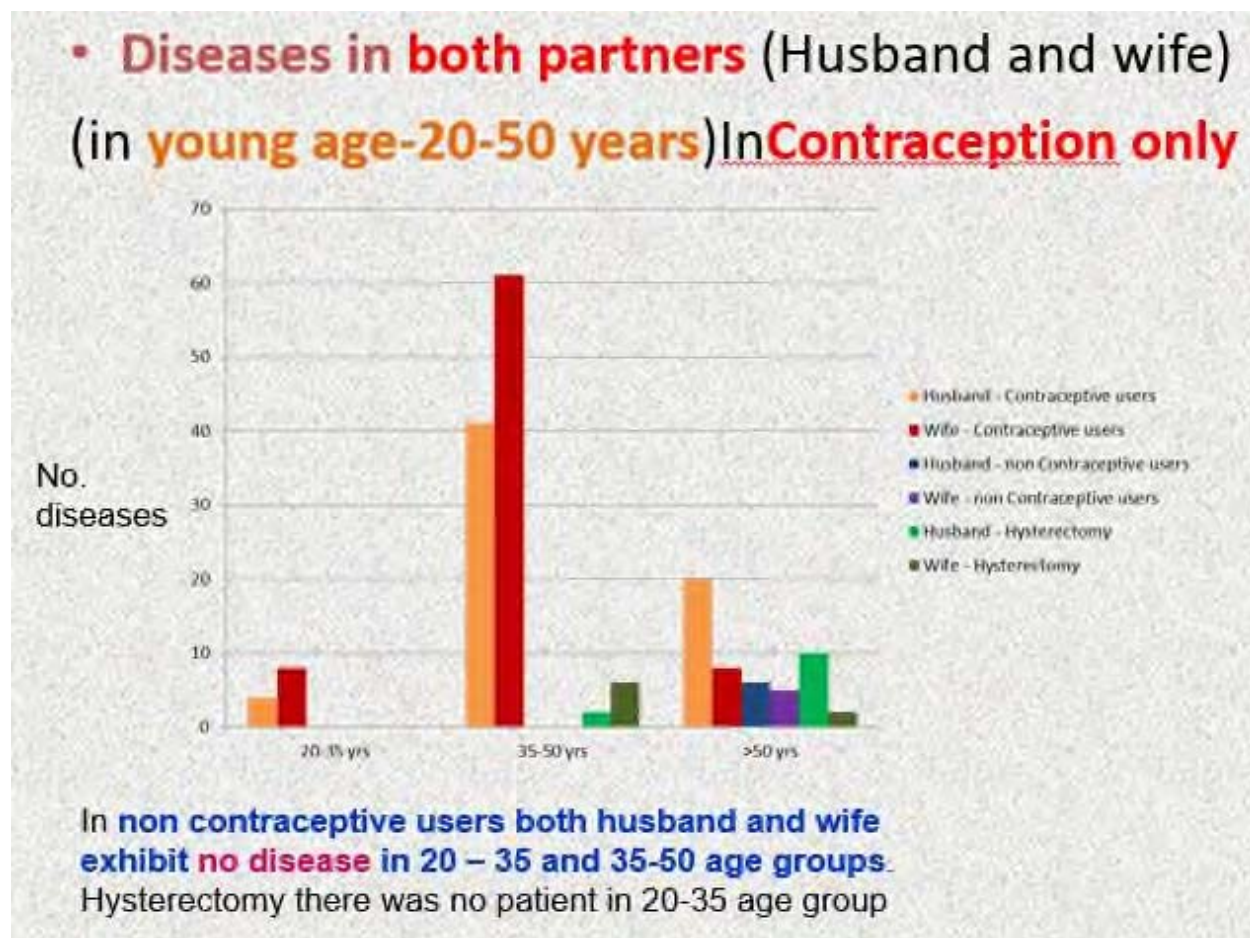
Its been documented earlier that contraception users had high incidence of T2 diabetes mellitus, systemic hypertension at young age as follows; contraception, abortion was associated with 10 - 45 fold ⁵ increase in Type 2 diabetes mellitus; figure 4;



evalence of Diabetes Mellitus and contraception [reference5]15 -50 fold increase in systemic hypertension, among >20 years to >50 years of age; figure 5 there was absolute correlation i.e. the people who did not use contraception did not develop diabetes mellitus or systemic hypertension in young age of 20 - 50 years; both partners who were using contraception had diseases including diabetes mellitus, hypertension-color figures-supplementary files.

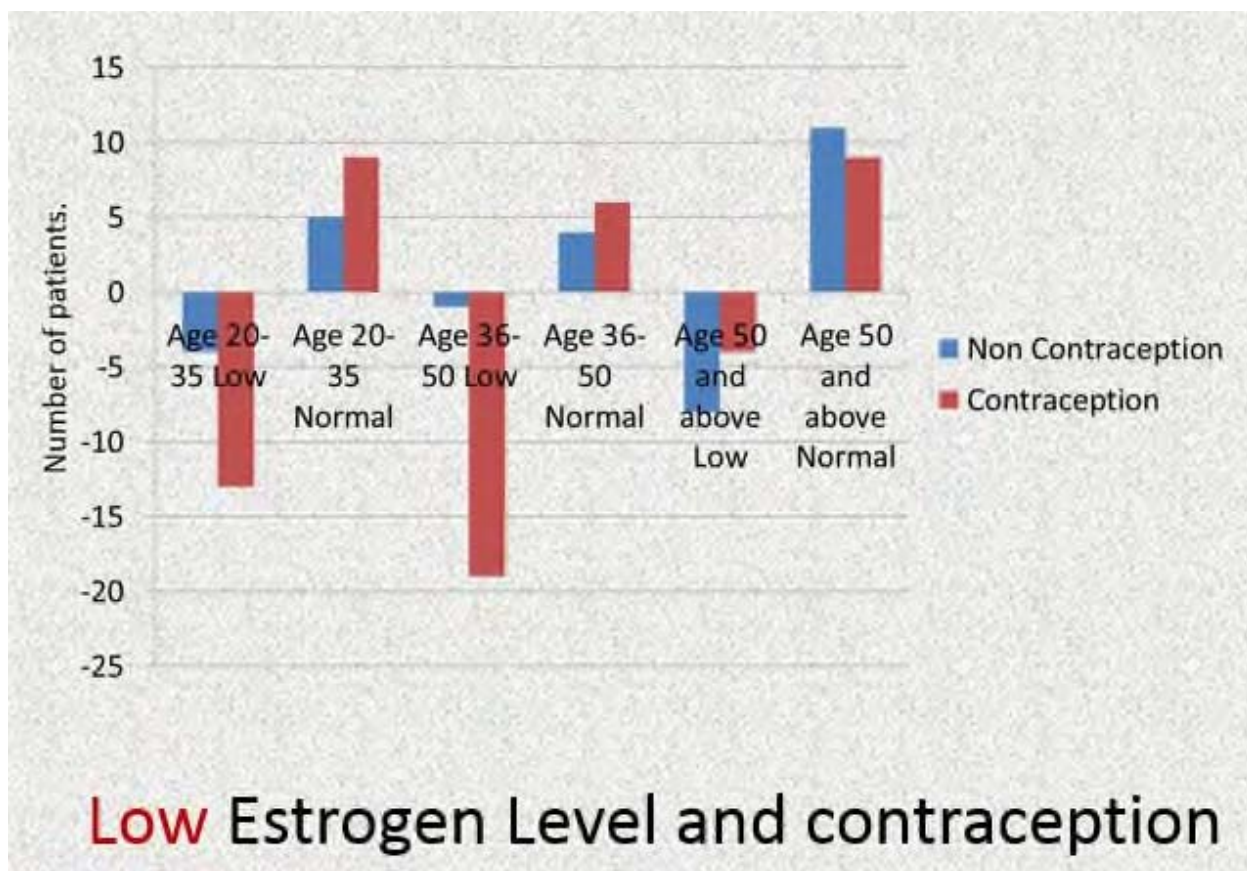


Prevalence of Hypertension and contraception [reference 5]



Reference-5

Endogenous estrogen was grossly reduced to ~5 - 8 pg in 75% of people using contraception: in 20 to <50 years age group; after hysterectomy estrogen had redced to as low as 0.4 pg, suggesting endogenousu Estrogen, androgen surveillance dependent cell-genomic repertoire, differentiation followed by controlled Multiplication of cell cycle, cell metabolism defaults, leading to increased incidence of degenerative diseases including diabetes mellitus, systemic hypertension; any form of contraception results in smashed fragmentation of germ cells leading to this decrease in endogenous hormones.



Reference: 3

The contraception users of this study also had co morbidities at younger age itself enabling easy susceptibility to sepsis at young age itself, with added impaired genomic repertoire-embryo like healing capacity in the cells secondary to contraception fragmenting germ cells, with associated reduction in endogenous estrogen, androgen.

In 1994 Dr. Susan Jobling of ⁶ Brunel University of United Kingdom, observed that estrogenic compounds are the pollutant in river waters, when they attempted to find the pollutant responsible for the disappearance of fish. In 1998 Professor Paul Devroey ⁷ identified `estrogen like particles are in the rise in the air` as pollutant, when they attempted to analyze the cause for increase in infertility. Global abortion summary mentioned 863,000,000 reported ⁸ surgical abortions till 2010; 498 abortions per minute in the globe; United Nations mentioned 3,750,000 reported surgical abortions /year.

Estrogen is a steroid hormone derived from cholesterol[hence it gets the name-cholesterol-steroid],

secreted directly into the blood, circulates in the blood, bathes, nurtures each cell; its surveillance is essential for cell differentiation, controlled multiplication, cell metabolism, cell cycle, essential for genomic repertoire; Unless blood is shed estrogen cannot reach the environment; during teen age estrogen levels will be 100pg-300pg [trillionth-a very small amount]; >37 years-the estrogen levels decrease to 15 pg; ~80 years, estrogen levels will be 5pg; during pregnancy placenta has to secrete 4200pg of estrogen, otherwise the fetus will be spontaneously aborted around 3_{rd} month, called as placental switch over insufficiency.

If a person >50years` blood is spilt by murder, 150 ml of blood loss×15pg=2250pg estrogen

contaminant to the environment; if a teenager's blood is spilt by accident then $150 \text{ ml of blood loss} \times 300 \text{ pg} = 45000 \text{ pg}$ estrogen contaminant to the environment; when a pregnancy is aborted eg. 498 abortions /minute $\times 60 \text{ minutes} \times 24 \text{ hours} \times 365 \text{ days} \times 60\text{-}80 \text{ years} \times 4200 \text{ pg of estrogen} \times 350 \text{ ml. blood loss} = \text{estrogen pollutant of the air, water}$; if a mother is blessed with 10 children she will not menstruate for minimum 200 months or 20 years, of the ~ 25 years menstrual span; whereas with contraception, small family norms, a lady menstruates 200 months more; so $1989,375,754 \text{ women of reproductive age group [15-45 years]} \times 350 \text{ ml blood loss/menstruation} \times 300 \text{ pgm estrogen} \times 200 \text{ months/woman} = \text{environmental estrogen pollutant}$; Global innocent aborted blood, contraceptive menstrual blood polluted air, water inhalation, ingestion respectively;

Rising environmental estrogen, ⁹equates with innocent aborted blood, contraceptive menstrual blood pollution of air, water. Detected alpha feto protein, β human chorionic gonadotropins in river, sea water further confirm aborted blood environmental pollution.

Innocent aborted blood, contraceptive menstrual blood, being a good media for emergence

growth, virulence of microbes, new viruses¹⁰ had emerged since 1980s namely Hepatitis A, B, C, D, E, Human immunodeficiency virus, SARS virus, H1N1 virus, encephalitis viruses; Chikungunya virus, dengue viral illnesses though were existing already, it was known by curriculum, but in the past decade we have treated thousands of people with chikungunya, dengue fever-strains¹¹ isolated were that from our neighbor country, wherein compulsory abortions up to 25 times per lady, is practiced to implement one child policy, with their high innocent aborted blood pollution, promoting the virus transit from its native soil to our country where permanent sterilization is implemented..

~ 2003 , Escherichia coli bacteremia resisted meropenem, requiring Tazobactam combination, whereas in 1980s ampicillin was sufficient to curtail Escherichia coli bacteremia to bring alive patients from coma, with liver disease; less virulent fungal infections are isolated more frequently in blood cultures, e.g. Candida, secondary to environmental aborted blood, contraceptive menstrual blood pollution.

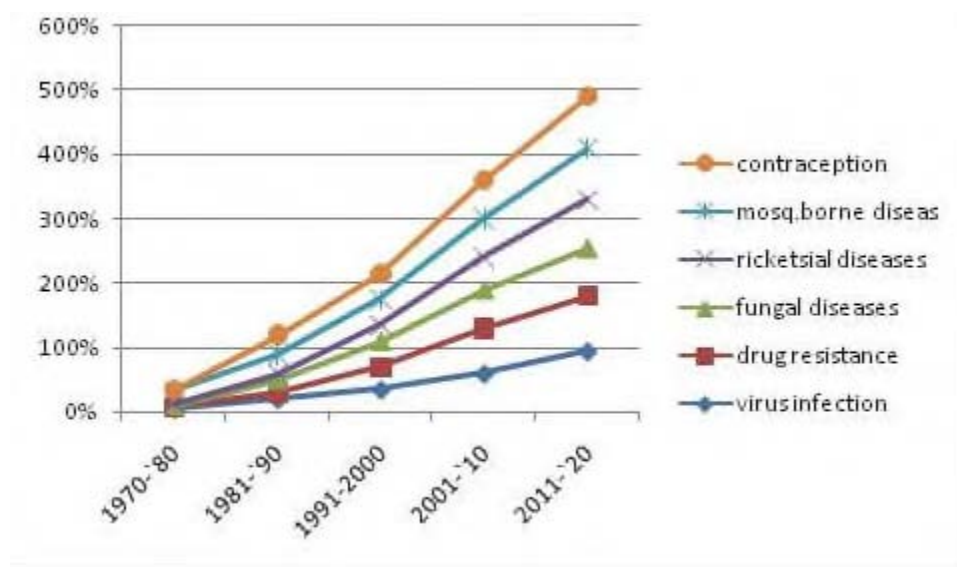


Figure- Increased prevalence of infectious diseases and contraception, abortion. Reference 9

From 1976 Ebola virus has emerged and epidemics are increasing secondary to the increasing global aborted blood pollution, increasing global contraceptive menstrual blood pollution.

This study also corroborates 4-18 fold increased prevalence, of serious infections among children born to contraception users, namely encephalitis, dengue, H1N1, rheumatic fever; the families, households, places with decreased number of children, increased contraceptive menstrual blood, aborted blood pollution are susceptible to increased incidence of serious infections, *including invitation to Ebola virus disease.*

V. CONCLUSION

The concept is contraception smashes the germ cells to fragments; consequent reduction in endogenous estrogen, androgen results in deranged cell metabolism, defaulted genomic repertoire; thereby increasing the susceptibility of host, increases the risk of the host [akin to withered tree without life factors] by 4-7 fold increased prevalence of sepsis and increases

mortality with severe sepsis in contraception users, involving both partners.

66% of male partners among 20-35years, whose wives had undergone sterilization showed reduced testosterone levels [$p<0.0005$] and 100% of the male partners showed significant decrease in testosterone levels among >35 years to >50 years of contraception users.

Contraception users with sepsis showed 7 fold increase in mortality among 20-35 years [$p<0.0005$]; 11 fold increased mortality among 36-50years [$p<0.0005$] and 6 fold increase in mortality among 51-70years; *whereas 12 fold survival in severe sepsis was seen in non contraception users among >70years [$p<0.0005$].*

Contraception users had co morbidities and had succumbed to sepsis in a younger age i.e. <1/2 [~35years] as compared to that of non contraception users [70 years] who survived the severe sepsis by their intact God ordained physiology of cell metabolism, genomic repertoire, robust host defense mechanisms unaltered by contraception in old age also.

The house holds, families with contraceptive blood, aborted blood pollution, secondary to practice of small family norms, one child policy, have absolutely increased incidence 5-18 fold increase of rheumatic fever, dengue, encephalitis, H1N1 infections [$p<0.0005$] among the children born to parents practicing contraception, abortion; today Ebola virus disease is emerging to produce epidemics, promoted by global contraceptive menstrual blood pollution, global aborted blood pollution.

Key points:

- 12 fold survival in severe sepsis was seen in non contraception users, even among >70years [$p<0.0005$]
- Contraception users with severe sepsis showed 7 fold increase in mortality among 20-35 years [$p<0.0005$]; 11 fold increased mortality among 36-50years [$p<0.0005$] and 6 fold increased mortality among 51-70years.
- Contraception, abortion with smashed fragmentation of germ cells, con repertoire, increases the host susceptibility to sepsis, impairs host defense mechanisms and results in high risk host [withered host].
- 66% of male partners using contraception showed grossly reduced testosterone levels among >20years to >50 years.
- sequent reduced endogenous estrogen, androgen, with resultant deranged cell metabolism, genomic
- Children born to parents using contraception showed absolute increase of 5-18 fold in prevalence of H1N1, encephalitis, rheumatic fever, Dengue fever, secondary to contraceptive menstrual blood

pollution, aborted blood environmental pollution of the habitat.

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