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Puberty, Pregnancy, Parturition, Puerperium—Surveillance by Intertwined Innumerable Neurohumoral Factors; Prevention, Postponement, Termination of Pregnancy, Precipitation of Parturition, Hysterectomy [Except for Post Partum Hemorrhage, Cancer Uteri]—Deleterious

—Proof of Basic Concept Study by Retrospective Analysis

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Abstract

Case 1: In 1990, a 23-year-old woman, married for two years, with primary infertility, was brought by her husband, with ultrasonography of abdomen, pelvis report stating multiple tiny cysts in both ovaries, infantile uterus; so husband claimed he was cheated to marry a woman with an infantile uterus, he wanted to divorce her on medical grounds. Analysing the problem revealed the woman had irregular menstruation before marriage due to polycystic ovaries; the husband took a prescription of oral contraceptive pills from a clinician, for one cycle to regularise menstruation of his wife; which he continued to administer for 2 years, with a desire to enable conception of his wife not understanding oral contraceptive pills with their exogenous oestrogen, suppress endogenous oestrogen preventing ovulation to conceive, produce withdrawal bleeding, due to suppressed endogenous oestrogen-suppressed uterine development resulting in infantile uterus. **Case 2:** In 1996, a 25-year-old woman underwent lower segment Cesarian section, 10 days prior to her EDC [expected date of child birth], as per the request of her husband who desired to see the baby before boarding his flight overseas; lower segment Cesarian section was performed by a urologist, general surgeon, but the mother ex-

pired on the theatre table, probably because the woman's expected date of childbirth range would have fallen into the 15 days after expected date of childbirth norm, when her oestrogen would not have dipped, oxytocin would not have been released, to prevent postpartum haemorrhage. **Case 3:** In 1998, a 27-year-old woman presented with postpartum haemorrhage of one hour duration, following vaginal delivery of foeto placental unit; with haemoglobin of 3 gm%; immediately hysterectomy of the soft uterus was performed, mobilising 10 units of blood; once bleeding uterus was severed, all the 10 units of blood were transfused immediately, she survived. **Case 4:** In 1999 woman of 32 years [without antenatal screening] was delivering a twin breech presentation, she was detected to be hepatitis B surface antigen positive, she had jaundice total bilirubin 3 mg/dl, anaemia-haemoglobin of 6.5 gm%, her twins were managed at higher centres, for jaundice during pregnancy; she received 3 units of packed red blood cells, during postpartum; she returned for next pregnancy in the second trimester, with both twins crawling at her sides, Hepatitis B surface antigen had turned negative. **Case 5:** In 2003, a 32-year-old woman presented to emergency with dyspnoea with desaturation of 60%, she was ventilating but oxygen saturation was low; she had consumed hormonal pills for 3 days to postpone her menstruation to enable her to attend a wedding; she had undergone puerperal sterilisation in the past; her electrocardiography showed S1, Q3, T3 changes suggesting pulmonary embolism; thrombolysis, heparinisation was initiated, intubated, ventilated without improvement in oxygen saturation; hence saddle thrombus possibility was considered and she was referred to higher centres but she succumbed. This persons contraception status increases thrombogenicity due to reduced endogenous oestrogen status secondary to germ cells destruction by contraception, over that her consumption of hormonal pills to postpone menstruation further decreases endogenous oestrogen, increased vulnerability for pulmonary thromboembolism. **Case 6:** In 2014, a 29-year-old woman presented with unconsciousness of 30 minutes duration to emergency; she had infertility for 11 years and had delivered a precious baby, 34 days prior to admission; due to social ignorance [to enhance mothers milk baby shark food helps] she had consumed baby shark food one hour prior to admission; on examination she had quadriparesis, she was unresponsive. Her Magnetic Resonance Imaging [MRI] brain, with arteriogram, venogram showed multiple vessel narrowing suggesting vasculitis with bilateral asymmetrical, multifocal infarcts. She was treated with IV immunoglobulin, [0.4 gm/kg/day*5 days] needed ventilatory support, antiedema measures, anti-epileptics, parenteral hydration, enabling a slow recovery, on referral to higher centres.

Keywords

Endogenous Oestrogen, Pregnancy, Neuro-Humoral Factors

1. Introduction

Pregnancy, puberty, parturition, puerperium, are governed by innumerable, in-

tertwined neuro-humoral factors; comprehensive assistance to physiological parturition with monitoring, is aided by this surveillance system to marvel at. Retrospective analysis of case reports is attempted to highlight our inability to prevent morbidity, mortality brought on by precipitation of parturition, prevention, postponement, termination of pregnancy, and associated discussions in puberty, hysterectomy.

2. Case 1: Details

In 1990, a 23-year-old woman, married for two years, labourer, consuming sunflower seed oil/packed refined [ration shop] palmolein oils, with primary infertility, was brought by her husband, accompanied by many people of husband's relatives; the husband had a report of ultrasonography of abdomen pelvis, of his wife stating multiple tiny cysts in both ovaries, [polycystic ovaries] infantile uterus.

So husband claimed he was cheated to marry a woman with infantile uterus, he wanted to divorce her on medical grounds, because the ultra sonogram of abdomen, pelvis detected infantile uterus suggesting the cause for her infertility.

Analysing the problem revealed the woman had irregular menstruation before marriage due to polycystic ovaries; the husband had taken a prescription of Mala-D tablets [oral contraceptive pills] from a clinician, to administer for one cycle to regularise menstruation of his wife; which the husband continued to administer for 2 years to his wife, with a desire to enable conception of his wife; he thought if the wife gets menstruation she'll conceive

The husband did not realise he was giving cyclical Mala-D tablets [oral contraceptive pills], producing withdrawal bleeding; husband was happy that his wife was menstruating regularly, so his wife would conceive; not in the least understanding oral contraceptive pills with their exogenous oestrogen, suppress endogenous oestrogen preventing ovulation, so his wife would not conceive.

Husband was not aware that Mala-D tablets [oral contraceptive pills] would suppress endogenous oestrogen, on which every cell metabolism, **Figure 1** is dependent upon, *i.e.* cell growth, differentiation, controlled multiplication, degeneration, programmed cell death followed by new cell formation, over 48 - 72 hours [eg: brain, uterus, kidneys, heart, liver, lungs, intestines…].

In acquired suppressed endogenous oestrogen status secondary to consumption of Mala D tablets [oral contraceptive pills] for 2 years, in cell cycle, programmed cell death [apoptosis] will not be followed by due new cell formation, cell growth, differentiation in every tissue, organ, including uterus which resulted in infantile uterus, giving a basis for the husbands claim to consider divorce.

If the husband had detected polycystic ovaries by ultrasonography, as a cause for his wife's irregular menstruation, and corrected it by essential fatty acids rich diet consumption, from which cholesterol could be synthesised, be converted to endogenous oestrogen, so her menstruation would have been regularised, she would have conceived.

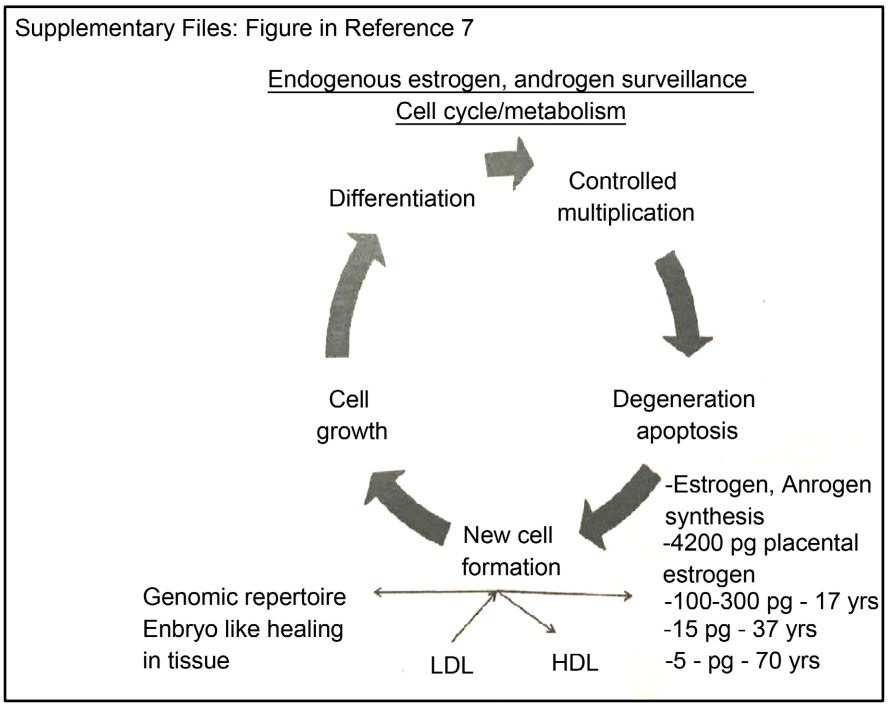

Figure 1. Cell cycle/cell metabolism/genomic repertoire, endogenous oestrogen surveillance reference [1].

3. Case 1: Discussion

At the start of each menstrual cycle, several of these ovarian follicles enlarge, usually one of the follicles in one ovary, starts to grow rapidly, to become Graafian follicle; cavity forms around ovum filled with follicular fluid; one follicle is selected to become dominant follicle in follicular phase, seems to be related [2] to the ability of the follicle to secrete oestrogen inside it, that is needed for its final maturation; primary source of circulating oestrogen is the granulosa cells of the ovaries; however the cells of theca-interna of the follicles are necessary for the production of oestrogen as they secrete androgens that are aromatised to oestrogen by the granulosa cells. 14th day of cycle, distended Graafian follicle ruptures, ovum is extruded into the abdominal cavity-called ovulation; the other follicles become atretic to become atretic follicles; this ovulation occurs under the surge of oestrogen ~300 pg/ml, under the governance of Follicular Stimulating Hormone, Luteinising Hormone of Hypothalamo pituitary axis; only if ovulation occurs around 14th day [life of ovum, 48 hours], menstruation can occur from 21st—35 days [7 days prior and 7 days after 28 days is normal for menstrual cycle].

Oestrogen levels in non pregnant women: [3].

Follicular Phase 12 - 233 pg/ml;

Ovulation phase 41 - 398 pg/ml;

Luteal phase 22 - 341 pg/ml;

Postmenopause <5 - 138 pg/ml.

Oestrogen levels in Pregnancy:

First Trimester 154 - 3243 pg/ml;

Second Trimester 1561 - 21,280 pg/ml;

Third Trimester 8525... to >30,000 pg/ml.

Oestrogen is synthesised from [4] chole sterol, [hence it gets the name steroid] which in turn is synthesised from *essential fatty acids* derived from:

1) *Edible nuts*, *seeds*, *pulses*, *legumes*, *cereals preparations*;

2) *Consumption of virgin olive oil* [highest fertility index] *virgin coconut oil*, *virgin palmolein oil* used for cooking [with life factors to harbour a seedling transferred from nuts, seeds to edible virgin oil and preparations made from nuts and seeds];

3) *Milk*, *dairy products*, [*baby's food*] *with their fatty acids*/*cream*;

4) *One cooked egg per day with its yolk,* eg: scrambled or omelette preparations [life factors contained fatty acids]; consumption of more than one egg per day produces biotin deficiency;

5) *Water living with scales gills*, *fins fish consumption supplies omega* 3, 6 *fatty acids*;

a) *Consumption of water living without gills*, *scales*, *fins representing toxin containing mammals*;

b) *Consumption of horse grams*, [meant for horse and can be metabolised by horse only, not humans];

c) C*onsumption of sea weeds* [preparations of sea weeds e.g.: custard, meant as food for water living creatures];

d) *Consumption of sprouted seeds*, *raw carrot beet root* [meant for cattle requiring renin for its digestion present in the cattle; humans have gastrin, to digest cooked beetroot, carrot, and pulses;] hence beet root, carrot, pulses, green grams need to be cooked and consumed, and not as sprouted raw seeds;

e) *Consumption of mushrooms*, toxins to our cells.

Consumption of above toxins [5] results in molecular mimicry mediated autoimmunity, leading to eg: nephritis, vasculitis, carditis, salpingitis, [resulting in tubal block] endometritis, oophoritis, pancreatitis, hepatitis, enteritis, Crohn's disease, ulcerative colitis; continuous, cumulative toxins exposure can result in metaplasia, dysplasia, neoplasms in gastrointestinal tract, hepatobiliary tree [eg: cholangio carcinoma, pancreatic cancer] with its draining lymphatics [eg: abdominal lymphoma, chronic lymphatic leukemia].

As it can be comprehended from the physiological endogenous oestrogen levels during pregnancy [~4500 - 30,000 pgm/ml], *parents life time will increase by* ~10 *years for male baby* [*xy-smaller placenta*, *smaller raw surface*], 22 *days only lochia*, *another* 22 *days for healing* [1 mm, *maximum God ordained healing capacity in the cells on all sides*], *so* 45 *days abstinence for male child delivery will suffice*; *for girl baby* [*xx*] ~20 *years increased life time for parents* [*for parents eg.*: *kidney enlarges during pregnancy*, *bones become strong every organ is strengthened by that hormonal surveillance produced by the placenta*], 45 *days lochia*, [*larger placenta larger raw detached placental surface*] *another* 45 *days*

healing, *so* 90 *days abstinence required for girl child delivery*]; similarly after menstruation starts [last menstrual period—LMP] flow for 3 days, another 3 days healing of raw endometrial surface, 7 days abstinence after last menstrual period [LMP] is required; absence of this above mentioned abstinence can result in autoimmunity [5].

When LDL, IDL contained cholesteryl esters are donated to/utilised by LDL receptors of cells to synthesise new cell membranes, steroid hormones, bile acid, HDL forms representing robust anabolic status; when cell death occurs then the cholesterol esters will be adsorbed on to HDL by LCAT [lecithin cholesterol acyl transferase], to become LDL; LDL—HDL—LDL constant metabolic process; *HDL cannot be provided by any medicine*; anabolism of new cell formation, steroid hormone synthesis, bile acid synthesis alone can generate *HDL—reflecting robust cell anabolic status—routine cells basic physiology*; cell death—cell wear and tear is accentuated by strenuous exercises like yoga, Gym, walking, jogging [detrimental] so LDL will be present, HDL levels will decrease representing more catabolism, resulting in increased degenerative changes in tissues, eg., knee joints, coronary arteries.

As per Framingham Data HDL needs to be >60 mg/dl [6] for e.g. it means if 300 cells are shed [programmed cell death—apoptosis] 300 are formed a new; [eg: the brain [6] is made up of approximately 86 billion neurons, equal numbers of neuronal, non neuronal cells make the human brain; there are approximately [7] 1 quadrillion synapses = to about half billion synapses per cubic millimeter] all have to shed and regrow every 48 - 72 hours, (genomic repertoire)—marvel of physiology requiring cholesteryl esters synthesised from essential fatty acids as listed above. This Genomic repertoire/Cell cycle/cell metabolism of cell's growth, differentiation, controlled multiplication, degeneration, programmed cell death [apoptosis], followed by new cell formation as depicted in **Figure 1**, is surveillanced by oestrogen; so cell cycle surveilling oestrogen/androgen/steroids are synthesised from cholesterol and cell membrane is also synthesised from cholesterol being life moiety of cells.

Endogenous Oestrogen enables new cell formation following apoptosis by its surveillance of cell cycle, by which it helps normal tissue development, including uterus, breasts. By oestrogen surveillance [marvel simple basic physiology] every cell physiology is protected from no differentiation, followed by uncontrolled multiplication, resulting in neoplasms.

S*o endogenous oestrogen's surveillance of cell physiology*, *serves to protect the cell from neoplasms*, [*protects from specially including breast*, *uterine cancers*] *but endogenous oestrogen enables normal tissue development*, *never will endogenous oestrogen produce cancer, endogenous oestrogen can never become carcinogenic*, [8] *to reiterate endogenous oestrogen's surveillance of normal cell cycle—cells growth differentiation*, *followed by controlled multiplication*, *degeneration*, *programmed cell death* [*apoptosis*] *followed by new cell formation is God ordained marvel physiology to protect every cell from neoplasms/cancer*

[*eg*: *endogenous oestrogen will always protect from breast cancer*].

Whereas in contraception [non evidence based non medical practice, since there is no therapeutic indication, no therapeutic protocol, no therapeutic policies, to save life from the jaws of death, diseases, rather pregnancy (life) is prevented, terminated] germ cells −20 million/day are smashed to fragmented chromatids, chromatid breaks, a-centric fragments, ring chromosomes [9] recognised as foreign leading to multi system autoimmunity; oestrogen dips to ~5 pgm/ml, [10] [androgen dips to ~1.13 ngm/ml] in contracepted parents; [11] hence every tissue follows degenerative changes.

Specially e.g. *breast dependent upon oestrogen for its normal growth*, *due to sudden*/*non physiological*/*wantonly*/*unaware acquired drop in oestrogen* [*secondary to germ cells destruction by contraception*] *attempts to mop up available oestrogen by expressing more oestrogen receptors*, *with deranged metabolism*, *due to reduced surveillance of oestrogen,* (**Figure 2**) *the cell goes for neoplasms well differentiated breast carcinoma with oestrogen receptor positivity*; *in abortions tissue damage is high*, *oestrogen surveillance* [*pregnancy-oestrogen will be high* >4500 - 30,000 pgm/ml,] *with termination of pregnancy-chaos in agonisingly reduced oestrogen surveillance-cell systems will be in highly jeopardised status*, *hence anaplastic breast carcinoma can follow*.

Only low endogenous oestrogen status, secondary to contraception [*our physiology is governed by endogenous oestrogen*, *not exogenous estrogen*], *abortion*, *sunflower seed oil*/*refined oil consumption* [*oestrogen synthesis is hampered*] *is associated with impaired surveillance of cell metabolism by reduced oestrogen status leading to neoplasms*, *including breast carcinoma*, *fibro adenoma-breast*, *leiomyoma-uterus.*

Endogenous oestrogen when it can be secreted by consumption of essential fatty acids, sufficient to reach a surge of ~300 pg/dl [under the surveillance of Follicular stimulating hormone, Leutinising hormone secreted by hypothalamo-pituitary axis] during the mid menstrual cycle, only ovulation can ensue; only

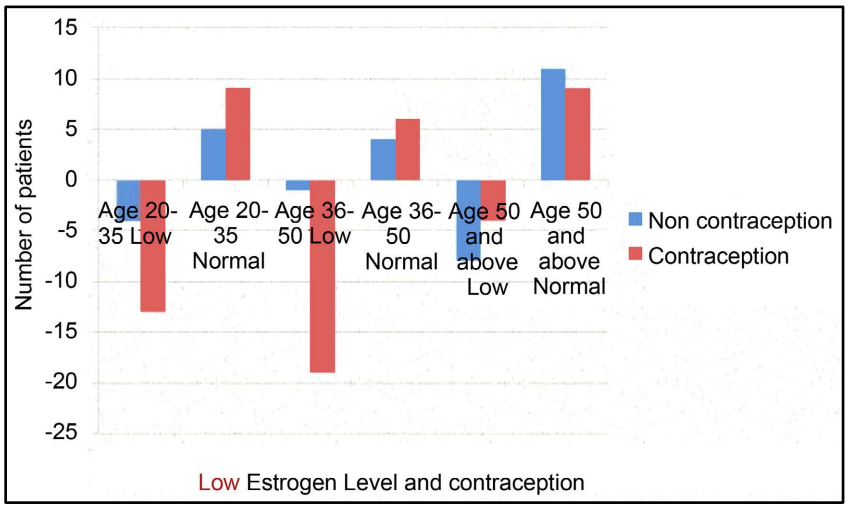

Figure 2. Reduced endogenous oestrogen levels and contraception reference [10].

then menstruation can follow on from 21st to 35 days normal menstrual cycle, provided the ovum is not fertilised; if the cyclical endogenous oestrogen, gets suppressed by exogenous oestrogen administration [as in Case 1—Mala D tablets] then surge of ~300 pg/dl of oestrogen will be lacking, leading to absent ovulation, absent maturation of Graafian follicle, several follicles which started maturing at the beginning of menstrual cycle will shrivel, ovaries will acquire many small cysts, become more poly cystic, also uterus will fail to grow normally and become infantile.

By Yoga, Gym, jogging, walking, strenuous exercises, cell death [apoptosis] programmed to occur at 48 - 72 hours, due to increased wear and tear-apoptosis [programmed cell death] gets precipitated to early e.g.: 12 - 24 hours; then degenerative changes [eg: osteoarthritis, myocardial infarction, higher incidence of spontaneous abortions, preterm delivery, cervical os laxity, by tissue damage to uterus, specially in adults practising yoga, from adolescence] will increase manifold in all tissues.

Cholesterol required for new cell membrane synthesis/steroid hormone synthesis, if not available, [due to essential fatty acids deprived diet], [oestrogen analogue consumption in yoga performers/athletes, suppresses endogenous estrogen] cell anabolism will lag behind, polycystic ovarian status is acquired.

Sunflower seed oil contains six times less vitamin E than ground nut seed oil, that small amount is also removed by refining/filtering; sunflower seed is meant for birds, we lack LDL receptors to utilise sunflower seed oil, since we are humans, resulting in impaired cell metabolism.

Cholesteryl esters synthesised from sunflower seed oil, refined oil [oil removed of its life factors contained fatty acids] transported in LDL, IDL, cannot be used by our LDL receptors, to synthesise new cell membranes, steroid hormones, [including oestrogen, progesterone, androgen] bile acids to become HDL; hence HDL levels will reduce to <45 mg/dl, resulting in 60%, 6 fold increase in degenerative/neoplastic diseases in every tissue e.g.: myocardial infarction, hemiparesis, fibroadenoma breast, leiomyoma uterus; so there'll be a metabolic defect/metabolic syndrome; LDL may be there *but HDL formation*, *will be reduced reflecting reduced status of anabolism in all tissues*.

Sunflower seed oil, [12] *refined oil consumption*, *secondary to impaired/inadequate synthesis of oestrogen*, *androgen leads to* 60%, 6 *fold degenerative changes in every tissue*, *neoplasms in any tissue e.g*: *leiomyoma-uterus*, *fibroadenoma breast*, *impaired secondary sexual dimorphism*[*normally shoulders broad for men*, *broad gynaecoid pelvis with narrow waist*, *for women*, *so for e.g.*: *the baby's head/vertex in uterus will not incur cephalo-pelvic disproportion resulting in Lower segment caesarian section*] *resulting in obesity*, *more frequent cephalo pelvic disproportion resulting in frequent lower segment Caesarian section.*

Cylindrical obesity suggests-impaired surveillance of androgen, oestrogen on secondary sexual dimorphism; reduced endogenous oestrogen/androgen status, secondary to 1) Reduced synthesis, as in consumption of sunflower seed oil/

refined oil [oil removed of its life factors contained fatty acids]; 2) Contraception, abortion secondary to germ cells/tissue destruction [agonizingly reduced endogenous oestrogen, androgen] (**Figure 2**).

Hence obesity will resolve by reversal of contraception, [*if present*] *consumption of virgin olive oil*/ *virgin coconut oil*/*virgin palmolein oil*, *for cooking*, *consumption of fried preparations made from pulses* [*by restored endogenous oestrogen*/*androgen status*] *as a cause and effect phenomenon and not by walking*, *jogging*, *gym*, *yoga*; *unchecked obesity after contraception can lead to obstructive sleep apnoea. Global many children per family norms will eradicate prevalent obesity and restore physiological secondary sexual dimorphism* [*slim*/*strong*/*healthy beauty*].

HDL < 45 mg/dl, it denotes programmed cell death, apoptosis is not replaced adequately by new cell membrane synthesis, steroid hormone synthesis, bile acid synthesis, utilising cholesterol esters of LDL, IDL, suggesting poor anabolic status, degenerative changes in every tissue will ensue, including uterus, ovaries, as in sunflower seed oil/refined oil consumption with consequently reduced oestrogen synthesis, surge of mid menstrual cycle ~300 pg/dl of oestrogen would not occur affecting Graafian follicle maturation, there may be no ovulation, so proliferative phase will be prolonged due to lack of oestrogen surge, several follicles which have attempted to mature will start shrivelling and become polycysts of ovary resulting in poycystic ovary, irregular menstruation, as in Case 1.

In utero one cell embryo becomes 2, 4, 8, 16 cells, morula stage then cells break up one cell lineage differentiates into e.g.: cardiovascular system, another cell lineage differentiates into musculoskeletal system, to become 3 kg baby, 3/4 kg placenta, under surveillance of endogenous oestrogen secreted by corpus luteum, placenta, synthesised from mothers' consumed essential fatty acids containing diet as depicted earlier; unless placenta is able to secrete in second trimester 1561 - 21,280 pg/ml, [due to sunflower seed oil/refined oil consumption] there'll be foetal demise/spontaneous abortion, due to placental switch over insufficiency, in 3 - 4 months of pregnancy.

When as in case 1, due to essential fatty acids decreased diet, [eg: sunflower seed oil, refined oil for cooking] cholesterol synthesis to be converted to endogenous oestrogen, to support ovulation/secondary sexual dimorphism results in polycystic ovaries, with associated irregular menstruation, obesity; so *metformin*, *exogenous oestrogen administration* [*Mala D*/*oral contraceptive pills*] *have no role in polycystic ovaries*; prescription of isoflavanoids, mandatory essential fatty acids consumption will rectify polycystic ovaries.

Persons on essential fatty acids deprived diet[sunflower seed oil, refined oil] will have impaired cyclical endogenous oestrogen resulting in probable delayed puberty, poly cystic ovaries, with associated irregular menstruation, obesity; difficulty to conceive, higher miscarriages/spontaneous abortions/still births, increased cephalopelvic disproportion resulting in higher incidence of lower caesarian segment section [oestrogen derived from cholesterol governs secondary sexual dimorphism].

4. Case 2: Details

In 1996, a 25-year-old woman, on regular antenatal care surveillance, approached for possibilities of considering elective lower caesarian segment section, 10days earlier, than her EDC, expected date of childbirth, to enable her husband to visualise the baby before his imminent departure to overseas.

Elective Lower Cesarian segment section was performed by her regular antenatal care providers, a surgeon, urologist, baby was delivered, the mother expired due to postpartum haemorrhage, inspite of all possible salvaging measures. Husband told if medical advise had been portrayed about possibility of maternal mortality, he would have left overseas, seen baby's photo.

Delivery 15 days prior or 15 days after EDC, expected date of childbirth is considered full term delivery; probably because the woman's expected date of childbirth range would have fallen into the 15 days after EDC norm, when her oestrogen would not have dipped, oxytocin would not have been released, to enable involution of uterus to prevent postpartum haemorrhage.

5. Case 2: Discussion

Precursor of all steroids [13] is cholesterol, most of it is taken up from LDL in the circulation by LDL receptors; cholesterol is esterified, to be followed by dehydrogenation to form progesterone.

Progesterone is synthesised [14] by the ovaries after ovulation; if fertilisation of ovum occurs, then progesterone levels rise slowly from 9th week of pregnancy until 32nd week; placenta synthesises progesterone after 12 weeks of pregnancy.

Progesterone Levels:

Luteal phase of menstrual cycle: 2 - 25 ng/ml;

First trimester of pregnancy: 10 - 44 ng/ml;

Second trimester of pregnancy: 19.5 - 82.5 ng/ml;

Third trimester of pregnancy: 65 - 290 ng/ml.

Reduced progesterone levels during pregnancy, suggests possibility of spontaneous abortions [miscarriages].

Probabilities are as endogenous oestrogen/progesterone decreases from Third Trimester 8525... to > 30,000 pg/ml, 290 ng/ml respectively, as foetus matures, oxytocin will be released from hypothalamo pituitary axis to initiate parturition, uterine contractions, establish lactation.

In pregnancy there is a dynamic balance between the forces that cause uterine quiescence and the forces that produce coordinated uterine contractility. There is also a balance between the forces that keep the cervix closed to prevent uterine emptying and the forces that soften the cervix and allow it to dilate. For delivery to occur both balances must be guided in favour of active uterine emptying. Many of the elements in this parturition complex elaborate feed forward characteristics. Labour at term is physiologically regarded as a release from the inhibitory effects of pregnancy on myometrium. Human labour at term is a multifac-

torial physiologic event involving integrity of complementary endocrine, paracrine, and autocrine factors leading to gradual changes within maternal uterine tissues [myometrium, decidua, cervix].

For parturition to occur two changes must take place in a woman's reproductive tract. First the uterus must be converted from a quiescent structure with dyssynchronous contractions to an active coordinately contracting organ with complex interlaced muscular components resulting in regular phasic uterine contractions. This requires the formation of gap junctions between myometrial cells to allow for transmission of the contractile signal. The foetus may coordinate this switch in myometrial activity through its influence on placental steroid hormone production, through the mechanical distension of the uterus and through the secretions neurohyprophseal hormones and other stimulators of prostaglandin synthesis.

The second change is that the cervical connective tissue and smooth muscle must be capable of dilatation to allow the passage of fetus from the uterus. These changes are accompanied by shift from progesterone to oestrogen dominance, increased responsiveness to oxytocin by means of up regulation of myometrial oxytocin receptor, increased Prostaglandins synthesis in uterus, increased myometrial gap junction formation, decreased nitric oxide activity and increased influx of calcium into myocytes, with ATP dependent binding of myosin to actin, increased endothelia leading to augmented uterine blood flow and myometrial activity.

The final common pathway toward labour appears to be the activation of the foetal Hypothalamo pituitary axis and is probably common to all viviparous species [15] when conception occurs safeguarded delivery of the baby becomes therapeutic indication as dictated by foetal hypothalamic pituitary axis; our efforts to assist this physiology.

Complimentary changes in the cervix involving a decrease in progesterone dominance and the actions of prostaglandins and relaxin, via connective tissue alterations, collagenolysis, and a decrease in collagen stabilization through metalloproteinase inhibitor lead to cervical softening and dilatation.

The balance between the effects of oestrogen and progesterone is critical to maintenance of pregnancy and the onset of labor; other important hormonal factors modulate this balance.

There was no therapeutic indication for lower cesarian segment section; any therapy would have therapeutic indication, therapeutic protocols, therapeutic policies, evidence based medical practice; nothing else can spell therapeutic intervention. [as the father wanted to see the baby before boarding the flight]; as the presenting foetal part descends [cephalic/breech] with effacement, dilatation of cervix, uterine contractions, with frequent foetal heart, maternal vitals monitoring labour results in normal delivery or the needful intervention. For example in myoma uterus, there is therapeutic indication for myomectomy.

Preterm [<37 weeks gestation] and post term birth [>42 weeks gestation] are

associated with increased morbidity [16] and mortality for mother and infant, eg termination of pregnancy for hypertension, renal disease [*it is not removing a cup and emptying a bucket, believing similarly for lower caesarian segment sections to terminate pregnancy for medical reasons*] support pregnancy, with antihypertensives, because oestrogen would not have dipped [blood would be hypocoagulable], oxytocin would not have been released to establish parturition, involution of uterus, to contract on bleeding vessels; so maternal postpartum mortality is inevitable, foetal survival is difficult.

Post delivery proteinuria, renal function all improve remarkably, [17] jaundice during pregnancy will abate after placental delivery; pregnancy is tuned by innumerable physiological factors guiding to labour at term.

It is the insufficient synthesis in 4500 pg/dl - 30,000 pg/dl to support foetal growth from 3rd month to term [because sunflower seed oil/refined oil consumption—oestrogen progesterone cannot be synthesised because cholesterol esters of sunflower seed oil without corresponding LDL receptors in human body cannot be utilised to synthesise steroid hormones] placenta lakes of blood with slow flowing blood will clot [because oestrogen synthesis is inadequate leading to placental infarctions resulting in eclampsia, hypertension, foetal miscarriages.

High optimal levels of oestrogen in trimesters, [by consumption of virgin palmolein oil, virgin coconut oil, virgin olive oil, fried preparations of pulses] achieves by its hyaocoagulability good placental blood flow, materno-foetal exchanges no placental infarcts, foetal growth optimal, placental switchover adequate.

Hence every human being, including mothers' consumption of virgin olive oil, virgin coconut oil, virgin palmolein oil [and not sunflower seed oil, refined oils/ packet oils] essential to prevent 60% degenerative, neoplastic, probably autoimmune diseases, in all tissues specially placental switchover insufficiency, spontaneous abortions, eclampsia, hypertension of pregnancy, cephalopelvic disproportions requiring lower cesarian segment sections at term.

Its marvellous tissue changes, under paracrine, eccrine, endocrine governances ultimately common pathway by foetal HPA axis activation as portrayed above, [foetal maturity guides to labour during which cervical os has to open, labour has to progress;] in this above case pregnancy was terminated only 10 days before her expected date of childbirth without labour pain onset, to prime the cervix, probably the mothers expected date of childbirth, was in the latter half-15 days after expected date of childbirth range, so oestrogen had not dipped [blood will be hypocoagulable to maintain flourishing flow to slow blood flowing placenta], oxytocin would not have been released, to establish parturition-uterine coordinated contractions, lactation, uterus would not involute to our intervention by LSCS, mothers mortality by postpartum haemorrhage is inevitable.

At parturition, oestrogen would have dipped, [coagualbility of blood increases with placental delivery, placental hormones would drop] oxytocin is released,

parturition with coordinated uterine contractions, softening of cervix, dilatation of cervical os with head/vertex descent, [to name a few of innumerable factors governing physiological pregnancy, physiological parturition] on foeto-placental delivery, involution of uterus, clamming down on the bleeding vessels, clotting of bleeding vessels from detached placental surface will follow because oestrogen has dipped, mother is protected from postpartum haemorrhage by God ordained physiology; again to marvel at physiology and assist only delivery, pregnancy is geared physiologically to support foetal growth to parturition at term; LSCS/ termination of pregnancy anytime believing we're removing a cup, emptying a bucket deleterious for mother, foetus; pregnancy has to be nurtured, continued with virgin olive oil, virgin coconut oil, virgin palmolein oil consumption and not refined oil or sunflower seed oil; avoiding ingested toxins, namely water living without scales gills, fins; horse grams, seaweeds, sprouted seeds, mushrooms will safe guard us, including pregnant mothers from kideney disease, proteinuria, liver disease, hepatitis B surface antigen, hepatitis C virus, [water living without scales, gills, fins are toxin containing mammals swallowing blood etc. in waters, which through their bone prick…we can contract these viruses] Gastro intestinal tract neoplasms, abdominal lymphomas, carditis, dermatitis, autoimmune diseases by molecular mimicry mediated autoimmunity [18] (**Figure 3** and **Figure 4**).

In leiomyoma there is a therapeutic indication for myomectomy and not hysterectomy [the mother wants hysterectomy…] leiomyoma occurs secondary to decrease in endogenous oestrogen status governng cell metabolism, leading to whorls of smooth muscle cells as myoma, instead of growing normally as uterus; reduced endogenous oestrogen status follows 60% with essential fatty acids deprived diet (eg. sunflower seed oil/refined oil—oil removed of its life factors

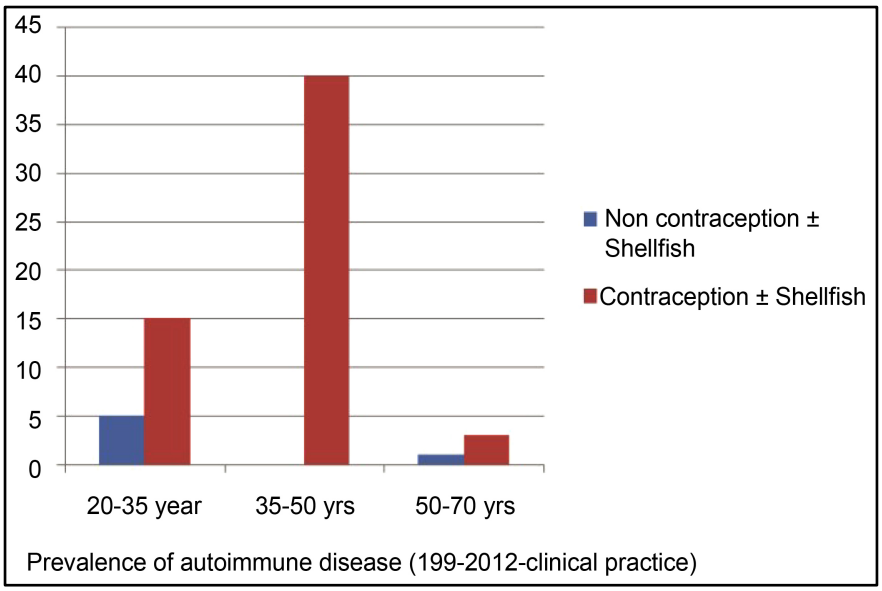

Figure 3. Prevalence of autoimmune diseases, contraception, water living without scales ingestion reference [18].

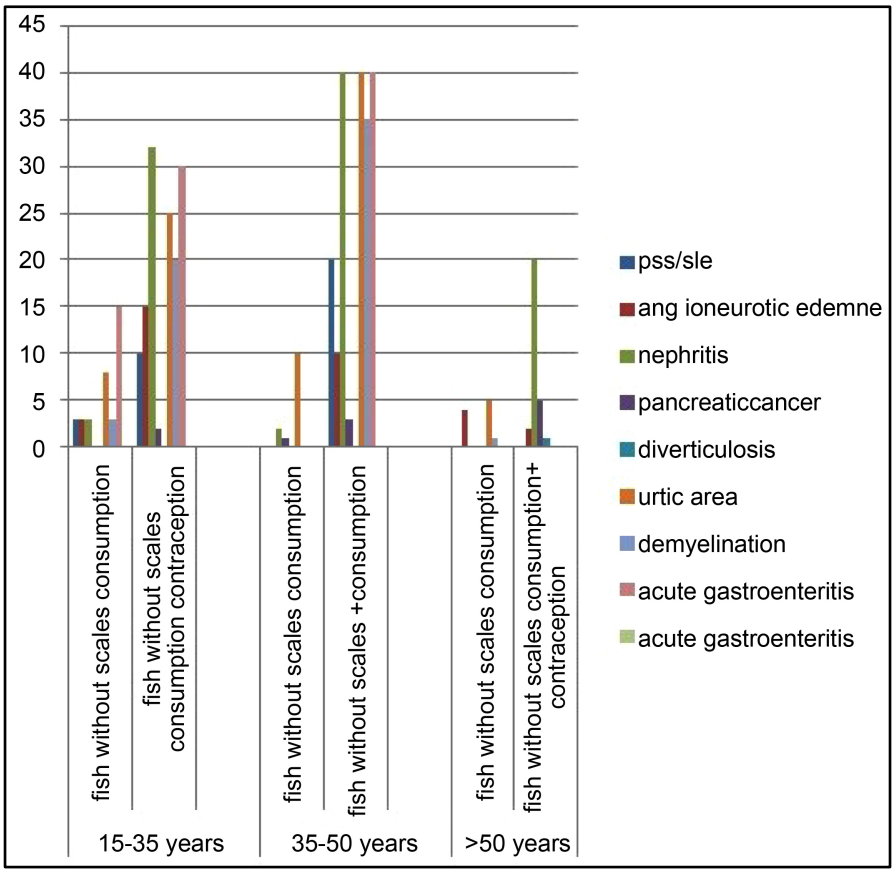

Figure 4. Prevalence of autoimmune diseases with contraception, toxinous food ingestion reference [18].

contained fatty acids consumption), oestrogen synthesis reduces, 275% after contraception/abortion [non evidence based non medical practice] secondary to fragmentation of germ cells; *hence myomectomy coupled with fallopian tubal recanalisation/contraception reversal* [*if needed*], *consumption of virgin olive oil, virgin coconut oil/virgin palmolein oil will prevent recurrence of leiomyoma.*

Similarly in uterine descent secondary to degenerative changes in pelvic floor, consequent to reduced endogenous oestrogen status governing cell metabolism [275% after contraception abortion, 60% with essential fatty acids deprived diet], *pelvic floor repair, sling procedure, ligaments plication, coupled with contraception reversal/eg. fallopian tubal recanalisation,* [*if required*] *consumption of virgin coconut oil/virgin palmolein oil/ virgin olive oil, will prevent further recurrence of uterine descent would be the protocol and not hysterectomy*; [in intestinal descent hernia we strengthen parietal abdominal wall, replace intestines, herniorraphy similarly in uterine descent]; *in hernia to prevent recurrence of degenerative changes in abdominal wall, coupled fallopian tubal recanalisation/ contraception reversal,* [*if needed*] *virgin coconut oil/olive oil/palmolein oil consumption will prevent recurrence of hernia.*

In hysterectomy endogenous oestrogen dips to 0.4 pg/ml resulting in 500% increase in degenerative/neoplastic/autoimmune diseases (**Figure 5**) in both

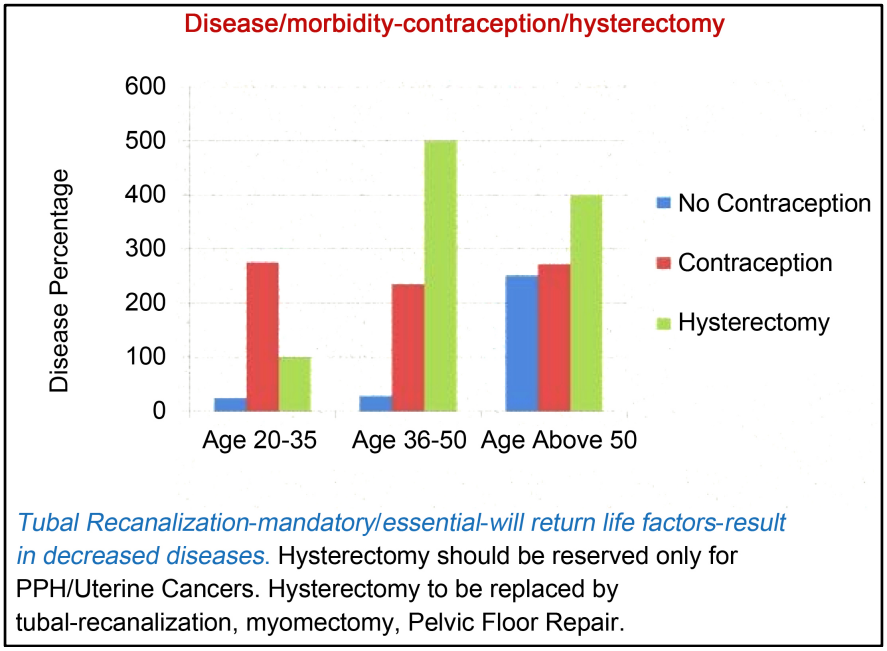

Figure 5. Morbidity prevalence with hysterectomy, contraception reference [19].

parents [19].

Conservation of life saving procedure urgent hysterectomy for cancer uterus, post-partum haemorrhage would be therapeutic protocol.

6. Case 3: Case Details

In 1998, a 27-year-old woman presented with postpartum haemorrhage of one hour duration, after prolonged labour: her haemoglobin was 3 gm%; she was on continuous bladder drainage, oxytocin infusion was going, but the uterus had not become rock hard, it remained soft; mobilising 10 units of blood, with preanesthetic panel prepared, emergency hysterectomy of the soft uterus was performed, once uterine bleeding vessels were ligated, uterus was severed, all the 10 units of blood were transfused immediately, she survived.

7. Case 3: Discussion

After vaginal delivery, after prolonged labour the lady presented with postpartum haemorrhage; after confirming uterus is soft, not rock hard inspite of oxytocin infusion, with preanesthetic panel made ready, emergency life saving hysterectomy was performed; simultaneously mobilising 10 units of blood which were transfused soon after ligation of uterine blood vessels, severing uterus. Patient survived.

Due to nitric oxide vasodilatation effect of oestrogen, pregnancy is a hypo coagulable status, hypovolemic because significant vascular volume is in third space eg. placenta; puerperium oestrogen has dipped, so its highly hypercoaguable status, prone for superior sagittal vein thrombosis, cortical vein thrombosis, if associated with dehydration; so sufficient hydration to be taken care of during

post partum; at puerperium prothrombin time prolonged status due to jaundice during pregnancy which will abate normally at delivery of placenta, not be treated with fresh frozen plasma, can precipitate superior sagittal venous thrombosis; similarly no need for Injection vitamin K for prolonged prothrombin time during pregnancy, which is physiological due to hypo coagulable status, injection vitamin K will lead to placental infarctions and foetal miscarriages.

8. Case 4: Details

In 1999 woman of 32 years [without prior antenatal screening] was delivering a twin breech presentation; she was detected to be hepatitis B surface antigen positive, she had jaundice, total bilirubin 3 mg/dl, anaemia-haemoglobin of 6.5 gm%; after coming head forceps was applied to assist delivery.

Her twins were managed at higher centres, due to jaundice, hepatitis B surface antigen positivity for mother during pregnancy; she received 3 units of packed red blood cells, during postpartum; her jaundice decreased after delivery of placenta, she returned for next pregnancy in the second trimester, with both twins crawling at her sides, Hepatitis B surface antigen had turned negative for the mother.

9. Case 4: Discussion

Pregnancy with high oestrogen status ranging about >4500 pgm in the second trimester with resultant robust cell anabolism/immunity in mother, could expel Hepatitis B virus.

10. Case 5: Details

In 2003, a 32-year-old woman presented to emergency with dyspnoea, desaturation of 60%, she was ventilating but oxygen saturation was low; prior to admission, she had consumed hormonal pills for 3 days to postpone her menstruation to enable her to attend a wedding; she had undergone puerperal sterilisation in the past; her electrocardiography showed S1, Q3, T3 changes suggesting pulmonary embolism; thrombolysis, heparinisation was initiated, intubated, ventilated without improvement in oxygen saturation; hence saddle thrombus possibility was considered and she was referred to higher centres for CT pulmonary Angiogram, Thromboembolectomy but she succumbed.

11. Case 5: Discussion

This person's contraception status, puerperal sterilisation, increases thrombogenicity [275%] due to reduced endogenous oestrogen status secondary to germ cells destruction by contraception, over that her consumption of hormonal pills to postpone menstruation further decreases endogenous oestrogen, increased vulnerability for pulmonary thromboembolism. Information, side effects regarding pills, mentions pulmonary embolism but the common public least do they comprehend pulmonary embolism could mean sudden death; she had tra-

velled to attend the wedding dehydration adding on to thromogenecity.

12. Case 6: Details

In 2014, a 29-year-old woman presented with unconsciousness of 30 minutes duration to emergency; she had infertility for 11 years and had delivered a precious baby, 34 days prior to admission; [due to social ignorance to enhance mothers milk, baby shark food helps] she had received baby shark food one hour prior to admission; on examination she had quadriparesis, she was unresponsive pupils were reacting.

Her Magnetic Resonance Imaging [MRI] brain, with arteriogram, venogram showed multiple vessel narrowing suggesting vasculitis with bilateral asymmetrical, multifocal infarcts. She was treated with IV immunoglobulin, [0.4 gm/kg/day*5days] needed ventilatory support, anti-oedema measures, anti epileptics, parenteral hydration, she was referred to higher centres.

13. Case 6: Discussion

Shark is a toxin containing mammal, as the toxins mediate molecular mediated autoimmunity, resulting in multifocal bilateral asymmetrical multiple vessel narrowing suggesting vasculitis; awareness about food toxins as already mentioned leading to autoimmunity, would have helped prevent this presentation.

14. Conclusions

Consumption of virgin olive oil, virgin coconut oil, virgin palmolein oil [essential fatty acids rich diet] for cooking can prevent polycystic ovaries, pre-eclampsia, miscarriages, cylindrical obesity, cephalopelvic disproportions.

Awareness to avoid food toxins-[waterliving without scales, horse grams, seaweeds, sprouted seeds, consumption of raw carrot, beetroot, mushrooms] can prevent toxins associated with vasculitis, nephritis, psoriasis/cutaneous lesions, hepatopathy, pancreatitis, chronic pulmonary changes, abdominal lymphoma, chronic lymphatic leukaemia, gastrointestinal neoplasms, including cholangiocarcinoma, pancreatic cancers, hepatocellular carcinoma.

Endogenous oestrogen surveillance of cell metabolism [physiology] will always protect the cells including breast, uterus from neoplasms; endogenous oestrogen can never become carcinogenic, by marvel unfailing physiology; its impaired oestrogen surveillance secondary to consumption of sunflower seed oil, refined oils, essential fatty acids deprived diet [60%], contraception abortion [275%] results in degenerative diseases, neoplasms.

Therapeutic indication following conception is delivery assisted by therapeutic protocols, policies because foetal hypothalamus pituitary axis has to coordinate innumerable paracrine, eccrine, endocrine, factors for the final common pathway of uterine emptying, for eg. oxytocin has to be released from maternal hypothalamus pituitary axis, even as oestrogen dips nearing parturition; prevention, postponement, termination of pregnancy, precipitation of par-

turition, [jumping off cliff to fly marred science].

Emergency hysterectomy with preanesthetic panel workup, blood transfusions, given after ligation of uterine vessels, severing the soft uterus, life-saving in postpartum haemorrhage following vaginal delivery of foetus, placenta.

Uterine Leiomyoma suggested therapeutic protocol-myomectomy, coupled with contraception reversal [eg. fallopian tubal recanalisation] if present, virgin coconut oil consumption to prevent further recurrence of leiomyoma; similarly, uterine descent suggested therapeutic protocol is pelvic floor repair with sling procedure/ligaments plication, coupled with contraception reversal, virgin coconut oil consumption to prevent a recurrence. Conservation of life-saving procedure urgent hysterectomy for cancer uterus, post-partum haemorrhage would be suggested therapeutic protocol.

Pregnancy with endogenous oestrogen ranging from >4500 pg/dl to >30,000 pg/dl, associated robust anabolism/immunity, enabled the elimination of hepatitis B positivity from the serum of mother.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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