

Will the world decrease births or increase deaths?—A review of 'Reproductive Medicine'--E. Coutinho & P. Spinola eds. 366p(1999)

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ABSTRACT

I review this report of an old medical congress on reproductive medicine. Much has happened in the 17 years since its publication but the most urgent task of preventing further population growth has largely failed on a global scale. I try to bring it up to date and briefly discuss the inexorable disaster coming as the world population passes 11 billion in the 22<sup>nd</sup> century. ).

Those interested in all my writings in their most recent versions may consult my e-book *Philosophy, Human Nature and the Collapse of Civilization - Articles and Reviews 2006-2016* 662p (2016).

This is the proceedings of the 10th world congress on human reproduction held in Salvador, Brazil in 1999. Though now quite dated, I read it some years ago while stuck in Salvador with nothing to read, and it was one of very few English science books I could find. It's 43 articles cover assisted reproduction, contraception, abortion, menopause, endocrinology and endoscopy. For those generalists like myself who are neither doctors nor specialists in reproduction, it is an eye-opening experience.

One finds (p148) that over 300,000 human embryos were created in the UK alone in just a few years so there may have been at least two or three hundred thousand a year in the world. Most of these were from eggs (often frozen and thawed) fertilized in vitro by sperm and then frozen at the blastocyst (early embryo) stage, to be unfrozen and implanted in a uterus at a future date.

Some relevant statistics not presented here show that humans produce about 400 eggs and 200 trillion sperm every second and there are about 50 billion copulations a year. By comparison a person produces about 400 trillion hemoglobin molecules ever second.

One learns also that unwanted pregnancies alone account for an estimated 600,000 maternal deaths a year from childbirth and legal and illegal abortions. Perhaps 70,000 a year die from illegal abortions. From data presented here, I estimate that the refusal of the USA to support worldwide birth control over the last 40 years has resulted in at least 350 million pregnancies, 100 million abortions (spontaneous and induced), 200,000 maternal deaths from childbirth, 300,000 dead babies, and an increase in the world population of some 250 million.

Christian fundamentalists seem to find this delightful. It would be easy for the Gates Foundation to put an end to most of this misery by distribution free birth control and 'morning after' pills, but of course neither they nor any other NGO has the courage to do it.

Recently hormone replacement therapy (HRT) has fallen into disfavor as it supposedly slightly increases rates of some kinds of cancer but such studies usually have severe detection/surveillance biases and articles here reviewing some 50 such studies show that with less than 5 years use, it has no proven effect on breast cancer rates and decreases cardiac problems. Furthermore, women who develop breast cancer while on HRT have a reduced risk of dying.

Although studies consistently demonstrate the safety of modern low dose oral contraceptives, it is easy to get funding so research continues. Studies seem to show that the (very small) risk of thromboembolism in normal women increases about three fold on oral contraceptives, but since the risk rises by six times during pregnancy, which has many other major consequences for health and life, this seems quite trivial. All of the studies have built in problems with severe detection/surveillance biases, preferential prescribing, attrition of susceptibles and other problems and when these can be corrected for there appears to be very little risk. Most importantly one must consider the high failure rates of alternative contraception and the very high risks of pregnancy and childbirth, to say nothing of the lifetime consequences to the couples and to society of

failed contraception. Nearly all myocardial infarctions and strokes

have occurred in users of the older high dose pills or in those with cardiovascular risk factors over the age of 35.

Nearly all new contraceptive devices have been attacked by the same morally retarded groups-- fundamentalists and sometimes misguided feminists who eagerly broadcast any reports of side effects, ignorant of the obvious fact that pregnancy is a far greater danger to health and happiness (and the future of everyone) than any side effect.

Tamoxifen-- the first widely used Selective Estrogen Receptor Modulator (SERM-- had some negative effects, but newer ones (e.g., Raloxifene) seem very promising, as one study showed it reduced the incidence of breast cancer in postmenopausal women by 60%.

There is great interest in the use other hormones for long term suppression of menstruation, not merely for birth control, but to decrease the often serious side effects such as anemia, pain, migraine, and dysphoria. A 400 mg injection of DepoProvera inhibits ovulation for 3 to 6 months and had some 12 million users in 1997 and contraceptive pills inserted vaginally can maintain symptom free amenorrhea for years. Oral pills called Seasonale used on a schedule permitting three bleedings a year made their appearance in 2004. Vaginal insertion has the great advantage of bypassing the liver and delivers a large dose direct to the endometrium.

Consequently use of such IUD devices as **Mirena**, which contained the same levonorgestrel as Norplant, was used in 1999 and there are now (2016) 2 others FDA approved used in the USA—ParaGard (no hormones but a copper coil), and **Skyla**, and they are all more effective than the pill (oral contraceptive taken daily) with a failure rate of less than one pregnancy per 100 women—compared with 9 per 100 women on the Pill. Implantable birth control devices such as Norplant (discontinued in 2008) has been replaced by related hormones such as **Norplant II** (Norplant-2, **Jadelle**, **Levonorgestrel**, **Etonorgestrel**, **Implanon/Nexplanon**, Sino-implant (II),Zarin, Femplant and Trust, which all slowly release hormones for up to 5 years, are used worldwide in 60 countries but much less in the USA.

There are articles on the use of intracytoplasmic sperm injection (i.e., sperm injected directly into the egg) and of many cases in which the sperm is taken directly from the epididymis. With this and other techniques totally infertile men and women with major genetic reproductive defects are having children and of course this and other procedures are now commonplace. As with most other medical procedures, nobody thinks of the fact that, on average, the children will inherit these defects, requiring ever more of these procedures and intensive medical care in the future. The genetic degeneration of our species (dysgenics) is a huge and rapidly increasing problem—a major part of the crushing cost of health care, but it is politically incorrect to even mention it and so it gets worse by the day and will be second only to overpopulation as a cause of the collapse of industrial civilization in the 22<sup>nd</sup> century.

IUDs (without hormones in them) appeared long ago and are increasingly popular, with possibly 70 million users of the copper containing device, TCU 380 in 1997. It is effective for up to 12 years. Yet American women—and the doctors who counsel them on family planning—have been slow to adopt it. Today, only about 10% of American women of child-bearing age use an IUD, the lowest rate of any developed country. And more than half of U.S. women surveyed have never heard of it. Another of the endless examples of the criminal stupidity of our government and it's subservience to fundamentalist religious fanatics.

It is possible to prevent a pregnancy up to 2 weeks after fertilization with vaccines against HCG and to immunize against pregnancy but this will require booster shots and much research will have to be done. The latest (2016) research on a male contraceptive is disappointing.

Now (2016) we also have many other devices such as NuvaRing, a flexible loop that's inserted in the vagina and various gels and vaginal films.

Of course the 'morning after pills' are now (2016) also widely available OTC (i.e., without a prescription). Levonogestrel **pills**, including the brands Plan B One-Step and Next Choice One Dose, are up to 89 percent effective when taken within 72 hours **after** sex. They can also reduce the risk of pregnancy up to 120 hours after, but they are less effective with time. Ella (USA) or ellaOne (Europe) can also be taken up to 5 days after sex

and seems to be more effective than other 'after pills' but seem to require a prescription.

Currently (2016) about 800 million women use contraception regularly. Nevertheless official projections are that the world will add over 4 billion people by 2100, 3 billion in Africa, 1 billion in Asia and several hundred million in Latin America and the Middle East. Populations of all groups of European ancestry (i.e., Caucasians) are falling everywhere as they produce less than 2 children per couple, and nearly all the increase in the last 50 years and 100% of that from now (2016) on is due to 3<sup>rd</sup> world mothers. Starvation, disease, crime and war will provide population control for the 3<sup>rd</sup> world in the future.