Reproductive Health of Women: An Attempt to Define Prevention of Breast Cancer

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Abstract

Background. On the evidence-based information of breast cancer as a preventable disease, an attempt is made for definition of primary, non-chemical prevention of the epidemic breast cancer. The battle over healthcare reform, besides other priorities, is revolving around women’s issues and health protection too.

Aim. To add to the knowledge and to advance the tested concept of the potential for primary (non-chemical) prevention of breast cancer as an epidemic disease. Ultimately, to present from a medical point of view the attempted definition of a preventive contraception against the epidemic breast cancer.

Justification. The number of cases and the incidence of breast cancer is in a steady increase worldwide and in our country, Macedonia, (with more than 800 cases, or 76.2 crude rate per 100,000 female population, in 2008), followed by great losses and expenses in human lives, individual and familial sufferings and disasters, and material resources. It could be assessed that no healthcare reform could be achieved successfully as long as the half of the population, women of all ages, is threatened by a real risk of breast cancer as an epidemic disease. The changes in the biological micro-environment and ecosystem of the intimate (sexual) woman-man relations, which is still unknown, reflect gravely upon the health and lives of people, especially women of all ages. Primary (non-chemical) prevention of breast cancer is neither mentioned nor considered in the ongoing debate of healthcare reform, in the scientific literature, and at the conference meeting.

Evidence and Discussion. The results of the initial field study and other ecological and experimental studies showed and corroborated the evidence that the mass condomization of women’s sexuality is the root cause of the perplexing emergence and rapid rise of the breast cancer epidemic all over the world along with the occurrence of the AIDS epidemic, after 1981. Prevention of breast cancer rather than programs of mass mammographic screening for early detection of cases of the disease are discussed. The views on contraception and marriage of the main religious denominations in the Western world, which were relevant to the aim of this study, are briefly presented. The negative consequences of screening of the disease and the recent debate of questioning the breast screening programs is discussed.

Conclusion. From a medical standpoint, to achieve the suggested primary prevention of the breast cancer epidemic it is necessary to eliminate completely the barrier devices and methods of contraception, the condom use and withdrawal practice. Instead of use of barrier methods, a replacement is to be done by shifting to use of other, non-barrier methods and techniques for fertility-control and family-planning purposes during the reproductive life-span of women, which include: abstention, rhythm, IUDs, OC pills, and tubal ligation.
Introduction

The battle over healthcare reform is revolving around women’s issues and health protection against the widespread, specific female diseases, including breast cancer. The changes in the intimate (sexual) biological micro-environment and affected ecosystem in woman-man relations, imposed by specific technological force, whose consequences still remain unknown, reflected gravely upon the health and lives of people, especially upon women of all ages. The results of the initial research study and the other, subsequent ecologic studies and an experimental trial corroborated and confirmed the evidence of the mass condomization of women’s sexuality as the root cause of the perplexing and rapid emergence of the breast cancer epidemic worldwide accompanied by other tumors and lesions on the female reproductive system.

The interest and debate about the struggle against breast cancer is increasing in intensity in our country, with certain belated awareness. At a Breast cancer conference in Skopje (Republic of Macedonia), in the beginning of March, 2009, a post stamp of 15 MKD (of about $0.25) was promoted as a financial help in the war on breast cancer. It was a copy of the American stamp of a stylized woman’s head, with the same logo “Fund the Fight. Find a Cure,” issued previously by the American Post office on behalf of the breast cancer organizations. The epidemic rise and extent of the current breast cancer crisis worldwide was emphasized, by quoting the number of about 800 cases of the disease, or crude incidence rate of 76.2 per 100,000 female population in the country in 2008, and the heavy human and material burden of the rising breast cancer epidemic. In average, the direct costs of clinical treatment of a breast cancer case was estimated to be around $55,000, “aside the cost of the operation” which was close to the cost of the post-operative treatments, with a bottom line of more than $100,000 expenses per a case, similar to the direct costs and expenses per a breast cancer case on a global extent. Like everywhere, the indirect costs of a breast cancer case in advanced countries were quoted to be threefold greater than the direct (medical) costs [1].

The imperative for nationally based screening programs for ‘early detection’ of the disease in women by mammography, between 40 and 65 years of age, and provision of more advanced mammographs and sonographs, were emphasized as indispensable in the struggle against the expected increase of the breast cancer epidemic in the future. The potential of prevention of breast cancer as an epidemic disease was neither mention nor discussed at the conference. In the published interview with one of the experts and promoters of the post-stamp, the answer to the question “is there any way of avoiding the danger of breast cancer?” responded explicitly that “There are no methods of prevention of this disease” [2].

Contrary to this confident assertion, this study is attempting to espouse the evidence that the epidemic breast cancer is a preventable disease. The sudden and unprecedented epidemic of malignant disease (cancer) of the breast emerged as a collateral, twin outbreak at the same time and all along with the unexpected emergence of the AIDS epidemic, at the beginning of 1980s and ever since.

The objective of this study is to emphasize both the need to implement primary prevention and protection against the epidemic forms of breast cancer (along with the accompanying neoplastic diseases in women), and to attempt to define the preventive means to be practiced during everyday lives of women of all ages.

Results of the Etiology of the Epidemic Cancer of the Breast

The results of the initial, hypothesis-testing study of etiology and prevention of breast cancer [3-7] provided evidence and inferences which showed to be new and different from the widely and routinely accepted conceptions about the women’s health and ill-health. It was indicated that there is an association at a significant level between the use of condoms and the development of breast cancer in married American and other women. The etiological link between the use of condom and breast cancer, corroborated in a field study, was subsequently confirmed in a dramatic way by the (explicitly predicted) rapid natural experiment of surprising breast cancer outbreak / epidemic, following the mass condomization campaign for prophylaxis of the suddenly emerged epidemic infections of AIDS, after 1981.

Among the other inferences of the evidence-based results of the study was the new perception that the marriage, sexuality and love construct a profound biological marital union, with a strong physiological impact upon the spouses, particularly on woman, besides the traditionally acknowledged ‘definition’ of marriage as a social, psychological, economic and legal unit between a woman and a man.
The biological plausibility of the purported causal link of the use of barrier methods of contraception (condoms and/or withdrawal - *coitus interruptus*) to breast cancer in American women has been elaborated elsewhere [4, 7]. The causality of breast cancer exposure to condom use was defined in the research study as an inverse ecological risk factor due to the absence, elimination or reduction of certain protective biological factors in the seminal fluid (the prostaglandins?), thus inducing technical effects of absolute male sterility in the prime and primordial biological woman-man communications of sexuality.

It has also been observed that the dichotomy of sexuality and procreative function of the female is much more complex than it has been presumed. Although intertwined, the distinct sexuality and reproduction capacities in women might offer a 'window of opportunity' to act coherently in achieving contemporary imperatives of both, to control the individual fertility and the global population growth, and to prevent the threat of breast cancer as an epidemic disease.

In historical (and pre-historic) prospective, it was inferred that marriage in *homo sapiens* societies has been and remained an institution primarily for protection of the woman and her biological needs and changes, cyclical periods and natural functions, such as menstruations, pregnancies, deliveries, raising children, breast-feeding, and guarding all her functions subject to vulnerable episodes and exposures to outside threats. The unspoken notion at the woman’s biological needs as the main reason for marriage and the central figure of woman in the family structure seems hinted in the Bible, but virtually abandoned to a great extent in the modern civilization today. The alienation from the traditional family values has been escalating in parallel with the emergence of new technological appliances and machines which substituted and alleviated the heavy domestic duties/work of women [8]. Among the technological advances for help to women are certainly the high-tech devices for false protection and control of their sexuality, including condoms and the variety of other contraceptive methods.

Although the attention and concern was focused mainly on the 'hormonal' oral pills for birth-control, the condom use and the uncritical campaigns for its use in the mainstream population(s) resulted in grave consequences on health and lives of women of all ages, in terms of the ongoing breast cancer epidemic. Even though the use of condoms dates for more than one century (in England at least), the condoms have been totally overlooked as the possible cause of the widespread ill-effects and morbid consequences in women. The introduction of mass condomization of female sexuality has completely corrupted and destroyed the micro-environment of intimate (sexual) human ecosystem, by creating technical effects of sterile mating and un-physiological primordial woman-man relations and cohabitation. The unspoken ideas and intuitive popular knowledge of sex and sexuality as necessary part of life, health and survival of woman in marriage, and maybe of her beauty, was replaced by a conceptual vacuum of sex and sexuality as a trivial, ‘recreational’ gender activity.

### Prevention of Breast Cancer Instead of Screening Programs

Emphasis in the battle against the breast cancer epidemic has been given and still is on the so-called ‘early detection’ of breast cancer cases. Some of the controversial issues of the exclusive strategy of early detection, including the in-situ cases, are:

- The programs of screening for early detection of breast cancer, which started in earnest in North America and Europe in 1988, as a “preventive approach” to the disease, after the first breast cancer outbreak, pointed out to a new reality that the ‘downstream’ healthcare activities (screening and extensive clinical treatments) did not have any effect, nor solution for decline of the on-going breast cancer epidemic. Screening was inefficient to stop the breast cancer epidemic in the community; did not define the cause(s) of the excessive spread of the epidemic, and did not determine any preventive potential for elimination of the breast cancer epidemic or of the carcinogenic risk factors of the disease in the population(s);

- The cancer of the breast, which in medicine is considered a systemic disease, could not be successfully treated with interventions on the local lesions only, for the risk of recurrences and distant metastases is always present even with ‘early detection’ and aggressive clinical treatments; The issue of the *in-situ* cases of the disease is challenging the concept of early-detection because of their uncertain end-results;

- The campaign for national mammography screening programs is based on the premise of continuous rise and extension of the epidemic breast cancer into eternity. In the past three decades, there have been not less than six to eight million women afflicted with breast cancer, with about a quarter of them perished, in the U.S., since the early years of 1980s. In addition, breast screening programs have long been used for a denial of and falsifying the real rise of the perplexing and expanding breast cancer...
epidemic in the developed world and, later on, in the developing world as well;

- The triumphant claim that “screening saves lives” is unsubstantiated as well, since the non-screened breast cancer cases have the similar rate of survival as the screened women; the survival may have depended on the frequent collateral surgical interventions of the tumors and lesions which usually accompany breast cancer in younger, premenopausal women, such as hysterectomy with or without oophorectomy, thus resulting protective effect similar to that of tubal legation and OC pills;

- The deterrence and obviating the evidence for primary prevention of the on-going breast cancer epidemic, rather than screening, is perhaps the greatest damage done to every society by the planned mass mammography screening campaigns, cloaked in scientific rhetoric as “preventive health-care” programs, and yet effectively excluding the women and couples from the information of preventability of breast cancer as an epidemic disease. By opposing public health option for implementing a primary (non-profit, non-chemical) prevention of the current breast cancer epidemic, the suppressive policy resulted in ‘holocausting’ millions of women of all ages.

Breast cancer is a preventable disease. Evidence of the potential for primary (non-chemical) prevention of the epidemic form of breast cancer along with the accompanying gynecological malignant tumors and other lesions is based on scientific studies and tests [4, 7], together with experimental trial and other ecological investigations and other indicators of the epidemiology of breast cancer worldwide [9-12].

The last development of a flurry of questioning negative consequences of the breast screening programs [13-15] seems to be attempts of stopping the meltdown of a long-time misconceived policy in the battle against breast cancer.

**Contraceptive Methods: Arguments and Potentials for Breast Cancer Prevention**

Contraception is an indispensable and inseparable part of the technological transition and living in the contemporary civilization. And yet, due to imperfect understanding of the physiological effects, the contraception is a part of certain gruesome consequences in women, such as breast cancer. Paradox is that both the threat and the solution of the health of women and control of her fecundity are to be supposedly found in contraception and family planning. Many aspects in woman’s personal and family life are reflected on her health and fate. The fertility is a natural capacity necessary to preserve it within the contraceptive practices, instead of the tendency to suppress or destroy this vital innate value because of ignorance or wrong device, methods and techniques of contraception. Birth-control is a quiet dimension of our daily life; it is not a loud symbol of our intimate, sexual relations. Contraception is a subtle, long-run expression of love, desire, mutual commitment, motivations, and health. In order to be applicable and acceptable to the consumers in biological, social and ethical sense, a viable contraception has to have at least three properties: (i) to protect the life, health and sexuality of the woman, (ii) to protect against unwanted pregnancy, and (iii) to permit ‘normal’ sexual relations. Violation of any of those requirements introduces a risk for fast destruction of the health and lives of women and their families. It is an almost inconceivable fact that the errors in prevention of unwanted pregnancy (with condoms), is reflected to and associated with multitude of signs of ill health in women, including breast cancer and accompanying lesions on their reproductive system. For a natural protection against breast cancer, it has been empirically estimated that a woman has to have experience of eight or more full-term pregnancies [16], together with multiple, relatively short breast-feeding periods of about six months average time for each child, what is obviously impractical to achieve and maintain in the contemporary demographic situation. Conclusion has been that a woman could be able to try to protect herself against all, the unwanted pregnancies and grave abortions, as well as of devastating consequences of breast cancer, including anorexia-bulimia disorders in teenage girls by abandoning barrier contraceptive methods in favor of use of adequate, non-barrier contraceptive methods and techniques.

**An Attempt for Definition of Primary Prevention of Breast Cancer**

The question remains how to prevent breast cancer and other sex- (gender-) specific diseases and disorders in women? Given the available evidence, the most likely answer would be the elimination of the exposure to the use of the barrier contraception methods (condom devices and withdrawal practice), and instead to use non-barrier contraceptive methods and techniques (Table 1). The known professor of gynecology and obstetrics and Dean of the School of Medicine of the University of Dundee, Scotland, Dr. P.W. Howie, has vividly portrayed at the outset (in 1981) the uncertainties which exist among women-users of contraceptives [16]: “As the risks of the
Table 1: Attempt for definition of prevention / protection against breast cancer and other gynecological and accompanying tumors and diseases: Non-barrier methods, devices and techniques for fertility-control and family planning purposes, according to the reproductive status, motivation for family planning, and (approximate) age-span at the reproductive event.

<table>
<thead>
<tr>
<th>Reproductive Status/Event, Motivation for Family Planning, and Approximate Age Span</th>
<th>Abstinence</th>
<th>Natural Family Planning - Rhythm Method*</th>
<th>Non-barrier Methods and Devices for Fertility Control and Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underage, Teenage, Adolescent, ‘Virgin’ Girl, Not Married: Age &lt; 15 yrs</td>
<td></td>
<td>♦ ♦ ♦</td>
<td>Diaphragm*, IUDs, OC pills, Tubal ligation (Female sterilization)</td>
</tr>
<tr>
<td>First Sexual &amp; Subsequent Sexual Contacts Age &lt; 15 yrs</td>
<td>♦</td>
<td>♦ ♦ ♦ ♦</td>
<td></td>
</tr>
<tr>
<td>Nullipara in Family Planning, Delayed 1st Pregnancy, Age 18-30</td>
<td>♦</td>
<td>♦ ♦ ♦ ♦</td>
<td></td>
</tr>
<tr>
<td>PAROUS Woman in Child SPACING; Age 25-35</td>
<td>♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td></td>
</tr>
<tr>
<td>PAROUS, or Multipara in Family Limitation: AGE 35-54</td>
<td></td>
<td>♦ ♦ ♦ ♦</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
* Diaphragm, without bactericides or other creams;
♦ ♦ ♦ Considered the best or effective methods of prevention of breast / gynecological cancers / lesions;
♦ Considered less effective / appropriate methods of prevention of breast / gynecological cancers / tumors;
♦ ♦ Considered least effective methods of prevention of breast / gynecological cancers and other diseases;
♦ ♦ ♦ ♦ Unconfirmed or ineffective (?) / methods/techniques of prevention of breast / gynecological cancers / diseases.

Note:
- The Condoms and/or Withdrawal are entirely excluded, as considered ‘non-contraceptive’ device / technique, due to the evidence-based carcinogenic and other ill-health effects;
- Controversial ‘Prophylactic Mastectomy, Hysterectomy and/or Oophorectomy,’ not considered preventive, because of lack of justification and grave moral and ethical objections for routine practice;
- For incidental, unprotected sexual contacts, the ‘Morning After’ injections / pills (Plan B), are not considered protective contraceptive hormonal methods against breast / gynecological cancers.

Discussion

It was not an easy task to assess the risk-benefit balance of particular contraceptive methods. Uncertainty about the health of women on long-term use of contraceptive methods is present not only with the consumers but with the professionals as well. The woman is threatened by the same forces by which she is dependant for her health, love and happiness.

Until 1930s, all religious denominations strongly forbade contraception as “always considerably evil.” After the Great War of 1914-1918 (WWI), a new social order built-up in the aftermath of the war, initially in the industrialized Western-European countries. The social changes in the industrialized societies developed most likely as a result of several good causes that, among which, firstly, entire generations of young men-soldiers who died at the frontlines did not return home; secondly, the young women who worked at the defense industries as replacement to the recruited male work force in the military, did not return home as well, for housework and family life only, but remained employed in the industries and services; and thirdly, the discussions and scientific studies about the post-war social changes, marital issues and women’s rights along with demands for birth control and contraceptive information grew intensely. Among the early authors with scientific and professional credentials...
was Dr. Th. van de Velde, a gynecologist and researcher from Belgium, with his trilogy "Ideal Marriage: Physiology and Techniques," which after 1926 justifiably drew much interest in issues of marital life, sexuality, and liberalized contraception.

With no pretention for a theological approach to interpretation of the subject matters, perhaps it may be justified to assume at a lay but informed view at the steadily growing interest in the socially and culturally changed post-war populations in the West as the main cause which prompted the Conference of the Anglican Church, at Lambet, in 1930, to reconsider and declare contraception as a "lesser evil" than the unwanted pregnancy and abortion. Thus, the Anglican Church Declaration of permissibility of contraception broke the ranks with the other Christian churches for the first time on the subject matter. All contraceptive methods (including condoms) were permitted for use in Great Britain, without much debate about possible adverse effects.

The Catholic Church responded to the popular challenge on contraception in the same 1930 with an Encyclical from Pope Pie XI (Casti Connubii), with instructions for better understanding of procreation in marriage and sexuality of the believers. A clear understanding of the Catholic Church centuries-long tradition of condemning contraception seems well summed up in the following explanation:: "since... the conjugal act is designed of its very nature for the generation of children, those who, in performing it, deliberately deprive it of its natural power and capacity, act against nature and commit a deed which is shameful and intrinsically immoral." The global Catholic congregation, Vatican II, in the 1960s, held a long and in-dept debate and considerations about family planning and contraception. Among the wide considerations about the "control of nature" was the inference at the congregation that "Experience will show what is good or what is evil…” in the realm of birth control and contraception [18].

In 1968, Pope Paul VI produced the far-reaching Humanae Vitae encyclical letter, which was perceived as an answer to the new social needs and scientific reality related to marital life and birth control. Together with elaborated details of the moral, psychological and health aspects of the 'artificial' contraception and its potential for seriously damaging the values of the holy sacrament of the marital institution, the Papal Letter highlighted its concern for the unknown hazard to the health of mother and child. The use of the 'natural family planning' (NFP or, so-called, Ogino-Knaus, or 'rhythm' method), was the only birth-control technique permitted to the Catholic couples to practice. Except the rhythm method, strong prohibition was proclaimed against the use of all other methods, such as: the oral contraceptive pills (the method which was most marketed at that time), because of containing steroids in various concentrations to be given to healthy women, and assumed threat and danger to the moral and fidelity in marriage and increase of promiscuity; the intra-uterine devices (IUDs, because of the threat to potential abortion and uterine infections and sepsis); the diaphragms, condoms, and sterilization (of both male and female, as one category) and other methods [18]. Because of unknown and assumed adverse effects of contraception (all as one, inclusive grouping), grave consequences on the health and life on woman, the child and the family were anticipated by a Catholic scholar, Prof. P.G.D. Riley, as an unidentified but impending global calamity [19]. The gloomy predictions were materialized and vindicated to a great extent with the appearance of the perplexing, suddenly emerged and rapidly rising breast cancer as an unprecedented, for the first time in medical history, epidemic of malignant disease(s) [4, 7] instead of the ‘familiar’ epidemics and pandemics of communicable, contagious diseases.

Besides the strict restrictions of contraceptive methods in the Humanae Vitae (1968), in the same Papal Letter there was a far-sighted stipulation, if correctly understood by a medical layman in a bio-medical context. In the Chapter 15, "Licithness of therapeutical means," it seemed a consent is stipulated to the use of artificial-contraceptive methods as possible therapeutic methods, as quoted: "The Church, on the contrary, does not at all consider illicit the use of those therapeutic means truly necessary to cure diseases of the organism, even if an impediment to procreation, which may be foreseen, should result therefrom, provided such impediment is not, for whatever motive, directly willed." The Papal Letter, which was released under the "non-infallible" label, acknowledged the duty of doctors to "acquire knowledge needed to the delicate sector…” [18].

For more than 40 years ago the attention has focused mainly on the steroidal oral contraceptive pills and their potentially carcinogenic, harmful and other adverse effects and infections of the reproductive organs and fertility of women. The fervent logic about the potentially causal relationship of the use of OC pills with breast cancer seems to have a long history, not necessarily related to its chemical content. More than 150 years ago, observation was reported that in post-renaissance Italy, the cancer of the breast affects predominantly nuns while cancer of the cervix affects prostitutes [20]. The profiles of

http://www.mjms.ukim.edu.mk
these distinct sub-populations, the nuns and prostitutes, are apparent, related almost exclusively to the obvious characteristic of lack of pregnancy and childbearing in the former and noticeable in the latter women. In the modern times a similar observation has been upheld, that the increased frequencies of breast and other gynecological cancers in women coincide with the general decline in childbearing and low number of children (low parity) in contemporary marriages. A number of initial studies reported an increased risk of breast, ovarian and endometrial cancers among women of low parity, suggesting that pregnancy exerts a protective effect against the malignant diseases in women. After the beginning of 1960s, there were many American women “on the pill,” and by 1980 there were estimated more than 40 million exposed to this birth-control method, raising legitimate concern of a potentially substantial public health impact of an unknown association with breast cancer, as well as with ovarian and endometrial cancers. The underlying concern, interpreted in a research hypothesis, was that preventing pregnancies by OC pills or by any other means for that matter, an increase of the risk of breast-ovarian-gynecological cancers may be expected. Instead, the series of the Cancer and Steroid Hormone (CASH) studies, conducted by the CDC, 1981-1983, “shoved an apparently protective effect of oral contraceptives” on breast, ovarian and uterine cancers [21]. No consideration was made however to the tested, alternative hypothesis and evidence of the “semen-factor” deficiency rather than lack of pregnancy as a related factor to the development of breast cancer in American married women [3, 4].

The persistent condemnation of condoms also continued as “unnatural interference” in the nature of marital sex. With the new information of the significant condom-use association with the breast cancer development, the answer to the epidemic and its steadily rising threat of malignant diseases in women, a therapeutical contraceptive adjustment with some non-barrier contraceptive methods and techniques, seems remained unrecognized. The contraceptive adjustment is an attempt to eliminate both the past exposure to breast cancer risks, and a primary prevention against exposure to breast cancer risk in women of all ages. The envisioned objective of the “therapeutical contraception” is the elimination (“eradication” to occurrence of few, scattered cases) of the current, excess breast cancer epidemic worldwide to a low incidence of the disease(s) at personal, familial, and national levels.

The Judaism has always had precautionary views concerning marriage, woman, committed sexuality and methods for prevention of pregnancy. First and foremost, the withdrawal (coitus interruptus) has never been part of a “contraceptive” list of method, and presumed as totally forbidden in the Judaism. For, the threat of capital punishment, as it happened to Onan, due to the mortal sin of spilling the seed on the ground in sexual relations with his levirate, second wife. One of the interpretations was that the Creator is forbidding sterile mating. With regard to modern contraceptive methods, Judaism seems to have shown more tolerant position than other religions. The Responsa classification of eight contraceptive techniques graded from “the most to the list” favored methods, according to the degree of a direct “interference with the generative act and organs,” starting with the OC pills and IUDs (as #1), female sterilization (#2), douche, cervical cap, spermicides and tampon (#3-5), diaphragm (#6), IUDs, again, if leading to abortion (as #7), and ending with male condom (#8). It was a rare reference of condom use, perhaps the only one in the religious literature, with recommendation to its followers, in 1960s and 1970s, that “the male condom be used only in extreme cases of acute danger, and only if other means are unavailable” [22].

The Orthodox Christian Churches, with multiple centers in the world, were in accord with the doctrine of the Catholic Church in terms of prohibition of contraception and abortion as an evil. In practice, however, the Orthodox Church allowed the decision for prevention of pregnancy to be done as individual choice [23]. The Orthodox Churches believe that the significance of marriage and marital sex has at least four purposes: 1) the birth and care of children, 2) mutual aid of the couple, 3) the satisfaction of the sexual drive, and 4) growth in mutuality and oneness, i.e., love [24]. It looks as though the extended Orthodox teaching of the purpose of marriage differs from the Catholic Church which considers marriage as an institution only for twin marital purposes, unitive of the spouses and procreative for children [25]. Referring to old Christian sources and theological authorities (of St. Thomas Aquinas and St. John Chrysostom), the Orthodox Church looks at the sexual drive/thirst as the prime purpose of and reason for marriage among a woman and a man, and also for “enjoying sexual relations of husband and wife for their own sake and mutual love” [24]. In the teaching of the Orthodox Church there is “an absence of any commitment against contraception,” and “a reliance upon medical profession to supply further information on the issues” of birth control methods [25].

Islam also prohibits contraception, sterilization, abortion, and infanticide [23]. Islam, however, seems neutral about withdrawal (coitus interruptus), known and
called ‘azl’ in Arabic, for being an ineffective means of controlling or limiting the traditionally high-parity Muslim families. “Whether there is azl or not, the children will come” is an old saying. Islam vigorously condemns condoms, though. “Virtue, not condoms!” was an official proclamation in Kuwait at a global Conference against AIDS, 1993.

Neither the oral contraceptive pills, nor IUDs, or diaphragms produced epidemic emergence of certain female diseases, particularly not epidemics of malignant diseases, such as cancers of the breast, ovaries and other reproductive organs. In use of more than one century, the condoms have always been accepted in England and in other places in Western civilization for granted as a social benefit. Although at the turn of the 20th Century there were some voices of concern in the art and literature about the use of “rubber sheath” as a “prophylactic suppression and barrier” and “a mechanical device to frustrate the sacred end of nature,” [26] the concerns about adverse effects were soon forgotten, and the utterly incomplete understanding of and lack of interest in the grave hazards of “condomization” upon female sexuality prevailed ever since.

An in-depth historical review by the scholar H. Ratner [27] of both the “salutary effects of absorbed semen” during sexual act, and the loss of well-being because of absence of the “built-in prescription of Mother Nature for wellness” (the link of condom to breast cancer and preeclampsia), is his known saying; “God always forgives; man sometimes forgives; Nature never forgives.” Among the first proponents of birth control, M.Stopes, London 1918, objectively observed some drawbacks of contraception that “it is a fact that many women suffer intensely when in their sex relations they are deprived of the semen, either by the practice of coitus interruptus or through the use of a condom” [28].

The strong condemnation of the OC pills by the Catholic Church, after 1960s, has been justified by the concern of potential endocrinological or any other damage exacted on healthy a woman, as well as on the fetus in case of pregnancy. Condom was prohibited within the general list of “artificial” contraceptive methods, with neither specific fear of physical or other healthwise harm on woman or spouses, nor breast cancer as a lethal consequence of its (condom’s) use. Because of the lack of research in the area of biological ill effects of condom use, no evidence of the grave outcomes of condomized sex on woman’s health was available or tested. Even for a long time after the evidence of the condom-use link to breast-cancer development was tested and corroborated (in mid-1970s), the use of condoms was still being semi-officially promoted, particularly in the past three decades, since the beginning of 1980s, to be “with no known consequences” and as a “safe” device for fertility-control and family-planning purposes.

The evidence of life-threatening effects of use of condoms, the breast cancer epidemic, due to technically induced absolute male sterility in marital relations, presented and subsequently confirmed, almost 10 years after the “Humanae Vitae” 1968 Encyclical letter, the issue of the OC pills remained the central point of debate and concern of birth control throughout the 1960s and 1970s. Another extensive study which opposed condom use on social and moral grounds [29], showed to be one-sided and narrow as well, because it failed to take into consideration the biological issues of the harmful condomization of female sexuality, the carcinogenic effects and other ill-health consequences plaguing women and girls. The new phenomenon of mass condomization of female sexuality, corrupting the basic tenets of marital communication and destroying the intimate (sexual) inter-human bio-system, and resulting in the unprecedented, global appearance of carcinogenic effects on health and lives of women, breast cancer as an epidemic malignant disease and rampant anorexia-bulimia disorders in schoolgirls and other young women, has not been recognized/addressed even in the most recent documents of Christian thought [30].

The chances to lastly resolve the breast-cancer prevention controversy seem missed so far by some of the cohort studies of more than 125,000 women, the Nurses’ Health Study (NHS), Boston, MA, U.S. [31, 32], and The Million Women Study (MWS), Oxford, U.K. [33, 34], carried out in the 1980s, 1990s and 2000s. A great opportunity was missed by the American Nurses’ Health Study to make a reasonable contribution to the etiology and prevention of the raising breast cancer epidemic in the course of 15-year follow up of the cohort of intelligent, quite competent, and cooperative medical nurses (RNs), aged 20-55. The initial aim of the cohort study was to test the so-called ‘estrogen theory’ in the causation of breast cancer, focusing on the raising breast cancer contingency in the country in relation to oral contraceptives. In the middle of the study, the research was extended too many other aspects and variables, especially into the endless realm of diet / nutrition, resulting in a long track record of failed attempts to define meaningful link between diet of fiber food (fruits and vegetables) and breast cancer risk. The resulting “turmoil” of the investigation was that… “in fact, there was never really much evidence.”
The other giant cohort, the British Million Women Study, with more than 1.2 million middle-aged women, designed to assess the risk of invasive breast cancer (in-situ cases excluded) according to the use of oral contraceptives (OC pill), treatment with hormone replacement therapy (HRT), and various reproductive factors. The studies yielded opposing and contradictory results. For the oral contraceptive use, the conclusion was that "women who take birth-control pills, even only for a few years, appear to lower their risk of ovarian cancer." Contrary to the conclusion of 'protective,' steroid-containing OC pills against ovarian cancer, for the hormone replacement treatment it was concluded that "women who use HRT are at an increased risk of both incident and fatal ovarian cancer."

With regard to ovarian cancer, the results about the use of the same or similar substance of steroids, OC pills as preventive and HRT as carcinogenic factor, remained contradictory and in need of explanation.

The 88 investigators of the Oxford Collaborative Group on Epidemiological Studies of Ovarian Cancer were obviously not to untangle and to interpret the paradoxical results of health gain and health damage of the steroids in OC pills and HRT, respectfully. Controlling for known 'confounding' factors proved irrelevant to the final results. With adjustment for the condom use, which was not included in the million women sample-size study, and which has been postulated and tested in more than a decade before as a major risk factor, the conclusions of the ovarian study findings could eventually proved to be different and biologically consistent, not contrasting. The use of non-barrier fertility-control and birth-control methods, such as OC pills in fertile marriages, presumably neutralizes and counterbalances the effects of the exogenous steroids (estrogen-progestin) in non-condomized sexual woman-man relations. To the contrary, the use of exogenous steroids (OC pills or HRT) in infertile (due to male infertility) or 'condomized' marriages, perhaps even in minimal or 'natural' doses of administered steroids, manifestly increases the risks of the carcinogenic side effects on woman's health (breast-ovarian cancers), by accelerating the (little known) induced state of disordered inner endocrinological balance in female. The counteracting effects of the subject steroids on reproductive system in women clearly indicate that the oral contraceptives cannot be accredited with protective action against the ovarian cancer, but to be considered as a confounding factor, not taken into account in the investigation. The absence of condoms (exposure to putative protective seminal factors) while on oral contraceptives of married a woman is a better interpretation of the observed protection against ovarian cancer, not controlled for in the study.

Again, the research in the subject "mega-jumbo" studies of ovarian cancer risks has focused on testing the exposure to the OC pills, within the framework of the so-called hypothesis of 'life-span endogenous estrogen exposure.' Basically, the estrogen dilemma is based on implicit assumption of a 'faulty' biological nature of women's physiology, i.e., that the exposure and duration to the lifelong natural estrogen-production in woman's body, between puberty and menopause, is somehow incorrect, and whose inner hormonal (im)balance should be corrected by human (chemical) interventions, in order to prevent the female drift towards carcinogenic alterations / mutations. However, the 'paradox' and the 'inconsistency' of the endogenous / exogenous estrogen theory in causation of female neoplastic diseases were interpreted otherwise, as a response to fertility / infertility status within the semen-factor-deficiency hypothesis of the barrier contraception and breast cancer study, 1978, 1980, 1995 [3, 4, 7].

Amazingly, all mega cohort studies, with initial aims to investigate the risks of breast or ovarian cancer, conspicuously have failed to tackle, for confirming or rejecting, the tested hypothesis of condomization of women's sexuality as a major and perhaps the single most important etiological risk factor for the excess female sex-(gender-)specific diseases, have not contributed to definition of the etiologic root causes of the widespread disease, and have never determined primary prevention of the breast cancer epidemic and other reproduction-related and other rampant disorders of women of all ages. Invariably, the studies in breast-ovarian cancer and woman's ill-health denied reality and circumvented to investigate, as though by design, the full range of contraceptive methods and devices, but the oral contraceptives.

A supportive argument is the historical fact of the sudden emergence of the epidemic of breast cancer in the beginning of the 1980s, as an (explicitly predicted) natural experiment, resulting from the campaigns for promotion of condoms for universal double use, prophylaxis against AIDS transmission and prevention of unwanted pregnancy. The breast cancer epidemic did not appear in the prior two decades of 1960s and 1970s when the attention, choice and the use of oral contraceptive pills (‘anti-baby’) was in focus of marketing, with negligent use of the other methods such as diaphragms and IUDs.

The heuristic studies in the voluminous literature of condoms have always investigated only the technical
failure, or efficacy of the impermeability to seminal and germ contents (HIV/AIDS virus and other ‘sexually transmitted diseases’ - STDs). The condoms have been steadily referred to as a ‘safe’ and an ‘ideal,’ modern contraceptive method and device, with no known harmful consequences, thus promoting a “safe-sex” and condom-related “reproductive freedom” culture. All condom-use efficiency studies have been absolutely oblivious to the ongoing breast cancer epidemic and the other widespread diseases (anorexia-bulimia disorders) plaguing teenage girls and other young women [35]. Given the fact that condom-use has not been assessed in the context of carcinogenic and other devastating biological effects in women of all ages (breast cancer, anorexia-bulimia disorders), it remains unclear as to why the condom has been adamantly prohibited and condemned by the religious authorities. If not for the carcinogenic adverse effects on women, what would be the other compelling, superior reason for opposing such an “ideal” and ‘safe’ (non)contraceptive device?

In practical terms, the female sexuality and her reproductive life have shown to be in a delicate biological balance, subjective to disturbances and consequences of ill health, from girlhood through womanhood and long afterwards, most likely in menopause and senior age [36]. The woman’s life span, from menarche and menopause (in duration of about 35 years, or approximately 420 months, from 15 to 54 years of age) is beset with anxious worry for protection with contraception of intermittent episodes of pregnancy, abortions, and reproductive-system related sicknesses [17].

On the other side, a recent report of the results of the “Improved Therapy of Breast Cancer,” BBC cited the statement of Prof. C. Coombes, the Principal Investigators, from the Cancer Research UK, London, saying that there is cause of optimism: “The more we understand how these cells behave, the more likely we are to understand what happens with breast cancer. That revolution is ongoing. We are going, I think, to be looking at improved results over the next 20 or 30 years” [37]. After the fiasco of the community trials for chemo-prevention of the breast cancer epidemic, by giving Tamoxifen pills to healthy women in certain countries in Europe and regions in North America., in the mid-1990s, in duration of five and more years [38], other initiatives for prevention of breast cancer did not appear, and the idea of primary prevention of breast cancer and other accompanying lesions (ovarian cancer) seems entirely abandoned.

The potential of primary (non-chemical) prevention of the breast cancer epidemic remains an answer and hope for solution of the fatal malignant diseases to women in the today’s modern world. This assay is an attempt to try to help alleviate the hidden and intensive, deeply ingrained, intimate concerns of women for prevention of breast cancer as an epidemic disease and protection of their health, sexuality and families.

References


