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Plastic and Pharmaceutical Chemicals Found to 'feminise boys'

By Glenn King, PhD, CDN, CN

Most people know that toxic manufacturing chemicals are harmful to the human body, but recently the chemicals in some plastics have been found to alter the brains of baby boys, making them “more feminine”, say U.S. researchers.

Researchers from the University of Rochester (URMC) found that males exposed to high doses of phthalates in the womb developed to be less likely to play with common boys' toys, like cars or to even join in simple rough and tumble games.

This means that there are far-reaching implications for society and culture concerning our exposure to the chemical used in manufacturing plastics, lubricants and solvents, and are found in cosmetics, medical equipment, soaps, toys, hair sprays, deodorants, perfumes, clingfilm, shampoos, paints, inks, packaging and pharmaceuticals. This includes common products like vinyl flooring and PVC shower curtains, according to a study published in the *International Journal of Andrology* and featured in the journal *Environmental Health Perspectives*.

Phthalates are also found in plastic furniture and even the plastic coating of the insides of dishwasher machines.

The key is that phthalates have the ability to disrupt hormones, especially the action of testosterone. The contamination and hormone disruption process happens in the womb during pregnancy with current or previous exposures to phthalates. The developing baby is then exposed through the umbilical cord.

Previous medical studies (spearheaded by Environmental Working Group [EWG] collaborating with Commonweal - report pub. 7-2005) have already shown that there is an average of 287 chemicals in umbilical cord blood. Researchers say, we know that 180 of the 287 cause cancer in humans and animals, 217 are toxic to the brain and nervous system, 208 cause birth defects or abnormal development, although the dangers of pre- or post-natal exposure to this mixture of carcinogens, developmental toxins and neurotoxins have never been studied.

We are now only gaining a glimpse of what may be uncovered with the University of Rochester's



Photo Courtesy of Fotolia

researchers report on phthalates effect on males. It has caused Europe to ban phthalates in toys for some years. The U.S. has not even made this small change. Phthalates are still widely used in many different household items, including **'plastic furniture and packaging, and few people know that they are used in the coatings of pharmaceuticals to create clear "enteric" coatings.'** This increases the risk of expectant mothers taking pharmaceuticals, possibly feminizing their unborn male child.

There are many different types and some mimic the female hormone oestrogen.

This feminising capacity of phthalates is said to makes them true 'gender benders', says Elizabeth Salter-Green, director of CHEM Trust.

URMC researchers report that this

has resulted in boys born with genital abnormalities. Dr. Shanna Swan and team tested urine samples (contains chemicals that can be found in amniotic fluid) from mothers over mid-way through pregnancy for traces of phthalates. The women gave birth to 74 boys and 71 girls. They followed-up at ages four to seven and asked about the toys they played with and games enjoyed. Girls played as expected. The Boys were still young, but showed reduced masculine play. Due to existing research this showed that it may lead to other feminised developments later in life.

Two phthalates DEHP and DBP can affect play behavior. Boys exposed to high levels in the womb were less likely than other boys to play with cars, trains and guns or engage in rougher games like play-fighting. Elizabeth Salter-Green said, "the results were worrying! We now know that phthalates, to which we are all constantly exposed, are extremely worrying from a health perspective, leading to disruption of male reproduction health and, it appears, male behavior too. This feminizing capacity of phthalates makes them true 'gender benders'."

Although, Tim Edgar, European Council for Plasticizers and Intermediates says, "We need scientific experts to look at this study in more detail before we can make a proper judgement. There are different phthalates in use and the study concerned two of them that were on the European Union candidate list as potentially hazardous and needing authorisation for use." The European Union (EU) banned its use in cosmetics, such as nail varnish, since 2005. The European Chemical Regulation, REACH, will ensure further rigorous evaluation and testing for chemical substances and their uses.

The British Plastics Federation said, "Chemical safety is of paramount importance to the plastics industry which has invested heavily in researching the substances it uses.

But, the U.S. is not seeing the same urgency, plus the major effect of medications containing these phthalates that "feminise" unborn baby boys has not been addressed to any effective degree here or abroad.

Among the pharmaceuticals, antidepressant SSRI drugs contain these phthalates.

Phthalates or phthalate esters, are esters of phthalic acid and are mainly used as plasticizers (substances added to plastics to increase their flexibility, transparency, durability, and longevity). They are primarily used to soften polyvinyl chloride and to clear coat pharmaceutical drugs.

The Rochester team, who examined 134 boys, found women with higher levels of phthalate-related chemicals in their blood were more likely to give birth to boys with undescended, or small testicles, small penises, or a shorter distance than usual between the genitals and anus.

It does not take exceptional levels of exposure to produce an effect. Abnormalities were found in women exposed to levels below those found in a quarter of US women.

Professor Shanna Swan said, "we were able to show, even with our relatively small sample, that exposed boys were likely to display a cluster of genital changes."

Professor Richard Sharpe, UK Medical Research Council's Human Reproductive Science Unit in -

Edinburgh, said on BBC News, "It is significant. It is the first piece of evidence that we have that phthalates may cause adverse effects on reproductive development in human fetuses." Professor Sharpe said, "there are wide-ranging effects. The chemicals appeared to suppress production of the male sex hormone testosterone. Testosterone is absolutely critical to development - most of the things that make males different to females are down to pre-natal exposure to the hormone. It is not just the effect on genital development, but also on tissues throughout the body, including the brain."

The conservation group WWF, which campaigns against harmful environmental chemicals, described the findings as "startling". Gwynne Lyons, toxics advisor to WWF UK, said, "This research highlights the need for tougher controls of gender bending chemicals. "At the moment regulation of the chemicals industry is woefully inadequate, and something needs to be done about this immediately."

Ending words: The situation is serious and we can't just rely on the government and supervising agencies to protect us from these and other dangerous toxic chemicals which have been woven through our everyday life. We must take the responsibility and continually educate ourselves on new reports, research and use the good reasoning God provided us and the common sense to make appropriate changes in our lifestyles to protect our children, grandchildren and our own health from an increasingly toxic daily life - wisely and in good stewardship of God's provision and never from fear. 🙏

Cancers Vanishing Without Treatment, but How?

By Glenn King, PhD, CDN, CN

The idea that cancer is something that can only go in one direction, which is of destruction, is having to be re-examined.

The American Cancer Society, which has long been a steadfast defender of most cancer screening, but now saying that the benefits of detecting many cancers, especially breast and prostate, have been overstated. It's quietly working to put a message on its web site this year to emphasize that screening for breast and prostate cancer and certain other cancers can come with a real risk of **"overtreating"** many small cancers while missing cancers that are deadly.

Dr. Otis Brawley, chief medical officer of the cancer society says, "We don't want people to panic, but I'm admitting that American medicine has overpromised when it comes to screening. The advantages to screening have been exaggerated."

In *The Journal of the American Medical Association*, Oct. 2009, data from more than two decades of screening for breast and prostate cancer reveal contradicting evidence. Aside from finding tumors deemed lethal if untreated, study found many small tumors, undiscovered by screening, would not be a problem if they were left alone. They seemed destined to stop growing on their own or shrink, or even, at least in the case of some breast cancers, completely disappear.

Dr. Barnett Kramer, associate director for disease prevention at the National Institutes of Health said, "The old view is that cancer is a linear process. A cell acquired a mutation, and little by little it acquired more and more mutations. Mutations

are not supposed to revert spontaneously. It is becoming increasingly clear that cancers require more than mutations to progress. They need the cooperation of surrounding cells and even the whole organism, the person, whose immune system or hormone levels, for example, can squelch or fuel a tumor."

Dr. Kramer said, "Cancer is a dynamic process!" It is variable or constantly changing in nature, it is interactive and changeable, it is dependant on external force for its responses. It was a view that is hard for cancer doctors and researchers to accept. But some skeptics have changed their minds and decided, contrary as it seems to everything they had thought, cancers can disappear on their own.

Dr. Robert M. Kaplan, chairman - department of health services at the School of Public Health at the University of California said, "At the end of the day, I'm not sure how certain I am about this, but I do believe it, The weight of the evidence suggests that there is reason to believe."

Dr. Jonathan Epstein at Johns Hopkins says, "Disappearing tumors are well known in testicular cancer. It does not happen often, but it happens.

Example: A young man with a confirmed lump in his testicle, but when doctors remove the testical all they find is a big scar. The tumor that was there is gone. Or, they see a large scar and a tiny tumor because more than 95 percent of the tumor had disappeared on its own by the time the testicle was removed. Or a young man shows up with a big

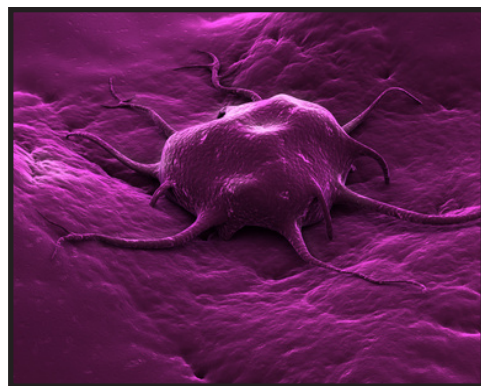


Photo Courtesy of Fotolia

tumor near the kidney. Doctors realize it started somewhere else, so they look the origin and discover a scar in the man's testicle, the only remnant of the original cancer because no tumor is remains.

Testicular cancer is unusual; most others do not disappear. But growing evidence shows cancers can reverse or stop, and researchers are being forced to reassess their concepts of what cancer really is and how it develops.

Obviously, cancers do not routinely disappear, and no one is suggesting that patients avoid proper treatment because of these occurrences.

Dr. Martin Gleave, professor of urology at the University of British Columbia said, "Biologically, it is a rare phenomenon to have an advanced cancer go into remission."

But, studying more about how tumors actually develop and sometimes reverse course might help doctors decide which tumors may be left alone and which may need treatment. This is currently not known in the most cases.

Thea Tlsty, professor of pathology at the University of California said, "Cancer cells and precancerous cells are so common that nearly everyone by middle age or older is

riddled with them. The really interesting question, is not so much why do we get cancer as why don't we get cancer?"

Autopsy studies of people who died of other causes than cancer, discovered the people had no idea that they had cancer cells or precancerous cells. Reports indicate that they did not have large tumors or symptoms of cancer.

Prostate cancer screening has long been problematic. The cancer society is one of the nation's largest voluntary health agencies with over two million volunteers, does not advocate testing for all men. Many researchers point out the fact that PSA prostate cancer screening tests has not been shown to prevent prostate cancer deaths. There's much less public debate about mammograms. Studies from 1960s to 1980s found the death rate reduced from breast cancer by up to 20 percent.

Researchers report a 40 percent increase in breast cancer diagnoses, and almost double that in early stage cancers, but only 10 percent decline in cancers - that had spread beyond the breast to the lymph nodes or elsewhere in the body. With prostate cancer, the report is similar.

As Dr. Brawley and researchers reported, if breast and prostate cancer screening really fulfilled their promise by statements like "when found late, they're often incurable, when found early, could be cured.", is not true. If it were, a large increase in early cancers would be balanced by a commensurate decline in late-stage cancers. That is what happened with screening for colon and cervical cancers. But not with breast, prostate and testicle cancer.

Of course the researchers do not think all screening will or should go away. But most importantly, when people are screened, they should understand what is known about the risks and benefits. Right now, those risks are not emphasized in the cancer society's mammogram message which states that a mammogram is "one of the best things a woman can do to protect her health," despite the research.

Dr. Brawley says, "Mammograms can prevent some cancer deaths, however if a woman says, I don't want it, I would not think badly of her but I would like her to get it."

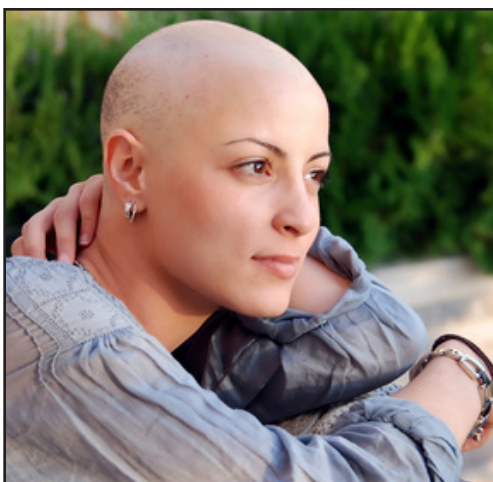


Photo Courtesy of Fotolia

Researchers say, "The earlier a cell is in its path toward an aggressive cancer, the more likely it is to reverse course." For example, cells that are early precursors of cervical cancer are likely to revert. One study found that 60 percent of precancerous cervical cells, found with Pap tests, revert to normal within a year; 90 percent revert within three years.

The dynamic process of cancer development appears to be the reason that screening for breast cancer or prostate cancer finds huge numbers of early cancers without a corresponding decline in late stage cancers. If every one of those early cancers were destined to turn into an

advanced cancer, then the total number of cancers should be the same after screening is introduced, but the increase in early cancers should be balanced by a decrease in advanced cancers.

This also means that taking aggressive action in early detected cancers was- and is not required in many cases. This includes the removal of testicles, prostate and breasts. So the hypothesis is that many early cancers go nowhere. And, with breast cancer, there is indirect evidence that some actually disappear on their own.

At Johns Hopkins, when men have small tumors with cells that don't look terribly deranged, doctors offer them an option of "active surveillance." They can pass having their prostates removed or destroyed, but be followed with biopsies. If their cancer progresses, they can then have their prostates removed. Dr. Epstein said, "Almost no one agrees to such a plan. Most men want it out!"

But, still, researchers have found about 450 men over the past four years who chose active surveillance, contrasting with 1,000 a year having their prostates removed at Johns Hopkins. Following those men who chose not to be treated, investigators discovered that only 20 percent to 30 percent of tumors progressed. And many that did progress still did not look particularly dangerous, but once the cancers started to grow the men had their prostates removed.

Dr. Gleave and his researchers in Canada were in a similar study with small kidney cancers, and found a few cancers regress occasionally, even when far advanced. This was documented in a placebo study with kidney cancer that had spread throughout their bodies.

As many as 6 percent who received a placebo had tumors shrink or remain stable. Interestingly, the same thing happened in those who received the therapy, leading the researchers to conclude that **“the treatment did not improve outcomes.”**

The big unknown is the natural history of small kidney tumors, many of which are early kidney cancers. How often do small tumors progress? Do they ever disappear? Do they need surgical excision? At what stage do most kidney cancers reach a point of no return? Dr. Gleave said, “These days more patients are having ultrasound or CT scans for other reasons and learning that there is a small lump on one of their kidneys. In the United States, the accepted practice is to take those tumors out.” But, he asks, “Is that always necessary?”

Dr. Gleave’s university is participating in a countrywide study of people with small kidney tumors, asking what happens when those tumors are routinely examined, with scans, to see if they grow. About 80 percent do not change or actually regress over the next three years.

Dr. Peter Albertsen, chief director of urology at the University of Connecticut Health Center says, “Politically, it’s almost unacceptable, if you question overdiagnosis in breast cancer, you are against women. If you question overdiagnosis in prostate cancer, you are against men.”

The cancers found in early detection has not produce the fruit it promised. In fact, Dr. Barnett Kramer, associate director for disease prevention at NIH says, “The increase in screening is what produced finding those insignificant cancers and is the reason the breast and prostate cancer rates soared when screening

was introduced. And those cancers are the reason screening has the problem called “overdiagnosis” — labeling innocuous tumors cancer and treating them as though they could be lethal when in fact they are not dangerous.”

Dr. Krmaer says, “Overdiagnosis is pure, unadulterated harm.” 🗨

TESTIMONIES

I’ve worked on, Ari, a little near drowning girl for about 3 years now. When she came to us, she was but an empty shell. Her eyes were open but no one was there. She made sounds but nothing purposeful and all her limbs were stiff. As I began working on her I realized how very much TKM is NOT about me and all about God working.

A few weeks into working with Ari I looked into her eyes during a session and realized she was looking back at me! Her mother and I have worked regularly on her and see little improvements all the time. Ari has taught me a lot about pulses and following the Spirit’s leading when working on folks.

This week when Ari came in for a session, her body was more relaxed than I’ve ever seen here - hands open not clenched, arms at her side not pulled up to her chest, and her legs straight. As I laid her on the table to begin to work on her, she turned her head to me and said, **“I’m done”**. Her mother heard it too!!

To hear her speak was such a blessing. TKM does work and perseverance is needed to see improvement in these difficult cases. Ari may have thought she was done but we will keep working with the expectation that God can work miracles.

I am believing she will walk one day. So keep on working and sharing TKM. If you don’t know it yet - this

really works!!

Shalom,
Susan Paeplow
Natural Health Consulting

I was working this week on my other daughter (age 6) who has had a cough on and off for a while. I finally took some time and did a left #15 then a left #3 sequence. When we were finished, I was studying the book and realized that the left #3 was for speech impediments as well.

My daughter has struggled severely this year with learning to read aloud because of this speech problem. Once we were finished with those two sequences, she could talk clearly and all of her struggles were completely gone!!!

I could cry just thinking about her joy. She kept saying that she is not stupid.

We have never told her she was stupid and she is home schooled, so she wasn’t teased in school, but was still very affected by this problem.

After sleeping on her sequences, I noticed she is still speaking better, but not as well as she was immediately afterwards. I think I need to do a #10 and more of left #15 and left #3.

May your day be sprinkled with awareness that the God who loves you is present.

Praise God!
Terri