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Review: Renate Klein et al., *RU486: Misconceptions, Myths and Morals*, Narigrantha Prabartana, Mohammadpur, Bangladesh, 1991

Pages: 151

The 'Wonder' Drugs that Murder

The authors are morally bankrupt devils who preach all the common doctrines of womens' 'rights' to kill their children in a 'safe' manner. In this book, however, they cannot help but acknowledge the truth of the dangers of progesterone antagonists and prostaglandins.

The first warning sign is the mechanisms are not fully known. The second is the motivations and characters involved in creating an abortifacent, namely the World Health Organistaion and Rockefeller Foundation. The third are the terrible effects it can have on babies (teratogenesis), unfertilised eggs (embryo retardation), and mothers themselves (heavy bleeding, heart conditions, and cancer).

Conclusions to be drawn are women's reproduction systems are obviously designed and finely tuned by God, as evidenced by the fact that tampering with using 'harmless' pills will always cause some damage, up to and including death.

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Note (pp. i-x)

A woman must be first 'motivated' in order to sterilise.

RU486 is just another technology to repress in the hands of population controllers.

There are an estimated 600K 'unsafe' abortions in Bangladesh p.a. Highest proportions are via a stick inserted into the vagina, Dilation and Curettage (D&C), and indigenous medicine.

RU is a chemical abortifacent (antiprogestin).

The pill will be abused by men to force women to abort.

Introduction (pp. 1-8)

There are 50M abortions worldwide p.a. In the U.S., 98% are in the first trimester and by suction curettage (SC).

"Unfortunately, objections to RU486/PG have largely come from anti-abortionists." [p3]

RU is effective only 42-49 days after a woman's last menstrual period, i.e., 14-21 days after her first missed period. Many don't know they are even pregnant at this stage.

RU is also proposed for breast cancer, meningioma, glaucoma, cervix dilation during labour to prevent caesarian section, and prostate cancer treatment.

RU is teratogenic.

Prostaglandins (PGs) must be refrigerated.

I) The History of RU 486 (pp. 9-24)

Roussel Uclaf scientists were trying to find a molecule to bind with the glucocorticoid receptor. They found RU 486 was also a progesterone antagonist.

Safety was first tested from seventeen months' animal research on rabbits, rats, and monkeys.

On October 1981, the first study on eleven women occurred at University Hospital, Geneva. Each were 6-8 weeks pregnant and had 200mg of RU 486 p.d for three days. Nine babies were killed.

Rockefeller Foundation population science director Sheldon Segal promoted RU 486.

RU can substitute for cortisone in the adrenal glands.

The next step was to combine RU with PGs.

II) Claims for RU 486/PG Abortion (pp. 25-55)

"What could be more private than taking a pill?"
It takes 36-48hrs for RU to fully sensitise the myometrium to contract.

Because RU 486 can be administered at any doctor's office, picketing abortion clinics becomes meaningless.

Any medical treatment involving multiple steps is fraught with non-compliance risk.

Demerol is a narcotic analgesic.

PGs are used as anti-inflammatories. Aspirin is one.

15-25% of RU cases involve heavy bleeding of 70cc (vs SC of 10-20cc).

"PGs alone for abortion is intolerable due to the pain."

The current protocol is RU 486 + PGs + analgesics + pre-medication + antibiotics.

RU 486/PG proponents argue it removes the risk of surgery and anaesthesia, is 95% effective, and has few complications.

A woman may have to wait hours or days for the baby to expel.

Many doctors resent or resists performing abortions.

"The assault on conventional abortion by the right-wing and religious conservatives in the United States and other countries has, of course, increased the fervor for an abortion method that is self-administered, safe, effective, and free from harassment. Unfortunately, RU 486/PG does not fulfill these criteria". [p55]

III) <u>What Is RU 486 and How Does it Work? (pp. 56-79)</u>

Progesterone prepares the endometrium to support pregnancy, therefore, inhibiting its action will either prevent implantation or terminate.

RU's mechanism is far from fully understood. It interacts with both hypothalamus and pituitary.
The female anterior pituitary produces FSH (follicle stimulating hormone) and LH (luteinising hormone) gonadotropins. Each month FSH activates ripening of one of thousands of immature ova, and LH causes its release.

After ovulation, the empty follicle (*corpus luteum*) continues excreting progesterone.

If an ovum and spermatozoon fuse, it forms a trophoblast, then placenta which begins releasing hCG.

Progesterone is secreted by the corpus luteum, adrenal glands, and placenta.

U.S. NIH: The "means to inhibit corpus luteum function is a desirable goal." [p59]

hCG levels drop 10-14 days post-fertilisation causing luteolysis.

After RU 486/PG, ultrasound is used to detect remaining fetal tissue in the womb.

RU may be diluted in obese women from their larger blood volume.

t½ (RU 486) in plasma is 12–24 hrs. It is reabsorbed by fat and liver.

RU is derived from the progesterone analogue norethindrone.

It does not work on ectopic pregnancies, however, it may *cause* them by damaging unimplanted fertilised eggs.

The anterior pituitary gland produce adrenal-cortex-stimulating hormone (ACTH).

Asthenia is energy loss.

Cushing's syndrome is overproduction of glucocorticoid hormones. Symptoms include: muscle weakness; excessive hair growth; high BP; infections; diabetes. It can be caused by pituitary gland cancer.

RU may be cytotoxic.
It suppresses ovarian steroidogenesis which could ave unintended consequences on thousands of immature eggs in the woman's ovary.

"What will be the 'quality' of an egg that has undergone previous chemical arrest?" [p76]

IV) The Role of Prostaglandins: Known and Unknown Dangers (pp. 80-111)

The WHO established a Prostaglandin Task Force in 1972, the start of a wide-scale venture into chemical abortion.

PGs are eicosanoids which aren't stored in cells.

Arachidonic acid with linoleic and α-linoleic acid are raw materials for eicosanoid manufacture.

PGs also affect smooth muscles cells and platelets. Analogues inhibit the IS, can cause kidney transplant rejections, and cancer.

PG half lives are a fraction of a second.

In anaesthetised pregnant with, PGs increase pulmonary resistance 100%.

PGs are in semen and may act to protect the sperm from the woman's IS.

Effects on the baby include: fetal hydrocephalus; abnormal fingers and toes; epilepsy; impaired vision; spasticity; quadriplegia.

Cervical tears are more frequent with intrauterine PGs.

A fistula is an additional connecting channel between cervix and vagina.

Sultan M. M. Karim was “the father, if not the grandfather, of PGs in the field of obstetrics”. [p94]

Vacuum aspiration takes only minutes.

Conclusions (pp. 112-122)