

While Humphry called osteoporosis a terminal disease in his book, there are women who were originally crippled by the disease and languishing in a wheelchair, who got to their feet and walked about for the first time in years after a program of weight training was initiated! Besides the approved hormone replacement therapy, experts believe that several new kinds of therapies are likely within two or three years. Merck and Co. has found that their new drug alendronate has increased bone density considerably in their studies of women with the disease (awaiting FDA approval). A University of California study, released in February 1995, indicates that the hormone parathyroid can actually reverse bone loss due to osteoporosis (human trials of this hormone are now under way). But perhaps one of the most exciting breakthroughs is a new, injectable bone-mineral substitute that vastly improves treatment of the large bone fractures caused by osteoporosis every year.

The bone substitute, known as Skeletal Repair System (SRS), actually forms like natural bone right within the body—without systemic rejection or adverse side effects (see box). In fact, the body can't tell the difference between SRS and natural bone. Because SRS is injectable and solidifies

within minutes, it eliminates the need for surgery. Patients are able to walk within days of having their hip fractures repaired with SRS. The FDA has approved SRS for multicenter clinical trials in the United States to treat wrist fractures. However, it is being used in Europe for everything from reconstructing faces (after head-on collisions) to an experimental reconstruction of one patient's spine.

You've been duped

A recent poll indicates that Americans are ready to legalize murders like those reviewed here, via legislation proposed in at least a dozen states. They're ready to change the laws of western civilization and of this country, based on the lies that the ghoul Kevorkian is peddling.

The information about the medical breakthroughs and new forms of pain management mentioned here is by no means complete, since we haven't even mentioned possible uses of optical biophysics in curing diseases like AIDS. It was gleaned, not from professional journals, but from media reports. Yet it makes the case that Americans have been duped by Kevorkian's "no hope" pessimism all the more damning. It is not a coincidence that the resurgence of the

The great potential of artificial bone

At the February meeting of the American Association of Orthopaedic Surgeons, researchers with the Norian Corp. of Cupertino, California announced a new "injectable" artificial bone which may soon become the treatment of choice for millions of people who suffer broken hips, wrists, and shins every year. The new material not only heals these tough fractures quickly and more safely, but it can repair the brittle bones and fractured vertebrae caused by osteoporosis; stabilize failed fusions of spinal vertebrae; and has the potential to revolutionize the cranial and oral surgical methods used in difficult facial reconstructions, like the jaws and upper palates, of auto accident victims.

The artificial bone, known as Skeletal Repair System (SRS), forms carbonated apatite—the main mineral constituent of natural bone—directly within the body. Once the shattered bone is reset, doctors guided by X-rays inject the SRS, which has the consistency of toothpaste, into a fracture site. Doctors have about five minutes to mold the material, which is non-toxic and does not shrink like plastic bone cements. There is no heat or toxic chemical released into the body with its use. Because it hardens

within minutes, it eliminates the need for open surgery to affix the rods and metal pins that are used to stabilize large bone fractures. Within 12 hours, SRS becomes as strong as natural bone; therefore, patients are immobilized in casts for a fraction of the time needed in current treatments.

Patients are more willing to walk within days of having their hip fractures repaired with SRS, because it produces a rigid internal fixation of the bone to whatever hardware or pins are used. According to Dr. Brent R. Constantz, co-author of a study on SRS published in *Science* on March 24, this shorter period of immobilization turns out to have added benefits. Patients enter physical therapy sooner, and do not lose as much muscle mass and tone. Furthermore, the longer that frail, elderly women are hospitalized for hip surgeries, the higher the mortality rate, usually due to some other condition, like pneumonia.

In February, SRS was approved by the U.S. Food and Drug Administration for clinical trials in treating wrist fractures in 12 U.S. hospitals. It will offer a dramatic improvement of wrist fracture repairs, especially for older patients with osteoporosis, for whom this is a common fracture. Their brittle bones continue to crush after the fracture and crumble around the hardware needed to stabilize the repaired bone. Bone fragments tend to fall out of correct anatomical alignment, even in well-set casts. The bone heals, but in the wrong position, which severely diminishes the patient's hand motion, the grip strength,

“right-to-die” movement in the United States started with the British hospice concept. That, too, was a swindle: Accept a painless, early death, there’s nothing else to be done—that is, within the confines of the medical resources allotted in the post-industrial decline of England.

The perspective that made America a world leader in medical science largely turned on the concept that each individual, made in the image of the Creator, is capable, with the best of our nation’s resources, of continuing that process of creation—to create miracles like the medical breakthroughs mentioned here. That each individual, even in their sickness, is so cherished, is a fundamentally different worldview than that which bows to the disease, or to nature, as Prince Philip of the House of Windsor espouses. It is that mentality that is turning ours into a nation of killers, where medical ethicists make millions writing and lecturing on when it is “ethical” to kill.

‘Euthanasia begets euthanasia’

People are being killed, not only with great fanfare by Kevorkian, but silently, every hour, by freelance killers who, like ERGO!—the Hemlock Society’s sister organization—

provides diagrams and classes on how to suffocate your companion who has AIDS, or by sons and daughters who promise to “help” their parents “when the time comes.” These children end up watching their fathers or mothers gasping under a plastic bag for breath, while they hold their parents’ struggling hands down until they lapse into death. Such deaths are an initiation into a culture that willingly accepts “suicide” over any belief that life is sacred. As one reporter explained in a recent article in *New Yorker* magazine, “Euthanasia begets euthanasia.” He tells how he, his brother, and his father helped his mother commit suicide during her fight with cancer, and how, like others he met at a Hemlock Society meeting who had “helped” relatives and friends to die, he is sure he will die the same way. After he had tucked away his mother’s leftover Seconal tablets for when his turn at suicide arrived, his father was also hunting for them frantically for the same reason.

Is that the legacy you wish to leave your children? Without a battle to put this country back on economic track as a world leader, thereby becoming once again, a beacon of hope for all people, it may be the only legacy you have to leave them.

and the patient’s independence. Now, surgery is no longer needed, since SRS can simply be injected into the fracture site, making the bone and stabilizing device rigid within minutes. The result is that SRS patients, in a cast for two weeks, attain 80% of their normal grip strength three months after a wrist fracture. Current treatment gives patients only 75% of their normal strength one year after fracture, with a six-to-eight-week use of an external fixation device for complex fractures.

There are about 1.5 million fractures due to osteoporosis every year in the United States, and they usually occur in the hip, tibia, or wrist. When SRS is injected into the porous spongy inner shell of these large bones thinned by osteoporosis, it interpenetrates the spongy interstices and interlocks with them, inducing new bone growth. Dr. Constantz told *EIR* that the body cannot distinguish SRS’s chemical composition and crystal structure from that of natural bone. So, SRS acts like a living bone graft in a spinal fusion—with new bone formation and blood vessels developing through it, a process that replaces SRS with real bone within weeks. Norian Corp. hopes to use SRS to augment the type of fixation screws used to stabilize fusions of spinal vertebrae. These (pedicle) screws sometimes loosen or fall out. But, when they are augmented or set with SRS, this cannot happen.

In the Netherlands, where SRS is on the market, doctors are finding ways to use it to improve treatment of common large bone fractures, like that of the upper shin or tibia.

In some cases, during open surgery and the implanting of \$2,000 worth of instrumentation (large plate and screws), doctors reestablish the joint with SRS as a void filler. This is important because without the contour of the joint reestablished, the fracture heals improperly, causing arthritis that may require whole knee replacement. Other surgeons use only a few screws with SRS to stabilize the bone, because SRS becomes structural immediately.

In a further evolution of its use, doctors with the most experience with SRS no longer use surgery at all. They use an arthroscope in the knee joint to see inside the knee and to see the fracture. With a simple stabbing incision below the knee, doctors use an awl to push the fragments back up, to reapproximate the joint surface. They then inject the SRS, and cast the leg for a couple of weeks, at which point the patient begins physical therapy.

‘This is a job for SRS!’

Dutch surgeons recently sought U.S. doctors’ advice on treating a young man whose spinal vertebrae had crumbled, causing him to shrink 31 centimeters in height (the length of his head), which in turn caused him breathing difficulties—exactly what women with osteoporosis experience. The doctors acted quickly when told, “This is a job for SRS!” They used SRS to fill the spinal voids caused by the bone loss—in effect reconstructing his spine.

Norian SRS will greatly improve the lives of the 30 million Americans affected by osteoporosis.—Linda Everett