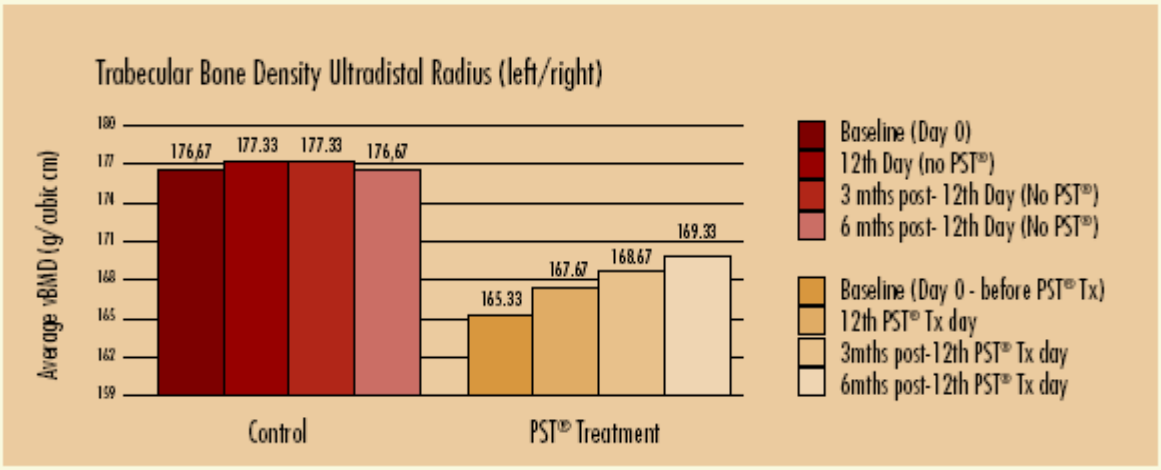

Graph 1: Results of Patients Treated with PST® compared to controls
Graph 1 depicts the results of both the control (that is, the wrist NOT subjected to PST® treatment), and the wrist treated with PST®. Twelve days post commencing PST® treatment, a slight increase in trabecular vBMD, in the control group, was observed which remained constant 3-months post, and gradually decreased at 6-months post. The observed initial increase in vBMD in the control group could, in part, be attributed to the positive effects of PST®, already observed in the treated wrist at 12-days post treatment. The observed decrease at 6-months-post, in the control group, is expected due to the progression of the underlying condition, and to the fact that, in comparison to the treated wrist, the control has not been subjected directly to PST® induction effects. In the PST®-treated wrist, an increase in trabecular vBMD was observed after the 12th treatment course, and continued 3- and 6-months post. This suggests a balancing (restoration) of the resorption and formation processes, characteristic of bone remodeling, by PST®.

Conclusion:

The definite and significant increase in trabecular vBMD observed, after the 12-day PST® treatment period, clearly demonstrates PST® positive effects on bone formation. At 3- and 6-months post-PST® treatment, it would appear that the innate balance of remodeling has been restored. It is expected that PST® positive effects on cortical bone will also be observed, but at a later period, due to its innate and overall slower turnover rate. In the long-term, it is postulated that PST® will continue to stimulate bone formation, and retard bone resorption, until the innate balance between bone formation and bone resorption has been restored.