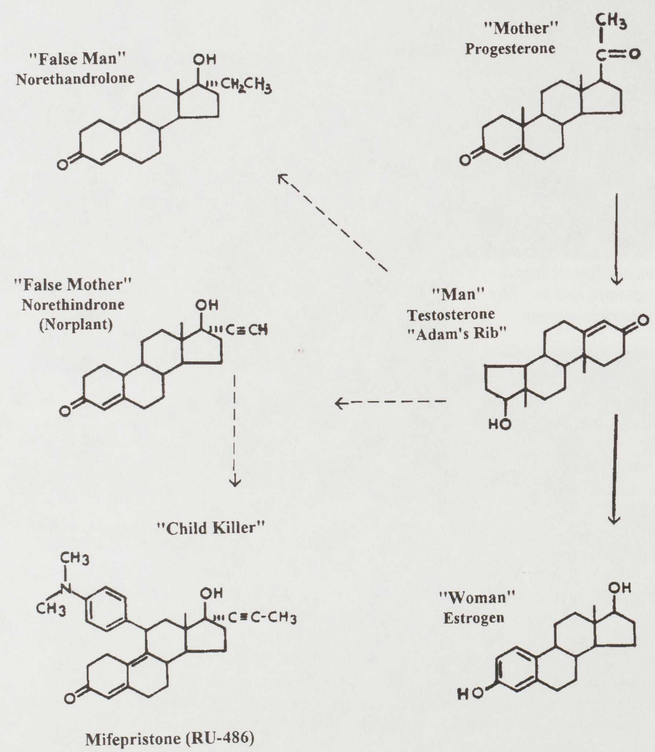
RU-486: 1st of new generation of killer steriods

by Joel Brind, Ph.D.

In 1982, Dr. Etienne Baulieu and his French colleagues published the results of the first clinical trials of mifepristone, a.k.a. RU-486, as a chemical means of inducing abortion. Thus, this powerful steroid, developed by the French company Roussel-Uclaf, has become widely known as the "French abortion pill," although Roussel-Uclaf's parent firm is German pharmaceutical giant, Hoechst AG, and it's use as an abortifacient has principally been promoted internationally by the Population Council, an American organization dedicated to controlling worldwide population growth. Although the way has apparently been cleared for this new method of mass extermination to be tested in the US, the fight is far from over. Pro-abortion forces have been waging an effective propaganda war against a population unfamiliar with — and often intimidated by -- scientific and medical jargon. It is high time for the pro-life movement and the public at large to learn the facts about this whole new generation of killer steroids.

Natural steroid hormones — chemical messengers — include sex hormones: progesterone, testosterone and estrogen. These substances are so potent that the amounts of them present in the entire bloodstream are measured in millionths of a gram. Progesterone is the mother hormone in more ways than one; not only is it essential for the implantation of the baby as a tiny embryo in the second week of pregnancy and the maintenance of the pregnancy for the duration, but it is also the mother substance from which testosterone (male sex hormone) and estrogen (female sex hormone) are made. In fact, estrogen is made in sequence from testosterone, through the removal of what we might call "Adam's rib" — a one-carbon unit, as shown in standard form chemical diagrams on the right side of the figure below:



The chemical structures on the right represent the natural sex hormones, with solid line arrows representing the natural sequence in which they are made in the body. The three chemical structures shown on the left represent unnatural synthetic steroid drugs, with dotted line arrows representing the sequence in which they are made in the laboratory or chemical factory.

When this miraculous process is toyed with in the synthetic steroid chemist's laboratory, a *not so brave new world* emerges, as is shown on the left side of the figure. Breaking off "Adam's rib" in an unnatural way gives rise to a new, artificial class of steroids: The so-called 19-norandrogens, including the infamous muscle-building synthetic anabolic (false man) steroids such as norethandrolone and the synthetic progestin (false mother) contraceptive steroids such as norethindrone (the active ingredient in Norplant). In the chemical factory, the false mother gives birth to the anti-progestins, the child killers, such as RU-486. (The synthetic estrogen — false woman — story is a whole other pharmaceutical nightmare; the all too familiar saga of DES, the "wonder drug" that ended up plaguing the daughters of the women who took it with cervical cancer.)

Complex process to complete the killing

At this stage in the development of abortifacient (abortion inducing) technology, RU-486 is the only one that has undergone extensive clinical testing, and in order for it to be effective, it is administered as a two drug system. First, the steroid drug either destroys the baby's life support connection to the mother (placenta), or, for very early abortion, prevents it from being formed. It works by directly blocking the maternal action of progesterone. Second, another type of drug, called a prostaglandin, is administered in order to induce the uterus to contract and push the baby's body out through the vagina.

The prostaglandins are not steroids, but another group of very potent hormones that naturally effect local control over such processes as blood clotting and inflammation. As part of the chemical abortion procedure, synthetic prostaglandin compounds are administered systematically (to the whole body), so they cause side-effects such as vomiting and diarrhea. Through the 1980s, clinic testing with RU-486 was done with injectable prostaglandins or vaginal suppositories, neither of which is legally approved for use in the U.S. But recently, abortion pill testing was done with a prostaglandin pill called misoprostol (brand name, Cytotec™), which is made by the American company GD Searle (maker of Nutrasweet™). Misoprostol is legal in the U.S. (for treating side effects of pain killers). The results of the clinical trials with 895 women on this two pill regimen (the one the pro-abortionists want to introduce into the U.S.) were just published in May in the *New England Journal of Medicine*. These results are summarized here in the table below. (They were comparable to the results obtained using the other types of prostaglandin.)

Obviously, RU-486 abortions are no fun. (No wonder three or four clinic visits are required in France and England, where the procedure is already legal. Even so, for 20-30% of the women, the actual abortion takes place after the woman leaves the clinic!) For some, it is an excruciating experience. For example, the authors of the above study (R. Peyron, et al.) also noted (referring to one group of 488 women): "Six women had a substantial but transient decrease in blood pressure attributable to a vagal reaction secondary to painful uterine cramps." (Translation: Six women almost passed out from the pain!).

Of course it can be argued that "traditional" suction aspiration abortions are no fun either. Pro-abortionists are counting on the fact that the whole operation will become more private. Dr. Baulieu especially believes that RU-486 and its successors will eventually make abortion clinics obsolete (so targets for pro-life activists will be hard to find.) It might also be argued that the rate of vaginal or uterine infections (and pelvic inflammatory disease) might be reduced with chemical abortions (although such side effects have also been reported), but there are long term private and public health side-effects that haven't been mentioned by abortion pill enthusiasts.

For one thing, there's breast cancer, which even now strikes over 180,000 (and rising) American women each year. Abortion by any means, including RU-486, increases the risk of breast cancer because of the hormonal effects of terminating a pregnancy. We can thus expect at least 40,000-50,000 additional cases each year in the early 21st century from abortions which have already taken place! If abortion pills become available and increase the number of abortions that take place, thousands more cases of breast cancer each year will ensue. (For a detailed account of the breast cancer connection, see the February, 1993 *Life Advocate*.)

For another thing, there's AIDS and other infectious diseases. It is typically mindless that the same political forces that demand that the government do more to fight AIDS are also demanding legalization of RU-486. Just think how many of the 1.6 million abortions performed in the U.S. each year are on sexually promiscuous women and prostitutes, the people among whom AIDS is now spreading most rapidly. Now consider that if these women switch to chemical abortions, more and more will be bleeding HIV (and serum hepatitis, etc.) contaminated blood for up to a month after the abortion! (Are American women prepared to carry with them a personal bottle of Clorox whenever they may need to use public facilities?)

EFFECT	% OF WOMEN WITH EFFECT
Complete Abortion	97.7
Uterine bleeding*	100.0
Abdominal pain	81.0
Pain severe enough to require pain killers	14.4
Nausea	41.7
Vomiting	16.2
Diarrhea	12.3

*Range of bleeding time: 1-32 days; median = 9.4 days

Research fails to sustantiate other uses

Naturally, abortion pill advocates would rather tell you good news about RU-486. They have been touting it as a potential treatment for many serious diseases. To be fair, there was reason to believe that RU-486 and other antiprogestins might be useful in treating several disorders where progesterone may be involved in the disease process, including breast cancer, endometriosis, uterine fibroids, and meningioma (a benign brain tumor of the type just surgically removed from Senator Arlen Spector of Pennsylvania). But the results have been uniformly disappointing: In one clinical study of 11 breast cancer patients in Rotterdam, one patient had a partial remission that lasted only a few months. The bottom line is that RU-486 will not cure anyone of breast cancer — it will only cause it. For endometriosis, it provided symptomatic relief only, just like any other drug that stops menstrual cycling, but it did not reverse the course of the disease at all in even a single patient. Treatment with RU-486 was shown to shrink uterine fibroids, but only with a long course of treatment, and then only partially. This is useless, considering the disease is routinely and completely cured with simple surgery. In meningioma, daily RU-486 treatment for over four years resulted in only "a suggestion of response in eight patients" out of 28.

Since RU-486 is not only an antiprogestin but also an anti-glucorticoid (it blocks the action of the hormone hydrocortisone), it has also been tested in Cushing's disease. Cushing's disease is a clinical condition resulting from the oversecretion of hydrocortisone by the adrenal gland. In benign conditions of this type, the illness is routinely and successfully treated by other, safe drugs or surgery. In malignant disease, surgery is usually indicated. RU-486 does not reverse the course of disease and can only give temporary symptomatic relief in cases of advanced cancer, where widespread tumors are impossible to remove surgically.

Other potential uses for which RU-486 has been tested include contraception and other approaches to birth control. Again, the results were disappointing. As a contraceptive, RU-486 has proven impractical even though it inhibits ovulation, because it also shifts the timing of the next menstrual cycle. As an aid to parturition (birth) at the end of a normal pregnancy, animal tests have produced severe disruption in normal maternal behavior. Here again, existing medications work just fine.

Then there is the matter of the "morning after pill." The medical societies really like this one, because they can claim that it will reduce the frequency of abortions. Thus (says the *New England Journal of Medicine* in an October, 1992 editorial) we "should embrace its (RU-486) use for this reason." However, a "morning after pill" is another name for a very early abortion. Contrary to the *New England Journal's* claims, pregnancy (and a new human life) begins at conception, not two weeks after conception. Even a 1988 article they cited to support their claims plainly states: "The most reliable marker of pregnancy is the appearance of hCG in blood 7 to 10 days after fertilization." In fact, in order to confirm that anything works as a "morning after pill," patients must show up positive in a pregnancy test!

Every pregnancy test is a test for the presence of hCG, a pheromone or interpersonal chemical message. In early pregnancy, it is the baby's first cry, asking for Mother's ovaries to keep making progesterone, which readies the uterus for the baby's subsequent arrival and implantation. RU-486, remember, is an anti-progestin, thus making implantation impossible.

As an anti-progestin, RU-486 also blocks the action of ordinary contraceptives (synthetic progestins), which inhibit ovulation by keeping the body in a state of false pregnancy. Thus, the use of RU-486 as a "morning after pill" will wreak havoc when used by girls and