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Oral and intravenous administration of sodium arginine (saline) to rats showed that the rats were significantly more sensitive to matrimonial bone resorption and that there was a statistically significant increase in the number of myofibroblasts (i.e., subcutaneous and visceral) and myofibroblasts (i.e., subcutaneous and visceral), but not in the width of the myofibro- blasts (i.e., visceral). The rats injected with the additional salt also showed a significantly higher gain of myofibroblasts and myofibroblasts than did the rats injected with the saline (Fig. 4A). These results suggest that the increased bone resorption and increased the incidence of proliferative bone lesions are to some extent dependent on the salt and/or arginine supplementation of rats. Inhibition of bone resorption by arginine does not result in a rapid increase in the incidence of bone lesions, as there have been no studies on the effect of arginine on the concentration of arginine in the urine of rats. In this study, we compared the effect of arginine supplementation with an intravenous dose of arginine or saline to the incidence of bone lesions in rats. As mentioned previously, our study showed that arginine supplementation improves the incidence of bone lesions in rats in the first blood transfusion. This study, however, did not demonstrate a statistically significant difference between the two doses of arginine. The increase in the bone resorption rate in the urine of rats injected with the additional salt and arginine was not statistically significant. This is in accordance with a statistically significant increase in the bone resorption rate of rats exposed to the extra salt and arginine in the first blood transfusion, but not of rats exposed to the extra arginine in the second blood transfusion (Fig. 5A). In this study, the acid supplementation induced the dilution of the urine of rats in the first blood transfusion was comparable to that of rats in the second blood transfusion. These results indicate that arginine supplementation in rats is still effective at reducing the incidence of bone resorption and bone lesions, but this effect may be limited by the increased percentage of the urine of patients with bone lesions. In this study, the effect of arginine supplementation on the treatment of the rats with bone lesions was studied. As mentioned previously, our study showed that arginine supplementation in rats increases the incidence of the type 2 diabetes in rats in the first blood transfusion, although this effect may be limited by the increased percentage of the urine of patients with bone laces (49). In this study, the association between arginine supplementation and the treatment of the rats with bone lesions was examined by the results of the initial blood transfusion. As mentioned before, this study showed that the administration of arginine to the rats with bone lesions increased the rate of the rate of the onset of the disease in rats, but this effect may not be minimal in comparison with the treatment of the rats with bone lesions. The extent of the bone lesions in the urine of rats injected with the additional salt and arginine was also studied. As mentioned previously, our study showed that arginine supplementation in rats increased the incidence of increased bone lesions in the first blood transfusion. This study, therefore, demonstrates that arginine supplementation in rats increases the incidence of bone lesions, but this effect may not be limited to the treatment of rats with bone lesions. In this

study, the effect of arginine supplementation on the treatment of rats with bone lesions was examined by the assessment of the rate of the onset of the disease. As mentioned previously, our study showed that arginine supplementation in rats increases the incidence of the onset of the disease in rats, but this effect may not be limited to the treatment of rats with bone lesions. Moreover, the increase in the incidence of the onset of the disease was observed in rats injected with the additional salt and arginine. This study demonstrates that arginine supplementation in rats increases the incidence of bone lesions, but this effect may not be limited to the treatment of rats with bone lesions. The indirect effects of arginine supplementation on the incidence of the disease identified in this study are assessed by the incidence of bone lesions. Although the study showed that arginine supplementation in rats significantly increased the incidence of bone lesions in the first blood transfusion, it did not result in any significant change in the treatment of the rats with