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The Use of Ionic Copper in the Treatment of Arthritis

by Seldon Nelson, D.O., D. Pharm.

Originally published in *The Journal of the Academy of Rheumatoid Diseases*, ©1987

The Roger Wyburn-Mason and Jack M. Blount Foundation for the Eradication of Rheumatoid Disease aka The Arthritis Trust of America®,
7376 Walker Road, Fairview, Tn 37062



Seldon Nelson, D.O., D. Pharm.

Editor's Note: Dramatic clinical improvements in some cases of rheumatoid disease have resulted with the use of new resin coated copper granules. This paper covers the rationale and techniques of treatment. Copper is considered a trace mineral, and in this form, it is used as a dietary supplement, as rheumatoid patients are so often deficient in this mineral. Normal and healthy persons usually show no reaction to these doses of copper, and no severe effects or reactions have been reported. Much clinical testing and follow-up reports must be obtained before the method is recommended for general use.

According to the research by the late Dr. Roger Wyburn-Mason, the cause of rheumatoid arthritis and some other chronic and rheumatoid diseases may be an amoeba parasite, *amoebae Limax* or *Naegleria*. These organisms, or whatever is eventually proved to be a cause for these conditions, are sensitive in varying degrees to various antibiotic substances. [See "Causation of Rheumatoid Disease and Many Human Cancers," <http://www.arthritis-trust.org>.]

Basic research has been done which indicates that the causative agents or rheumatoid diseases are susceptible of being destroyed by minute amounts of pure metallic copper. For example, even water contaminated with *limax amoebae* can be cleansed by running through copper pipe. Since it "is not possible to run a person thru a pipe of copper," the copper ion must be given to a person in another form. While Dr. Wyburn-Mason reported some success [curing rheumatoid disease] with copper sulfate, less toxic forms have been sought by clinical investigators. [See "Foreward" <http://www.arthritis-trust.org>.]

It has been found that pure metallic copper can be prepared and administered in the form of granules in microgram quantities on an ion exchange resin. * This is successfully used as a nutritional supplement in patients deficient in this element, which ap-

pears to make them more susceptible to chronic illnesses of the rheumatoid type.

Copper is an essential trace mineral in human diets, consumed daily in some foods, and contributes to health in the formation of new blood cells, the red blood cells and the leukocytes which help the patient to fight infections.

Some physicians have found that when copper of this type is used in microgram quantities, it is a very conservative treatment, obtaining therapeutic benefits in ridding the body of toxic parasites such as amoebae without risking toxic reactions or serious side effects.¹ Of course, as with any heavy metal, taking too much copper or for too long a time can produce adverse effects which can easily be detected and avoided or treated.²

Ceruloplasmin and serum copper levels are indicators for therapeutic and also toxic levels of copper permitting periodic evaluations by the physician. As with any method of arthritis treatment, if effective results are obtained, certain baseline laboratory values, including a SMAC-24, a CBC, and serum copper levels and ceruloplasmin levels must be determined for later reference.

Contraindications to this treatment may be any abnormal neurological signs or symptoms, although some success with this therapy has been seen in one neurological disease where it seems that copper deprivation may be a factor.³

The Treatment Program

The following protocol is utilized in treating patients with active rheumatoid disease:

When the patient has signed an informed consent to a new type of food supplement to correct a probable essential trace mineral deficiency, a test amount of the ionic copper granules can be given in the [doctor's] office. This may be as few as 5 [granules] or as many as 20, although 15 is the average amount for a 150 pound adult male.

As one becomes familiar with the treatment, a "feeling" of the proper amount for each patient will develop. In a short time, clinical judgment will determine the initial dose and the amount to be increased each day, usually divided into three equal doses, taken on the tongue and washed down with a half glass or more of water.

The first treatment program will take about six weeks and the patient should have a favorable response, which may be from moderate relief and improvement of signs and symptoms to a complete or permanent remission.

In addition to the copper granules, patients may take their customary medicine for arthritis discomfort, and a biologically active nutritional supplement is also used.⁴

As with all antibiotic therapy, the substance used is usually given to achieve a specific blood level. For the use of copper as a nutritional supplement and to build up the natural resistance of the body to the infective agent, no definite blood levels have been determined. They may be different for different patients. Clinical observations along with the specific blood levels for the particular patient will act as a guide should it seem desirable to repeat the program.

When the therapeutic level of copper in the blood is reached, then the susceptible microorganisms, whose presence is the probable cause of the disease, are killed by the chemical activity of copper ions. This is an all-encompassing phenomenon, and it affects the entire population of microorganisms in question. But the killing of the susceptible microorganisms may, and usually does, result in the production of a *Herxheimer reaction*. (The patient may feel that the arthritis is getting worse, or that a flare-up or aggravation of the disease is occurring. It should be explained to the patient that this is an "expected reaction" probably caused by release of toxic substances from the killed pathogenic organisms,

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. or the amoebae in rheumatoid arthritis, and not by live microorganisms of any exacerbation of the disease.)⁵ ["The Herxheimer Effect," <http://www.arthritistrust.org>.]

The extent of the Herxheimer reaction is directly related to the number of the microorganisms being destroyed, the area of the body that has been affected by the rheumatoid disease, the rate of release of toxins from the dead microorganisms and the patient's own resistance or sensitivity to foreign proteins.

Rarely, some patients experience a severe reaction appear "really sick." But the whole secret of success with this treatment with copper granules is to get the patients past the Herxheimer reaction with a minimum of discomfort and apprehension about the apparent flare-up of the disease.

This is usually best accomplished by getting past the stage of the reaction as quickly as possible, as opposed to stringing out the process and prolonging the agony.

Start the patient on whatever level that it appears can be comfortably handled. For example: Prescribe an initial dose of 10 granules. This is to be taken three times a day the first day. Then increase the total dose by 5 granules each day, observing the reactions and tolerance. If this does not provoke a reaction, then increase the daily total by 10 granules per day until the patient is taking 75 to 80 granules per day. This level is maintained for 10 to 14 days. Then, the maximum dose is achieved by going to 90 granules a day. Then the Herxheimer reaction should be safely passed, permitting the patient to take 90 granules 2 times a day for two weeks, then the lesser dose of 100 granules once a day for two weeks. Then the copper medication is stopped and the clinical and laboratory evaluations repeated to judge the state or progress and recovery of the patient.

The treating physician should expect and look for signs of a Herxheimer reaction in his patient once the copper granule treatment has been started. It may be very mild and immediate, taking only a few seconds, or it may develop later, several hours to several days to manifest itself. Since it is due to the killing of the microorganisms responsible for the disease, it is a clinical confirmation of the diagnosis of rheumatoid disease as well as an indication that the patient will benefit for the treatment with improvement or complete recovery.

The reaction to the copper granules is *not a drug* reaction. When the granules are given to a control who is a healthy subject, no Herxheimer reaction occurs.

If the patient has had a treatment with [methotrexate], gold therapy, penicillamine or cortico-steroids currently or recently, or for long periods of time, the usual physiological Herxheimer response may be altered. In some of these patients, it may be entirely absent. This probably indicates that the normal immunological responses of the patient's body has been altered by these drugs. It may also indicate an acquired resistance of the pathological organism responsible for the disease to antibiotic agents.

What should the patient be told to expect in the form of a Herxheimer reaction? These symptoms may occur in order of their frequency and severity —

1. A dry, "funny" or metallic taste in the mouth.
2. Increased aching and pain in the joints.
3. Muscle fatigue and a "burning" sensation.
4. Loss of appetite, nausea, occasional vomiting.
5. Diarrhea or constipation, cramping, gas.
6. Some tissue or joints swelling, redness, local heat and inflammation.
7. Increased muscle and joint stiffness.
8. Low fever and night sweats.

Other rare signs and symptoms may temporarily appear, mim-

icking other rheumatoid diseases: Skin manifestations, eruptions, scaling, eczema, and psoriatic appearing lesions. If the organisms have been lodged in the tissues of the central, peripheral or autonomic nervous systems, there may appear neurological or sensory symptoms, including the special functions of vision, hearing, taste, and smell.

Since Rheumatoid diseases are systemic in nature, the endocrine tissues seem to have an affinity for the organisms causing the infection. In the Herxheimer reaction, there may be significant changes, such as alteration of the menstrual cycle, decreased need for insulin in diabetes, less thyroid requirement in hypothyroidism, and reduction in the signs and symptoms of endometriosis. Headaches are not uncommon, and psychological changes may be noticed temporarily such as unexplained anger, depression, irritability, listlessness, fatigue, etc. The patient must be reassured regarding these phenomena, and they may be reduced or prevented by appropriate treatment. Complete suppression, however, removes a significant clinical observation which the physician uses as a treatment guide.

However, in some patients, it may be necessary to treat it or to suppress the Herxheimer reaction to help the patient get past this stage of treatment with less discomfort and less physical disability. This may be done in one of several ways. First, the daily dose of copper granules may be reduced by one half or more for two or three days, or until the uncomfortable symptoms subside, then beginning again on a lower level. Second, the medication may be completely halted for a week or so, then begun with a covering dose of symptomatic medications. Third, medications may be taken along with the copper granules without conflict or weakening of their therapeutic effect. These may include analgesics such as aspirin and the non-steroidal anti-inflammatory drugs, muscle relaxants and antiemetics. Fourth, an initial dose of depo-steroidal drug may be administered once a week until the Herxheimer symptoms have subsided or are past.⁶

Then, when the Herxheimer reaction has been suppressed, the disease should be treated more vigorously, increasing the dose of the copper granules to 30 granules three times a day and up to 90 granules twice a day for two weeks, then 100 granules once a day for two weeks. Then the medication — or food supplement — as it should be considered, is stopped. By this time, the patient's body has been saturated with a high and normal amount of copper sufficient to control the active form of the disease.

The philosophy behind the copper granule use in rheumatoid disease is to restore normal tissue levels of copper and then increase these to tolerance to inhibit and kill microorganisms responsible for these chronic systemic infections. While it will be important to continue research on the nature of these infectious forms, protozoa, mycoplasmas, or viruses, it *is not necessary* to identify the cause to get a good treatment result.

The copper granules permit the patient to be treated at a variable rate according to his own tolerance to the signs and symptoms of the Herxheimer reaction. The rate of "kill-off" of the microorganisms is directly related to the amount of copper granules used. Each copper granule will kill a certain amount of susceptible microorganisms. Ten granules will kill ten times as many. Fifty granules will kill fifty times as much. So the rate at which the patient can be treated, and his or her disease controlled, is dose related.

No serious reactions have developed with this treatment. There are no contraindications known to date. And there are no drug sensitivities or sensitivity problems with copper granules, since it is a normal physiological trace mineral in the human body.

Conclusions

Metallic copper in pure ionic granules has been successful in

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treating the rheumatoid diseases when used as a dietary supplement and increasing the amounts up to tolerance of the patients to Herxheimer reaction symptoms. No adverse or metal toxicity reactions have occurred to this form of copper in the amounts recommended. Recovery and improvement in rheumatoid signs and symptoms with this new method suggest its importance as a new road to health for the patient.

[Sorry References were not available for this article.]

* Copper micro-granules were supplied as D.S.D. International Ltd., 640 E. Purdue, Suite 106, Phoenix, AZ 85020; (800) 232-3183; (602) 944-0104; Viotron International, 8122 East Fulton, Ada, MI 49301; (800) 437-1298.

COPPER THERAPY FOR RHEUMATOID DISEASE

Seldon Nelson, D.O.

The late Roger Wyburn-Mason of London, England proved that copper is one of the very best compounds to kill the Amoebae. These germs seem to play a very important part in causing or complicating the majority of disease I refer to as the Rheumatoid Diseases. Some of these diseases include Rheumatoid Arthritis, Lupus Erythematosus, Scleroderma, Periarteritis Nodosa, Dermatomyositis, Psoriasis, Thyroiditis, Fibrositis, Endometriosis, Erythema Nodosum, Multiple Sclerosis, Myasthenia Gravis, Crohn's Disease, Ulcerative Colitis, some Diabetes and certain forms of Cancer as well as a number of other diseases.

The problem in America is that there are not many medications that will kill the Amoebae effectively. Also some drugs I presently use to kill the amoebae do not kill all of the germs adequately. This is probably due to the fact that certain amoebae seem to be resistant to the presently used medications. The Rheumatoid Disease Foundation (of which I am a founding member) is presently paying for double blind studies on Clotrimazole which is a very effective drug, but it will be at least a year before available. We desperately need more effective medications that will rid the body of those Amoebae that have been resistant to the presently available drugs.

I have known that when germs or organisms that are more complex or more highly developed than normal bacteria or commonly known germs are killed in a patient, certain toxins are released and the body has to get rid of the dead germs. The Amoebae which cause Rheumatoid Disease are highly developed and quite complex as are the germs that cause Syphilis, Leprosy or African Sleeping Sickness. When any of these diseases are effectively treated, the organisms are killed and in the process of ridding the body of the dead germs, these patients can develop numerous flu-like symptoms called a Herxheimer Reaction. This is a good reaction in the sense that the body is getting rid of the dead germs. These flu-like symptoms may include temporary increase in joint pains (get worse before getting better), headaches, chilly sensations, low grade fever, nausea, mild diarrhea, aching all over, skin crawling sensations and a general feeling of weakness. These symptoms are temporary and should encourage a patient to realize that he is responding to the treatment.

Copper is a substance that very effectively kills the Amoebae but the problem is that the only available copper for giving patients has been in the form of salts such as copper sulfate. These salts are poorly absorbed in the intestine and commonly cause severe nausea and vomiting. They are therefore not acceptable in the majority of patients. Copper Aspirinate however causes the fewest problems and is quite effective in most patients.

A new method of getting pure copper into the body has recently been developed which appears to be quite effective in killing the Amoebae. This form of copper is much more active than most available salts and since the amount of copper that is effective is only 3-4 times the body's minimum daily requirements of copper, it is totally safe. It is quite effective and easily taken although it causes a Herxheimer reaction in those patients who are infected with the Amoebae. It is taken by placing very tiny granules or beads coated with copper under the tongue for about one minute. The copper is absorbed directly into the blood stream (in the same way nitroglycerine for heart patients does) leaving the tiny uncoated resin granules which can be swallowed or spit out. The Herxheimer reaction usually begins in about four to eight hours, but it has been observed in as little as 10 minutes and as delayed as 3 days, depending on how severely infected with the Amoebae the patient is. The granules are taken twice daily and are taken until the patient

does not have any more Herxheimer Reaction to the copper. This usually is six to eight weeks if the patient takes the copper correctly. When no further Herxheimer Reaction is noted this signifies that no more Amoebae are being killed and the patient can stop taking the copper. Patients being treated however, should take the granules for at least six weeks.

For treating most Rheumatoid Diseases the patient should start out by placing 8 granules under the tongue for one minute 3x daily. If the Herxheimer Reaction is tolerable and not severe, the patient can increase the granules by 2-3 each day (making 8-9 granules 3x daily) until a level or number of granules taken 3x daily is reached at which the Herxheimer Reaction can be comfortably tolerated. The dosage should be increased no higher than 75 granules 3x daily, however. It is very important that the patient increase the number of granules by 2-3 each day until the tolerated level is reached. This will rid the body of the Amoebae much faster. Copper in this form is a nutrient and not a drug.

In treating Multiple Sclerosis, it is very important to follow a different method of taking the granules. The Patient with Multiple Sclerosis should start out by taking only one granule twice daily. I do not want patients with Multiple Sclerosis to have a severe Herxheimer Reaction as this could aggravate their condition. The granules can be slowly increased by adding one granule extra twice daily until a very mild Herxheimer Reaction is noted. The patient should continue this dosage daily until the Reaction begins to go away before increasing the number of granules. If any questions arise or any problems develop, the patient should contact me immediately.

The beauty about this method of treatment is that a patient can regulate the severity of the Herxheimer reaction. A patient should know that the more severe the reaction is, the more Amoeba are being killed and the patient's disease condition should improve faster. Should a patient require doing something one day in which the reaction would make that something more difficult, the patient can simply cut down on the number of granules that day. However it must be emphasized that the patients must increase the daily dosage up to the maximum (30 granules twice daily) and get the Herxheimer Reaction to get the best results

Should any patient have any questions I urge patient to call my office or myself at any time. Good luck, God bless you and I'm looking forward to your complete recovery.