

Re: Dr Jones IS a living SAINT!!!!

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2005-12/msg00282.html>

- *From:* "Mockingbird" <mockingbirdbrain@xxxxxxxxxx>
 - *Date:* 2 Dec 2005 09:18:29 -0800
-

dali wrote:

> Mockingbird wrote:

>> dali wrote:

>>> pmerv@xxxxxxxxxxxxx wrote:

>>>> we aren't supposed to do ads, we're nonprofit

>>>> I don't believe in ICHT or Rife or CS. Maybe you and Barney and dali

>>>> can get together and do your own rag with that stuff in it.

>>>>

>>>> ps this really isn't about Dr. Jones the Saint any more

>>>>

>>>> Mockingbird wrote:

>>>>> dali wrote:

>>>>>> Mockingbird wrote:

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>>>>>>>> CaliforniaLyme wrote:

>>>>>>>>> Phyllis does a great job with the Lyme Times and it is a wonderful

>>>>>>>>> publication!!! WHO could afford to do it for free? Not me!!! It is a

>>>>>>>>> great article!!!

>>>>>>>>>

>>>>>>>>> Can you read?

>>>>>>>>>

>>>>>>>>> I said: offer it on the internet for FREE.

>>>>>>>>>

>>>>>>>>> Anyone who wants a printed copy can pay UNLESS advertising can pay for

>>>>>>>>> it

>>>>>>>>>

>>>>>>>>> See here is a plan.

>>>>>>>>>

>>>>>>>>> Put the Lyme Times content on the internet. Many people will have

>>>>>>>>> IMMEDIATE access and if they want can print it out. Others may still

>>>>>>>>> want to buy copies as printed by Phyllis and CALDA and for those she

>>>>>>>>> could charge and recoup her costs. On the other hand, she could just

>>>>>>>>> sell ads and get sponsors and give it away if she can recoup the costs

>>>>>>>>> that way (for example, I bet that Igenex who she regularly shells for,

>>>>>>>>> could afford to publish ten times the number of copies she currently

>>>>>>>>> prints, pay for mailings, and even pay for better publishing software.

>>>>>>>>>

>>>>>>>>> After all his revenues were, what, a quarter of a BILLION dollars over

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>>>>>> the last ten years?
>>>>>>
>>>>>> How about some colloidal silver ads. oh yea, she'd be rolling in it.
>>>>>>
>>>>>> Hey and she can help Bryan skyking rosner sell his self published book
>>>>>> for \$40 a pop along with some RIFE machines too!
>>>>>>
>>>>>> See Phyllis, we're all trying to help come up with some ideas for ads
>>>>>> you can sell!
>>>>>>
>>>>>> Hey sooner or later Nick Bachnysky or Dr Shantha will get out of jail
>>>>>> and they can really afford to pay for some ads for ICHT too!
>>>>
>>> Well Dr. William Burgdorfer, Ph.D. believes in it and I'm certain he is
>>> smarter than both of you two combined.
>>>
>> I "believe in it" as in CS exists.
>>>
>> I don't believe that it is safe or effective.
>>>
>> The fact that Burgdorfer, an excellent microbiologist, at one time
>> advocated a treatment, doesn't make it a good treatment, doesn't make
>> him a pharmacologist etc.
>>>
>> But, hey, as we've all said, YOU should feel free to snort it, mainline
>> it, and do whatever YOU want to with it.
>>>
>> WHY the need to proselytize about it to others constantly is what no of
>> us can figure out.
>>>
> because antibiotics no longer work. got any better ideas?
>>>
> Do this:
> We can all agree that PUBMED is a reputable source, right?

FROM PUBMED:

J Wound Care. 2004 Apr;13(4):154-5. Related Articles, Links

Colloidal silver as an antimicrobial agent: fact or fiction?

van Hasselt P, Gashe BA, Ahmad J.

Ear Clinic, Bamalete Lutheran Hospital, Ramotswa, Botswana.
pvhass...@xxxxxxxxxx

OBJECTIVE: Colloidal silver preparations are marketed on the internet

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as omnipotent antimicrobial agents, but scientific support for these claims is lacking. This study reports the results of in vitro tests of colloidal silver's antimicrobial activity against several pathogenic or

non-pathogenic microorganisms. METHOD: Three samples of colloidal silver were tested: one available commercially on the internet (silver concentration of 22 ppm) and two samples (concentrations of 403 and 413

ppm) which were prepared in our laboratory using standard chemical methods. RESULTS: In an agar-well diffusion assay none of the three colloidal silver solutions had any effect on the growth of the test organisms. All tested bacterial strains were sensitive to ciprofloxacin. Colloidal silver 22 ppm showed no bactericidal activity in phenol coefficient tests. CONCLUSION: As the tested colloidal silver

solutions did not show any antimicrobial effect in vitro on the microorganisms, claims of colloidal silver's antimicrobial potency are misleading and there is no place for it as an antiseptic.

Publication Types:
Evaluation Studies

PMID: 15114827 [PubMed – indexed for MEDLINE]

Neurology. 2004 Apr 27;62(8):1408–10. Related Articles, Links

Myoclonic status epilepticus following repeated oral ingestion of colloidal silver.

Mirsattari SM, Hammond RR, Sharpe MD, Leung FY, Young GB.

Department of Clinical Neurological Sciences, University of Western Ontario, London, Ontario, Canada.

The authors report a case of a 71-year-old man who developed myoclonic status epilepticus and coma after daily ingestion of colloidal silver for 4 months resulting in high levels of silver in plasma, erythrocytes, and CSF. Despite plasmapheresis, he remained in a persistent vegetative state until his death 5.5 months later. Silver products can cause irreversible neurologic toxicity associated with poor outcome.

Publication Types:

Re: Dr Jones IS a living SAINT!!!!

Case Reports

PMID: 15111684 [PubMed – indexed for MEDLINE]

Int J Dermatol. 2003 Jul;42(7):549. Related Articles, Links

Argyria associated with colloidal silver supplementation.

McKenna JK, Hull CM, Zone JJ.

Department of Dermatology, University of Utah, Salt Lake City, UT 84132, USA.

A 65-year-old male presented for skin examination and was incidentally noted to have discoloration of the fingernails. These findings were completely asymptomatic. The patient had been taking colloidal silver supplementation (Silverzone 140 ppm silver Gifts of Nature, St. George,

UT, USA) for 2 years as therapy for diabetes. He first noticed the onset of nail discoloration 1 year ago. His past medical history included type II diabetes and hypertension. His current medications were metformin, glyburide, and benazepril. Physical examination revealed slate-gray discoloration involving the lunulae of the fingernails (Fig. 1). The skin, mucous membranes, and sclerae were unaffected.

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PMID: 12839605 [PubMed – indexed for MEDLINE]

Clin Exp Dermatol. 2003 May;28(3):254–6. Related Articles, Links

Severe generalized argyria secondary to ingestion of colloidal silver protein.

White JM, Powell AM, Brady K, Russell-Jones R.

Department of Dermatology, Ealing Hospital, London, UK.
jonathanmlwh...@xxxxxxxxxxxxx

Argyria is a rare cause of cutaneous discolouration caused by silver deposition. We report a case of dramatic and diffuse argyria secondary to ingestion of colloidal silver protein over a 1-year period. Stained electron microscopy with spectral analysis was used to confirm the clinical diagnosis. Silver-protein complexes are deposited in the skin and reduced to inert silver salts by sunlight in a process similar to that harnessed in photography. Our patient had obtained the silver for consumption via mail order. It had been advertised as a cure for a variety of diseases. Colloidal silver protein is commercially available

as a 'food supplement', hence circumventing the strict controls placed on medicines.

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PMID: 12780705 [PubMed – indexed for MEDLINE]

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Controversies over colloidal silver.

Lansdown AB.

Publication Types:
Letter

PMID: 12677875 [PubMed – indexed for MEDLINE]

Cutis. 2000 Nov;66(5):373–4. Related Articles, Links

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Argyria following the use of dietary supplements containing colloidal silver protein.

Gulbranson SH, Hud JA, Hansen RC.

Good Samaritan Regional Medical Center, Phoenix, Arizona 85006, USA.

The onset of argyria following the use of dietary supplements containing colloidal silver protein is presented. The patient was using a silver-containing product for cold and allergy prophylaxis. We review the past and present medicinal roles of silver and include a differential diagnosis for argyria. The hyperpigmentation of argyria is usually permanent, and it follows a sun-exposed distribution. This case report highlights the potential for toxicity following the use of dietary supplements and demonstrates the importance of physician inquiry regarding alternative medicines. Finally, we examine the limited role of the Food and Drug Administration (FDA) in regulating alternative medicines marketed as dietary supplements.

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PMID: 11107524 [PubMed – indexed for MEDLINE]

Fed Regist. 1999 Aug 17;64(158):44653–8. Related Articles, Links

Over-the-counter drug products containing colloidal silver ingredients or silver salts. Department of Health and Human Services (HHS), Public Health Service (PHS), Food and Drug Administration (FDA). Final rule.

[No authors listed]

The Food and Drug Administration (FDA) is issuing a final rule establishing that all over-the-counter (OTC) drug products containing

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colloidal silver ingredients or silver salts for internal or external use are not generally recognized as safe and effective and are misbranded. FDA is issuing this final rule because many OTC drug products containing colloidal silver ingredients or silver salts are being marketed for numerous serious disease conditions and FDA is not aware of any substantial scientific evidence that supports the use of OTC colloidal silver ingredients or silver salts for these disease conditions.

PMID: 10558603 [PubMed – indexed for MEDLINE]

J Toxicol Clin Toxicol. 1996;34(1):119–26. Related Articles, Links

Silver products for medical indications: risk–benefit assessment.

Fung MC, Bowen DL.

Center of Drug Evaluation and Research, Food and Drug Administration, Rockville, Maryland, USA.

BACKGROUND: Legitimate medicinal use of silver–containing products has dramatically diminished over the last several decades. Recently, however, some manufacturers have begun to enthusiastically promote oral

colloidal silver proteins as mineral supplements and for prevention and

treatment of many diseases. Indiscriminate use of silver products can lead to toxicity such as argyria. **OBJECTIVE:** To assist health care professionals in a risk versus benefit assessment of over–the–counter silver–containing products, we herein examine the following issues: historical uses, chemistry, pharmacology, clinical toxicology, case reports of adverse events in the literature, and the recent promotion of over–the–counter silver products. Other sources of silver exposure (including environmental and dietary) and EPA exposure standards are discussed. A list of currently available silver products is provided for easy reference and screening. **CONCLUSIONS:** We emphasize the lack of

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Review
Review, Tutorial

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Publication Types:
Letter

PMID: 7563503 [PubMed – indexed for MEDLINE]

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=pubmed>

>
> I would suggest that she become silver literate if she wants to visit
> sci.med.lyme.
> If you knock ionic silver you need to back it up. I really don't think
> that's too much to ask is it? Take your time Phyllis, it's a lot of
> reading. Same applies to others on this NG, this fence sitting on this
> important topic needs to end.
>
> for overviews silvermedicine.org is as good as any.

• **References:**

- ◆ **more lies and inventions by rude person**
 ◇ From: pmerv
 - ◆ **Re: Dr Jones IS a Living SAINT!!!!**
 ◇ From: Mockingbird
 - ◆ **more obsessions and delusions of the rude person**
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 - ◆ **The Lyme Times**
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