

Headed to the Hospital? Pack your Oligodynamic Silver

Going into a hospital to visit someone or for a medical procedure? You might want to pack your oligodynamic silver. Tragically, people who go to hospitals in search of wellness often end up becoming sicker from bacterial infections. The U.S. Centers for Disease Control and Prevention notes that some two-million patients become infected in American hospitals—and some 90,000 die as a result of their infections. Such hospital-derived conditions are known as “nosocomial infections.”

Which Microbes Have the Upper Hand?

The number one culprit is a bacterium *Staphylococcus aureus*, which has developed resistance to almost every antibiotic we have to fight it. “Staph,” says Dr. Jonathan Jacobs, of the Weill Cornell Medical Center, “is one of the most common infections that we encounter.”

An investigation in the *Chicago Tribune* places much of the blame on dirty hospitals and health care workers who don’t wash their hands. Doctors admit that poor hygiene on the part of hospital personnel is a factor in the infections. “It’s very easy to transmit these organisms, and it doesn’t take much of a lapse in hygiene to do it,” says Dr. Jacobs.

Experts also note that hospitals should not be thought of as “safe havens.” One expert, Victor Yu, M.D., of the VA Medical Center and University of Pittsburgh, says, “For the first time in perhaps maybe 50 years, the microbes probably have an edge. It’s scary.”

Dr. Yu’s statement requires a critical examination of this commonly held belief. While non-judicious use of antibiotics may have contributed to this return of the microbe, it’s relieving to note that oligodynamic silver’s track record at destroying over 100 strains of Staph is legendary. We shall see in a moment the evidence for this.

Another prevalent infection is legionellosis. Numerous reports have been published within the past year regarding patient infections in long-term care facilities, nursing homes, rehabilitation centers, and pediatric hospitals, says Dr. Yu. “The institutional water supply has been the source in all reports.”

Could Oligodynamic Silver be the Gold Standard?

In the August 2000 issue of *Current Opinions on Infectious Disease*, Dr. D.J. Stickler of the Cardiff School of Biosciences, Cardiff University, Cardiff, Wales, United Kingdom, poses this provocative question, “Biomaterials to prevent nosocomial infections: is silver the gold standard?”¹

In fact, many experts now consider silver to be essential to control of hospital-borne pathogens. Urinary catheters are impregnated with silver. The leading topical

antibiotic today is silver sulfadiazine. Copper-silver ionization has displaced chlorination as the long-term disinfection modality of choice for prevention of legionellosis.

Oligodynamic silver's performance (e.g., ≥ 0.1 ppm concentration level) at destroying legionellosis in the tap water is now firmly established.^{2,3}

In 1994, it was shown that silver could combat bacterial colonization by Staph. The "reduced bacterial growth" of Staph. pathogens "indicates that the release of silver in tissues over time cause antibacterial effects *in vivo*," says Dr. M.K. Dasgupta, of the Walter McKenzie Health Sciences Center, University of Alberta, Edmonton, Canada.⁴

Today, nanotechnology has greatly improved over the previous kinds of oligodynamic silver preparations. The rich content of oligodynamic silver within uniform picoscalar oligodynamic silver hydrosol (UPOSH) has not only proven efficacy against all the most common Staph. infections, but notably destroys the most highly resistant ones as well. Both *in vitro* and *in vivo* studies confirm oligodynamic silver's lethal effects against:

- Staphylococcus spp. (20 Coagulase-negative strains)⁵,
- Staphylococcus aureus^{6, 7, 8, 9, 10, 11, 12, 13, 14},
- Staphylococcus aureus (97 MRSA strains)^{15, 16},
- Staphylococcus epidermidis^{17, 18, 19, 20},
- Staphylococcus maruslene²¹,
- Staphylococcus pyogenea²²,
- Staphylococcus pyogens albus²³,
- Staphylococcus pyogens aureus²⁴, and
- Staphylococcus systemeriae²⁵

Prescription for Safe Hospital Stays

When you visit a hospital these days, it is serious business. You should tell your doctor if you're going to use a oligodynamic silver preparation and you should also follow your doctor's instructions. However, since many Staph. infections are transmitted through the nasal passages and upper respiratory pathways, it seems to us to be a wise thing to reinforce your protection against such bacterial infections by taking advantage of a true rich oligodynamic silver formulation. After all, many hospitals are using silver for treating and preventing Staph and legionella infections.

Oligodynamic Silver Hydrosol Protocol for Reducing Risk of Hospital Infections

Dosage

Ingesting 5 cc (1 teaspoon) to 15 cc (1 Tablespoon) every 20 minutes on an empty stomach throughout the day typically brings relief within 24 hours. The key is delivery of the oligodynamic silver in the right amount to the specific area of infection(s). A physician may wish to consider additional avenues of administration on top of oral ingestion, such as topical administration or even by injection, where deemed medically

necessary. Continued use under medical supervision over the next week would help insure non-return of both the symptoms as well as the infection.

References

- ¹ Stickler, D.J. "Biomaterials to prevent nosocomial infections: is silver the gold standard?" *Curr Opin Infect Dis* 2000;13(4):389-393.
- ² Hwang MG, Katayama H, Ohgaki S. Effect of intracellular resuscitation of Legionella pneumophila in Acanthamoeba polyphage cells on the antimicrobial properties of silver and copper. *Environ Sci Technol*. 2006 Dec 1;40(23):7434-9.
- ³ Stout JE, Yu VL. Experiences of the first 16 hospitals using copper-silver ionization for Legionella control: implications for the evaluation of other disinfection modalities. *Infect Control Hosp Epidemiol*. 2003 Aug;24(8):563-8.
- ⁴ Dasgupta, M.K. "Silver peritoneal catheters reduce bacterial colonization." *Adv Perit Dial*, 1994;10:195-198.
- ⁵ Hamilton-Miller, Shah, S, Shah, C, "Silver Sulphadiazine: A Comprehensive in vitro Reassessment," *Chemotherapy*, 1993; 39:406.
- ⁶ Moyasar, TY, et al., "Disinfection of Bacteria in Water Systems by Using Electrolytically Generated Copper, Silver and Reduced Levels of Free Chlorine," *Canadian Journal of Microbiology*, The National Research Council of Canada, Ottawa, Ont., Canada, 1990; p. 109-16.
- ⁷ Larry C. Ford, MD, Department of Obstetrics and Gynecology, UCLA School of Medicine, Center for the Health Sciences, November 1, 1988.
- ⁸ Goetz, A, Tracy, RL, Harris, FS, "Oligodynamic Effect of Silver," *Silver in Industry*, edited by L. Addicks, Reinhold Publishing Corp., NY, 1940; p. 403.
- ⁹ Grier, N, "Silver and Its Compounds." In: *Disinfection, Sterilization and Preservation*, S. Block, edit., Lea & Febiger, Philadelphia, PA, 1983; p. 379.
- ¹⁰ Hall, RE, Bender, G, Marquis, RE, "Inhibitory and Cidal Antimicrobial Actions of Electrically Generated Silver Ions," *J Oral Maxillofac Surg*, 1987; 45:781.
- ¹¹ Brigham Young University, Microbiology Department, May 13th, 1999; Ron W. Leavitt, PhD, Prof. Microbiology; ref: ASAP – 1.25 ppm to 10 ppm concentrate of Ag+.
- ¹² Russell, AD, Hugo, WB, "Antimicrobial Activity and Action of Silver," *Prog Med Chem*, 1994; 31:356.
- ¹³ Deitch, E.A., Marino, A.A., Gillespie, T.E., and Albright, J.A. "Silver-nylon: A New Antimicrobial Agent," *Antimicrob. Agents Chemother*, 1983;23:356.
- ¹⁴ Marino, AA, EA Deitch, V Malakanok, JA Albright, RD Specian, "Electrical Augmentation of the Antimicrobial Activity of Silver-Nylon Fabrics," *J. Biol. Phys.*, 1984; 12:93.
- ¹⁵ Hamilton-Miller, Shah, S, Shah, C, "Silver Sulphadiazine: A Comprehensive in vitro Reassessment," *Chemotherapy*, 1993; 39:406.
- ¹⁶ Johns Hopkins University, Department of Pathology, Division of Microbiology, Feb 14th, 1997, James D. Dick, PhD, Director of Bacteriology; Ref: Aqua Argentica.
- ¹⁷ Grier, N, "Silver and Its Compounds." In: *Disinfection, Sterilization and Preservation*, S. Block, edit., Lea & Febiger, Philadelphia, PA, 1983; p. 380.
- ¹⁸ Monafu, WW, Moyer, CA, "Effectiveness of Dilute Aqueous Silver Nitrate in the Treatment of Major Burns," *Arch Surg*, July 1965; 91:205.
- ¹⁹ Microbiochem, Inc., Laboratoire D'Analyse, Quebec, Canada, July 3rd, 1996; Real Ayotte, PhD, Ref: Aqua Argentica.
- ²⁰ Hamilton-Miller, Shah, S, Shah, C, "Silver Sulphadiazine: A Comprehensive in vitro Reassessment," *Chemotherapy*, 1993; 39:406.
- ²¹ Williams, RL, Grashoff, GJ, Williams, DF, "The Biocompatibility of Silver," *Critical Reviews in Biocompatibility*, 1989; 5(3):223.
- ²² Searle, A B, *The Use of Colloids in Health and Disease*, (Quoting Henry Crookes), E. P. Dutton and Company, NY, 1919; p. 70.

²³ Bechhold, H, *Colloids in Biology and Medicine*, translated by J. G. M. Bullow. D. Van Nostrand Company, New York, 1919; p. 368.

²⁴ Bechhold, H, *Colloids in Biology and Medicine*, translated by J. G. M. Bullow. D. Van Nostrand Company, New York, 1919; p. 368.

²⁵ Williams, RL, Grashoff, GJ, Williams, DF, "The Biocompatibility of Silver," *Critical Reviews in Biocompatibility*, 1989; 5(3):223.