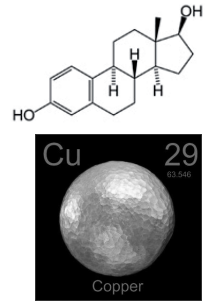


Dodgy Bed Fellows: Oestrogen and Copper



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- *Accurate Daily Prescribing for a Successful Practice* (2004)
- *The Treatment of Irritable Bowel Syndrome* (2006)
- *Obstacles to Cure: Toxicity, Deficiency and Infection* (2010)

He presented at the Bali Project in 2013: <http://aurumproject.org.au/thebali-project>

Abstract: I have previously written about the largely unacknowledged yet common deleterious health effects on children from high levels of copper¹. In boys we see diagnoses of ADHD, anxiety disorders and insomnia. In girls we more commonly see gastro-intestinal symptoms: nausea, abdominal pain, constipation, food sensitivities. Now I am continuing that discussion to examine the effect of copper on young women in relation to its potentially toxic relationship with oestrogen.

Keywords: oestrogen; oestrogen dominance; xenoestrogen; copper; neoplasm; *Folliculinum*.

Anxious, hopeless, depressed

It was during both pregnancies that Susan started to have real trouble with her digestion. She had always had a “niggly tummy” as a child. If there were a tummy bug going around then she would always catch it. Vomiting and diarrhoea were no strangers to her.

She knew about morning sickness but had no idea that she would experience severe vomiting and nausea for most of the pregnancies. For her second pregnancy she was even hospitalized for dehydration, and given the drug Maxalon® to stop her vomiting.

In both deliveries her contractions stopped so she was given a hormone drip. Her abdominal symptoms worsened after these drugs. But this was no surprise to her since she had never reacted well to the oral contraceptive pill either. When she first tried the Pill as a teenager it gave her severe migraines and nausea, so she decided to never use it again. When the hormonal drips were used to keep her labour going during both deliveries, this reminded her of the earlier time when she had used the Pill.

After childbirth, her abdominal symptoms became much worse. Every day she experienced nausea, flatulence, and diarrhoea. There were some trigger foods that she knew to avoid, such as chocolate, avocado, mushroom, but the confusing thing was that her food sensitivities seemed to change. One day she was OK to eat a salad. But next time it gave her excruciating wind. Eventually she stopped eating all fruit and vegetables, and

confined herself to bread and chicken. No fats or oils. Nothing spicy. Minimal meat. She was not cured on this restrictive diet. She still had her symptoms every day. But the intensity of the symptoms was reduced. She took probiotic supplements, which helped a little, but still she had the ongoing problem.

Her doctor ordered a series of pathology tests: endoscopy to check the stomach and oesophagus; colonoscopy to check the bowel; ultrasound to look for gallstones or abdominal masses. All these tests came to nothing, so she was diagnosed with Irritable Bowel Syndrome. Eventually, as various IBS treatments failed to achieve improvement, her doctor told her she had post natal depression and recommended antidepressants.

Susan had some anxiety and depression. But if you had ongoing abdominal pain and nausea for years without any sign of anyone being able to help you, let alone give you a concrete diagnosis, wouldn't you feel anxious, hopeless, depressed?

Not long after her second child was born she started to develop breast lumps. With each monthly cycle the lumps became more painful. It was at this point in the evolution of her illness that Susan decided to try homœopathic treatment.

Before we rush in with homœopathic medicines, it is vital to understand the causes of this disease picture (refer *Organon Aphorisms* 3 to 5 and to previous discussion²) and to identify this case as another in an increasingly frequent disease trend in young women.

¹ *Similia*, Vol 22, No 2, page 23

² Op. cit, pp 23-24

Copper

Copper, a normally benign essential micronutrient, is fast becoming a primary underlying, sustaining cause of chronic disease in the modern age. I realise that is a bold statement, but please read on. Children are acquiring high levels of copper from their parents, and their parents before them. Each new generation inherits the copper burden and, when combined with zinc deficiency, accumulates a level of copper greater than that of the previous generation. This means that disease symptoms are appearing earlier in the lives of children and, unless that high copper is recognised and removed, it ensures the copper burden will be passed on to the next generation: think of it as a 'toxic miasm', in homœopathy-speak.

How come high copper levels?

Copper is used in pesticides, wood preservatives and other industrial applications. But the most probable cause of the prevalence of copper toxicity is water fluoridation. We know that fluoride draws out the copper found in water pipes.³

My reason for choosing fluoride as the most likely contender is my detection of the increasing levels of copper over the last three successive generations since the 1970s, when fluoride was introduced into the water supply across Australia. Over those three generations, the levels of copper evident in Hair Tissue Mineral Analysis in my inter-family patient selection have mushroomed. Fluoridation of the water supply is thus my best guess.

Oestrogens

Now add oestrogen to the picture and you have a bigger disaster. The problems may start, as in Susan's case, when the girl commences her menstruation. But more commonly when she is given the Oral Contraceptive Pill. The OCP may be prescribed for period pain management, acne, or contraception. This will be the

next phase of the underlying toxicity caused by the meeting of copper with exogenous oestrogens. Many women will describe the onset of their Irritable Bowel Syndrome shortly as after they started taking the OCP (despite their doctor's assurance that it has no link to the gut).



Xenoestrogens

It would be simple if the OCP were the only cause of exogenous oestrogen. Unfortunately it is not: we also have the xenoestrogens, some of which are found in the substances below. 'Xenostrogen' refers to chemicals, whether synthetic or naturally occurring, which exert an oestrogenic influence upon human tissue, both males and females.

- Pesticide residues found in fruit and vegetables.
- Personal care products (e.g. those containing parabens).
- Food-grade plastics containing Bisphenol-A (BPA leaches into the food).

Let us have a brief look at the research on just one of these xenoestrogens. Many food-grade plastic containers contain Bisphenol-A, now acknowledged as a human carcinogen, in men as well as women.⁴ It is also one of the causes of precocious puberty. Girls are developing their breast tissue and pubic hair much earlier. One woman phoned up to say her baby was growing pubic hair, which stopped once she ceased using her plastic baby bottle and changed to a non-Bisphenol-A version. Fortunately in late 2010, the baby bottle manufacturers in Australia all signed up to a government-

fostered industry initiative to stop using BPA in the manufacture of their baby bottles. Years earlier it was banned in Canada and many states in the USA.

Aren't tiny doses acceptable? NO! Chemicals like BPA exert their influence in nano-doses. One study demonstrated that applying BPA to prostate cells at 25,000 times less than the active dose still stimulated growth of prostate cells.⁵

So now we have:

- Congenital accumulation of toxic levels of copper, which worsens with age +.
- Accumulation of exogenous oestrogens (xenoestrogens) either through the OCP or other sources, and sometimes.
- An excess endogenous natural oestrogen, called Oestrogen dominance.

The concept of oestrogen dominance was enumerated in the 1980s by *Dr John Lee*⁶, but is not generally recognised in conventional medical circles. Natural oestrogen dominance, (endogenous), plus accumulation of xenoestrogens, (exogenous), while an alarming health care issue, largely falls outside the radar of the conventional medical diagnostics.

The human body will use all its resources to keep the blood, and the vital organs through which it passes, as healthy as possible: this is called homœostasis. The excess oestrogens end up in the liver. It is there that they meet the toxic load of copper and there they stick together like glue. Here they cause biliary tree congestion (not gallstones), a concept that is a little too vague for conservative diagnostics, which is looking for calculi on ultrasound. When these two combine in the liver, the patient will complain of nausea, fatigue and (diarrhoea dominant) Irritable Bowel Syndrome. If there is mood disturbance it is more commonly anxiety alternating with depression. Often the depression will be worse at menstruation, and the anxiety worse at ovulation. Depression may be

3 Professor L Zilberman, quoted in <http://www.greenprophet.com/2011/11/fluoride-in-your-water-things-you-should-know-about-it/>

4 Pugazhendhi D, Sadler AJ, Darbre PD (2007). "Comparison of the global gene expression profiles produced by methylparaben, n-butylparaben and 17beta-oestradiol in MCF7 human breast cancer cells". *J Appl Toxicol* 27 (1): 67-77. doi:10.1002/jat.1200. PMID 17121429. Buterin T, Koch C, Naegeli H (August 2006). "Convergent transcriptional profiles induced by endogenous estrogen and distinct xenoestrogens in breast cancer cells". *Carcinogenesis* 27 (8): 1567-78. doi:10.1093/carcin/bgi339. PMID 16474171. Darbre PD (March 2006). "Environmental oestrogens, cosmetics and breast cancer". *Best Pract. Res. Clin. Endocrinol. Metab.* 20 (1): 121-43. doi:10.1016/j.beem.2005.09.007. PMID 16522524. Darbre PD, Aljarrah A, Miller WR, Coldham NG, Sauer MJ, Pope GS (2004). "Concentrations of parabens in human breast tumours". *J Appl Toxicol* 24 (1): 5-13. doi:10.1002/jat.958. PMID 14745841.

5 Smith, R & Lourie, B, *Slow Death by Rubber Duck*, op cit. *Mol Cancer Ther* May 2002,1; 515 <http://mct.aacrjournals.org/content/1/7/515.full>

6 <http://www.johnleemd.com>

severe immediately after childbirth and, as in Susan's case, receive a diagnosis of post-natal depression.

A young woman, like Susan, will begin to experience a variety of gut symptoms, diagnosed by exclusion as Irritable Bowel Syndrome. At this point of the patient's life, treatment is relatively straightforward, as in Susan's case. Once the combined effect of high copper and high levels of accumulated oestrogen exerts its influence deeper into the constitution, one will start to see endocrine disturbance and oestrogen-driven neoplastic tissue: endometriosis, fibrocystic breast disease, and malignancy.

Why does copper become toxic if it's a micronutrient for humans?

Traces of copper are a normal and essential finding in human tissue. Excess amounts are toxic. One method the body uses to keep copper at correct levels is to chelate it with zinc, which is copper's natural antagonist. Without zinc, copper accumulates. Zinc also stops other toxic elements from accumulating too: especially cadmium and mercury, two elements which you definitely don't want to have in your body.

Up to 30 percent of Australians are low in zinc. This is because the Australian soil is notoriously low in this essential mineral.⁷

Treatment

Now back to our case. The digestive problems, which would have been diagnosed as Irritable Bowel Syndrome, are just the beginning. The toxic mixture of oestrogenic chemicals, copper accumulation, low zinc, and maybe natural oestrogen dominance, is a disaster in waiting.

First fix the liver

It is vital to open the biliary channel of excretion, as this is where all the symptoms lie. 95% of copper is excreted through the liver, congesting the biliary tree and producing the picture of nausea "IBS". This is almost always relieved and cleaned out by *Chelidonium maj*, given in herbal liquid extract, 5 to 15

drops per dose, both before and after food (= six doses daily). If the patient has chronic constipation, they will need the stronger drop dose. Those with nausea, like Susan, or with diarrhoea, will require less.

The patient will experience symptom improvement from the first few days and that will continue until end of treatment. I mostly use the herbal extract because it works for everyone, although a very sensitive patient would do better with *Chelidonium 6x*. The medicine often requires continuation for several months.

Also attend to the Oestrogen Excess

At the same time, it is important to neutralise and excrete the excess oestrogens. When those oestrogens are exogenous, that is they come from sources outside that patient, most commonly from the OCP, *Folliculinum 30c*, one dose every second day for six weeks is the medicine I most use. Sometimes I need to go up to the 200c potency if symptoms persist. In other cases, a new symptom picture may emerge indicating the need for a new medicine, often *Sepia*, sometimes *Cimicifuga*. In all cases, I expect to see rapid improvement in the IBS.

If the pre-existing load of copper is very high, and this is demonstrable on a Hair Tissue Mineral Analysis, it may take many months to bring down that high load. At all times, the anxiety and depression cycle should be improving each month; otherwise the diagnosis, or the treatment, is incorrect.

At this stage of the treatment I give *Copper chelate*, a specially formulated potency chord of *Cuprum Met*, combined with a zinc supplement, which will always bring down high copper in all patients (males as well). I give this medicine once every second day, sometimes in conjunction with the patient's indicated medicine on totality of symptoms.⁸

Zinc

Most of these patients will be Zinc deficient, and it is important to give this supplement because it will aid in the

chelation of copper (and xenostrogens) as well as help to re-establish balance between the patient's oestrogen and progesterone cycle.

Advice to the patient

Susan will need no recommendation to stay away from the OCP - she already knows how it affects her body. Many women are not aware because they experience no clear side effects from the OCP: the IBS symptoms that occur are not associated with their use of the Pill. Women particularly sensitive to oestrogen excess may develop:

- Breast lumps.
- Abdominal fat accumulation or overall weight gain which no amount of exercise can shift.
- Other oestrogen-driven neoplastic cell growth.
- Vaginal thrush.
- Mood swings, particularly swinging from depression to anxiety dependent on where they are in their menstrual cycle.

I encourage these women to seek alternate forms of contraception. For those who do not wish to go off the Pill for fear of pregnancy, or any other issue, it is vital they keep their zinc levels up, since the Pill will deplete zinc reserves over time, and they may need an annual prescription of *Folliculinum*, which can offset the side effects of the Pill without negating its contraceptive value.

What about patients with more serious side effects from xenoestrogens?

Some patients with cancer, undergoing conventional treatment, will want advice on ways to optimise their health and minimize the likelihood of their illness recurring.

Aside from cancer, patients with endocrine disturbance will want advice. Some of these patients might be:

- Mothers whose daughters are going through precocious puberty, that is early puberty at age eight or nine, and are showing signs of heavy periods and weight gain.

7 Gibson, R. and Heath, A.-L. (2011), Population groups at risk of zinc deficiency in Australia and New Zealand. *Nutrition & Dietetics*, 68: 97-108. doi: 10.1111/j.1747-0080.2011.01516.x

8 This method is described in *Similia*, Vol 22, No 2, p. 23 *et seq* and also in Gamble, J, *Mastering Homeopathy 3: Obstacles to Cure: Toxicity, Deficiency and Infection* (2010).

- Men with benign prostatic hypertrophy.
- Hypothyroid patients with a clear history of xenoestrogen accumulation.

For these patients we use a special mixture of xenoestrogenic chemicals⁹ made into a homœopathic potency. This mix has *Folliculinum*, mixed food grade plastics (containing BPA), phthalates, polychlorinated biphenol, parabens, etc. We give this in ascending potencies in what the patient understands is a 'detox protocol'. It generally produces symptom responses of a hormonal nature, which the patient understands as a 'detox'. The rationale is to use what is essentially tautopathy to remove these toxic substances. The works of practitioners such as the late *Dr Tinus Smits*¹⁰ and Manfred Müller¹¹ provide further enumeration on the use of

tautopathy to remove toxic substances from human tissue.

Patients should regularly check their zinc status (many will be deficient).

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