

Clinical Image

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Dissolution of the spondylosis with autoimmune arthritis of the left hip joint with bone marrow edema by colloid gold for 4 weeks: A clinical image

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Abstract

Gold salts of monovalent gold with a gold-sulfur ligand (aurothiolates) are the conventional form of gold in use for the management of Rheumatoid Arthritis (RA). Colloid gold induces the pair annihilation of the Cooper electron pair (massive or massless fermion). We had identified the dissolution the spondylosis by colloid gold which is non-toxic.

Introduction

The electron–phonon interaction in graphene layers is related to the quantum superposition [1]. A Cooper pair or BCS pair (Bardeen–Cooper–Schrieffer pair) is a pair of electrons bound together. The small attraction between electrons in a metal can cause a paired state of electrons to have a lower energy than the Fermi energy, which implies that the pair is bound. This attraction is due to the electron–phonon interaction. The electron is repelled from other electrons due to their negative charge, but it also attracts the positive ions that make up the rigid lattice of the metal. This attraction distorts the ion lattice, moving the ions slightly toward the electron, increasing the positive charge density of the lattice. This positive charge can attract other electrons. At long distances, this attraction between electrons due to the displaced ions can overcome the electrons' repulsion due to their negative charge, and cause them to pair up [2].

Case presentation

A 62-year-old man, had the intramuscular microchip injection 4 years ago (Figure 1), was referred to our rheumatology outpatient center from the orthopedics service for controlling of the inflammatory condition for his rapidly destructive arthritis. He initially presented with 1 month of progressive left hip and groin pain with no preceding trauma or chronic steroid use. He

did not have any neurovascular compromise. With respect to his other joints, he had chronic pain in his left archilles tendon for approximately 1 month, with recent episodes of swelling

Initial Magnetic Resonance Image (MRI) films of his left hip and pelvis showed focal cortical and subcortical bony sclerosis (impingement change) with minimal bone marrow edema at left femoral head and upper lateral side and small subcortical and adjacent ganglion cysts at left femoral neck and 0.9 cm sized nodular intramuscular lesion including cystic lesion in left gluteus muscle (hematoma). The effects of the colloidal gold on tenderness and swelling of joints were rapid and dramatic, with a significant decrease in both after the first week, which persisted during the study period. The most impressive results were obtained in the patient who changed from totally disabled to fulltime work, and ARA Class IV to Class I (Table 1).

Discussion

Previous study with monoatomic gold to form clusters of colloid particles. It is postulated that the active ingredient in aurotherapy is AUo and the side-effects are caused by AU III. To test this postulate, RA patients with long-standing erosive bone disease not responding to previous treatment were recruited. Clinical and laboratory evaluations were performed prior to oral administration of 30 mg of colloidal AUo daily and thereafter

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Table 1: Effect of colloid gold at 45 ml/day on immune function, complete blood count and symptoms.

Labs		4 weeks
IgG	34.6	21.4
igM	24	15.6
igA	5.9	4.5
TNF-alpha	207	105
IL-6	241	107
NK	33.2	50.3
RF	positive	negative
white blood cells(X1000)	6.8	6.4
Hemoglobin (g %)	14.3	14
Hematocrit (%)	42.3	42
platelets (X1000)	276	305

symptom		1 week	4 weeks
tenderness	54.8	19.2	8.4
swelling	42.3	15.9	13.2
stiffness	2.8	2.3	1.8
fatigue	5.3	4.8	3.1

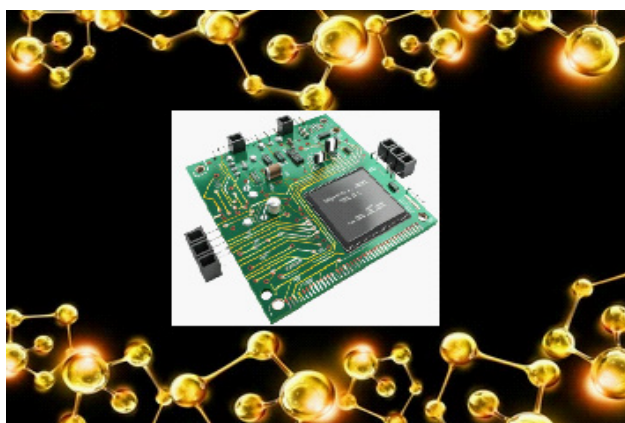


Figure 1: Dopping the integrated circuit of the heavy metal crystal by the colloid gold.

weekly for 4 weeks and monthly for an additional 5 months. There was no clinical or laboratory evidence of toxicity in any of the patients. The effects of the colloidal gold on the tenderness and swelling of joints were rapid and dramatic after the first week. The cytokines interleukin6 (IL-6) and tumour necrosis factor alpha (TNF-alpha), the immune complexes IgG and IgM, and rheumatoid factor were significantly suppressed by the colloidal gold. Colloid gold could become an effective and safer alternative to the aurothiolates in the management of RA patients [3].

Conclusions

The intramuscular injection of the crystal semiconductors generated the spondylosis and autoimmune arthritis. We have identified the response of the spondylosis and autoimmune arthritis to colloid gold was changed to the benign characters.

Conflict of interests: The authors declare that there is no conflict of interests regarding the publication of this paper.

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