Colloidal Silver's History – Medicinal-Roots to Present

An Insider's Analysis - Historical Expose and Technical Review

A Historical Perspective of Colloidal Silver

Note: Information within this site is for educational purposes only. The following is provided in order to treat this subject due respect by providing a proper historic account. The reader should not construe historic medical accounts quoted below from literature written in the 1920s, or any information herein as medical advice whatsoever. For more information please read our Privacy and Site Notice.

I think it is worthwhile to give proper attention to the historic uses of colloidal silver. People who are not familiar with the historic uses of colloidal silver are often shocked by the quality and quantity of information in this regard. People are also surprised at the level of understanding, broad range of use, extensive documentation and detailed accounts that are recorded for posterity by well known and to this day respected authorities. People are also shocked that such data has been accumulated over such a long period of time, and that they have not heard nor read such accounts before. People are incredulous to review such information, and often find themselves at odds within the realm of their reasoning mind. Particularly when such historical content fly's in the face of often more visible negative attitudes, bias, unreasoning and stupidity. This can be disconcerting at first.

In order to dynamically illustrate these points, and in order to develop a proper historic account of the history of colloidal silver, let us begin by quoting some significant and highly relevant passages from well respected historical material from our personal reference collection. We will begin with quotes from the book "Colloids in Health and Disease" by Alfred B. Searle, published in 1920.

"Colloidal silver, containing 0.05 per cent of the metal in a colloidal form and not as a salt, is clear cherry red liquid"

"Its destructive action on toxins is very marked, so that it will protect rabbits from ten times the lethal dose of tetanic or diphtheric toxin."

"taken internally, the particles of colloidal silver are resistant to the action of dilute acids and alkalies of the stomach, and consequently continue their catalytic action and pass into the intestine unchanged. The importance of this is obvious in such conditions as ulcerative urticaria and other forms of dermatitis suggestive of toxamia, bacillary dysentery, diarrhoea, and colitis.

The use of collosol argentum (a particular brand of true colloidal silver manufactured and available at the time -Ed) in ophthalmic practice and in the affections of the ear and in nasal catarrh and its clinical effect by intravenous injection in septicemia are reported in medical journals.

Colloidal silver has been used with marked success in the following cases, cited by C. E. A. Macleod:
Septic and follicular tonsillitis, Vincent's angina, phlyctenular conjunctivitis, gonorrhoeal conjunctivitis, spring catarrh, impetigo (contagious acne of face and body), septic ulcers of legs, ringworm of body, tinea versicolor, soft sores, supplicative appendicitis after operation (the wounds cleaned rapidly), purulent eczema of scalp and pubes, chronic eczema of meatus of ear with recurrent boils, and also chronic suppuration in otitis media, bromidrosis of feet, axillae and blind boils of neck. By injection: gonorrhoea and chronic cystitis (local), boils, epidymitis.

Sir James Cantlie has found it particularly effective in cases of sprue, dysentery, and intestinal troubles. Being non-toxic, the dose can be increased from 1 to 2 or more drachms twice or thrice daily.

A. Legge Roe regards stable colloidal silver as a most useful preparation in ophthalmic practice, and particularly in cases of gonorrhoeal ophthalmia, purulent ophthalmia of infants, infected ulcers of the cornea and hypopyon ulcer (tapping of the interior chamber and cautery, and other operative procedures being now rarely required, whilst if perforation does occur it is smaller and more manageable), interstitial keratitis, blepharitis, dacryocystitis, and burns and other wounds of the cornea. According to this authority the great chemosis which usually accompanies the use of silver nitrate is avoided and, in his opinion, if colloidal silver were adopted in every case of purulent ophthalmia of infants "there would be no such thing as impaired sight or blindness from this cause." He has had many cases of interstitial keratitis in adults, in which the complete opacity of the cornea has become absolutely clear in from three to five months, and anyone who has had much experience of this disease in adults knows how often permanent impairment of sight results, and how long the treatment used to last, especially if irritants had been used prior to colloidal treatment."

"T. H. Anderson Wells used it intravenously in a case of puerperal septicaemia without any irritation of the kidneys and with no pigmentation of the skin. This physician has found that a series of intravenous injections, each of colloidal (argentum, every forty-eight hours produce no untoward effects and that recovery is rapid.

Sir Malcom Morris has found that colloidal silver is free from the drawbacks of other preparations of silver, viz. the pain caused and the discoloration of the skin; indeed, instead of producing irritation it has a distinctly soothing effect. It rapidly subsdues inflammation and promotes the healing of lesions. He has had remarkable results in enlarged prostate with irritation in the bladder in pruritis ani and perineal eczema, and in haemorrhoids. It can be used in the form of suppositories whilst a solution is simultaneously applied to the irritated skin. In bromidrosis in the axille and feet it quickly gives relief. It causes a rapid disappearance of warts. Being non-toxic, it can be given internally in urticaria and other forms of dermatitis which are suggestive of toxemia. In such cases, it is quickly beneficial.

In ophthalmology, colloidal silver has now largely replaced silver nitrate.

J. Mark Hovell has found colloidal silver beneficial for permanently restoring the potency of the eustachian tubes and for reducing nasopharyngeal catarrh. Colloidal silver has also been used successfully in septic conditions of the mouth (including pyorrhoea alveolaris-Rigg's disease), throat (including tonsillitis and quinsies), ear (including Menier's symptoms and closure to Valsava's inflation), and in generalized septicaemia, leucorrhoea, cystitis, whooping-cough, and shingles.
A preparation of colloidal silver which is opaque to X-rays has proven invaluable in certain diagnoses.

J. MacMunn has successfully used silver sol in cases of gonorrhoeal prostatic gleet by injection through an endoscope into the substance of the prostate gland.

Collosol argentum has also proven useful in influenza, both as a prophylactic and for curative purposes when applied as a spray to the nostrils, for bathing the eyes, and as a gargle for the throat.

B. Seymour Jones has used an intranasal spray of colloidal silver in a case of cerebro-spinal meningitis. He has also used colloidal silver with marked advantage in several cases of rhinitis and oedematous enlargement of the posterior ends of the middle and inferior turbinates without true hyperplasia." 1

- End Quotes.

These quotes from Colloids in Health and Disease pages 83 - 86 illustrates that there was already a profound knowledge of the use of silver as early as the 1920s, even if the medical terms are dated, not only was the knowledge of colloidal silver well established, but adequately documented by an authority and one of the founders of colloidal chemistry.

The logical question is, ok, if it was considered safe, effective and proven in the mind and practice of physicians and heads of the medical industry at that time, why isn't it still used? Furthermore, how could such knowledge have been lost if it was true?

It is clear to me from a historical analysis of not only Searle's book, but a host of other reliable sources as well, that the knowledge regarding the effectiveness of colloidal silver was not lost, it was obscured. The good news is that the technology and knowledge of colloidal as well as ionic silver is emerging from obscurity rather quickly at the time of this writing.

It is particularly interesting to note that shortly after the original penicillin discovery by Sir Ernst Chain et al., that the U.S. government purchased the patent rights to penicillin in 1940. Later harsh criticism was leveled that British publicly funded scientific research in at least part funded the discovery of penicillin which was, to some, inappropriately sold to US interests. This is reportedly the reason that the National Research and Development Corporation (NRDC) was formed, to prevent such events from happening in the future. The patent rights to penicillin were later divvied up by the U.S. government among prominent U.S.A. pharmaceutical companies that worked in cooperative interest of governmental objectives collectively to mass produce penicillin during the war. It is also important to understand the role of University research and the economic dimension that formed during that time and the future consequences.

One of the leading factors that colloidal silver was not elevated to popular widespread and well understood use in the early 1900s may have been cost, but after careful analysis it is obvious that products that were confused with or inappropriately associated with colloidal silver were the primary cause of confusion and a bad rep that prevented colloidal silver as being preferred to the use of antibiotics, at least where choice of treatment by physicians was
concerned. However, we would be remiss to dismiss key factors such as who the beneficiaries of the resulting trends were, in addition to whom it is that had the most pull in terms of effecting and establishing public opinion and policy. We will address this issue more thoroughly later. Many factors converged to create what became the history of colloid silver.

For example, when safe problem-free forms of colloidal silver became popular among leading health practitioners of the early 1920s, knowledge about these products by practitioners at-large was lacking. Worse still, there was widespread confusion due to the other various available forms of silver all being called colloidal silver even if inaccurately. There was an abundance of products competing with true colloidal silver products, that were called colloidal silver that were not actually colloidal silver that seem to be at the core of the problem. Many of the products called colloidal silver were actually compounds, the use of which was questionable at best, and flawed when compared to the benefits, safety, lack of adverse conditions and effectiveness of actual colloidal silver.

It is hard to comprehend how compounds and other forms of silver continued to be confused with colloidal silver when they were of unreliable consistency and results, not to mention they were downright problematic and caused the problematic condition called argyria (a gray skin discoloration). It seems obvious that manufacturers of compounds and lesser grade silver products continued to push their products even in the face of scientific and medical data that proved their products to be problematic or inferior to competing true colloidal products.

Even though Searle pointed out in 1920 that true colloidal silver, such as the product that he specifically referenced by the brand name "collosol argentum" and specifically stated that it did not have such problems as argyria associated with it, that information apparently was not commonly known by medical practitioners in general. Many if not the majority of practitioners were unaware of these facts. This becomes evident by the fact that a book titled "Argyria The pharmacology of Silver" was written in 1939 that details the products used, amounts used and conditions treated with primarily silver compounds that resulted in argyria as a condition. Nowhere in that book is collosol argentum mentioned to have caused argyria, even though it was used during the time period that book covers. If Searle's information and the product he mentioned had been widely used rather than nitrates etc., the need to write a book that chronicled cases of argyria may have been nearly or altogether negated.

To put the events of the time into perspective, we must also consider that, in 1923, Weimar Germany had a collapse of the physical economy and monetary system, which sent shock waves across the world in every conceivable manner. A few sort years later the U.S. stock market crashed.

During this time, while colloidal-chemistry and the use of colloidal silver and silver hydrosols was emerging, there was a competing technology emerging called antibiotics.

At a time of economic depression, when the world was threatened by fascist governments and tough decisions at all levels, it is easy to see how the cheaper to produce, and much more highly profitable antibiotics such as penicillin became popularized to the disadvantage of colloidal silver.

As we now know, economic conditions of the great depression, war and the ravages of war altered the course of human history. In 1937 when the FDA was formed, public-safety, expediency, consistency, reliability and affordability were prominent considerations of
pharmaceutical industry leaders who were now faced with dealing with the newly created agency called the FDA.

When faced with the choice of the ease of bringing very profitable antibiotic drugs to market, as opposed to the high cost of producing colloidal silver and its associated drawbacks in terms of complexity and image, the choice became easy. Think about it, the true colloidal state was understood by very few, true colloidal silver was gaining a bad image due to the problems associated with similarly labeled products made by manufactures that were NOT really colloidal silver, and the recognition by pharmaceutical executives that to correct these issues had proved to be very difficult and could be expected to continue to be difficult to turn around. The choice for pharmaceutical executives was a no brainer. Oddly, what happened back then, in many ways has happened again.

It would be easy to add even more perspective but we must move on. For clarification, the cherry red color that Searle describes as the colloidal silver of the 1920s was much more concentrated than what is now commonly known as colloidal silver today. Regardless of the process used to create it, the particle size was certainly larger than can be produced with current state of the art processes. True colloidal silver of today is more golden than red although as it approaches 20 ppm and higher, it acquires a brownish tea color, in higher concentrations it would still take on a reddish hue, so the absolute truth regarding particle size of colocso argentium is also still in doubt, but it can be safely assumed that it would likely measure in the sub micron range due the the fact that is was known to NOT accumulate in the body and cause argyria.

Instead of hundreds or thousands of parts per million, today's colloidal silver is on average 10-20 parts per million. Some products can be found that are hundreds or thousands of parts per million, but they are usually actually silver particles held in solution by proteins (mild silver protein). The effectiveness in lab tests of 10-20 ppm true colloidal silver exceeds virtually any previous form of colloidal silver, even though current concentrations are hundreds or thousands of times less than what had been used in the past. This is due to increased surface area and other technical factors and improvements regarding the technology as a whole, discussed in more detail elsewhere in this material.

Recent historical colloidal silver perspectives

Research by Dr. Robert O. Becker in the 1970's, is often sited as a leading cause that sparked a renewed interest in colloidal silver. However our investigation leads us to believe that the primary cause was from the so-called underground.

Research results published in periodicals and books such as Dr. Robert O. Becker's "The Body Electric," which chronicles the exciting laboratory and real life results he observed & demonstrated regarding the practical health benefits of colloidal silver kindled renewed interest, even though Dr. Becker never advocated the consumption of colloidal silver for the treatment of ailments. Other information and research results about colloidal silver prior to the 1970's also began to circulate. Initially very few people had acquired the knowledge to produce colloidal silver. With the advent of low voltage safe techniques used to disperse silver, allowed those with such knowledge to make silver dispersions very inexpensively. Even though the low voltage dispersions are 60-90 percent ionic silver, people still
consistently shared anecdotal reports that a wide variety of ailments were either reversed entirely or greatly improved rapidly.

Word of mouth spread these convincing personal accounts, as person after person, voluntarily shared their personal healing experiences with others, most often as far as we are able to discern with no monetary gain to be had, but not in every case. If the experiences of such people was simply a bunch of hype, the trend would surely have died out in time? With so many people convinced of profound healing and disease prevention attributed to their use of colloidal silver, as well as astounding laboratory test results, preliminary and ongoing "In Vivo clinical trials," an atmosphere was created that fostered both good and bad consequences. One consequence, was that the demand for access to colloidal silver and information about colloidal silver increased.

As the demand increased, the number of producers increased. Virtually every product being marketed as colloidal silver ranged from primarily ionic silver, or a mild-silver-protein (particles held in suspension not by zeta potential - but by colloidal proteins) to very rarely actually colloidal.

Initially colloidal silver was marketed as a "natural antibiotic." The general understanding by the producers and consumers was, that colloidal silver had been grand fathered in as a pre (FDA) drug, and that in essence, colloidal silver was a harmless mineral water substance that could be produced packaged and marketed without dealing with FDA regulations as long as it was used in the same manner as done before the FDA was formed in 1938.

Information about colloidal silver was distributed even faster as the world wide web became popular. Instructions that outlined how to make CS began to spread, and as you can imagine that information is not always reliable, and errors were bound to be made from many angles.

High demand created a scenario that was too tempting for some. These individuals proceeded to place profit above genuine caring. For a time there were real problems as products with little or questionable-negligible value began to find their way to the marketplace such as colored water imitations. The activities of the ill-informed, misdirected and unscrupulous collectively served to marginalize and discredit the emerging industry as a whole.

As an example, for a time in the mid 1990s people selling colloidal silver advertised in their sales literature, that; "the FDA has no control over colloidal silver because it is a pure mineral element".

After several rulings, such as in 1997 on January 16, the FDA issued new guidelines regarding colloidal silver labeling that went into effect. It was then no longer permissible to label colloidal silver as an antibiotic, but was allowed to continue to be labeled and sold as a mineral supplement.

Too many individuals that entered the market and sold products they called colloidal silver, made blatant unsubstantiated medical claims about colloidal silver, with little or no supporting evidence.

The following is an article in the public domain at The United Nations web site in the (WHO) World Health Organization section. "WHO Pharmaceuticals Newsletter (world Health Organization) Nos. 5&6, May & June 1997"
"Regulatory actions

Colloidal silver or silver salts - proposed rule: no longer acceptable in over-the-counter products United States of America. The Food and Drug Administration has proposed a rule establishing that over-the-counter products containing colloidal silver ingredients or silver salts for internal or external use are no longer acceptable.

The agency is issuing this proposal because colloidal silver ingredients or silver salts are being marketed for numerous serious disease conditions and the agency is not aware of any substantial scientific evidence that supports their use for these diseases, which include human immunodeficiency virus (HIV) and AIDS, cancer, and many infectious diseases.

The dosage form of these colloidal silver products is usually oral, but product labeling also contains directions for topical and, occasionally, intravenous use. Some products have been offered for sale by mail order.

Manufacturers are invited to submit any existing data and information that support the safety and effectiveness of colloidal silver ingredients or silver salts for use other than as an astringent (silver nitrate), a smoking deterrent (silver nitrate or silver acetate) or mild silver protein as an ophthalmic anti-infective, all of which have already been reviewed by the agency and found ineffective.


The FDA went head on with the issue of Colloidal Silver. Manufactures were reportedly given an opportunity to present to the FDA proof of safety and effectiveness, that met their criteria, before they made a final ruling. A final ruling was made, and use as a medicine, or medical claims associated with the "Grandfather Clause" were disallowed. See:

[Federal Register: August 17, 1999 (Volume 64, Number 158)]

[Rules and Regulations]

[Page 44653-44658]

From http://www.access.gpo.gov

PDF TEXT

Colloidal silver is still allowed to be sold as a dietary supplement as well as for any other non-medical purposes. Wound preparations in certain forms are allowed. In other words the FDA ruling quite simply overturned the previous status of colloidal silver being protected by the grandfather clause as a pre 1938 drug (a drug used before the creation of the FDA). The term over-the-counter in FDA-speak means sales of DRUGS sold at a pharmacy = over-the-counter. Geez, lets' confuse people why don't we? In short the colloidal silver was then not allowed as a formal treatment by licensed medical practitioners. Even though it makes it sound like the words over-the-counter means any sales counter. For detailed information about the ruling, and considerations for anyone considering any commercial use of colloidal silver should check with the appropriate Federal agency relevant to that use and industry.