

Release Notes xxxx-xx-xx : : Copper was an early part of my interest in optimization of supplements for dogs and humans. Recent literature has expressed concern about copper so I thought I would get out generally supportive results to date although omitting much of my own personal experiences (I'm a human not a dog) that seem similarly beneficial. It seems that often the popular press led by science catches onto incomplete or "close but not quite" ideas and reversals in recommendations are common. Curious to see how attitudes towards copper evolve. It may be worth noting there seems to be a trend to get away from copper plumbing lol. Actually looking at the old, unpublished work, "casesum", that includes Little Man, most of the text is still useful today and has been copied and pasted without attribution (since it was a never-published work I authored).

A lot of introductory material may be more commonly put into a discussion of later section but its important to motivate the rather simple work of desining a set of supplements for a group of dogs. The data re of course ambiguous and the discussion tries to tie the introduction to the new data without a lot of new citations.

ToDo : Known problems: no refs yet, diettables have unit problems for recent noun additions

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Utility of Copper Supplementation in Dogs: Listen to Her Heart

Mike Marchywka*

44 Crosscreek Trail Jasper GA 30143 USA

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The known roles of copper suggest it is needed to perform functions that could mitigate several common diseases yet it is not currently a trendy supplement for dogs or humans. Part of the concern with dogs is the variable genetics and observations of copper accumulation in the liver becoming more common. However, with most genetics lacking a recognized copper storage disease, copper distribution is regulated by a complex system that appears to consider locale based demand as part of the uptake and excretion control algorithm. Such a system may produce bottlenecks leading to uncommonly large accumulation in an organ such as the liver while another organ such as the heart is starved. Such a situation could occur due to some other nutrient limitation that fools the feedback mechanisms. Without knowing the specific bottleneck, the decision to supplement would be based on the overall benefits to the starving location versus any harms to the accumulating organ. This work describes copper supplementation to a group of dogs without obvious significant harm while in some cases coinciding with benefits such as increased energy or reduced coughing. Supplementation in the range of .3-1 mg/kgBW/day was most commonly explored with .1 thought to be too low and 3 being an old literature NOAEL. The "background diet" is discussed in terms of making extra copper intake useful to the hosts. While copper interacts with just about everything, specific interactions with amino acids, B-6, and zinc are considered in more detail. The overall diet may help mitigate two contemporary issues, hepatic copper accumulation and diet related DCM, in dogs as well as highlight rrecurring issues with hidden assumptions and logical fallacies when dealing with non-obvious regulatory feedback systems. Hopefully this workd leads to a starting point for

a diet-related disease mitigation strategy and helps turn paradoxes into paradigms by elucidating some feedback mechanisms that may be quite common.

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*Electronic address: marchywka@hotmail.com; to cite or credit this work, see bibtext in [H](#)

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1. INTRODUCTION

1.1. Copper situation is confusing and deficiency often ignored by doctors

Copper is currently not a trendy supplement for humans or dogs. This may be due to deficiency being a neglected diagnosis by physicians [46] [43] [161] [155] [51] [1]. In dogs however a specific issue with liver copper accumulation has been noted. An expert consensus statement on hepatitis in dogs suggested an increased incidence that coincided with a change in copper supplementation premix in commercial dog foods [166] pointing to increased intake as a cause. However, known and expected functions make it a good match to several possible problems motivating an interest in supplementation even if contrary indicators also exist. In fact, isolated authors do sometimes point to it as a major cause of diseases such as heart disease [36] [93]. Copper appears to be of recognized importance in dogs but the question of dietary deficiency or excess has been a topic of controversy for many years and likely copper intake alone is not the dominant issue but rather distribution in the body determined by other dietary components as well as genetics. The question of supplementation has to be answered within the context of a specific overall diet as well as recognized factors like genetics. If an unusually high concentration is measured in one location, the question remains if there would be a net benefit reducing deficiency in some other place even if more local excess occurs. This has to be answered in terms of clinical outcomes, things relevant to the host, rather than lab values. Even in the case of known genetic diseases, copper removal to improve liver values may create clinical copper deficiency. Treatment emergent copper deficiency has been observed in a Bedlington Terrier with an excretion defect that clinically resolved with cessation of chelation [140].

1.2. In many cases confusion may be due to interaction with overall diet

Ideally the optimal fate of the attention getting copper hoard could be identified and manipulated somewhat with dietary components. This work includes consideration of a background dietary context including real foods and controlled supplements that has been described previously [99]. The copper supplementations described here, about .3mg/kgBW/day, is likely well in excess of background levels in most known natural diets although it's also worth noting that other sources may be accidentally significant as with water and air exposure [48]. A 2016 study in mice suggested adding copper to water was "worse" than adding it to food and supplementation at 6, 15, and 30 ppm with increases in soluble alpha and decreased growth rate and GSH/SOD activity [168]. With a high dose of about 100 micrograms/day (from CuSO₄) and a body weight of about 30grams, the dose was about 3.3mg/kg or about 10 times higher than considered here.

1.3. Copper excess observed in dogs misleading

One increasingly common concern with dogs is copper associated hepatitis [4] [5] [26]. Copper handling genetic diseases are well known in dogs [79] and some concern about excess intake may be warranted for specific animals. Some noisy association between intake and hepatic copper content was shown in a small study [42] but intake was probably not the major determinant of copper content. The causal role of copper in any clinical disease remains unclear. One study produced a histogram of liver Cu content (ppm dry weight) for a few hundred dogs but did not conclude there was a particular cutoff level for health vs disease [150]. Work continues to focus on concepts of deficiency or excess even though both may be matters of degree, location, and context. Deficiency in commercial dog foods was suspected years earlier [153] while works as early as 2000 suggested supplementation would be unhelpful [151]. A recent work comparing mineral content in groups of commercial dog foods found some patterns and advised against high copper foods [82]. Recognized low copper status is known in humans and may be related to dietary issues such as high fructose intake [165]. Copper deficient liver patients may be notable for "steatohepatitis, iron overload, malnutrition, and recurrent infections" [175].

Ideally observation of a pathological copper buildup in one location with symptoms of deficiency in other systems would lead to a search for the bottleneck prohibiting a better allocation which may include excretion or controlled uptake. With copper this is quite complicated. A number of regulatory systems are known to control copper levels in different compartments in healthy mammals. Uptake regulation is not completely known but response to dietary or ambient levels is only part of the control loop in vivo and likely cytosolic sensors exist [58].

Copper related signalling is such that remote signals may exist from the heart to liver and intestines to make more available [77] [118]. In this scenario, local shortage could induce blood stream or liver excess due to added uptake with frustrated cardiac specific uptake. A similarly confusing feedback scheme has been suggested for other nutrients such as tryptophan [98] and biotin [101] [97]. Feedback systems like genetics are likely selected by evolution but that

need not make them simple or completely robust to defects in the control loop. One recurring source of defects to consider is high-infidelity translation or a specific pattern of defects likely related to the charge state of tRNA for particularly problematic amino acids. Motivation for the current work comes from observations on conditional KO or mutational diseases relevant to copper handling. For example, copper transporter CTR1 , important for intestinal uptake [117] and distribution [84] [13] [81] has reduced function if some histidines are mutated in either the C or N terminal tails. Intestinal loss of CTR1 causes cardiac hypertrophy among other issues that are partially correctable with copper supplementation [117] This suggests cardiac copper deficiency, possibly due to histidine deficiency, as an issue for cardiac hypertrophy in animals but does not exclude simultaneous excess in the liver.

Even with excessive intake, in most genetics biliary excretion increases when pathological amounts of copper begin to accumulate [28] [54] pointing to defects in excretion as another possible problem. However, many cause and effect relationships or control paths exist allowing other factors to control local copper concentrations. Senescent cells may accumulate copper in the absence of autophagy [107]. Copper elevation may commit cord-blood derived cells to differentiation [126] and it may be regulated during myogenic differentiation [157] raising the possibility that accumulation is due to confused signalling. The major copper transporting protein ceruloplasmin is an acute phase protein and blood levels may be associated with pathological conditions [50] but a protective role is generally recognized. As a major transporter of copper out of the liver, stresses then could export copper out of the liver. In fact, as substantiated later, it would make sense for copper to be redeployed from some mitochondria to the blood in response to pathogens or trauma. This will lead to hydrogen peroxide formation and potentially anti-pathogen copper both conditions likely to control infection. Emerging mechanisms such as extracellular vesicles [14] suggest that uncharacterized mechanisms of metal homeostasis exist.

1.4. Copper status is ambiguous from biochemistry and clinical outcomes

There is an attempt to distinguish symptoms or biomarkers from disease although the two may themselves be ambiguous. The main diagnostic here is coughing. This is certainly relevant to the host and would have to be considered a clinical outcome. However, the underlying diseases that provokes the cough may not monotonically correspond to coughing features. A following section of this work will describe coughing characteristics as a clinical outcome associated with copper supplementation. Careful consideration of the diseases and locations in the following section suggests that disease and this symptom could decouple with copper supplementation. That is, coughing may depend on arousal state of the host and copper may increase overall energy levels and coughing frequency. However, at least one pathological state may be improved with anticipation that another pathology will recover but more slowly leading to coughing reduction.

1.5. Copper related outcomes depend on everything starting with GI tract

One problem making reproducible statements about copper supplementation may be the interaction of copper compounds with almost everything else. Literature exists on some interactions but the versatility of copper probably makes a complete list intractable. Some of the 'usual suspects' are listed in Appendix E merely to indicate a lot of what is left out of the current analysis.

This confusion begins in the GI tract with chemistry ranging from the problems sorting and regulating metals to the non-enzymatic reactions copper can undergo with a variety of organics in food. Once in the body, the ability to distribute and use copper depends on other nutrients maybe more than is the case with other vitamins or minerals.

As many conditions linked to copper may be considered age related, quality of the GI tract as a function of age may be relevant. GI health and in particular stomach acidity may be important factors in copper uptake but also distribution if other nutrient deficiencies are created. Copper solubility is pH dependent [35] similar to the competing element zinc for which absorption has been shown to depend on salt type and gastric pH [64]. Interaction with food components such as polyphenols is significant and pH dependent [128] motivating a larger interest in food interactions and in particular rings such as in tyrosine. Speciation gradients may be large in the range of possible stomach acid levels. A 2021 study did in fact explore copper speciation in simulated gastric juices with food components such as tyrosine and citric acid among others [169]. Impact of GI pH on broiler chicks has been studied due to impact on nutrition and microbial populations and Cu-Zn antagonism in the digestive system was also observed [125].

In humans, PPI usage has become common. Empirically that may be a tumor protective effect and there is a suggestion that pH 6 encourages cancer progression versus pH 8 [89] yet alkaline stomach pH is observed is commonly observed in gastric carcinoma [172]. Probably the dominant effect on tumors is unrelated to ambient pH although increased pH may reduce nutrient accumulation by many cells. An absolute apoptosis rate at near neutral pH is probably not indicative of the overall fitness in the stomach.

within and beyond the GI tract, a variety of other factors likely matter. Competition between Cu, Fe, and Zn was observed in Caco-2 cells [6]. Iron intake in feed has also been observed to decrease copper uptake in ruminants [33] and rats [85]. One work suggested iron disrupts copper homeostasis independent of uptake [53]. Dietary cholesterol appears to disturb copper homeostasis with atherosclerosis thought to involve copper dysregulation [88] and high fat diets in other species [61] are an issue. Fructose also inhibits relative copper absorption [119]. Zinc is a known inhibitor of copper uptake and cases of zinc induced copper deficiency in humans are known [162]. While concerns exist about copper content in dog foods, a recent survey of some zinc content shows many foods contain amount above recommended maxima and few are low or deficient [127]. Age related absorption problems in people are known [129] and other apparent deficiencies could be a consequence of insufficient B-6 alone [27]. Interestingly, B-6 is added to penicillamine treatment of Wilson's disease to avoid neurological effects [37].

Thinking aloud

Since paradoxes are a concern here, its worth noting that pyridoxine is an inhibitor of PLP and high doses result in functional B-6 deficiency [160].

Body stores of copper increase with excess tyrisone in the diet of rats [170]. Some reports show specific issues when combined with vitamin C. A small trial with copper sulfate indicated kidney problems result [74] although alternatives with copper gluconate suggested use as food preservative [52]. Dose probably matter among other factors.

1.6. This kind of confusion is common for recurring reasons

This work describes inclusion of copper into a set of supplements for dogs with different conditions and unknown genetics showing generally beneficial results or at least no obvious harm with added copper. This result is in contrast to some of the popular expectations cited above. A discrepancy between expectations and outcome of this type seems to be common in medicine even as late as clinical trials of understanding the causes of that in this particular case may help optimize dog supplements and avoid delays in understanding the limitations of data and theory to design therapeutic interventions. Interpretation of the copper literature may be limited by unquestioned assumptions and logical fallacies that are quite common. Some types of problems are listed in Appendix C as a general guide. A 2010 work suggested that high copper and iron intake were particularly dangerous in older people observing that one study concluded high intake of both was associated with increased cognitive decline [25].

Part of the reluctance to supplement "high" copper doses is the accumulation in the livers of some dogs but relation to any clinical disease is not clear. This may be similar to amyloid beta in Alzheimer's Disease and pointing to the need to understand cause and effect before an all out attack on one molecular entity.

A recent example may be the identification of amyloid beta as a nominally protective substance [174] [135] instead of the cause of Alzheimer's pathology and target for intervention. It may still be possible to optimize the amount creating passing benefits that are inherently limited and difficult to control. That state of affairs is well documented in the works that hint at it unravelling [41] such as a 2002 work suggesting that "tauists" and "baptists" could 'shake hands' and look for other causes [113]. Interestingly, related to copper, is the emerging role of lysyl oxidase in Alzheimer's as a possible target where it associates with cerebral amyloid angiopathy and is thought to be a drug target [76] [156]. However, upregulation would have to be suspected as a part of regeneration attempting to fix degeneration. Previously, heartworm positive dogs had been given significant amounts of vitamin K [105] [102] although severe case may be treated with anticoagulants. In this case, it may not be clear that vitamin K effects clot quality and consequently may limit pathological quantities allowing for beneficial clots to form.

1.7. Copper and blood pressure

Blood pressure, which is not a clinical endpoint per se, has been associated with copper status. While it is not central to this work, it illustrates some of the issues introduced above and is good context for the current work on clinical diseases.

A 2021 work exploring the association between serum copper levels and hypertension in US children and adolescents stated [91] "As suggested by previous literature, serum copper appears to reflect the status of copper nutrition in both depleted and replete populations." The present work however tends to accept that ceruloplasmin and blood copper levels are a reaction to stresses such as infection and a high level simply indicates some other pathological process likely exists. While blood levels can be elevated in response to a stress, its not known how well other functions such as electron transport are able to continue.

As early as 1993, one work with Dahl salt-sensitive rats suggested that indeed copper blood levels were a response to hypertension [47].

Things that do matter to the host related to blood pressure include cardiac workload, vascular pressure handling limits and adequate nutrient delivery. Any of these are likely complicated functions of long term diet details.

1.8. Copper interactions with WHY and clinical impact of Cu

The present work gives details of most of the dietary components but analysis is largely confined to a select few such as tryptophan, tyrosine, histidine, and vitamin B-6. Its worth noting that copper is quite reactive and can form compounds with many aromatic rings, nitrogens, sulfgurs, or other common chemical groups.

Interestingly, 3 amino acids, the ringed "WHY" trinity (tryptophan, histidine, and tyrosine) seem to be the most important. Notably tyrosine protects ceruloplasmin and 6 histidines, one for each copper, are required for a functional enzyme. Mistranslation due to insufficiency will be amplified by the higher power if all need to be right. There is some indication that "diseases of old age" are at least partially mediated by sarcopenia, most recently atrial fibrillation [149] consistent with earlier ideas linking age to amino acid starvation [98] . Interestingly, Scavenger Receptor BI contains 8 highly conserved tryptophans [67] which appear important for cholesterol transport suggesting trp deficiency will slow down its translation or create many imperfect receptors. So, deficiency of these amino acids may produce broad non-specific problems that appear to be common in intractable diseases often associated with old age.

Copper status may help unify other unresolved issues in dog health. More recently, diet associated dilated cardiomyopathy (DCM) has also become a concern. Hypothyroidism has been a topic in human health for a while now and has occurred in several dogs here. Interestingly, that too may be related to copper deficiency.

Thinking aloud

engineering ahead of medical

In some other context, engineering efforts to produce biological products such as bone in a reactor vessel can offer insights into factors in vivo. A 2021 work focused on similar systems by modelling the effect of amino acids and copper on antibody quality in a production setting [96],

Specifically, copper has a significant, positive effect on titer and a significant, negative effect on lactate phenomenon consistently observed in other CHO cell culture processes.[12, 13, 23, 24] A plausible explanation is that the increased copper level is known to drive lactate consumption. Copper deficiency reduces cytochrome c oxidase activity, limiting the ability of cells to produce ATP via oxidative phosphorylation. As a result, cells switch to aerobic glycolysis to generate ATP, causing increased lactate production, which affects other metabolic processes.[12, 23]

Given that many diseased state can be caused by low copper, and accumulation in some does does not equate to excessive intake in these dogs, possible benefits of copper were considered.

1.9. Recent Similar Work

At least one recent work [30] has summarized many of the same issues relating to copper and cardiovascular disease but with better editing and depth. However, it does not point to some of the cues outlined herein. For example, the issue of "other" limiting nutrients determining when copper is beneficial or not.

1.10. Copper rich diets for dogs and people are worth investigation

This work illustrates that empirically clinical deficiency may be more common in some groups of dogs than meaningful excess in that supplementation, in the context of the rest of the diet, improves apparent health. If that hypothesis can be shown to be more generally true, the copper literature may illustrate some common fallacies and errors common to biology related literature and likely other genres involving complicated systems. However copper intake issues are resolved, the complexity of copper handling may make it a good topic to understand larger issues in system identification.

The remainder of this work describes the most interesting dogs' histories with variable copper supplementation and the differences between some expectations and outcomes.

2. DISEASES OF INTEREST

The known roles of copper include pathways and functions that would seem important for many diseases that are common in dogs. The present work relies mostly on 'cough' and thyroid related symptoms (coat quality, weight distribution, energy level etc). Cough has many possible origins as discussed previously [103]. Among these are respiratory infection or irritation, collapsed trachea, heart failure, and CNS stimulation. Infection related cough is well known due to direct irritation. Collapsed trachea may cause a cough on either inhalation or exhalation with a distinct honking sound. Heart failure may initiate fluid build up in the lungs and other sources of bulk such as a tumor may cause irritation. With these source in mind, it is not difficult to find pathways and locations that require copper for proper functioning. These have been tabulated in Table II along with time scales for the response to reflect changes in copper intake. In most cases the distribution is very broad and non-specific symptoms may be expected. For example, mitochondria are everywhere although the heart may be the first to show symptoms of deficiency. It is also important to note that cough monitoring is not going to be monotonic with improvement as increased energy may occur quickly resulting in more coughing until trachea and heart can remodel.

Disease	Host	Effect	time scale
DCM/HCM	dog		
heart failure			4 weeks [30]
Collapsed Trachea	dog		
airway defects	rats		months, 60days [120]
Hypothyroid	dog		
Infection	dog		
covid-19	human	serum levels irrelevant [137]	
Parkinson's	human	assoc benefit [177]	
Alzheimer's	human		
Infection	human		
Arthritis	human	anecdotes, no trial verification	

TABLE I: Some diseases and conditions with copper involvement that may be illustrative of less obvious issues.

2.1. Collapsed Trachea

Collapsed trachea in dogs is not fully understood although symptoms and features are well known and is somewhat age related [73] although also described as congenital [86]. This work is predicated on the belief that "tracheo-bronchomalacia" is largely a nutritional issue with amino acid limitation being one factor but also physiological crosslinking which depends on copper largely in lysyl oxidase [90]. This should be distinguished from pathological crosslinking which may occur through other mechanisms. While much is not known about cartilage crosslinking, turnover, and remodeling some recent results do point to unexpected beneficial effects of copper mediated cross linking over week time scales [106]. Copper deficiency has been associated with lung development defects in rats [120] and airway and arteriole elastin were at least partially restored after 60 days of additional copper. In poultry, infection is known to cause some tracheal symptoms [173] and relationship to copper status is considered. Copper compounds may reduce the virulence of some organisms for short periods even if not completely able to clear a pathogen [56] and in particular Cu was recently shown to be effective against the toxin of one anaerobe [24]. Collapsed trachea in dogs does not appear to be commonly associated with copper in the literature.

2.2. DCM/HCM

As early as 1993, copper restriction in rats was observed to produce cardiomyopathy [108]. while reduced cytochrome c oxidase activity was observed in 1999 particularly with simultaneously high fat diets [71]. Although confusingly copper chelation with trientine is also thought to show promise in HCM treatment [133] but its unclear exactly how it rearranges copper distribution.

The heart relies on 4 valves and a rapid contraction subsequent to depolarization to move blood through the body. Mechanical properties of the valves as well as energy efficiency may be expected to be important to maintain performance without desperate remodeling. These requirements motivate an interest in accurate protein translation, and copper dependent physiological crosslinking, removal of deposits such as mineralization, and mitochondria performance. Empirically, copper deficiency can lead to cardiac hypertrophy with increased mitochondria [109]. Dilated and hypertrophic cardiac myopathy can both be related to mitochondria with "oxidative stress" as a signal for more

copper at cytochrome oxidase. "Oxidative stress" has been reported to increase muscle mass while reducing performance [2]. "Oxidative stress" is often blamed in the literature as a cause of various problems but it may in fact also be a signal. ROS signalling is well known by now but specifically it may help get sufficient copper to the mitochondria.

As early as 2008, a pressure overload mouse model of DEM regressed with copper supplementation [70]. An recent 2023 work demonstrated correlations between heart copper content and cardiac parameters in a group of identically fed mice while also pointing to the heart as a regulator of copper concentration overall [11].

Over the same time however, concerns about diet linked DCM in dogs have emerged. A genetic link is also being investigated and a recent GWAS in dobermans pointed to two genes, RNF207 and PRKAA2 as risk factors [116] but did not mention copper. However, RNF207 may mediate degradation of ATP7A [178] while PRKAA2 comes up in cuproptosis [92].

Dobermans are at remarkably high risk of DCM [39]. Interestingly, "standard Dobermans" are also at high risk for hypothyroidism [124].

Its possible the two concerns are related in more copper is being absorbed as less is transported to target organs such as the heart. This connection between dysregulated copper metabolism and heart disease has been considered recently in humans [93] in a work that reviews many important aspects of copper metabolism. .

2.3. Infection

Combined copper and zinc deficiency was observed to reduce response to covid-19 mRNA vaccines with only minimal copper deficiency [31] The present work considers copper status in light of other nutrients notably amino acids such as Trp and Tyr and with zinc being a possible competitor.

In human health, zinc seems to have taken precedence over copper most recently with some headlines related to the covid-19 pandemic [7] [44] . Some studies suggest copper is not a factor in covid-19 due to measurements like serum copper levels [137] although ceruloplasmin as an acute phase protein can elevate levels during stress even with a deficiency in copper [57]. In sample of 70 patients prescribed zinc, many had symptoms consistent with copper deficiency [38]

Copper may antagonize many pathogens including H pylori [16] and clostridium

Thinking aloud

Repression of toxin production by tryptophan in Clostridium botulinum type E [87].

2.4. Thyroid

Dobermans are at remarkably high risk of DCM [39]. Interestingly, "standard Dobermans" are also at high risk for hypothyroidism [124].

Interestingly, copper deficiency in rats can reduce thyroid hormone levels and body temperature [95].

Of the dogs discussed here, only Rocky was a concern for hypothyroidism although Happy came back with very low normal thyroid hormone result prompting further consideration. Besides iodine, other contributors may include tyrosine and sodium benzoate.

2.5. AD, PD, ALS, Arthritis

Degenerative neurological or muscular diseases may be intertwined with copper status although the relationship is again confusing. Similarly with arthritis.

Deficiency seems to effect preferentially proteins involved in neuronal projection and diabetes and iron handling [158].

Rats fed a copper deficient diet shows neurological symptoms by 7 weeks and had reduced tyrosine hydroxylase and SOD activity ZZ [112].

A 2017 study explored the effects of copper and vitamin C as well as other molecules such as clioquinol on abeta and in vitro neurons suggesting abeta could be cleaved by copper in the presence of oxygen as well as an anti-oxidant such as vitamin C although restoration of neuronal functioning was only partial [171]. Interestingly, copper-ascorbate oxidation of tryptophan may be suppressed by Trp chelation of copper at high trp concentrations [111] suggesting reduced amounts may give copper more ability to damage an already low supply. This is interesting in terms of a nutrient interaction hypothesis on copper toxicity. And in fact as early as 2012 it was determined that tryptophan intake could reduce copper toxicity at least in carp [69].

Some precedence for metal modulated toxicity existed back to 1999 when work with cultured neurons showed a dose dependent reduction in abeta toxicity with Zn [94]. By 2005 toxicity of amyloid beta and the metals zinc, iron, and copper was investigated under conditions that created more toxicity with iron and zinc but not copper while amyloid beta reduced metal toxicity in rats [19]. In 2021, Ni was found in important amounts in a commercial abeta40 preparation [15] and was found to mediate dityrosine crosslinks [17] similar to the dityrosine crosslinks induced by copper found in 2004 [8].

A 2013 work found in vitro physiological conditions caused copper to prevent fibril formation [110].

By 2022, work focusing on moving copper into the cell considered many aspects of copper misallocation and devised a copper specific shuttle peptide to deliver Cu from abeta [122].

One work in 2022 addressed AD as a consequence of copper deficiency because [78]

It is hypothesised that copper deficiency is a plausible cause of Alzheimer's disease(Reference Klevay84). Patients are thinner than normal; weight loss precedes dementia and is associated with greater dementia and neurobehavioural symptoms. Nutritional compromise contributes to morbidity. Cytochrome oxidase depends on copper for activity; at least fourteen publications reveal decreased activity in brain of Alzheimer's patients. Brain copper and caeruloplasmin also are decreased. This hypothesis is the only one that explains why Alzheimer's disease occurs earlier and is more common in Down's syndrome. Superoxide dismutase (SOD1) depends on copper for activity; its gene is on chromosome 21. This enzyme is elevated in Down's syndrome (trisomy 21) and is decreased in people with monosomy. It seems likely that people with Down's syndrome have a higher than average requirement for dietary copper because copper is incorporated into superoxide dismutase and is unavailable for other uses. Thus, Alzheimer's disease fulfills the first two of Golden's criteria (above) for deficiency.

Folklore regarding copper persists and yet clinical trials for Cu in arthritis continue to show lack of any benefit [134] even as other controlled tests show some effects of Cu on processes related to collagen properties [55]

Remarkably, copper sulfide was shown to protect against ETC damage by MPP [138] suggesting some activity against toxic insults. Copper histidine is used to treat Menkes disease which is a defect in ATP7A [115].

At least one report found a potentially meaningful association between copper intake and kidney stone odds ratio with a non-linear but monotonic inverse relationship [181]. This is interesting in the case of Hershey who was found to have bladder stones.

Thinking aloud

this may not belong here but relevant to other Cu stuff, A recently published work suggests copper delivery is the important part of a new ALS drug but the work also suggests a "hyperreductive state" around hypoxic mito that promote release of Cu from the drug complex [65]/ pointing to a possible more general mechanism. The work goes on to suggest possible role in Parkinson's Disease but does not address AD. At least one observational study found a negative correlation between odds ratio for Parkinson's and copper intake [177]

2.6. Cancer

Copper has been studied in relation to cancer being considered both as a limiting nutrient and a source of cuproptosis in the overload state [148]. Copper is essential for many growth processes and can activate receptor tyrosine kinases without a ligand making it a target for cancer [60]. However, these processes are also essential for maintenance and healing in the organism and any net benefit would have to consider host fitness as well as cancer cells again using a clinical endpoint to decide on approach. In some studies, copper depletion was considered to be motivated by the observation that copper chelators reduced cancer growth and equating chelation with depletion. However, role confusion may have applied as the chelated copper could generate ROS's with obvious cytotoxic activity.

Copper storage diseases and in essence "overdose" are well known [45] and a role in cancer is suspected [20]. However, see the comments below about complexed copper actually being an active compound similar to other drugs, perhaps Pt based for example, which may kill cancer. Copper toxicity has been noted to differ between host cell types and may be reducible, at least in Long Evans Cinnamon rats, with thiamine or lipoic acid [141]. Lysyl oxidase activation, the goal of this therapy, is also associated with cancer spread [147][131][164]. Although it is likely to remodel possible tumor locations, its role in growth or metastases in a clinically relevant situation is currently unresolved (see for example [10] or [179] and the survival curve in figure 1). Incidence of liver cancer in Wilson's Disease patients is remarkably low [114] and a discussion of possible treatment effects [163] points out that the copper per se rather than removal is likely to help while also mentioning differences with iron overload. Indeed, extra copper that prevents iron overload may be therapeutic as originally intended.

We should note that complexed copper is not equivalent to copper deficiency as the complex may not be inert. However, when an ROS generating complex has been observed its effects were diminished by antioxidants [40]. This

also suggests that copper depletion per se may not kill cancer cells as much as copper complexes and that concerns about copper supplements and cancer may not be significant.

3. FUNCTIONS OF INTEREST

Location	site	Effect	time scale
Heart	mitochondria	energy production	maybe days
Heart	mitochondria	remodelling	weeks or months
Heart valves	lysyl oxidase	crosslinking [130]	weeks or months
Trachea	lysyl oxidase	proper crosslinking	months
Macrophage		infection	days
ceruloplasmin		distribution	days
foreign ligand	variable	variable	

TABLE II: Some expected benefits of copper that guided the original interest and observations although sometimes the goals were lost in the details of the diet and outcomes.

Copper in these dogs may be beneficial through accumulation in macrophages and other locations, use by lysyl oxidase to stiffen trachea and other structural organs, and for energy production notably by the heart leading to greater volumetric efficiency.

3.1. Cytochrome C Oxidase

Supplemental copper has been noted to improve symptoms in one case report including symptoms such as hearing loss [68] attributed to defects in cytochrome C oxidase copper loading and restore function in mutant yeast [49]. Cytochrome C oxidase levels in rat hearts were shown to be related to copper deficiency as early as 1998 [136]. It would be interesting to determine if more problems in dogs are related to specific mutations in mitochondrial copper handling. We note again that vitamin K could contribute in similar places and may be synergistic with copper for connective tissue quality as well as in eukaryotic mitochondria [159][176].

Two types of excess have been identified as potentially important to pathogenesis- mineral and antioxidant. Iron overload copper deficiency was identified early on as a concern with animals getting high iron diets and generally free of parasites in stark contrast to the likely situation over evolutionary time scales. A second type emerged on consideration of the copper response and cytochrome C oxidase copper loading - that of antioxidant overload. ROS have generally gained more acceptance as having physiological roles at low concentrations rather than simply being a source of damage. Literature related to these experiments suggests a very specific role in mitochondrial function. The original concern about antioxidant overload was mostly confined to vitamin E-K antagonism and it is not clear how or if these concerns relate. Coupled with empirical deleterious effects of some antioxidant combinations in clinical trials (one high profile example [123]), it is clear that antioxidant excess should be considered as a problem with some diets. The antioxidant paradox now seems to be gaining acceptance , for example see [22] and [62] . Copper is decidedly pro-angiogenic and several studies have shown effects of copper consumption increasing tumor growth in animals while both chelators and ionophores are being investigated for treatments [28]. However, pro-growth and angiogenesis could also be expected during regeneration which itself may require copper.

Thinking outloud

Copper loading of cytochrome C oxidase relies on an oxidized Cox11 to interact with Cox19 [21] and this may be inhibited by GSH but is enhanced by GSSG. Redox regulation in the IMS seems to be integral to proper copper disposition [59] and indeed mitochondrial related signaling [142] . The latter reference also points to tissue specific mitochondrial isoform expression suggesting that maybe some related diseases are states rather than traits and hence correctable with signaling. Certainly excess antioxidants would be suspicious (for example reference 24 [23] in [142]) . However, the enhancement by GSSG suggests that the presence of oxidized antioxidants may be beneficial but not in their reduced state.

3.2. Lysyl Oxidase

Lysyl oxidase bad for vessels [12] calcification. but may be related to metallization issues [143].

Regulation at transcriptional and translation and post-translational levels is confusing. For example, it has been described in 1998 as [144],

While enzyme activity levels were decreased in the skin of weanling rats fed a copper deficient diet, the basal, steady-state levels of LO specific mRNA or immunodetectable LO protein were not significantly reduced (Rucker et al., 1996). These results suggest both that the biosynthesis of the enzyme is not markedly affected by copper deficient diets and that the increasing percentage of copper-deficient, catalytically compromised enzyme molecules presumed to accumulate during this dietary treatment remain relatively stable. Notably, copper-deficient diets significantly reduced cardiac LO activity and induced cardiac pathology in male but not in female rats (Werman et al., 1995).

or more to the point from the same year, [139]

Although nutritional copper status does not influence the accumulation of lysyl oxidase as protein or lysyl oxidase steady state messenger RNA concentrations, the direct influence of dietary copper on the functional activity of lysyl oxidase is clear. The hypothesis is based on the possibility that copper efflux and lysyl oxidase secretion from cells may share a common pathway. The change in functional activity is most likely the result of posttranslational processing of lysyl oxidase.

It has been observed to upregulate in the injured newborn lung [180] suggesting increased levels may be a response to an insult rather than a cause of damage.

In 2001, it was observed that bovine lysyl oxidase had enzymatic activity without copper but was less stable [146] although details on reactions catalyzed could not have been fully explored.

However, metallization may not be complete and feedback systems may increase expression to achieve an activity level. Note too that "crosslinking" is a variable modification and physiological as well as pathological crosslinking can occur. While "quantity versus quality" will be the subject of another work, its important to remember that increased expression of lysyl oxidase genes and more pathological crosslinking could occur in the absence of sufficient copper. Mature functional lysyl oxidase contains an unusual lysine tyrosylquinone (LTQ) which itself is formed in a copper dependent process [167]. Dependence on multiple tyrosines or tryptophans can increase the odds of generating dysfunctional enzymes which may be inactive or perform unintended functions when these amino acids are limited. This theme of amino acid starvation also appears in concerns about ceruloplasmin and more generally with aging.

Lysyl oxidase expression has been associated with degenerative mitral valve disease in humans [130].

3.3. Ceruloplasmin

Ceruloplasmin contains 6 coppers and histidines needed for metallization [63]. as well as 2 tyrosines. Independent errors in metallization will multiple and reduce likelihood of functional enzyme.

The blood levels of ceruloplasmin may correlate well with copper blood levels but it can vary in quality too. A chain of W and Y are thought important for enzyme preservation with ceruloplasmin containing a chain of two tyrosines [152]. As iron accumulation is related to AD, there is a question about the quality of the circulating ceruloplasmin. If there is high-infidelity translation due to W and Y depletion, there is also the question of how feedback mechanisms control the overall amount. First is has to metalize right which requires 6 coppers and 6 histidines and then survive with the 2 tyrosines. If any components are deficient quantity or quality may suffer. Ceruloplasmin KO mice gained weight and showed increased scatter in weight with lipid dysregulation only partially corrected with exogenous replacement [132] suggesting tight control may matter.

3.4. Macrophage et al

While well known for a role in infection control, macrophages also have a complicated role in cardiovascular disease [29] although the impact of copper may be less apparent.

The importance of copper for host-pathogen relations is well known as is a particular usage by macrophages [83] [18]. Note that nutritional immunity may involve either an excess or limitation of copper to the pathogen hinting at a common source of myths about which direction to move a quantity to achieve a given result (see a list in Appendix C). Much is known about interactions of copper in macrophages with particular organisms such as Mycobacterium tuberculosis and Salmonella typhimurium [66] as well as Streptococcus pneumoniae [75]. As with most other sites, copper in macrophages can be considered pathological and attempts may be made to limit rather than enhance it. For example, targeting mitochondrial copper with "rationally" designed metformin dimers [145]. As with attempts to control amyloid beta in AD, there may be some passing benefits but taking all the information together this is likely of limited value if the simpler approach of enabling the copper based response in a well regulated way is feasible.

3.5. Associated Moieties - histidine and garlic etc

Copper can of course form associations, with many chemical groups and diverse roles. Role confusion however seems to be a recurring issue as specific compounds may not sequester or activate copper as may be expected. One recent review on anti-cancer mechanisms of copper discussed various ligands and roles for both copper depletion and overload [9]. The combination of the garlic and copper, while sounding like a medieval concoction (suggested as a result from Bald's Leechbook [56]) , has been described as synergistic against fungus [121] and seems plausible for generating perhaps more volatile and diffusable copper that could find otherwise inaccessible lysyl oxidase and other targets.

Dogs fed a histidine deficient diet eventually developed feeding resistance and lower whole blood copper and zinc [32].

Copper homeostasis is a much larger issue including in human health with regard to such unresolved diseases as Alzheimer's where the decades of work on amyloid beta is becoming more clearly futile.

In humans lysyl oxidase is sometimes discussed as a drug target as its quantity seems to increase in pathological situations. This may suggest that additional copper would not likely help.

To help with this apparent conundrum, this work describes variable copper supplementation to a group of dogs over several years including one pregnant pit bull with uterine fibroids. Generally beneficial results were associated with copper supplementation in the context of broader rationally designed supplements. Apparent benefits to a group of puppies included infection control. Additional respiratory infections were thought to be modulated in older dogs described here as Cookie(AKA Mixie) and Trixie. It may have reduced transmission to the larger group in the latter case. Also an association with likely non-infectious coughing was seen in the case of Happy.

Given the varied canine genetics and known copper related diseases, vigilance for adverse reactions was maintained but to date only questionable events, such as reduced appetite, remain.

Copper and vitamin K have both seen literature suggesting a role for liver health under some conditions. Vitamin K is note worthy because of many efforts to antagonize its effects similar to the present concerns with copper.

These cases are described in more detail with the hope of sorting out cause and effect between diet and clinical outcomes as fixation on one nutrient at a time may not be productive.

The original motivation for copper was based on notions similar to the table below which reflects current thinking based on results presented here.

4. CASES AND OBSERVATIONS



FIG. 1: Some of the dogs described from left to right then top to bottom: Happy, Rocky, Annie, Mixie, Trixie, Brownie. As breed may be important but unknown visual inspection may be helpful for guessing about genetic background.

A series of rescue dogs were fed food and vitamin supplements in addition to commercial kibble products. Diet and outcomes were recorded in MUQED format [104] immediately after feeding. While most supplements and medicines were recorded in sufficient detail to reproduce, the meal or snack most dogs received additional meals of commercial dog food and unfortunately uncontrolled scraps or treats while others routinely ate toys or yard debris. However, some results appear to relate to the vitamin mix and notably inclusion of copper. Total calorie intake is not reflected in the data although some details of the products are indicated in the MUQED data (see Supplementary Information). In particular normalization of the "dinner" amounts is variable between dogs.

Some of the discussion will also reference unpublished notes on "Little Man" who was given copper and other nutrients before the MUQED system was operating.

Many of the dogs in this setting have had either symptoms that could be due to hypothyroidism or overt lab confirmed low thyronid hormone levels. As iodine intake flucuated wildly, it is included in some of the graphs as a putative factor confounding inferences about copper. The premise of this work is that the total diet is a "confounding factor" and readers are encouraged to check the MUQED data for other patterns.

Generally copper dosing was rotated leading to high doses some days with none on intervening days. A hard upper limit of 3mg/kg body weight of supplemental copper per day was maintained based on quoted NOAEL's from an original source dated 1972 [34]. All of the dogs currently living here received increased copper shortly after the arrival of Trixie due to apparent spread of coughing. Trixie was later treated with Clavamox leading to cure suggesting indeed an infectious cause existed. Some of the dogs, notably Happy and Rocky, had varying cough levels previously as described below.

Dog	Dates	Condition	weight(lbs)	Cu(mg/day)	Cu(mg/kg)	Outcomes
Cookie	21-09-10 22-01-21	Resp infection/azithromycin	13.5	2	.33	cleared
Happy	18-09-07 24-04-10	several	13.4 - 17.7			
Happy	18-09-07 19-05-30	heartworm/doxycycline	13.4	2	.29	cough gone
Happy	24-03-26	coughs	15.2 - 15.5	2	.29	rare coughing
Brownie	21-01-12 23-02-22		49 - 64	1 variable		pts due to cancer
Brownie	21-01-12 21-02-14	pregnant, fibroids, heartworm	≈ 60	1.5-2.5		uneventful
puppies	21-03-23 21-06-09	cough	104	4.5	.095	cleared
Trixie	23-12-16 24-04-10	resp infection/Clavamox	37.6 - 44.6	5	.276	cleared
Trixie	24-05-15 24-06-01	deep cough returned	44.2	6.7	.3	greatly reduced
Rocky	22-02-05 24-04-10		4.4 - 8.3	1	.37	subjectively better
Hershey	17-04-22 19-08-27	multiple	8.2 - 9	.2-.6	.1	heart failure
Hershey	17-04-22 19-08-27	multiple	8.2 - 9	2	.52	transient improvements
LittleMan	2016	multiple			.8	honking stopped
Annie	2022-09-21	excessive sleep, apathy	7.74- 9.9	2	.5	active again

TABLE III: List of dogs most effected by copper supplementation. Cu amount given is largest thought to be therapeutic and in case of Herhsy amount near death in (). The puppies were born on 2021-02-14 but only recorded as weaning began. Puppie weight reflects total as they were placed elsewhere and food shares are unknown

4.1. Cookie or Mixie

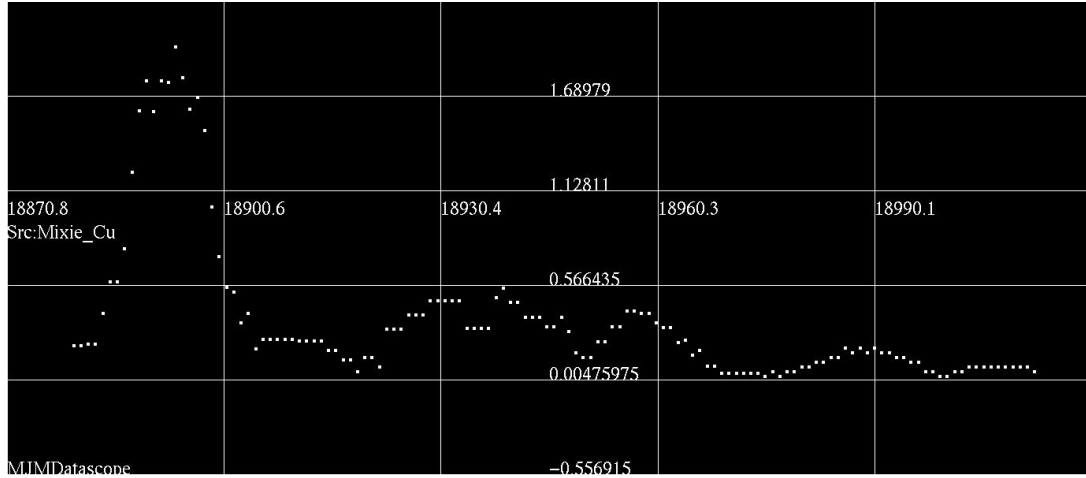


FIG. 2: Mixie daily copper (white) intake .

Arrived with diagnosed respiratory infection and prescribed azithromycin. Copper and other nutirents were added and eventually infection resolved well. Contribution of any nutrient is unknown but recovery seemed uneventful.

4.2. Brownie and puppies

Brownie was the subject of a prior work where her uneventful pregnancy was notable for vitamin K consumption while heartworm positive [105]. Subsequent to that work, her abdominal tumor was removed and diagnosed as fibroid. Briefly, Brownie was determined to be pregnant shortly after arrival . Her heartworm was treated with Dironan after weaning and fibroids removed 2021-11-15 well after the puppies were gone. She was unevntful until being doganosed with cancer and killed 2023-02-22. Prior to her diganosis, she was observed to cough occasionally for no obvious reason and appeared to have some movement issues. X-ray confirmed tumours likely responsible for both problems.

Her copper supplementation was fairly minimal but given her overall state of health and pregnancy she may be an interesting case for context. As the role of copper in cancer progression is not clear, her tumors may also be a concern.

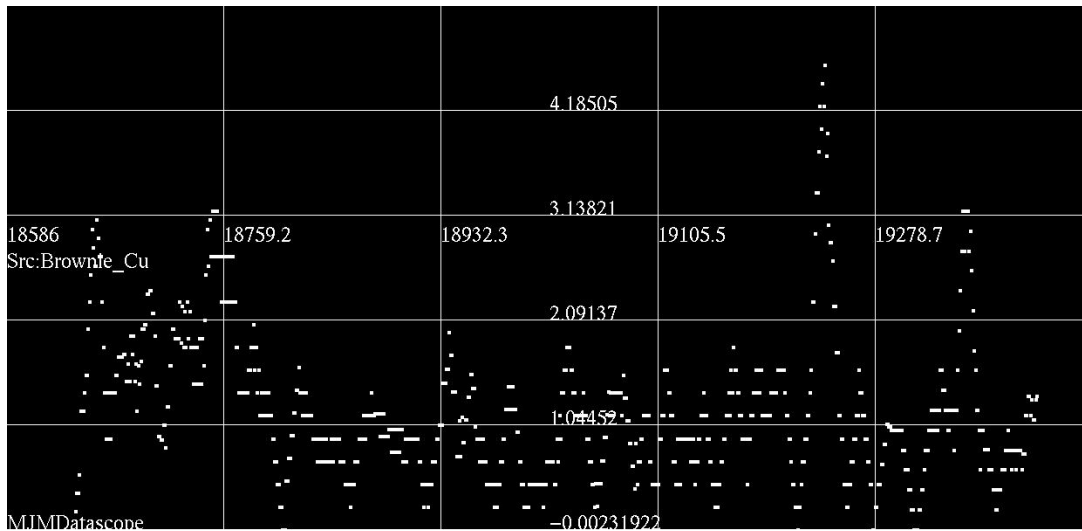


FIG. 3: Brownie 10 day trailing average copper (white) .

4.3. Happy

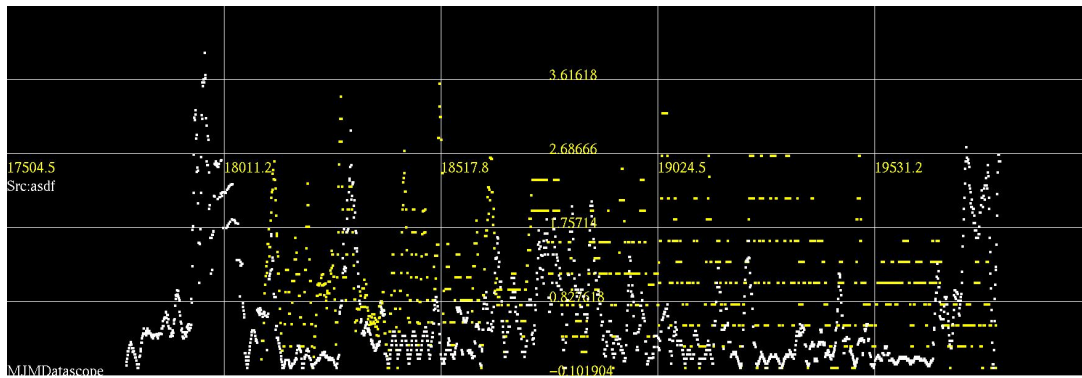


FIG. 4: Copper(white) and Zinc(yellow) dosing per day averaged over prior 10 day period as dosing was highly variable due to rotations of various nutrients. 18046 is 2019-05-30 when the cough was first noted to be gone for a few weeks. 19823 is 2024-04-10 the last date for which data was obtained. The cough stopped prior to the start of the Zinc and gradually increased to a notable background level over most of this interval although notes were incomplete. 19531 2023-06-23 notes the start of Cu depletion and chronic cough was noted by late Fall. During this time Zinc greatly exceeded copper dosing.

Happy, like Brownie, was also the subject of two prior works. Initially her heartworm recovery was described with vitamin K and other supplements [102] followed by an unusual episode which resulted in some investigation of possible role of vitamins B-2 and B-3 in her health [100]. To summarize, Happy arrived heartworm positive coughing to varying degrees. She was treated with a slow kill approach including ivermectin and doxycycline as previously described. She later was acting sick but appeared to recover well with B vitamin supplements. Her coughing never returned to the very low levels seen after heartworm recovery until copper doses were increased with elimination of any zinc and care with tryptophan. As copper was increased due to widespread coughing after Trixie's arrival, her cough was noted to decrease to lower than prior levels. Review of the copper dosing suggested it had fallen prior to Tricie's arrival. Often her excited cough appeared to be a honk on exhale suggestive of trachea collapse. She also would cough early in the morning when curled up. As outlined in the introductory material, it was later realized that earlier concerns about aromatic amino acids could be due to simple excitability rather than any disease worsening. This most recent effort considered some coughing increase normal and now she seems to have reduced coughing, good energy level, and maybe some aromatic amino acid sensitivity.

During the increased copper interval it was noted that her frantic "rubbing", where she tries to rub her lower back on furniture or rolled over on the floor, had stopped. This was most severe years ago when it was treated successfully with Apoquel between 2019-08-27 and 2019-11-03. After that, it had come and gone but never appeared distressing

enough to treat again. A review of the copper and zinc dosing during the Apoquel treated spell suggests very low copper (maybe less than 1mg per day) and substantial zinc (3mg on some days). The resolution with either copper or Apoquel points to the possibility of a pathogen involvement as will be discussed with Trixie and Annie's coat problems.

Currently she is coughing when excited, now several days after significant aromatic supplementation, but her exercise capacity from jumping during dinner to trotting in the bark is very good. It remains to be seen if continued copper supplementation can eliminate the cough presumed due to defects or limitations in trachea properties.

4.4. Trixie

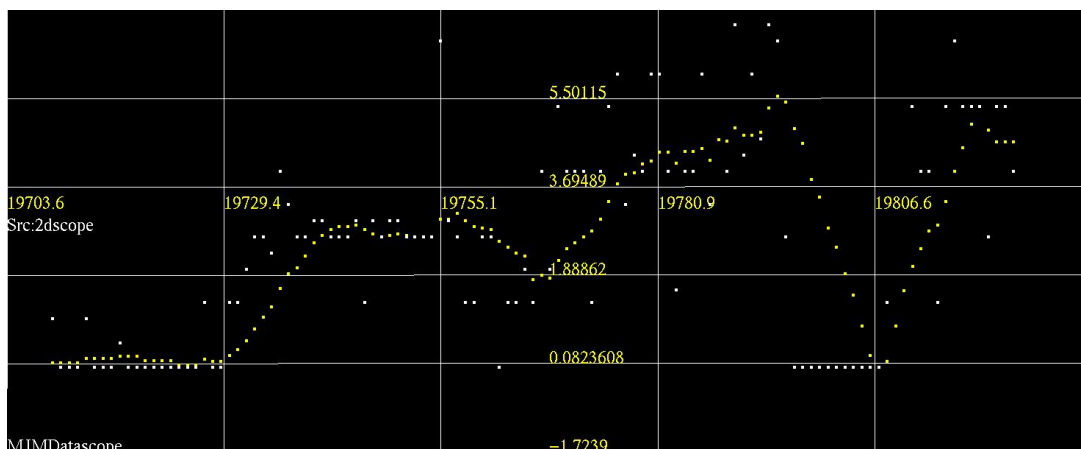


FIG. 5: Trixie copper consumption since arrival. Daily amounts (white)) and trailing 10 day average(yellow). Copper started to be significant around day 19730 in response to coughing. Day 19807 marked the end of the copper fast as well as the end of Clavamox which was prescribed due to worsening when copper stopped days earlier.

Trixie began coughing shortly after arrival and was very low energy. Her coat was notable for a sticky feeling that seemed to recur after a bath. Many other dogs began to cough or hack suggesting that she brought a communicable infectious disease. Nutrient mix was modified to add more copper and most dogs' coughing returned to normal quantity and quality although her's did not entirely resolve. Copper stopped for a couple day (I was gone) and owner took her to the vet as she began coughing more. Clavamox was prescribed and her coughing stopped within a few days. Her energy level has improved but she did not run until 2024-05-02 (19845) . She had a renewed cough around 2024-05-22 (19865) subsequent to copper withdrawal on 2024-05-15 (19858). Cough seems deep on excitement not honk/wheeze like Happy. Copper resumed 2024-05-27 and is greatly reduced by 2025-06-01 . She appeared more energetic than when I left and walked well although maybe still tired at end of walk. Her coat now feels clean.

4.5. Rocky

Rocky will hopefully be the subject of another work as he responded significantly to iodine and sodium benzoate which was attributed to, but never lab confirmed, low thyroid output. His "plastic" body type changed into a more normal "flexible" type and he began to feel like the other dogs when picked up rather than stiff. The addition of copper may have reduced his morning cough but he continued to have apparent congestion after eating sometimes breathing through his mouth and sneezing. That too has cleared up by 2024-06-01. Most recently he had notable muscle tone which had been lacking. His overall activity increased but that may be due to social factors such as feeding ritual. Probably most coughing now coincides with exposure to cigarette smoke.

As benzoate may be an important countounding factor, a brief digression here may be helpful. A recent study on rats fed benzoate demonstrated some insignificant indication of increased T4 and decreased TSH which the authors summarize as, [154] ,

Minor variations in T4 and TSH levels were not considered treatment-related because they were not noted in a dose responsive manner, were not generally statistically significant, or were observed in a direction that would be generally not be considered toxicologically relevant. These minor variations also fell within the range of levels noted for historical controls."

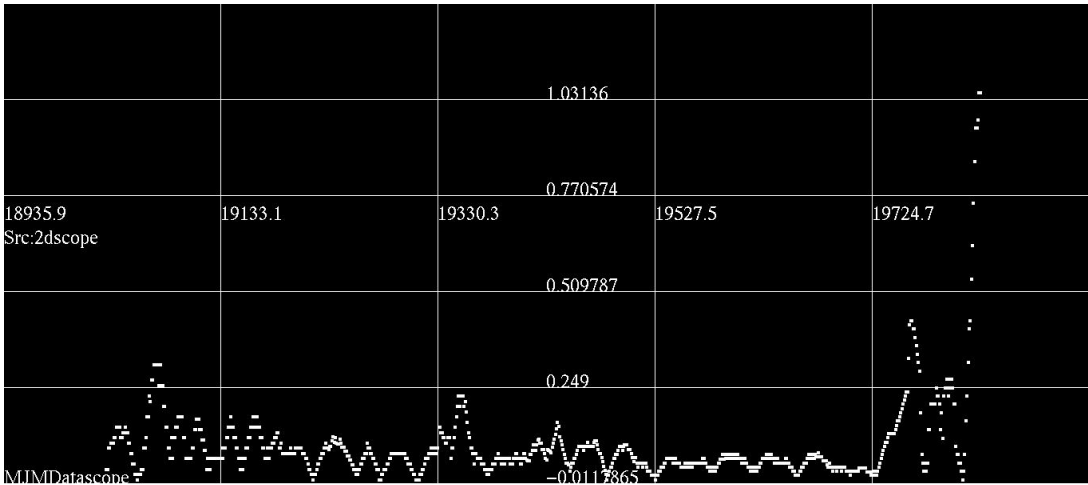


FIG. 6: Rocky 10 day trailing average copper (white) .

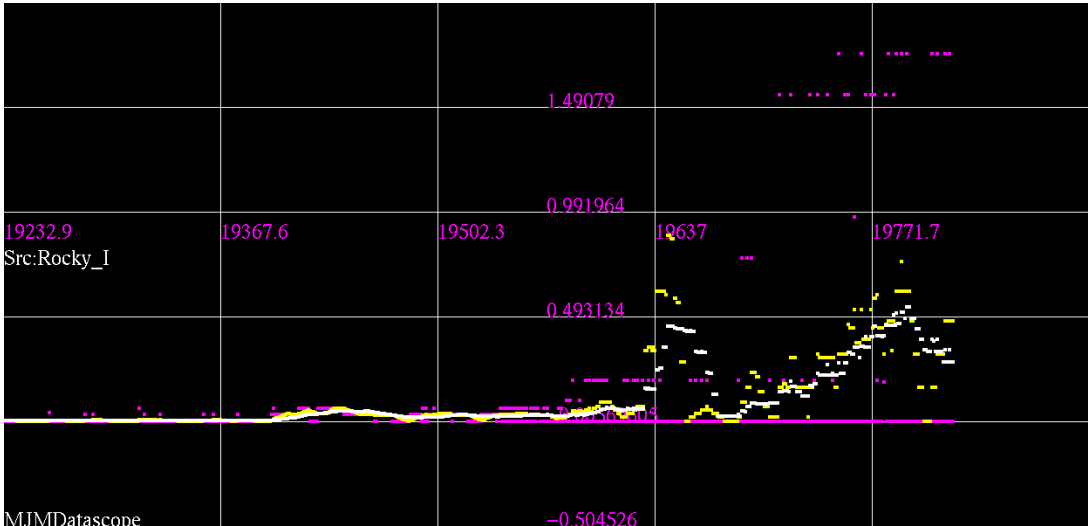


FIG. 7: Rocky iodine intake daily and with 10 and 30 day trailing averages. Patterns are difficult to discern with the pulsed dosing.

If there is a beneficial effect, it likely depends on many factors such as overall diet and may vary across species.

4.6. Annie

Annie probably showed the clearest improvement coincident with increased copper (and a few other components described below). Annie arrived in generally good condition although seemed old for stated age of 6 years. She generally ate well but had some limitations in sight and hearing. She seemed to get skin or paw irritations easily. She began to sleep excessively in early 2024 and a special copper snack was started on 2024-05-01 (19844). This consisted of 2mg of copper along with sodium benzoate, KCl, and B-6 in chicken broth which was more readily accepted than the full snacks for everyone else. As these other components had been quite common they were not considered significant although the sodium benzoate had also been stopped earlier. Lost vigor suddenly regained in a few days and seemed restored to her more typical self by 2024-05-05 (10948) with continuing improvements in energy and appetite. Her exercise interest improved and she walked and cried with good energy.

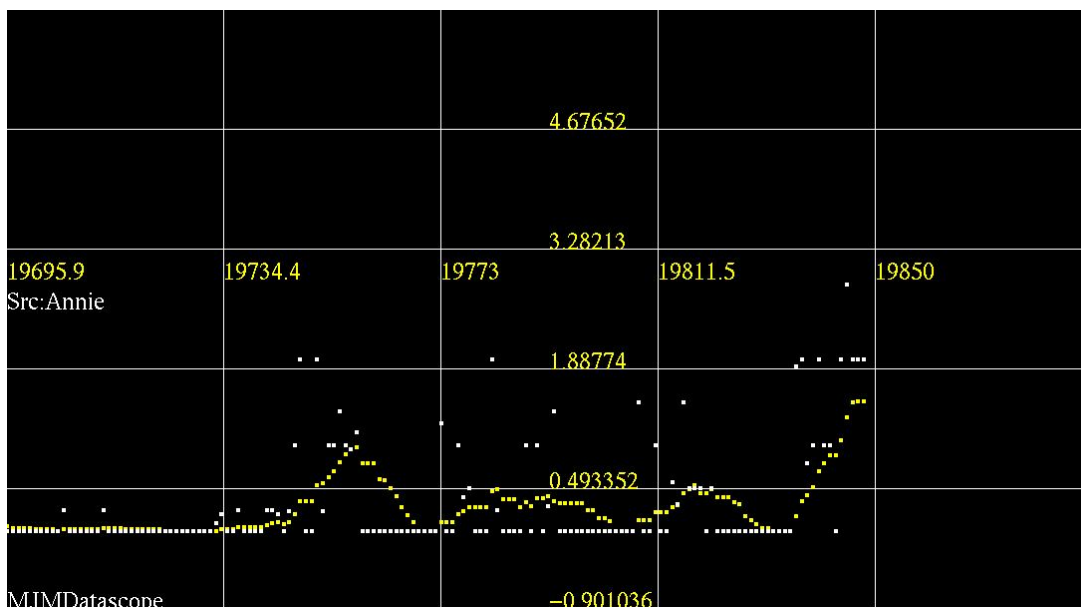


FIG. 8: Annie

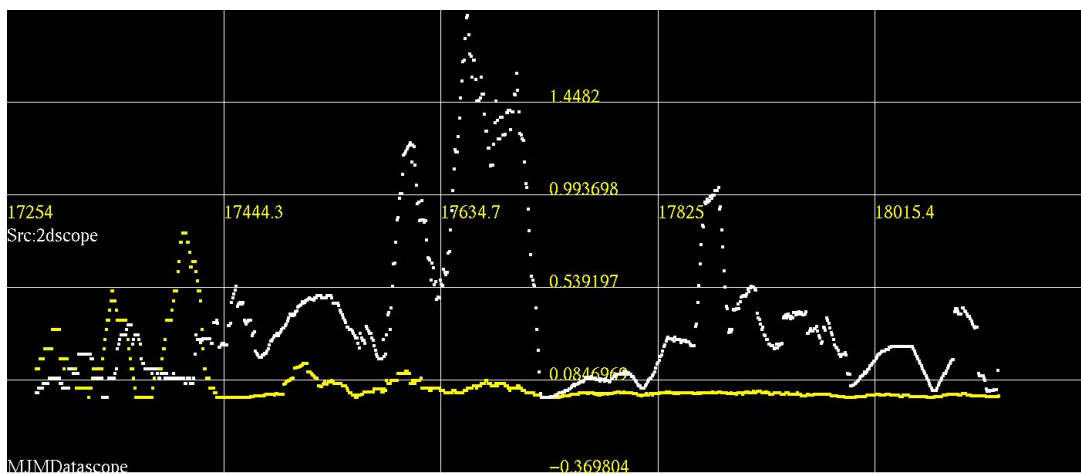


FIG. 9: Herhsey 10 day trailing average copper (white) and iodine (yellow).

4.7. Hershey

Date	Day number	Comment
2017-09-25		developed skin problem, vet prescribed clavamox and miconazole chlorhexidine shampoo Malaseb
2017-10-13		blotches mostly gone yesterday Barb still notes some
2017-11-01		stumbled down steps did not come up until after PMSNACK restart lipoicacid
2017-11-13		struggles up deck steps but finally made it
2017-12-12	17512	seems to be coughing a lot
2018-03-06	17596	seems to cough less, continue copper
2018-04-19	17640	came up steps on own again cadence sounded good
2018-04-20		fur seems thicker except for small area on back behind neck. Still coughing though
2018-04-28	17649	appears alert more flexible and good up steps while still planning although he did stumble the other day
2018-04-29	17650	seems ok on steps, hair filling in.
2018-05-29	17680	not coughing much and energetic but refused to eat and diarrhea. Ate small amount indicated around 830AM. He seems ok at noon not coughing much but subdued.
2018-07-02	17714	lighter and not coughing except when really agitated. Made it up steps good. Could be just weight although not that much lost, something in yard wiped out with spraying, or something like potassium chloride or the lysine making him worse
2018-07-15	17727	had rear leg problem, Barb gave rimadyl
2018-09-04	17778	seems to be stumbling more on steps last day or 2 but yesterday later came up good with fish at top ...
2018-09-19	17793	left rear leg bad had to help up steps still limping in kitchen 5 minutes of so. Gave some b7ngnnc rested ok. Made it up steps after PMSNACK ok although aborted on attempt but it is 95F out.
2018-10-12	17816	planning and circling on bottom step then doing good up steps
2018-11-02	17837	walked up first few steps in the rain and then faster up last few no slipping. Rear left leg may be more useful now.
2018-11-26	17861	better again on steps walking up but coughing still
2018-12-04	17869	coughing a lot again try stopping Cu for day or two
2018-12-17	17882	probably made it up steps on own, saw he was gone then heard barking and clumsy step noise. Seems good still coughing on and off, went around shed today.
2018-12-27	17892	coughing less and went out to pee, maybe the extra copper yesterday helped quickly
2019-01-08	17904	seems generally more active maybe coughing less for all the barking with the other 2 BCAA's
2019-03-12	17967	pretty good up steps almost back to recent bests. Coughing like always but darted out the door to deck quite well went around shed etc.
2019-03-14	17969	leapt up some steps then stumbled near top, went around near side of shed ok and wandered yard for a while
2019-04-02	17988	good on steps leaping not slipping
2019-04-26	18012	came up steps without crying on his own.
2019-05-13	18029	Hershey slower than yesterday more normal
2019-06-03	18050	Vet found heart failure on X-ray and bladder stones.

TABLE IV: An abbreviated set of note on Herhsey. Increased coughing may have occurred due to increased excitability and energy prior to heart remodelling and may have been mistaken as a sign of pathology rather than recovery leading to some confusion.

Hershey quickly demonstrated several problems not long after arrival. He had problems with his fur, digestion, and coughing while ultimately being diagnosed with heart failure and bladder stones. During his time here, his diet was varied and he was observed for overall eating and behavior with specific interest in coughing and ability to make it up a short flight of steps from the backyard to the deck. Again, the notes were not sufficient to fully capture the dynamics of his condition but some representative ones have been edited into the above list. Some correspondence with copper intake is noted. In the last few days of his life, he would pass out and quickly regain consciousness until one day he

did not recover presumably due to heart failure. As many initial features could be rationalized as related to thyroid output, his iodine intake was elevated. In trespsect, his initial response to increased copper may have been to be more energetic but that increased his coughing leading to a dosage reduction. Clearly the data are incomplete but suggestive now of some benefits.

5. DISCUSSION

Copper supplementation averaging around .2 to as high as .8 mg/kgBW/day appeared beneficial in this group of dogs as symptom improvement often followed weeks of dosing. Several suspicious observations were noted but nothing robustly correlated with copper intake. As some symptoms such as coughing are the product of many factors, interpretation is difficult during the initial response phases. Most notably, increased general energy may increase coughing in the presence of a weak or collapsed trachea or with some heart conditions which may take longer to mitigate and achieve more complete resolution. Another difficulty is due to pulsed dosing. This was chosen to allow rotation of various nutrients and make it easier to see short term effects of comparatively high doses. However, it did require that time series be averaged for analysis. Happy's copper intake dropped much lower than normal preceeding a period of excessive coughing. It was only after copper was started due to a respiratory infection that the data were examined more carefully and the pattern noted. Ideally the filtering would be a lagging average weighted to some suspected biological parameters but even uniform moving average was useful.

Pulmonary hypertension may be controlled by serotonin [3] and therefore tryptophan intake.

Happy's prior rubbing episodes, treated with Apoquel, did not appear after increasing copper. This suggests pathogenesis via immune response to either allergen or actual patogen that becomes resolving with more copper although symptoms could be treated with Apoquel known and likely side effects make this a cleaner solution.

Reconciliation with various concerns and failures felies on the complex interaction with other dietary componets which may be important over a large range of genetis. Copper was just one of many nutrients explored and it requires some of these for proper handling. Any optimization strategy would need to conintually be finding the performance limiting nutrient in turn as each is tweaked.

Hypothyroidism is common but may be due to a nutrient deficiency suzh as iodine or less obviously copper. Some of the symptoms associated with hypothyroidism could be explained by copper deficiency alone. The role of sodium benzoate may be important but difficult to characterize.

Copper was considered to be important early but despite some successes was lost in the shuffle. While the conditions for beneficial usage remain unknown, several suspects can be identified. Histidine addition was the most obviously correlated with increased alertness, animation, and aggression although there may have been some expectation bias considering increased histamine contributint to these states. These responses could increase coughing leading to the erroneous conclusions it was making something worse.

Several likely benefits of copper suypplementation were observed but no clear robust clinical symptoms got worse. This is contrary to some indications from populat concerns about excessive copper in commercial dog foods. Copper use requires uptake and transportation to various targets. Transport out of the liver can be hindered for reasons such as ceruloplasmin defects.

Coughing and other subjective signs were often used to monitor progress and notes were not always sufficient. Coughing as described before can be produced by many causes. Here, we were concerned mostly with infection, trachea collapse, and heart enlargement. Honking related to trachea collapse may be more common when the dog is excited. In this case, improving "energy" may produce more coughing even though the dog is largely healthier but the heart is still large or trachea still soft. This is further complicated with additions of vitamins that tend to promote alertness as was observed with histidine (indeed there was some concern about aggression when initiating it). This may not have been fully appreciated early on.

B-6 deficiency has been linked to excess copper excretion [27] possibly making copper a secondary excretion issue rather than a primary absorption problem.

ver a broad range of genetics, its likely that copper intake can be raised as long as other nutirents are also given to handle the copper beneficially. Candidate nutrients include tyrosine and tryptophan.

6. LIMITATIONS

While the other components were mentioned as important, it needs to be reiterated that the the other snack components could have effected copper handling significantly and supplementation with another diet lacking these components may not be beneficiail but copper restriction may not be either. Most food ingredient interact with matala to varying degrees and this notably contained citric acid and spinach along with amino acids.

The residential setting made it difficult to control or monitor all of the factors which could effect health. Besides the main kibble meals not being recorded for some dogs, intake of food and foriegn objects was common and unpredictable. Supplement quantities were often measured by volume using kitchen utensils known to be poorly calibrated. Completely unknown experiences or factors may be involved in their subjective behaviors. Cigarette smoke exposure was common but variable. As is always the case, despite MUQED's ability to keep strcutured outcome notes on things like cough, the resulting outcome data was very sparse and relies on memory in some cases. The lesson remains that notes and data always need to be more complete.

7. CONCLUSIONS

Copper has to be suspected of being important in dogs for functions that likely include strengthening of structural elements such as the trachea, volumetric energy efficiency of the heart, and infection control. In the GI tract, it may moderate pathogenic phenotypes and change community structure of microbiome. Accumulation in the liver may reflect export problems rather than too much intake as signalling exists to regulate uptake and disposal. Defects may be due to other nutrients and particularly anything that interferes with ceruloplasmin synthesis or quality.

Internal transport and uptake however may both rely on GI defects which limit nutrient avialbility. Low stomach acid may be one common problem.

Zinc excess may also interfere with copper deployment. Dog genetics are varied and specifics likely vary too. Similar considerations may apply to humans.

Liver pathology that includes atypical amounts of copper may not reflect excess dietary intake but some other problem that needs to be fixed.

8. SUPPLEMENTAL INFORMATION

Dog diet data files are available online at <https://github.com/mmarchywka/dogdata> or other locations as may be required. The author may also be contacted if onlines sources are not avialble. Raw MUQED format as well as parsed text formats are avilable although MUQED software availbility is in the works.

8.1. Computer Code

note anything using "snacks_Collated.ssv" is obsolete as it messed up adjectives etc. use "linc_graph -dt-mo" NB : the "datealias" entries need to be updated not just datemin and datemax and the latter may not even do anything lol. A note also "reporting units" for many new nouns are not right as tsp has replaced mg etc.

diet tables,

```
2766 ./run_linc_graph -dt-mo txt/happy2cu.txt
2767 texfrag -include xxtable
2768 mv xxtable /home/documents/latex/proj/copper/keep/monthly.tex
```

datascope output,

```
./run_linc_graph -2dscope Iodine "Happy" "filter=lag20"
```

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Appendix A: Statement of Conflicts

No specific funding was used in this effort and there are no relationships with others that could create a conflict of interest. I would like to develop these ideas further and have obvious bias towards making them appear successful. Barbara Cade, the dog owner, has worked in the pet food industry but this does not likely create a conflict. We have no interest in the makers of any of the products named in this work.

Appendix B: About the Authors and Facility

This work was performed at a dog rescue run by Barbara Cade and housed in rural Georgia. The author of this report ,Mike Marchywka, has a background in electrical engineering and has done extensive research using free online literature sources. I hope to find additional people interested in critically examining the results and verify that they can be reproduced effectively to treat other dogs.

Appendix C: Some Common Logical Fallacies and Misdirections

The analysis errors that confuse the problem with the solution may be catagorized in a number of way but consider the following possibilities. No attempt is made to organize, catagorize, or make entries "orthogonal" as its unclear how or why to do that right now.

1. **people over data** : This comes up in essays on long lived metdical myths. Opinions, votes, don't determine natural laws
2. **supply v demand** : An excess quantity is not inherently due to either supply or demand
3. **false dichotomy** : good and evil
4. **non-monotonic curves** : *show me a monotonic dose response curve and I'll show you a fool*
5. **fix or remove** : Often there are 2 approaches to getting the same result with a partially broken system.
6. **one extreme says nothing about theother** : Both invcreasing or decreasing some quantity may produce the same (beneficial or evil) effect.
7. **hidden interaction** : The observed result requires some interaction partners
8. **X is a Y** : Role confusion leads to more untested assumptions.
9. **local optimum** : prohibits consideration of global optimum over rugged parameter space with bad figure of merit.
10. **rabbit trail** : Successive approcimations, even as advocated in this seris of works, can lead a strategy down the wrong path.
11. **platitudes** : better to be safe than sorry lol
12. **equations** : consider spherical horse linear approx
13. **proxies** : Almost only counts in horseshoes and handgrenades
14. **models** : This usually means cause and effect is tossed out and the premise of the work has nothing to do with the premise of the real disease and that is often not even known well.
15. **only relies on empirical obervations** : no cuase and effect established
16. **irnores empirical obervations** : "sanity check " Theory based on incomplete system topology needs to be consistent with empirical observations
17. **irnores empirical obervations** : Theory based on incomplete system topology needs to be consistent with empirical observations

18. **other state variables** : Hidden variables include a limiting nutrient that is needed to beneficially use the entity under test.
19. **regulatory landscape** : As life is generally robust control systems have evolved but may have non-obvious failure modes.
20. **trying harder** : If a preferred response is frustrated in attaining a survival relevant goal, there may be signals to try a less orderly response more vigorously. The disorganized response can be suppressed by enabling the effective one.
21. **narrow corridor** : Given host-other evolution, you could expect dose response curves with many features but more likely a tight tolerance means that the approach is missing something more robust.

Appendix D: Background Diet Summary

Name	2023-10 Oct	2023-11 Nov	2023-12 Dec	2024-01 Jan	2024-02 Feb
FOOD					
KCl(tsp kcl)	0.045 ;0.031;23/23	0.047 ;0.031;30/30	0.085 ;0.062;24/24	0.094 ;0.062;31/31	0.093 ;0.062;29/29
KibbleAmJrLaPo	0.036 ;0.037;22/23	0.065 ;0.075;30/30	0.07 ;0.075;23/24	0.075 ;0.075;31/31	0.071 ;0.098;29/29
KibbleLogic	0.024 ;0.025;22/23	0.043 ;0.05;30/30	0.047 ;0.05;23/24	0.05 ;0.05;31/31	0.047 ;0.065;29/29
b10ngnc ^(c)	0.019 ;0.25;1/23	0.11 ;0.25;9/30	0.047 ;0.25;3/24	0.11 ;1;7/31	0.067 ;0.25;5/29
b15ngnc ^(c)		0.044 ;0.25;5/30	0.021 ;0.25;1/24	0.06 ;0.25;4/31	
b20ngnc ^(c)	0.18 ;0.25;14/23	0.13 ;0.25;10/30	0.25 ;0.25;14/24	0.14 ;0.25;11/31	0.28 ;0.25;19/29
b25ngnc	0.11 ;0.25;9/23	0.067 ;0.25;6/30	0.026 ;0.25;2/24	0.02 ;0.25;2/31	0.039 ;0.25;4/29
b7ngnc ^(c)	0.1 ;0.25;8/23	0.14 ;0.25;11/30	0.14 ;0.25;9/24	0.2 ;0.25;17/31	0.11 ;0.25;7/29
blackberry		0.058 ;0.25;5/30	0.3 ;0.25;20/24		
blueberry	2.4 ;3.8;23/23	2.4 ;2.2;30/30	1.9 ;2;20/24	0.71 ;1.5;13/31	1.2 ;1.5;29/29
carrot	0.35 ;0.25;23/23	0.36 ;0.25;30/30	0.36 ;0.25;24/24	0.38 ;0.25;31/31	0.38 ;0.25;29/29
cbbrothbs					0.022 ;0.25;3/29
cbbroth	0.16 ;0.25;10/23	0.071 ;0.25;6/30		0.21 ;0.25;15/31	0.25 ;0.25;16/29
citrate(tsp citrate)	0.045 ;0.031;23/23	0.047 ;0.031;30/30	0.048 ;0.062;24/24	0.058 ;0.062;31/31	0.092 ;0.062;29/29
ctbrothbs	0.082 ;0.25;5/23	0.4 ;0.25;25/30	0.48 ;0.25;24/24	0.29 ;0.25;19/31	0.22 ;0.25;14/29
ctbroth	0.17 ;0.25;11/23			0.032 ;1;1/31	
eggo3	0.065 ;0.12;23/23	0.062 ;0.062;30/30	0.055 ;0.12;20/24	0.062 ;0.062;31/31	0.062 ;0.062;29/29
eggo			0.01 ;0.062;4/24		
eggshell	0.13 ;0.25;23/23	0.12 ;0.12;30/30	0.11 ;0.25;21/24		
garlic	0.022 ;0.25;2/23	0.22 ;0.25;26/30	0.083 ;0.25;8/24	1.2 ;1;27/31	0.99 ;1;22/29
marrow	0.19 ;0.25;12/23	0.37 ;0.25;30/30	0.083 ;0.25;6/24		0.078 ;0.25;7/29
oliveoil(tsp)	0.035 ;0.12;8/23	0.014 ;0.12;4/30			0.039 ;0.12;9/29
pepper	0.36 ;0.25;23/23	0.38 ;0.25;30/30	0.35 ;0.25;24/24	0.36 ;0.25;31/31	0.38 ;0.25;29/29
pineapple			0.021 ;0.25;2/24		
raspberry	0.32 ;0.25;23/23	0.28 ;0.25;24/30			
salmon		0.043 ;0.25;8/30		0.025 ;0.25;3/31	
shrimp(grams)		3 ;38;5/30	4.9 ;16;9/24	2.8 ;16;8/31	1.8 ;13;4/29
spinach		0.15 ;0.25;12/30	0.36 ;0.25;24/24	0.38 ;0.25;31/31	0.36 ;0.25;28/29
sunflowerseed	0.23 ;0.25;21/23	0.25 ;0.25;30/30	0.21 ;0.25;20/24		0.034 ;0.25;4/29
tomato	0.36 ;0.25;23/23	0.23 ;0.25;19/30	0.18 ;0.25;12/24	0.17 ;0.25;15/31	0.19 ;0.25;29/29
tuna(oz)					
turkey	0.34 ;0.25;23/23	0.37 ;0.25;30/30	0.35 ;0.25;24/24	0.36 ;0.25;31/31	0.36 ;0.25;29/29
vinegar(tsp)	0.09 ;0.062;23/23	0.094 ;0.062;30/30	0.09 ;0.062;24/24	0.068 ;0.062;24/31	2.16e-03 ;0.062;1/29
VITAMIN					
B-1(mg)	4.09e-03 ;0.012;15/23	5.87e-03 ;0.0059;30/30	6.12e-03 ;0.012;24/24	5.69e-03 ;0.0059;30/31	5.87e-03 ;0.0059;29/29
B-12(mg)	0.033 ;0.25;5/23	0.029 ;0.25;5/30	0.047 ;0.25;6/24	0.024 ;0.25;5/31	0.034 ;0.12;8/29
B-2(mg)	5.7 ;16;15/23	7.9 ;8.1;29/30	8.1 ;16;24/24	21 ;32;30/31	43 ;65;29/29
B-3(mg)	8.3 ;24;15/23	12 ;12;30/30	12 ;24;23/24	31 ;48;30/31	60 ;48;29/29
B-6(mg)	6 ;12;11/23	12 ;12;28/30	11 ;12;21/24	8.9 ;12;29/31	5.8 ;12;26/29
B-multi(count)	0.022 ;0.062;8/23			2.02e-03 ;0.062;1/31	
Cu(mg)	0.11 ;0.25;10/23	0.76 ;2;19/30	0.86 ;2;19/24	1.9 ;2;30/31	1.9 ;2;28/29
D-3(iu)	91 ;300;7/23	60 ;300;6/30	62 ;300;5/24	58 ;300;6/31	52 ;300;5/29
Iodine(mg) ^(a)	2.3 ;12;8/23	0.1 ;0.78;4/30	0.065 ;0.78;2/24	0.1 ;0.78;4/31	0.13 ;0.78;5/29
K1(mg)	0.38 ;1.2;7/23	0.92 ;1.2;22/30	1.1 ;1.2;22/24	1.1 ;1.2;27/31	1.2 ;1.2;28/29
K2(mg)	1 ;1.6;15/23	0.3 ;1.9;7/30	0.47 ;3.8;3/24	0.91 ;3.8;8/31	0.81 ;3.8;8/29
K2MK7(mg)	1.63e-03 ;0.025;2/23	5.83e-03 ;0.025;7/30	2.08e-03 ;0.025;2/24		
MgCitrate(mg)	96 ;200;21/23	100 ;100;30/30	92 ;100;22/24	31 ;100;10/31	76 ;100;22/29
Mn(mg)			0.042 ;1;1/24	0.21 ;0.62;12/31	0.12 ;1;6/29
Se(mcg)		0.42 ;12;1/30			0.43 ;12;1/29

TABLE V: Part 1 of 2. Events Summary for Happy from 2023-10-01 to 2024-04-10A summary of most dietary components and events for selected months between 2023-10-01and 2024-04-10. Format is average daily amount ;maximum; days given/ days in interval . Units are arbitrary except where noted. Any superscripts are defined as follows: **a)** SMVT substrate. Biotin, Pantothenate, Lipoic Acid, and Iodine known to compete.**c)** hamburger with varying fat percentages- 7,10,15,20, etc. ..

Name	2023-10 Oct	2023-11 Nov	2023-12 Dec	2024-01 Jan	2024-02 Feb
Zn(mg zn)	1.3 ;5.9;9/23	1.1 ;5.9;10/30	0.73 ;2.9;6/24	0.47 ;2.9;5/31	0.61 ;5.9;5/29
arginine(mg)	68 ;175;9/23	82 ;350;10/30	51 ;175;7/24	79 ;350;12/31	275 ;350;15/29
biotin(mg) ^(a)	2.4 ;5;11/23	4.3 ;5;26/30	4 ;5;19/24	3.5 ;5;22/31	3.6 ;5;21/29
folate(mg)	0.022 ;0.12;5/23	0.019 ;0.12;6/30	0.018 ;0.12;4/24	0.016 ;0.12;5/31	0.011 ;0.12;3/29
histidine(tsp)					2.42e-03 ;0.016;7/29
histidinehcl(mg)	3.7 ;85;1/23	1.4 ;42;1/30	1.6 ;38;1/24		
iron(mg)		1 ;4;8/30	1.8 ;4;11/24	1.3 ;4;10/31	2.2 ;4;18/29
isoleucine(mg)	30 ;200;5/23	47 ;200;8/30	17 ;200;2/24	48 ;200;9/31	45 ;200;8/29
lecithin(mg)	215 ;225;22/23	225 ;225;30/30	281 ;225;22/24	330 ;225;31/31	338 ;225;29/29
lecithin(tsp)	0.046 ;0.062;22/23	0.036 ;0.042;30/30	0.012 ;0.062;8/24		
leucine(mg)	74 ;162;20/23	76 ;81;28/30	85 ;162;24/24	66 ;81;25/31	67 ;81;24/29
leucine					
lipoicacid(mg) ^(a)	3.1 ;25;5/23	7.6 ;25;16/30	24 ;25;21/24	18 ;25;22/31	31 ;25;28/29
lysinehcl(mg)	170 ;162;23/23	203 ;162;30/30	186 ;162;24/24	218 ;325;30/31	235 ;325;14/29
methionine(mg)	57 ;62;21/23	46 ;62;22/30	38 ;125;20/24	4 ;62;3/31	9.7 ;62;7/29
pantothenate(mg) ^(a)	22 ;78;12/23	20 ;39;15/30	21 ;39;13/24	32 ;39;25/31	30 ;39;22/29
phenylalanine(mg)	38 ;125;7/23	23 ;125;6/30	18 ;125;4/24	8.1 ;125;2/31	15 ;125;4/29
proline(mg)	143 ;100;23/23	35 ;100;7/30			
taurine(mg)	323 ;225;23/23	338 ;225;30/30	323 ;225;24/24	345 ;225;31/31	338 ;225;29/29
threonine(mg)	95 ;162;23/23	374 ;325;30/30	467 ;325;24/24	488 ;325;31/31	487 ;325;29/29
tryptophan(mg)	52 ;150;14/23	40 ;150;14/30	25 ;150;6/24	17 ;150;6/31	24 ;75;10/29
tyrosine(mg)	17 ;100;4/23	6.7 ;100;2/30	12 ;100;3/24	19 ;100;6/31	19 ;100;6/29
valine(mg)	165 ;200;19/23	160 ;200;24/30	133 ;200;16/24	135 ;200;21/31	159 ;200;23/29
vitamina(iu)	489 ;2250;5/23	600 ;2250;8/30	656 ;4500;6/24	435 ;2250;6/31	466 ;2250;6/29
vitaminc(tsp)	3.23e-03 ;0.0078;11/23	3.39e-03 ;0.0078;13/30	8.14e-04 ;0.0039;5/24	5.04e-04 ;0.0039;4/31	5.39e-04 ;0.0078;2/29
vitamine(iu)	8.2 ;38;5/23	8.8 ;38;7/30	9.4 ;38;6/24	7.3 ;38;6/31	6.5 ;38;5/29
MEDICINE					
SnAg				1.1 ;1;13/31	0.66 ;1;12/29
sodiumbenzoate(tsp)	0.011 ;0.016;12/23	8.85e-03 ;0.016;12/30	0.012 ;0.031;15/24	0.018 ;0.016;25/31	0.018 ;0.016;24/29
wormer					
RESULT					
weight(lbs)			0.63 ;15;1/24		1.1 ;16;2/29
sorbitol(tsp)	0.045 ;0.031;23/23	0.047 ;0.031;30/30	0.045 ;0.031;24/24	0.046 ;0.062;31/31	0.047 ;0.031;29/29

TABLE VI: Part 2 of 2. Events Summary for Happy from 2023-10-01 to 2024-04-10A summary of most dietary components and events for selected months between 2023-10-01and 2024-04-10. Format is average daily amount ;maximum; days given/ days in interval . Units are arbitrary except where noted. Any superscripts are defined as follows: **a)** SMVT substrate. Biotin, Pantothenate, Lipoic Acid, and Iodine known to compete..**c)** hamburger with varying fat percentages- 7,10,15,20, etc. ..

Name	2024-03 Mar	2024-04 Apr
FOOD		
KCl(tsp kcl)	0.084 ;0.062;20/20	0.087 ;0.062;10/10
KibbleAmJrLaPo	0.034 ;0.037;18/20	0.034 ;0.037;9/10
KibbleLogic	0.023 ;0.025;18/20	0.022 ;0.025;9/10
b10ngnc ^(c)	0.069 ;0.25;4/20	0.056 ;0.25;2/10
b15ngnc ^(c)	0.022 ;0.25;2/20	
b20ngnc ^(c)	0.33 ;0.25;17/20	0.19 ;0.25;6/10
b25ngnc		
b7ngnc ^(c)		0.16 ;0.25;4/10
blackberry		
blueberry	0.75 ;0.75;20/20	0.9 ;1;10/10
carrot	0.35 ;0.25;20/20	0.35 ;0.25;10/10
cbbrothbs		
cbbroth	0.1 ;0.25;5/20	
citrate(tsp citrate)	0.081 ;0.062;20/20	0.086 ;0.062;10/10
ctbrothbs	0.33 ;0.25;17/20	0.41 ;0.25;10/10
ctbroth		
eggo3	0.025 ;0.062;8/20	0.062 ;0.062;10/10
eggo	0.037 ;0.062;12/20	
eggshell		
garlic	1.4 ;1;18/20	1.1 ;1;10/10
marrow		
oliveoil(tsp)	0.042 ;0.12;6/20	
pepper	0.36 ;0.25;20/20	0.35 ;0.25;10/10
pineapple		
raspberry		
salmon		
shrimp(grams)		
spinach	0.35 ;0.25;20/20	0.35 ;0.25;10/10
sunflowerseed	0.037 ;0.25;3/20	0.2 ;0.25;8/10
tomato	0.12 ;0.12;20/20	0.12 ;0.12;10/10
tuna(oz)	0.062 ;0.25;5/20	0.075 ;0.25;3/10
turkey	0.33 ;0.25;20/20	0.35 ;0.25;10/10
vinegar(tsp)	6.25e-03 ;0.062;3/20	3.13e-03 ;0.031;1/10
VITAMIN		
B-1(mg)	5.58e-03 ;0.012;18/20	5.87e-03 ;0.0059;10/10
B-12(mg)	0.05 ;0.25;6/20	0.025 ;0.12;2/10
B-2(mg)	47 ;16;20/20	37 ;16;10/10
B-3(mg)	69 ;24;20/20	55 ;24;10/10
B-6(mg)	4.7 ;6.2;15/20	3.8 ;6.2;6/10
B-multi(count)	3.13e-03 ;0.062;1/20	
Cu(mg)	2.2 ;2;20/20	2.6 ;2;10/10
D-3(iu)	62 ;350;4/20	60 ;300;2/10
Iodine(mg) ^(a)	0.19 ;0.78;5/20	0.16 ;0.78;2/10
K1(mg)	1.1 ;1.2;17/20	1.2 ;1.2;10/10
K2(mg)	0.75 ;3.1;6/20	
K2MK7(mg)		
MgCitrate(mg)	88 ;100;18/20	90 ;100;9/10
Mn(mg)	0.14 ;1.2;3/20	
Se(mcg)		

TABLE VII: Part 1 of 2. Events Summary for Happy from 2023-10-01 to 2024-04-10A summary of most dietary components and events for selected months between 2023-10-01and 2024-04-10. Format is average daily amount ;maximum; days given/ days in interval . Units are arbitrary except where noted. Any superscripts are defined as follows: **a)** SMVT substrate. Biotin, Pantothenate, Lipic Acid, and Iodine known to compete..**c)** hamburger with varying fat percentages- 7,10,15,20, etc. ..

Name	2024-03 Mar	2024-04 Apr
Zn(mg zn)	0.73 ;5.9;3/20	0.59 ;5.9;1/10
arginine(mg)	245 ;350;10/20	228 ;350;5/10
biotin(mg) ^(a)	3.4 ;5;14/20	3.5 ;5;7/10
folate(mg)	0.013 ;0.12;3/20	
histidine(tsp)	0.021 ;0.016;19/20	0.02 ;0.031;8/10
histidinehcl(mg)		
iron(mg)	2.4 ;5.3;17/20	5.3 ;5.3;8/10
isoleucine(mg)	25 ;200;3/20	20 ;200;1/10
lecithin(mg)	315 ;225;20/20	315 ;225;10/10
lecithin(tsp)		
leucine(mg)	73 ;81;18/20	81 ;81;10/10
leucine		
lipoicacid(mg) ^(a)	16 ;25;12/20	20 ;25;8/10
lysinehcl(mg)	228 ;325;10/20	244 ;325;5/10
methionine(mg)	12 ;62;8/20	25 ;62;4/10
pantothenate(mg) ^(a)	33 ;39;17/20	35 ;39;9/10
phenylalanine(mg)	28 ;125;5/20	12 ;125;1/10
proline(mg)		
taurine(mg)	315 ;225;20/20	315 ;225;10/10
threonine(mg)	455 ;325;20/20	422 ;325;10/10
tryptophan(mg)	26 ;75;7/20	22 ;75;4/10
tyrosine(mg)	22 ;100;6/20	30 ;100;3/10
valine(mg)	160 ;200;16/20	160 ;200;8/10
vitamina(iu)	506 ;2250;5/20	675 ;2250;3/10
vitaminc(tsp)	8.79e-04 ;0.0039;5/20	1.95e-03 ;0.0039;5/10
vitamine(iu)	7.5 ;38;4/20	7.5 ;38;2/10
MEDICINE		
SnAg		
sodiumbenzoate(tsp)	0.016 ;0.016;14/20	7.81e-04 ;0.0078;1/10
wormer	0.075 ;1.5;1/20	
RESULT		
weight(lbs)		
sorbitol(tsp)	0.044 ;0.031;20/20	0.041 ;0.031;10/10

TABLE VIII: Part 2 of 2. Events Summary for Happy from 2023-10-01 to 2024-04-10A summary of most dietary components and events for selected months between 2023-10-01and 2024-04-10. Format is average daily amount ;maximum; days given/ days in interval . Units are arbitrary except where noted. Any superscripts are defined as follows: **a)** SMVT substrate. Biotin, Pantothenate, Lipoic Acid, and Iodine known to compete..**c)** hamburger with varying fat percentages- 7,10,15,20, etc. ..

Appendix E: Notable Food Components with Copper Interactions

Title	
Cu	reduce toxicity [72]
Zn	
Fe	
Mo	
H/ OH	
S and amino acids	
PO4	
Fructose	
Tyr	
Trp	
Pi-complex	
Fenton	
Ammonia, Amides, N	
Citrate	
Ascorbate	
garlic	enhancing bioavailability Cu etc [80]
Microbial products	
phytate	

TABLE IX: Some entities that may interact with copper

Appendix F: Symbols, Abbreviations and Colloquialisms

TERM definition and meaning

Appendix G: General caveats and disclaimer

This document was created in the hope it will be interesting to someone including me by providing information about some topic that may include personal experience or a literature review or description of a speculative theory or idea. There is no assurance that the content of this work will be useful for any particular purpose.

All statements in this document were true to the best of my knowledge at the time they were made and every attempt is made to assure they are not misleading or confusing. However, information provided by others and observations that can be manipulated by unknown causes ("gaslighting") may be misleading. Any use of this information should be preceded by validation including replication where feasible. Errors may enter into the final work at every step from conception and research to final editing.

Documents labelled "NOTES" or "not public" contain substantial informal or speculative content that may be terse and poorly edited or even sarcastic or profane. Documents labelled as "public" have generally been edited to be more coherent but probably have not been reviewed or proof read.

Generally non-public documents are labelled as such to avoid confusion and embarrassment and should be read with that understanding.

Appendix H: Citing this as a tech report or white paper

Note: This is mostly manually entered and not assured to be error free.
This is tech report MJM-2024-010.

Version	Date	Comments
0.01	2024-04-12	Create from empty.tex template
-	June 2, 2024	version 0.00 MJM-2024-010
1.0	20xx-xx-xx	First revision for distribution

Released versions,
build script needs to include empty releases.tex

Version	Date	URL

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run-date = {June 2, 2024} ,
title = {Utility of Copper Supplementation in Dogs: Listen to Her Heart } ,
author = {Mike J Marchywka } ,
type = {techreport} ,
name = {marchywka-MJM-2024-010} ,
number = {MJM-2024-010} ,
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year = {2024} ,
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contact = {marchywka@hotmail.com} ,
author1id = {orcid.org/0000-0001-9237-455X} ,
pages = { 41}
}
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Supporting files. Note that some dates,sizes, and md5's will change as this is rebuilt.

This really needs to include the data analysis code but right now it is auto generated picking up things from prior build in many cases

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32173 May 27 20:01 copper.aux 211efc3870a910a16122a5219ac299b9
82353 May 27 20:01 copper.bbl 1a269b014e0378c760829ee9f5017ef0
657846 May 27 20:00 copper.bib 316e179d690d50fad41cedd5e6eefd81
6147 May 27 20:01 copper.blg 58740cb03b9c6cb3c6f4cf1f89f024b7
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