

Sixteen-Year History with High Dose Intravenous Vitamin C Treatment for Various Types of Cancer and Other Diseases

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The authors (HDR, JAJ) have previously reported on the use of high dose intravenous vitamin C in the treatment of patients with various types of cancer.¹⁻⁴ Research conducted at The Center has also been published to help explain the scientific basis for the dynamics of intravenous vitamin C.⁵⁻⁷ Many health care workers are wary of giving high dose vitamin C to patients due to the warning that “one could develop kidney stones with high dose vitamin C.” The possibility of kidney stones does exist, theoretically, because vitamin C (ascorbic acid) is water soluble and is excreted by the kidneys as oxalic acid. Since most kidney stones consist of some form of oxalate, it would seem to follow, to some people, there must be kidney stones. In reality, this never happens. Another question comes to mind, why are there thousands of people with kidney stones who DO NOT take large doses of vitamin C?

Humans must get their vitamin C from the diet or as supplements. Millions of years ago humans lost the enzyme L-gulonono-g-lactone oxidase, a key in the conversion of glucose to vitamin C. If the above theory of vitamin C causing kidney stones is correct, why is it that animals are not suffering an epidemic of kidney stones? Based on body weight, the smallest to the biggest animal can manufacture a daily amount of vitamin C that can vary from 1 gram to over 20 g (about 12.5 to 250 times the RDA for humans)! In addition,

one of the authors (JAJ) has been taking 6 g of vitamin C daily for over ten years. His kidneys are fine, but according to the kidney stone theory, his kidneys should be concrete! At the Center, infusing patients with high doses of intravenous C is not taken lightly. Any time an intravenous injection is given, there is always a danger to the patient. We always measure the level of the enzyme glucose 6-phosphate dehydrogenase (G6PD) in a patient before IV vitamin C is given. A deficiency of G6PD in the red blood cells of an affected individual may result in a hemolytic crisis when vitamin C, or other types of substances are given. We also measure the electrolytes, especially sodium, and osmolality of selected patient's blood to make sure that the sodium from the sodium ascorbate (vitamin C) causes no adverse osmotic or electrolyte problem. In the 16-year history of this treatment, no patient has been troubled with a kidney stone, hemolytic or osmolality problem.

Data from 153 patients with a diagnosis of cancer shows the following: 66 males and 87 females.

Cancer types: breast, 40; prostate, 23; lung, 11; pancreas, 11; lymphoma, 11; renal, 10; colon, 9; ovary, 6; non-Hodgkin's lymphoma, 5; myeloma, 4; liver, 3; sarcoma, 3; leukemia, 3; melanoma, 2; bone (sacrum), 1; brain, 1; cervix, 1; thyroid, 1; colorectal, 1

The total number of IV vitamin C's given was 3,239. The lowest total dose of IV vitamin C given to one patient was 15 grams, the highest total dose given to one patient was 19,075 g.⁵ Total amount of IV vitamin C given to all patients was 104,432 g

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or about 230 lbs. Patients with diseases other than cancer were also treated with IV vitamin C. Data from 120 patients are shown below:

- 32 males and 88 females
- Diseases included fatigue, 38; upper respiratory infection/influenza, 25; arthritis, 9; virus infections, 5; other miscellaneous 43.
- Total number of IV vitamin C's given was 4708.
- The lowest dose given to one patient was 15 grams, the highest dose given was 11,947 g.
- The total amount of IV vitamin C given to all patients was 89,622 g or 197 pounds. The most IV vitamin C given at one time to a patient was 115 g.

This data together represents 194,054 g, or 427 lbs of IV vitamin C administered to 275 patients with no sign of serious kidney disease, or any other significant side effects over a 16-year period. The Center is not unique in using high doses of vitamin C to treat various diseases. Dr. A. Hoffer has been using high dose vitamin C for years to treat patients with cancer and various other diseases.⁹ There are many other pioneers in the long-term use of high-dose vitamin C. Among these are Dr. Ewan Cameron, Dr. R. F. Cathcart, Dr. E. Cheraskin, Dr. Linus Pauling, Dr Irwin Stone and associates, N. H. Riordan, just to name a few.

There is another argument used by some health care workers against the use of vitamin C or other nutrients for the treatment of diseases. This is "the lack of double-blind, placebo controlled studies" which the FDA insists on as one means of granting approval for use of medicines in patients. Dr. Hoffer commented on double-blind controlled experiments in an editorial in 1993 that is worth reading.¹⁰ In addition, these numerous studies that one has to do to prove the safety of medi-

cines is not foolproof by any means, as exemplified by the recent recall of the cholesterol lowering statin drug, Tmor.¹¹ This drug passed all the experiments required by the FDA but still caused 100 deaths from unexpected side effects before it was recalled. It is also interesting to note that this recall received little notice in the popular press, or the various medical "experts" on television. Also, remember the article published in 1998 in the *Journal of the American Medical Association*. Data calculated from 1994 showed there were 106,000 deaths in hospitals from adverse drug reactions and that the number of deaths per year remained stable over the last 30 years!¹¹ However, when a vitamin or nutrient study has any type of negative slant to it, it is page one news and all over the television news shows!

Our experience over the past 16 years has shown vitamin C to be a safe and effective treatment for many diseases. We continue to use it today and will continue to do so in the future.

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