

Editorial

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We are pleased to include an article by Dr. I. Stone on ascorbic acid and the cancer problem. Cancer does not fall into the area of Orthomolecular psychiatry, but ascorbic acid does. Elsewhere I have suggested that senility may be due to biochemical changes in cells (neurones) which can no longer divide which are similar to those in other cells which can. Any insight from Orthomolecular studies of cancer may be helpful in our understanding and treatment of senility and other degenerative changes in the central nervous system.

The evidence linking chronic subclinical scurvy (CSS syndrome) to malignancy is very persuasive. Stone's work suggests that optimum megadoses of ascorbate will decrease the incidence of cancer and of other degenerative diseases. To provide evidence for such a relationship will be very difficult. Retrospective studies are not very convincing to most physicians. Prospective studies are enormously costly. They would, in the long run, be more useful and

economical than is our present desperate search for synthetics which are more and more toxic for cancerous cells and less and less toxic for noncancerous cells.

I have been using megadoses of ascorbic acid since 1952 on perhaps over 3,000 subjects, but it would take an enormous amount of money and time to check back on the records since then to determine whether patients ever exposed to megadoses have a lower incidence. I do know that a number have developed cancer, but is it a smaller number than one would expect?

I am terribly frustrated by my colleagues who refuse to take seriously work by scientists like I. Stone or L. Pauling. If it were not for the support of a small proportion of the medical profession and a large number of nonprofessional (in a medical sense) people I would be tempted to give up psychiatry. Perhaps all professions are equally closed in their thinking and one can escape this only by fighting to break through until a new and better orthodoxy is established.