

Letters to the Editor

Vitamin C and Drug Addiction

To the Editor:

This is to comment on three minor sidelights of A. F. Libby's and Irwin Stone's interesting report on the use of vitamin C in drug addiction (Vol. 6, No. 4).

I don't think that the rapidity of action of vitamin C "seems to preclude a mechanism involving direct chemical attack on the narcotic molecule . . ." Ascorbic acid is a fairly strong reducing agent, capable, for example, of instantly precipitating metallic mercury from a solution containing Hg^{++} . Simple in vitro and in vivo tests could explore the interesting possibility that ascorbate directly or indirectly inactivates narcotics and other toxins by acting as a reducing agent, or in other ways.

I wonder if it is appropriate to attribute reduced morphine need in cancer patients to "ascorbate analgesia." The question is, does ascorbate lessen some causes of cancer pain, or merely the sensibility to pain? This, too, could be explored with fairly simple tests.

Man-Li S. Yew of these laboratories made perhaps the first observation that ascorbic acid shortens pentobarbital anesthesia (Proc. Nat. Acad. Sci. USA 70:969,1973). She found about 50 percent shorter anesthesia duration in guinea pigs given 100 or 1,000 times the lowest dose which itself was about three times the amount which prevents scurvy in most guinea pigs.

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To the Editor:

We were glad to see Dr. Donald R. Davis' comments regarding our findings of the almost immediate detoxication of heroin and other narcotics by high levels of ascorbate (vitamin C).

Our speculations relative to the involvement of brain receptor sites in this rapid detoxication process were merely theorizing on our part, as we had no facilities or funding for collecting data in this area. In fact, this entire pilot study was paid for out of our own pockets and on our own time.

We found the vested interests of the current drug abuse programs most uncooperative, even to a point of hostility. Our main objective was to develop a successful and workable nontoxic treatment for drug addiction, and this we did. We regret that we neither had the money nor the time nor the facilities to find the mechanism of how it works. We hope that someone with more adequate facilities than ours will continue this work, and possibly answer the questions that Dr. Davis has *raised*.

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