

Pride, Prejudice and Vitamin C

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It's time to resolve the controversy over vitamin C. It's long past time for the medical establishment to recognize and listen to other schools of medical practice whose credits are at least equal to theirs.

It is also time for patients (the public) to be aware that many are being deprived of a healing medical treatment based on a vitamin low in cost and effective for specific diseases without the toxic effect of drugs. In short, we will go beyond the recent acceptance of vitamins as necessary to good health and reveal that vitamin C will not only prevent but will also cure disease. We have moved from the convention that vitamin deficiency causes specific maladies to the understanding that vitamins are important nutrients to prevent disease. It's time to recognize that some vitamins, particularly vitamin C, can be a valuable medical tool to cure disease.

Most doctors have followed the establishment line of ignoring vitamins as a medical tool. Vitamin C was considered an essential vitamin with the narrow function of preventing scurvy.

When my son fell victim to a malignant tumor, I associated with many physicians and surgeons. For all their medical learning, I was surprized by instances of ignorance and prejudice of vitamin C. They were apparently totally unaware of the growing activity of a minority group of doctors concerned with the effectiveness of vitamin C in the prevention of disease and with its ultimate use as a healing factor.

Vitamin C has been known for some time to aid in healing wounds, and to aid in boosting the immune system. Doctors, in the past, have cast many aspersions against vitamin C, such as: "It causes kidney stones;" "It cannot help because any excess will be flushed out by urination;" "Case histories are not worthy to be considered;" "Until clinical studies by reputable professionals prove its value, it is not worth our consideration." None of these are valid. As I bore witness to my son's exposure

to doctors, mainly surgeons, I became motivated to learn more of the truth.

What harm can prejudice do? Judge for yourself. My son, at age 43, suffered a malignant tumor on one kidney in 1988. A urologist operated to remove the tumor and kidney. The patient was told that he was free and clear of any cancer, not to be concerned. My son accepted this, but I did not. I requested a second opinion from the Linus Pauling Institute of Science and Medicine. Their chief medical officer suggested that the patient ingest 10 grams per day of vitamin C to help prevent a recurrence of the cancer.

The urologist was furiously vocal in denouncing this advice. He claimed it would cause kidney stones and, in fact, he had witnessed this cause and effect. He ordered the patient to take no supplemental vitamin C at all. My son trusted him and followed his order.

At that time, I tried to verify this but could not. I contacted doctors and medical institutions and could find no one who had any real evidence. After my son died, I found two papers that did bear on this question. Here is an excerpt from, "Effect of Large Doses of Ascorbic Acid in Man on Some Nitrogenous Components of Urine" by Judith L. Sutton, T.K. Basu, and J.W.T. Dickerson.¹ "This study provides no evidence for an effect of high doses of ascorbic acid on urinary stone formation but does suggest competition for important co-factors in the metabolism of drugs." And Mary Ann Sestili stated in "Possible Adverse Health Effects of Vitamin C and Ascorbic Acid".² "In general it appears that people who have increased urinary oxalate excretion and who have a predisposition to kidney stones may form stones, whereas others may not. ...nor does it appear that ascorbic acid exerts a cause and effect relationship on stone formation."

In less than three years, early 1991, a new tumor was detected in the cavity from which the first tumor and kidney had been removed. There was no metastasis anywhere else, just in the space of the initial surgery. The second tumor was life threatening. The patient was

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admitted as an emergency case to one of America's finest cancer hospitals.

The hospital oncologist prescribed drastic chemotherapy of two chemicals applied 24 hours daily until the tumor was killed. Then the patient returned to the hospital for surgery to remove the dead tumor. He was told the procedure would take from four to 12 hours. Actually, over 24 hours was spent in surgery.

The first time in surgery took more than 10 hours to search for malignant cells and to plan the execution of the procedure. Two days later, another 10 hours was required to remove the tumor and repair the damage it had caused. Although the liver was not malignant, part of it was removed because the tumor had partially invaded it. About three weeks later, he developed a bleeding ulcer on a vein in the duodenum at the exit of the stomach. Another four hours was spent in surgery to repair the ulcer by suturing over the vein. It was satisfying to note the liver was healthy and regrow-ing.

Severe infection; peritonitis, yeast and bacterial, set in. Very drastic antibiotic measures were needed to keep it under control. In addition, the ulcer continued to seep, but the surgeons ruled against further surgery. Instead, they announced that they had no other options to pursue. It was up to the patient's body to recover.

At this point, because they said they had no other options, I interceded with the lead surgeon. I suggested that they try vitamin C therapy. It was known to aid in the healing of wounds (the seeping ulcer), and in enhancing the immune system. It could also act as an adjunct to prevent the recurrence of cancer. At that time, that was all I knew about vitamin C.

The surgeon responded negatively. He said vitamin C was like many ineffective popular theories, such as Laetrile. I pointed out vitamin C was being successfully used by a small number of doctors in America. He finally agreed to talk to an M. D. advocate of vitamin C in that area. I found one by a telephone search. Two days later the surgeon told me he had discussed the case with the vitamin C advocate and they had agreed vitamin C was not appropriate.

Another opportunity was lost. The negatives were the infection which was under control, and the seeping ulcer. The positives

were the kidney was functioning, all test values, including the liver billirubin, were normal, the patient was receiving nourishment via direct stomach feeding, and his dependence on the respirator was diminished.

In fact, shortly after, he began to get better. The liver function improved dramatically and the dialysis was reduced. He was being weaned away from the respirator and sedatives were being slowly reduced. He became strong enough to sit up two to three hours a day.

Then the roof caved in. His temperature rose sharply. After two to three days of high fever, a CT scan found a pocket of infection in the lower back of his abdomen. An inplace drain tube had plugged up and had not been noticed. A new drain tube ejected 300 mls. of fluid.

The patient stabilized shortly after, but never recovered from this setback. The kidney almost failed completely and the liver function worsened. I became desperate. I obtained from the Pauling Institute the names of two M.D.s who practiced vitamin C therapy by IV. infusion and approached the lead surgeon with this information. He impulsively replied he would not talk with anyone at the Pauling Institute. I told him these doctors were in private practice and actually applied IV. vitamin C therapy. He then said, "You call them. You know the case. I have spent too much time on vitamin C already." Of course he knew, as I found out, that they would not talk to a lay person.

Two weeks later the cancer metastasized to his liver and lymph glands. His heart finally ceased 19 days later.

What is so troubling, medically, is that the doctors, especially the surgeons, dealt so much punishment upon my son's body; six months of daily aggressive 24 hour chemotherapy, over 24 hours of surgery, intensive toxic drug invasions to control the infections following; and then stating the body must provide its own recovery without giving anything to the body to help fight the battle.

I became driven by many questions. I needed to know more about vitamin C. Through an association with Dr. E. Cheraskin, M.D., D.M.D., of the University of Alabama, I learned of the availability of a variety of medical articles that revealed astonishing information. It will open your eyes as it did mine.

To obtain the full import of vitamin C, one should read Dr. Cheraskin's latest book, "Vitamin C - Who Needs It?"³ It covers the many facets of vitamin C as it is involved in human body processes, a broad spectrum of research studies and case histories which are copiously referenced.

Two statements from it are worth quoting because they foreshadow the objectives of this article. "There are many studies that underscore the role of ascorbates in tuberculosis, rabies, herpes, tetanus, poliomyelitis and diphtheria" and "W.J. McCormick from Canada...reported its benefits way back in 1952 in his statement "When 500 - 1000mg. doses are given intravenously or intramuscularly every hour or two, the effects compare favorably with those resulting from antibiotics that are routinely prescribed... Spectacular results have been achieved in pneumonia, tuberculosis, scarlet fever, pelvic infections and septicemia."

Another unusual doctor is Robert F. Cathcart, III, M.D., who was originally trained in orthopedic medicine to which he contributed new knowledge. He later became heavily involved with vitamin C after observing the striking properties of this nutritional molecule. He was the doctor with whom the lead surgeon at the hospital refused to discuss my son's case.

Herein are excerpts from two papers authored by Cathcart. The first is "The Method of Determining Proper Doses of Vitamin C for the Treatment of Disease by titrating to Bowel Tolerance".⁴ He states, in part, "My experience (Cathcart 1975, 1976, 1978, 1979) in utilizing vitamin C in large doses has extended over a nine year period and has involved over 9,000 patients. ...Much of the controversy about ascorbic acid has been due to studies utilizing totally inadequate doses of vitamin C. ...In 1970, I discovered the sicker a patient was, the more ascorbic acid he would tolerate by mouth before diarrhea was produced. ...The astonishing finding was that almost all patients will absorb far greater amounts without having diarrhea when ill. This increased tolerance is somewhat proportional to the toxicity of the disease being treated. Representative doses taken by patients ... between the relief of most symptoms and the

production of diarrhea were as follows:"

Therein follows a table of 14 disease conditions for which the least tolerance is 4 to 15 grams per 24 hours that the usual normal person will tolerate before diarrhea is produced to 15 to 100 gram per 24 hours for cancer to the highest dosage of 150 to 200+ grams per 24 hours for mononucleosis, viral pneumonia, or bacterial infections.

"It was found that maximum relief of symptoms, the most shortening of the course of the disease, and the greatest reduction in complications could be obtained by the oral doses just below the point causing diarrhea."

Dr. Cathcart's observations of treating diseases with vitamin C led him to propose a theory of the mechanism of how vitamin C functions. His paper, "The Third Face of Vitamin C"⁵ explains, in part, "A clinical experience prescribing doses of ascorbic acid up to 200 or more grams per 24 hours to over 20,000 patients during the past 23 year period has revealed its clinical usefulness to all diseases involving free radicals. The controversy continues over the value of vitamin C mainly because inadequate doses are used for most free radical scavenging purposes. ...Vitamin C has differing benefits in increasing dose ranges. Its usefulness is in three such distinct realms that I will describe them as the three faces of vitamin C.

1. vitamin C to prevent scurvy(up to 65 mg./ day.)
2. vitamin C to prevent acute scurvy and to augment vitamin C functions (1 to 20 grams/day)
3. vitamin C to provide reducing equivalents (30 to 200 or more grams/day.)" "...In all published studies yielding negative or equivocal results, inadequate doses were used ... Ascorbate is unique in that the body can tolerate doses adequate to supply the necessary reducing equivalents to quench the free radicals generated by severely toxic disease processes."

I have heard doctors declaim against case histories as an unreliable source of medical knowledge. Nothing less than double blind studies under clinical conditions can be trusted. May I ask, "How many successful case histories would it take to persuade them to try it?"

Wait until you read about Dr. Klenner, a small town doctor (Reidsville, N.C.) who has made important but unheralded contributions

to the treatment and cure of poliomyelitis. Robert Landwehr tried to bring this to light in a paper entitled, "The Origin of the 42 Year Stonewall of Vitamin C."⁶ It is difficult to believe what is revealed here. I quote part of its amazing information.

In the late spring of 1949 the United States was in the grip of its worst poliomyelitis epidemic ever. On June 10 a paper on ways to save the lives of bulbar polio victims was read at the annual session of the American Medical Association (subsequently printed in its journal, JAMA, September 3, 1949, pages 1-8, volume 141, no. 1). ...Here is part of the abstract of his remarks as recorded in JAMA. "Dr. F.R. Klenner, Reidsville, N.C.: It might be interesting to learn how poliomyelitis was treated in Reidsville, N.C, during the 1948 epidemic. In the past seven years, virus infections have been treated and cured in a period of seventy-two hours by the employment of massive frequent injections of ascorbic acid, or vitamin C. I believe that if vitamin C in these doses - 6, 000 to 20, 000 mg. in a twenty-four period - is given to these patients with poliomyelitis, none will be paralyzed and there will be no further maiming or epidemics of poliomyelitis. ... It was given like any other antibiotic, every two to four hours. The initial dose was 1000 to 2000 mg. depending on age. Children up to four years received the injections intramuscularly. ...In subsequent publications he gave details about curing life-threatening polio cases and described his general procedures in his paper, "The Vitamin and Massage Treatment for Acute Poliomyelitis" appearing in the Journal of Southern Medicine and Surgery in August 1952. During the 1950s, isolated doctors around the world tried Klenner's cure. Those who used vitamin C at doses below those recommended by Klenner reported no benefit; those who followed his dosages reported good results.

The National Foundation for Infantile Paralysis was founded in 1938 by polio's most famous victim, President Franklin Roosevelt, to raise money through the March of Dimes to combat the disease. ..Not one dime was spent to prove or

disprove Klenner's claim.

Five international poliomyelitis congresses were convened every three years from 1948 to 1960 to deal with the polio epidemics around the world. In all of the voluminous reports of those conferences there is no reference to Klenner or to vitamin C.

A thoroughly exasperated Klenner concluded a February 1959 paper in the Tri-State Medical Journal with these words, "Should the disease be present in the acute form, ascorbic acid given in proper amounts around the clock, both by mouth and needle, will bring about a rapid recovery. We believe that ascorbic acid must be given by needle in amounts from 250 mg. to 400 mg. per Kg. body weight every 4 to 6 hours for 48 hours and then every 8 to 12 hours. The dose by mouth is the dose that can be tolerated. To those who say that polio is without cure, I say that they lie. Polio in the acute form can be cured in 96 hours or less. I beg of someone in authority to try it. The January 17, 1985 issue of The New England Journal of Medicine,⁷ a highly respected medical journal, editorialized, "This issue ... contains the most recent chapter in a very interesting and probably unfinished story: Does ascorbic acid have a role in the treatment of human cancer?" References are made to two major papers published in this journal that refute the work and conclusions of E. Cameron and L. Pauling in the 1970s. Cameron and Pauling thought they had demonstrated that vitamin C effectively diminished the harmful procession of terminal cancer.

The editorial continued, "investigators at the Mayo Clinic conducted a placebo-controlled double-blind study in which 10 g. of ascorbic acid was given (per day) ... the results were... Vitamin C was no better than placebo." To satisfy criticism by L. Pauling, a second study was conducted six years later with the same result.

The positive statement of the editorial was, "Meanwhile, laboratory studies of this interesting molecule go on. ...These and other experiments provide leads that should be followed up systematically in the laboratory." Nonetheless, the writer seems complacently satisfied that vitamin C has been successfully

negated as a treatment for cancer.

The investigators of the Mayo Clinic seem to believe that by using the work of Cameron and Pauling as their target they have laid to rest the claim of vitamin C being a therapeutic agent, including for cancer. Are we going to continue to ignore the positive work of Dr. Cathcart in the 1970s and 1980s as we did the work of Dr. Klenner in the 1940s and 1950s? It has been shown that those who have tried to follow Klenner or Cathcart with inadequate dosages have failed to prove anything.

There is something seriously amiss here! How is it that doctors are aware of medical research that found a chemical lurking in the bark of a tree that is beneficial in the treatment of some cancers; and, yet, know little or nothing about the biochemistry of vitamin C? Are mainstream doctors so proud of their accomplishments and their status in society that they ignore or are indifferent to the healing practices of other doctors who are also M.D.s?

What is the price we pay to support the prejudice of medical pride? Doctors lose by not having the use of the medical knowledge

shielded from them by their prejudice. Patients lose the blessing of living with their disease without the usual pain and misery, and sometimes of life itself.

It is time to consider the evidence - without prejudice.

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