

VITAMIN C

THE USE OF MEGASCORBATE THERAPY IN GENERAL PRACTICE

A CLINICAL EXPERIENCE
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During the seven month period December 1978 to July 1979, approximately 900 patients were treated with relatively high doses of Sodium Ascorbate both prophylactically and therapeutically.

The doses used ranged from 1,000 mg daily in infants to 90,000 mg daily in adults.

These doses may seem to be excessive when compared to the current recommended daily allowance of 30-60 mg for prevention of scurvy. Pauling and Stone, however, have proposed a minimum daily requirement of up to 10,000 mg to maintain good health and much higher doses for treating disease.

Stone (in over 40 years of research) has found that primates including man, guinea pigs and tropical fruit bats lack the necessary enzyme L-gulonolactone oxidase to manufacture their own ascorbic acid from Glucose. Other animals have the ability to synthesize their own ascorbic acid; for example, the goat is able to produce up to 70,000 mg daily when stressed.

He concluded that at times of stress a hypoaoscorbaemic state develops which not only tends to prolong the effects of the stress itself, but also tends to produce more generalised deleterious effects.

Frederick Klenner and Robert Cathcart in U.S.A., Ewan Cameron in Scotland, and Archie Kalokerinos in Australia are just a few of the large number of physicians who have used megadoses of ascorbic acid and sodium ascorbate for many years. All have reported the lack of toxicity and serious side effects, as well as the beneficial effects of megascorbate therapy for a wide range of conditions.

These can be classified as follows —

1. STRESS
 - A. INFECTIONS
 - Viral
 - Bacterial
 - B. PHYSICAL
 - Burns
 - Shock
 - Exposure
 - Sport
 - C. POISONING
 - Alcohol
 - Heavy Metal
 - Venoms
 - Immunization
 - Smoking
 - D. EMOTIONAL
 - TATTS (Tired All The Time Syndrome)
 - Anxiety
2. DEGENERATIVE
 - Cardiovascular
 - Arthritis
 - Aging
3. ALLERGIES

4. CANCER
 - Tumor Growth Regression
 - Extra Survival Time
 - Analgesia
5. MENTAL DISEASE
 - Schizophrenia
 - Depression
6. PROPHYLAXIS
 - Pregnancy
 - Jet Lag
 - Cot Deaths

It seems quite incredible that a simple chemical such as hexuronic acid (as its discoverer, Nobel prize winner Albert Szent-Gyorgyi originally named it) or ascorbic acid, alias Vitamin C as we know it today, can be so effective, where other more powerful and expensive drugs have failed.

The exact mechanism of action is yet to be elucidated, however, an enormous number of papers have been published in the last 40 years since its discovery and synthesis, linking ascorbic acid with all organ systems via a large variety of biochemical effects. Reference to some of these can be found in Stone's book, "The Healing Factor, Vitamin C Against Disease."

My clinical involvement with megascorbate therapy began following review of available literature, and consultation with similarly interested practitioners (in particular my associate Dr. Merrill Chamberlin). With some scepticism I began to use high doses of Vitamin C for patients with acute viral illnesses. I closely monitored my patients and was both surprised and delighted with the positive feedback I obtained.

I have so far, a series of approximately 900 cases in which my experience is similar to that of the authors mentioned. As with most clinical experience in private practice, it tends to be anecdotal. I am, however, impressed by the often dramatic relief obtained for conditions that are generally held to be untreatable.

I have presented these cases as groups to show the range of conditions treated and follow this by three characteristic case histories.

| | | % |
|----------------------------------|-----|------|
| VIRAL | 345 | 38.5 |
| SKIN AND ALLERGY | 124 | 13.8 |
| CARDIOVASCULAR | 80 | 8.9 |
| INFLAMMATORY CONDITION | 53 | 5.5 |
| NERVOUS STRESS | 47 | 5.3 |
| UROGENITAL INFECTION | 47 | 5.3 |
| SINUSITIS AND OTITIS MEDIA | 40 | 4.5 |
| PROPHYLAXIS | 38 | 4.2 |
| CANCER | 10 | 1.1 |
| OTHERS | 112 | 12.5 |
| | 896 | 100 |

CASE 1: Mrs. I. — 39 year old nursing sister — Herpes Simplex.

She has had recurrent severe herpes simplex normally lasting 10-20 days and frequently becoming infected. Exposure to sun and the new year festivities resulted in another severe outbreak, during which time she began to take 25 grams of Sodium Ascorbate orally. However, further crops of vesicles developed, which were then treated by the IV administration of 15 grams Ascorbate daily for three days.

This produced a rapid drying and clearing of established lesions without formation of new lesions. Within nine days of the onset of the first crops, the condition had cleared completely. Seven months later another outbreak of similar severity cleared more rapidly with high oral doses and 30 grams IV stat.

It appears that the earlier the administration and the higher the initial loading dose used, the more rapid and complete the result. This has been confirmed with many other similar cases.

CASE 2: Mr. R. — 65 year old boiler maker.

This man had developed severe intermittent excematous exforiative eruptions since contact with asbestos dust 12 years earlier. In September 1977 he required public hospitalization and treatment with 30 mg Prednisolone daily, two hourly dressings and topical steroids to settle an outbreak. In March 1979 he was again hospitalized, with a more severe eruption.

At the time of admission, both hands were exfoliating, the right side of the face and neck were erupting, and a diffuse manulopapular eruption was beginning on the chest wall, axillae, back and legs. He was treated with 30 grams Ascorbate IV daily in divided doses (15g bd) as well as Zinc, Vitamin E, Vit A & D and topical steroids.

He showed a steady daily improvement whilst under treatment. There was no pain or pruritis, and he was discharged seven days after treatment.

CASE 3: Mrs. L. — With Severe Herpes Zoster.

This 79 year old woman presented five days after onset in the distribution of the cervical plexus, affecting the left side of the neck, face and shoulder. She complained of pruritis and pain and had not been able to sleep for four nights. 30 grams Ascorbate was given IV providing immediate relief of pain and pruritis.

She was also commenced on oral ascorbate of 3½ grams (i.e. 1 tsp.) two hourly. She slept well that night and within 48 hours all the lesions had dried and formed scabs. Healing progressed steadily without complications and was virtually over 10 days after the initial consultation.

Experience with other cases makes me feel certain that had she presented earlier, the zoster would not have been as severe.

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So far seven cases of zoster have responded dramatically to megascorbate therapy, without the development of super-added infection or post herpetic neuralgia.

As described in the case histories the treatment may be given orally or parentally or both.

Oral Doses ranged from 2-50 grams per day in divided doses depending on the individual and the severity of the illness. (**Generally speaking, the more severe the illness, the greater the dose**). Requirement for dosage was based on the development of diarrhoea, or bowel tolerance; a rather crude way of measuring need, but safe and fairly reliable.

There appeared to be two broad groups of patients —

(a) Those who did not reach the stage of bowel tolerance before feeling improvement.

(b) Those with a low bowel tolerance independent of the severity of the illness.

This could be interpreted as good absorbers and poor absorbers, with the former by far in the majority.

Strangely enough, patients with severe cancer were mostly the poor absorbers, whereas people with severe viral illness were mostly good absorbers.

In general, the more acute the illness, the greater the dose tolerated. Both groups responded favourably to the further IV administration of doses in excess of that required for bowel tolerance.

Aside from bowel tolerance other side effects noted were —

1. Flatulence — this was fairly common and often responded to change in diluent and presence of food. And rarely —

2. Colic abdominal pains, nausea and rebound effect.

In general, side effects were mild and easily reversible by changing regime or reducing the dose.

Compliance was excellent except in some children in whom the salty taste was unpalatable. However, these children could easily be given high doses in the form of Vitamin C tablets (preferably sugar and coloring free). Naturally not every patient gained benefit from this form of treatment, but these were by far in the minority.

Most patients in all groups treated gained some form of benefit, often dramatically. Results were repeatable and consistent.

The most dramatic results occurred with IV doses of 15-45 grams stat. These were used for

1. Severe viral illness — flu, infectious mononucleosis, herpes.
2. Toxic/allergic eruptions.
3. Analgesia — musculoskeletal disorders, carcinoma.

Improvement of symptoms often occurred while the IV was being administered. Side effects noted were —

(a) **Local** —

Thrombophlebitis — if not in vein properly —

Pain or tingling along the course of vein if given too quickly.

This settled within seconds on cessation of the infusion, which was then continued at a slower rate.

(b) **Generalised** —

(I) Temporary — metallic taste, dry mouth and thirst, dizziness, rigors, diuresis.

(II) Hyperthermia — in terminal cancer patients.

(III) Potassium depletion and mild oedema with prolonged use.

No toxic or anaphylactic reactions were noted at doses up to 60 grams IV Stat. I have made a short film on my technique of IV administration.

In Summary — Megadoses of Sodium Ascorbate were found to be a safe, easily tolerated and effective treatment for a large number of common complaints presenting in general practice. Side effects were uncommon and usually mild even at high doses.

The results to date are highly encouraging but, in order to gain the wider acceptance I feel this form of treatment deserves, need to be verified by properly devised double blind controlled trials. These would have to take into account the individuality of patient's tolerance and response.

Megascorbate therapy has become an integral part of my general practice and will continue to be so on the basis of my results which I hope will help abate some of the antagonism and apathy to its use, by some of my colleagues.

I recommend that every GP acquaint themselves in the use of megascorbate therapy so as not to be embarrassed by the patients who will enquire about it.

I feel certain that in the near future megascorbate therapy will be a widely accepted and frequently used adjunct to our current therapeutic armamentarium. There is much to gain and nothing to lose.

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Nurses training began on May 3.

A three-year, service-based nurse training course would begin on May 3, the Chairman of the Capital Territory Health Commission, Dr. Ken Doust, said in early April.

The course, at the Royal Canberra and Woden Valley Combined Hospitals School of Nursing, would take in up to 60 students.

Dr. Doust said some of the students who had applied to begin the deferred three-year supernumerary nurse education course at the beginning of the year would join the apprentice-type course.

Longer term planning for nurse education in the Australian Capital Territory was continuing but no decisions about future courses would be made before the outcome of the Commission's appeal against the Federal Court's judgement on the status of students in supernumerary courses.

(The Federal Court ruled on January 14 that the Capital Territory Health Commission was in breach of industrial awards for paying its supernumerary student nurses an allowance instead of a higher award wage. The ruling meant that "scholarship" students would receive back pay ranging from about \$7,000 to about \$12,000 depending on which year they were recruited).

Irvine, California (March, 1982) . . .

A distinguished faculty, a concert by Henry Mancini, and an evening at Disneyland promise four days of intensive education and 'after hours' entertainment for over 4,000 critical care nurses at the annual National Teaching Institute of the American Association of Critical-Care Nurses.

The internationally renowned Carol Ann Lindeman, RN, PhD, Dean of the School of Nursing at the University of Oregon Health Sciences Center (Portland, Oregon), will present the keynote address. Her address will echo the theme of the conference, 'Facing Today's Challenges'.

An impressive faculty for the NTI includes Suzanne Hall Johnson, RN, MN, Director of Health Update and Editor of the new publication *Dimensions in Critical Care Nursing*; Connie Walleck, RN, BSN, CNRN,

Nurse Clinician II and Research Assistant at University of Maryland Hospital, Division of Neurosurgery; Marielle Vinsant, RN, MS, CCRN, a Nursing Educator Instructor at Baptist Hospital in Miami; Tex Goen, Jr., MD, in private practice of Cardiovascular Surgery at St. John's Hospital in Tulsa and author of the book 'Smile . . . or I'll Kick Your Bed!'; Rebecca Hathaway, RN, MSN, Assistant Director of Nursing Services, Critical Care Division of UCLA Centre for the Health Sciences; Charold L. Baer, RN, PhD, Chairperson of the Department of Medical-Surgical Nursing at the University of Oregon Health Sciences Centre; School of Nursing; Barbara Dossey, RN, MS, CCRN, Director of Holistic Nursing Consultants in Dallas; and Viona Rice, RN, MSN, Program Co-ordinator at the Critical Care Education Centre, University of Tennessee.

American Pharmaseal will present Henry Mancini and his orchestra, featuring 'Moon River', 'Days of Wine and Roses', 'Pink Panther', 'Peter Gunn', 'Dear Heart', and many others. This concert will be held at 8 p.m. on Tuesday night at the Anaheim Convention Centre.

The following night, Wednesday, AACN will hold a special party at Disneyland. A complimentary ticket may be picked up at the Bentley Laboratories booth in the exhibit area at the National Teaching Institute.

Inside the doors of the Anaheim Convention Centre, the National Teaching Institute will provide critical care nurses with the latest and most advanced concepts in critical care nursing. The National Teaching Institute will be held from May 18 through 21 at the Anaheim Convention Centre in Anaheim, California.

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