



# INTRAVENOUS ASCORBIC ACID IN THE TREATMENT OF INFLUENZA: LACK OF EVIDENCE OR INCONTROVERTIBLE IGNORANCE?

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**“ARE WE TO RETREAT FROM HUMAN EXPERIENCE INTO THE DESICCATION OF LABORATORY JARGON IN ORDER TO ACHIEVE RESPECTABILITY? I THINK NOT! HUMAN AILMENTS SHOULD SOMEWHERE RELATE TO HUMAN BEINGS. AND IF A PROPERLY OBSERVED AND RECORDED INSTANCE OF PATIENT DISEASE REACHES THE PRESS IT MAY VERY WELL BE WORTH REAMS OF LABORATORY DATA.”**

Wilfred E. Wooldridge, M.D.  
*In defense of the anecdotal article.*

The 60 Minutes documentary, ‘Living Proof’, aired on New Zealand television in August 2010 told the miraculous story of NZ King Country dairy farmer, Allan Smith, who after contracting the H1N1 virus (Swine Flu) was admitted to intensive care with bilateral pneumonia, renal failure and leukaemia. He was eventually placed on life support. His condition deteriorated.

With his lungs unable to function, and with no hope of their patient making a recovery, his attending

doctors determined that the ‘ECMO’ equipment [Extra Corporeal Membrane Oxygenation] artificially sustaining Mr Smith be switched off. Not satisfied with this position, Allan Smith’s family rallied, and despite reluctance by the hospital authorities, insisted that he be administered high dose intravenous ascorbic acid (vitamin C).

After much heated debate and consultation the hospital staff eventually agreed to the family’s request and began to administer the intravenous ascorbic acid to Mr Smith, at 100g per day. He recovered to the point where his lung function returned and he was taken off the ECMO life support. The treatment was then mysteriously withdrawn. The family insisted it be reinstated. The hospital resisted. The family brought in a medical lawyer. The hospital relented but the doses they administered were less than optimal. Fortunately the treatment worked and Allan Smith is now alive and well over 18 months later, and without any sign of his leukaemia. His damaged kidneys from the drugs also recovered 100%; a paradox considering vitamin C antagonists claim it damages the kidney.

## WHERE’S THE EVIDENCE?

According to Allan Smith, “in a nut shell, I would not have survived if I hadn’t had the vitamin C.” Unfortunately the medical ‘authorities’ in Zealand were not so convinced. In a recent statement released by the Auckland District Health Board, Dr Margaret Wilsher denied that there was sufficient evidence to confidently say that high-dose vitamin C therapy is either safe or effective.

This is at odds with the basic science and the clinical science, which are available through the major medical databases. Since its discovery in the 1930s, it should be noted that many thousands of papers have been published in the medical literature supporting the use of vitamin C<sup>1</sup>. Some of the conditions studied with positive clinical outcomes include reducing the risk of heart disease, slowing the progression of atherosclerosis, cataract prevention, preventing asthma attacks, blood pressure reduction and the list goes on<sup>2,3,4,5,6</sup>. Many of these studies were conducted using oral doses rather than intravenous doses, nevertheless this research is still noteworthy, and as

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I will discuss later in this article, sometimes both oral and IV administration are required.

Whilst there are few recent studies to support the use of IV ascorbate in the treatment of influenza and other viral infections, the evidence does exist. Landmark studies published by Dr Frederick Klenner as early as 1949 demonstrated the potential of intravenous ascorbate for the inhibition of virus replication and the virtual elimination of viral illnesses such as hepatitis, poliomyelitis and influenza<sup>7</sup>. The scientific genius Linus Pauling, who famously championed the use of high doses of vitamin C, was well aware of the potential of ascorbic acid as a preventive measure in viral infections such as influenza<sup>8</sup>.

He suggested that at the onset of infection, taking 1g (1000mg) per hour would usually defeat the virus<sup>9</sup>. Until recently the mechanism of action was uncertain, although there is quite recent in vitro evidence (2008) that confirms the direct anti-viral activity of both ascorbic acid and dehydroascorbic acid (ascorbic acid in its reduced form) in defined conditions<sup>10</sup>.

From my personal clinical experience, vitamin C is well established as a potent antiviral, it is also antibacterial, antifungal, anti-rheumatoid cell, antimelanoma cell, antileukaemia cell and it can achieve these effects at levels achieved by IVC administration. Vitamin C also stimulates the immune system by modulating inflammatory mediators and increasing the number and activity of helper cells and killer cells.

In 1995, Riordan published data demonstrating that sustained plasma levels of ascorbic acid in humans are toxic to tumor cells. These levels could only be attained by the intravenous administration of this therapy<sup>11, 12, 13</sup>. This beneficial activity of ascorbate was confirmed in subsequent in vitro tests conducted by the National Academy of Sciences in 2005<sup>14</sup>.

Ascorbic acid also has many biochemical functions including stress hormone support and its most celebrated quality is its antioxidant capabilities. Vitamin C is the safest, most powerful and ubiquitous free radical scavenger (antioxidant) known to biology and it can very quickly remove free radicals such as superoxide, nitric oxide, hydroxyl, lipoperoxides and peroxynitrates from organs and tissues.

These radicals are formed as a consequence of severe infection, trauma, oxygen treatment, intravenous medical drugs, surgery and stress, most of these being issues within intensive care units. Fulminating infections and white out pneumonia as in the swine flu cases, occur essentially because the biological system has been completely exhausted of its capability of capturing, sinking, mopping up and neutralising these radicals and impaired rogue electrons.

## VITAMIN C: A MISNOMER

Ascorbic acid used therapeutically at pharmacological doses via intravenous infusion is a different entity with a different mechanism of action from what we know as dietary 'vitamin C'. As Ely observes, "the popular view that ascorbic acid is a vitamin is mistaken. This mistake is a major cause of massive tragic unnecessary morbidity and mortality, rapid aging, and shortened life spans<sup>1</sup>."

In the clinical context, intravenous ascorbic acid is a pharmacological agent and not a simple nutrient or vitamin required in daily doses which conform to the desired targets (Recommended Daily Intake, Recommended Daily Allowance, adequate intake levels, etc) set out by the World Health Organization and other government agencies. Whilst an acceptable daily intake of dietary vitamin C would certainly help delay or prevent the onset of infection from viruses such as the H1N1 strain, once someone has been infected by the virus and is presenting with serious symptoms, we need to call in the cavalry, so to speak. Much higher doses to the point of tissue saturation are required.

In the words of Frederick R. Klenner, M.D., "Its neutralizing action on certain toxins, exotoxins, virus infections, endotoxins and histamine is in direct proportion to the amount of the lethal factor involved and the amount of ascorbate given. At times it is necessary to use ascorbate intramuscularly. It should always be used orally, when possible, along with the needle<sup>15</sup>."

In the late 1970's I established a clinic for the specific purpose of administering IVC. Large numbers of very sick patients with virtually any condition were given between 15 and 60 grams of ascorbic acid by IV injection. Without doubt, most patients responded positively, including patients with cancer, AIDS and many other serious conditions. Some of the most dramatic responses in which nothing else could be done medically were in the treatment of patients with viral illnesses.

There was a notable case, a 21-year-old young woman suffering from the most severe case of adult chicken pox. The lesions in her throat and trachea made it impossible for her to swallow, and also made it difficult and painful for her to breathe. She felt better within an hour of receiving 30/grams of IVC. She had two more injections, which stopped the development of any further lesions. Adult chicken pox can cause a fatal pneumonia - yet this girl didn't even need to be admitted to hospital after receiving IVC. Similar instances were observed with Herpes simplex, zoster and many other viruses. The most common ailments presenting on a daily basis were respiratory viral infections - not so much the common cold but influenza and infectious mononucleosis.

## INTRAVENOUS ADMINISTRATION BY NURSES IN PHARMACY

The authorities and experts are warning us that a killer flu pandemic is inevitable. Whilst we have vaccines and antiviral drugs that we can stockpile for such an occurrence, doubt remains as to their effectiveness. To meet such a challenge in which the drugs and vaccines are only partially effective, I contend that the widespread use of IVC in moderate to severe cases of influenza be made available Australia-wide. In the case of a pandemic, there is not the medical manpower available to treat large numbers of moderately to severely ill influenza patients. Thus, I propose the training of nurses in the proper administration of IVC, and these nurses be located in community pharmacies (and GP clinics if the GP is willing to participate), making this safe, effective and inexpensive treatment option available to all. From my experience, it has the potential to save many lives - and it is safe and inexpensive.

## THE SAD CONCLUSION

As a result of the sixty minutes documentary on the miraculous recovery of Allan Smith, I was recently approached by a man in Australia asking about the use of intravenous vitamin C.

As this man explained, his 20 year old sister was in a coma on ECMO life support and in critical care and he was keen to approach the hospital about using IV ascorbic acid. The young woman's family had seen the 60 Minutes story and set about tracking down Allan Smith in New Zealand. The hospital agreed reluctantly to administer 60 grams per day of IV ascorbate. The patient improved considerably. Her lungs cleared and regained functionality and she was taken off the ECMO machine. Then despite my warnings they discontinued the treatment. All this is on the public record transcript of the follow up New Zealand 60 Minutes story in October 2010. Her condition deteriorated and eventually she died from pancreatitis, in my view most likely the consequence of the cocktail of drugs administered as a part of ECMO management. Incidentally, pancreatitis has been documented to respond to high dose IVC.

## AFTERWORD

It is time that the medical orthodoxy embraced the use of intravenous vitamin C to save lives and improve prognoses. Patients are dying as a result of the failure of our medical system to use IVC.

As researcher Mark Levine has observed, after fifty years of study and debate, the use of intravenous ascorbic acid remains 'controversial, colourful and emotional,' it being forced into 'culs de sac, regressions and periods of blindness and amnesia,' by its opponents<sup>16</sup>.

As one such opponent, Dr David Ghaller, a senior intensive care specialist in New Zealand stated in the same 60 minutes story, "We as a group believe it is harmful, and in this setting of critical illness, potential for harm outweighs any therapeutic benefit." In light of the actual evidence, anecdotal or otherwise, such a statement belies belief. It doesn't work because they haven't tried it. It doesn't work because they have been told it doesn't work, it is a major myth in the medical profession that needs to be debunked once and for all.

### For more information

The two NZ 60 Minutes stories mentioned in this article can be found at the following URLs:

<http://www.3news.co.nz/Living-Proof-Vitamin-C---Miracle-Cure/tabid/371/articleID/171328/Default.aspx>

<http://www.3news.co.nz/Vitamin-C-Is-it-really-a-key-factor-in-recovery/tabid/371/articleID/176251/Default.aspx>

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