

Chapter One

High-Dose Vitamin C: The Universal Antimicrobial

Don't you dare say "CURE"

We "put cancer in remission," get heart disease, diabetes, and arthritis "under control"... but we don't really "cure" anything! Considering the trillions of dollars and decades of time already spent on pharmaceutical research, shouldn't there be a "cure" for man's most dreaded conditions?

Medical people **do not** use the word "cure" and those who are selling supplements **dare not** use it. Advertising language for supplements cannot use the word "cure" even when referring to a nutrient deficiency disease like scurvy (*a vitamin C deficiency*) or beriberi (*a vitamin B deficiency*). Even with overwhelming scientific evidence to show that a food or supplement can "cure," "prevent," or even help "treat" a disease, the FDA considers a reference to that evidence as a "drug claim." A food or supplement seller making such claims can be subject to the following:

- Search and/or seizure of bank accounts
- Search and/or seizure of all records
- Seizure of product
- Substantial fines
- Time in prison

On the other hand, drug companies don't ever promise a cure. One has to wonder whether they are even looking for one.

Consult the medical reference book found in the office of most MDs and you'll find there is "no effective treatment" for the majority, if not all, of viral infections. In layman's terms, the standard protocol for a viral infectious disease victim is: "make patient comfortable... hope (pray) patient's immune system prevails."

How criminal... when one of the

- Most studied
- Safest
- Least expensive
- Wildly effective

antimicrobials has been available for decades!

High-dose vitamin C has been proven to be a successful treatment — and in many cases it's a complete cure — for most viral and many bacterial infections. So why does it continue to be ignored?...ridiculed?...shunned?...penalized?

Four Apparently "Untreatable" Deadly Conditions

Unfortunately, there are four deadly conditions that seem to be unaffected by high-dose vitamin C:

- Ignorance
- Cynicism
- Fear of being proven wrong
- Greed

Lest I be accused of overstating my point, I offer a recent example that was brought to light in two powerful New Zealand *60 Minutes* health documentaries that aired in 2010.

The first, called "Living Proof?", told the story of a New Zealand farmer who contracted an extremely severe case of H1N1. Medical tests confirmed the diagnosis of swine flu,

white-out pneumonia, and hairy cell leukemia. His lungs were so filled with infection that he had to be hooked to a device — called ECMO — that bypasses and functions for the lungs outside the body. After nearly four weeks in an induced coma with aggressive medical intervention his condition was no better. The intensive care specialists met to consider Allan Smith's prognosis. Their conclusion was that "with his lung failure, Mr. Smith cannot survive." After a second meeting the same specialists wrote, "The group is in unanimous agreement that Mr. Smith should be removed from ECMO and be allowed to die. Continuing is only prolonging his inevitable death."¹

The family protested that the doctors hadn't tried everything. They vehemently lobbied for the administration of high-dose, intravenous vitamin C. Two days before Allan's scheduled removal from life support, the doctors consented to allow the vitamin C therapy even while stating, "We are all in agreement that vitamin C will be of no benefit."¹

After only two 25-gram infusions of vitamin C, x-rays revealed a significant clearing of the lungs. The vitamin C therapy was continued at a rate of 100 grams per day. Within a few days, Allan had rapidly improved to the point where he could breathe on his own and he was removed from ECMO.

Then Allan's condition started to deteriorate. When questioned, the hospital admitted that the vitamin C had been discontinued. His family pushed for a resumption of the therapy. The doctors capitulated, but only continued at a meager two grams per day. The patient did start to improve again, but at a very slow rate. Why the doctors resumed vitamin C at a dose that was only two percent of the earlier beneficial dose defies logic if Mr. Smith's welfare was the only significant concern.

When Mr. Smith improved to the point he could be moved to a hospital closer to home, the new set of doctors again discontinued the C therapy. Predictably, Allan started

to worsen. This time, the family had to hire an attorney to force a resumption of the C therapy. But, the new hospital would only administer two grams per day. Even so, the patient started to recover. As soon as Allan was able to swallow, his family fed him large doses of an oral liposome-encapsulated vitamin C. To the doctors' amazement, Allan walked out of the hospital several weeks before they thought it possible. Furthermore, there was no longer evidence of hairy cell leukemia.

Perhaps the most amazing part of this story is that those in the medical community with bedside seats to this amazing drama were unconvinced that vitamin C *had any part* in Allan Smith's return to health! One reviewing physician who refused to believe vitamin C had any positive effect in Allan Smith's recovery theorized that his turnaround could just as reasonably be attributed to the passing of a bus outside Allan's hospital room.²

In another H1N1 case covered by *60 Minutes*, a 25 year-old Australian woman was also put on an ECMO machine. Her brother, Mark, had seen the earlier segment, "Living Proof?" and decided to track down the Smith family to get more information about high-dose vitamin C. Convinced that the therapy might help his sister, Mark pushed the hospital to administer intravenous vitamin C. They finally relented. As in the Allan Smith case, her heavily-infected lungs started to clear with a couple of treatments. Finally, the patient improved to the point that the ECMO was discontinued. At the same time, after convincing the patient's mother that its continued administration could somehow be dangerous, the doctors discontinued the vitamin C. Her health rapidly deteriorated and within a few days she passed away.²

A majority of physicians blindly accept the false notion that there is "no evidence" and there are "no studies" showing the effectiveness of high-dose vitamin C in the treatment of anything but scurvy. The fact is, there are thousands of

studies and much evidence! Yet, even when the proof magnificently displays itself — right before their eyes — most in the medical community refuse to see it.

The obvious reality did not escape the attention of the general population, however. These documentaries have created such a groundswell of outrage in New Zealand that the people are forcing a radical change in the way medicine is practiced there. Once the *60 Minutes* documentaries were put on the internet, people all over the world began to hear the truth. Coincidentally (or not), shortly after all this attention, the U.S. Food and Drug Administration (FDA) prevented the company in America that supplied the intravenous vitamin C shown in both programs from producing any more. This draconian action transcends ignorance and cynicism. And more malicious restriction of high-dose vitamin C appears to be on the way (*see Chapter Eight*).

Dr. Ian Brichthope, a nutritional and environmental medicine specialist familiar with the power of high-dose vitamin C, summarized it best in the *60 Minutes* documentary: “People are dying because of the attitude of the medical profession.”²

Some Medical “Treatments” are Downright Barbaric

Since the discovery of penicillin many antibiotics have been added to the arsenal of chemical agents doctors deploy against bacterial infections. But, for a number of reasons, many strains of bacteria are totally unaffected by them. Even now, pharmaceutical companies are losing the race to develop antibiotics that are effective against increasingly drug-resistant bacteria.

In 2008, Dr. Kenneth Todar, bacteriologist, helped identify the enormity of this growing problem:

“Nowadays, about 70 percent of the bacteria that cause infections in hospitals are resistant to at least one of the drugs most commonly used for treatment. Some organisms are resistant to all approved antibiotics and can only be treated with experimental and potentially toxic drugs.”³

So what happens in a traditional medical environment when a patient develops a raging, antibiotic-resistant infection? The answer depends on where the infection is. If it’s in an organ — barring a miracle — the patient dies. But if the uncontrollable infection is isolated in a limb, there’s a more effective therapy: AMPUTATION!

In most, if not all cases, this is unnecessary. The late Maureen Kennedy Salaman, President of the National Health Federation, tells of a frightening experience with her husband, Frank. During an attempt to bathe Sam, their pet cat, the feline became more than excited at the sound and feel of a hair dryer. Sam bit into the bone of her husband’s right index finger. An emergency room doctor checked the bite, administered a tetanus shot, and prescribed an antibiotic.

During the next four days Frank’s right hand swelled to twice its normal size, became discolored, and caused him intolerable pain that medication could not quell. Doctors at the emergency hospital were unanimous in their diagnosis: osteomyelitis (infection of the bone). In Maureen Salaman’s words:

“The bacteria had eaten away the bone, the joint, and the knuckle, and continued to travel down the hand. The laboratories were unable to identify the bacteria. Grim-faced doctors told me it would most probably cost Frank his hand — and possibly his life. He was put on intravenous antibiotics

around the clock. His hand was slashed open across the palm and down both sides of the finger to the bone and washed every two hours in an attempt to stop the raging infection.”

“I went before the hospital board to try to get vitamin C administered to him intravenously. I was told that they were sure it was a good treatment, but they knew nothing about it, and they did not allow treatments of which they had no knowledge.”⁴

After five weeks of this ineffective therapy, the Salamans were told there was only one way to save Frank’s life: AMPUTATION! Through consultation with Robert Cathcart, MD, a vitamin C expert, they decided to leave the hospital and treat the infection with high-dose vitamin C. Doctors inside and outside the hospital counseled them that their decision would probably cost Frank his life. Nevertheless, in anticipation of things continuing to worsen, the surgical appointment for amputation was allowed to stand.

The Salamans drove from the hospital directly to a local clinic that routinely administered high-dose vitamin C. Immediately the doctors started an intravenous infusion of vitamin C, giving Frank 60 to 75 grams per day via this route. Frank was also taking 30 grams of oral vitamin C per day and packing a poultice of garlic and red clay on his hand each night.

Within *two* treatments the pain, which had been requiring two codeine tablets every four hours, stopped! After nine days of treatment, the infection and the swelling were totally gone. The deep open wounds from the surgery had healed with only hairline scars left as a reminder. Again, in Maureen Salaman’s words:

“Frank kept his appointment for the planned amputation. With a broad smile, he held out a no longer misshapen or discolored right hand to shake the hand of a very shaken surgeon. “They had ‘never seen this happen before’. ‘One in a million,’ they said.”

“As I watched their shocked faces, a scripture verse came to mind: ‘God has chosen the simple things of the world to confound the wise.’”⁴

Perhaps more alarming than the case just recounted is the pandemic of a related problem: sepsis. Commonly called “blood poisoning,” sepsis occurs as a result of the body’s inability to cope with a microbial infection as well as the toxins generated by the infection. Even though seven in ten adults have never heard of sepsis, it claims the lives of one American every 2.5 minutes. Other victims of sepsis are “saved” through amputation. Thousands of studies support the fact that high-dose vitamin C is a broad-spectrum antimicrobial (*Resource H*) and that it neutralizes all toxins (*Chapter Two and Resource H*).

Every day high-dose vitamin C could be saving the lives of sepsis victims. Every day countless fingers, toes, hands, feet, arms, and legs could remain attached and healthy if the medical community would simply hear and respond to the facts with scientific integrity.

Vitamin C Can Cure Viral Infections

Vitamin C has been shown to prevent, put into remission, and even cure many viral infections (*see Resource H for details*). Here’s a partial listing:

- AIDS/HIV
- Ebola

- Encephalitis
- Hepatitis
- Herpes
- Pneumonia
- Polio
- Shingles
- Swine Flu

On the other hand, drug companies have yet to develop any drugs that will reliably kill viruses. Instead, vaccination is modern medicine's answer to viral infections. Without delving into the controversies surrounding vaccination, this strategy is not without significant health risks. In addition, many viruses, such as those causing influenza, can evolve into new strains that are unaffected by the antibodies that were developed in response to a previous vaccination. For example, this year's flu vaccination — which was created from last year's virus — may have little or no effect against the flu virus currently making the rounds.

Given the fact that modern medicine has no effective therapy for all viral and many bacterial infectious diseases, why aren't doctors turning to high-dose vitamin C to save the lives of their patients? For decades, men in places of influence have tried to keep the knowledge of high-dose vitamin C locked away. When that has not worked, they have tried to discredit it. Here's where it all started...

Modern Medicine's Scorn for High-Dose Vitamin C: The Beginning

Most Americans under the age of 30 know little, if anything, about polio. Thankfully, it rarely occurs any longer in the United States. During the late 1940s and early 1950s, however, it rose to epidemic proportions. Many of the polio victims "fortunate" enough to survive the acute infection

spent the remainder of their lives crippled. Polio devastated the lives of many patients and families.

Polio was one of the first viral diseases treated with high-dose vitamin C. The clinical results were awe-inspiring and the response of the medical community was totally dumbfounding!

On June 10, 1949, in Atlantic City, New Jersey, Frederick Klenner, MD, presented a summarization of his polio work at the Annual Session of the American Medical Association (AMA).^{5,6} At that time he had cured **60** out of **60** cases of polio with high-dose injectable vitamin C. He made the following remarks:

“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 72 hours by the employment of massive frequent injections of ascorbic acid, or vitamin C. I believe that if vitamin C in these massive doses — **6,000 to 20,000mg** in a twenty-four hour period — is given to these patients with poliomyelitis none will be paralyzed and there will be no further maiming or epidemics of poliomyelitis.”⁶
[Note: These doses were used on infants and small children, equating into doses well in excess of 100 grams daily for an adult.]

Polio cured! 72 hours or less! Simple injections of vitamin C! No further maiming! No more epidemics! Shockingly, there were no questions, no challenges, no suggestions to investigate the protocol... not even a question from those doctors in attendance! It is noteworthy to mention that a Dr. Jonas Salk and a Dr. Albert Sabin were well into their work to

develop polio vaccines at this time. Eight years later, in 1957, when the polio epidemic was already over, Salk announced his injectable vaccine to the world. Thirteen years after Dr. Klenner reported his polio cure, Sabin licensed his oral polio vaccine (the sugar cube).

I can hardly describe the flood of emotions that came over me when I first came across Dr. Frederick Klenner's work with polio patients. The fact that the polio virus was so easily eradicated by vitamin C was not surprising. My own successful experiences in using high-dose vitamin C with a number of different medical conditions had already convinced me of its potent virus-killing abilities. What overwhelmed me now was the new realization that vitamin C had been shown to cure this disease BEFORE countless people had been killed or crippled by it. Even now my heart aches when I see the pictures of polio victims in iron lungs, wheelchairs, and leg braces... and then I get angry! If just a few in the medical community would have opened their eyes, it could have been much different.

This criminal negligence should cause the researchers, politicians, drug company executives, government officials, and physicians who have fought to keep vitamin C out of the mainstream to hang their heads in shame. Yet, in the words of the obnoxious TV infomercial announcer, "But wait, there's more!"

Herpes Infections and High-Dose Vitamin C

In 1936 scientists published results of groundbreaking research establishing vitamin C as a potential treatment for herpes virus infections. Their research clearly proved that vitamin C is a powerful virus-killing agent — it kills every known herpes virus for which it has been tested upon contact, including the kind that causes shingles.⁷ Additional

testing confirmed their findings the following year.⁸ Still other studies have further validated the findings.^{9,10}

Shingles, a type of herpes infection, develops from a reactivation of the chickenpox virus — often many years after the initial experience with chickenpox. The lesions that result from shingles are very painful and can persist for weeks. Over 50 years ago, a medical doctor was able to resolve shingles outbreaks with a daily combination of two to three grams of vitamin C via injection with another gram given orally.

Perhaps the most impressive study of high-dose vitamin C and shingles was published in 1950. The researcher reported a complete resolution in **327 out of 327** shingles patients treated with intravenous vitamin C — all within 72 hours from the start of treatment.¹¹

What are the chances your doctor will recommend high-dose vitamin C if you were to walk into his office with a full-blown case of shingles? If your doctor is a traditionally trained MD, I can safely say there's no chance! Why? Because the use of high-dose vitamin C was conspicuously absent from his medical textbooks and continues to be absent to this day. In other words, he doesn't know!

AIDS and High-Dose Vitamin C

Although at present there is insufficient evidence to make a strong curative claim for high-dose vitamin C in the treatment of AIDS, many vitamin C studies show positive results in treating this disease.

In 1990, Robert Cathcart, MD, reported his experience in the vitamin C treatment of over 250 HIV-positive patients, including ones with full-blown AIDS. In this article he noted that clinical improvement for any given patient seemed to be dependent on two major factors:

- 1) the amount of vitamin C given and

2) the level of illness at the beginning of treatment.

He asserted that any AIDS patient could be put into remission if enough vitamin C were taken to neutralize the toxicity produced by the virus and adequately treat any secondary infections.¹²

Basically, Dr. Cathcart routinely contained the HIV infection, allowing most of his patients to live out a normal lifespan in an asymptomatic state. Although not technically a cure, his patients peacefully coexisted with their infections.

Vitamin C Can Also Prevent and Cure Non-Viral Infections

A considerable list of bacterial, parasitic, and other non-viral infections continues to plague mankind. Many respond poorly to antibiotics or do not respond at all.

Even here, vitamin C has been shown to prevent, speed recovery, and even cure many of these infections (*see Resource H for details*). Here's a partial listing:

- Diphtheria
- Dysentery
- Leprosy
- Malaria
- Pertussis
- Pneumonia
- Pseudomonas Infections
- Rheumatic Fever
- Staph Infections
- Strep Infections
- Tetanus
- Trichinosis
- Tuberculosis
- Typhoid Fever

Researchers report that all of these diseases create a deficiency of vitamin C in the host. This happens because all pathogens produce excessive oxidative stress, depleting available blood and tissue levels of vitamin C in the process. As has been reported for viral diseases like polio and encephalitis, when extremely large doses of vitamin C are used to combat the infection, immediate and curative results almost always ensue. And, even when small doses are employed, vitamin C will often noticeably improve the patient's condition. Remember Allan Smith's case, where his rate of improvement dramatically slowed when his doctors inexplicably dropped his daily vitamin C from 50-100 grams to two grams. However, this will not always be the case. Often a complete clinical relapse will occur when vitamin C dosage is reduced too early and too drastically, allowing viral or microbe titers to rebound.

Furthermore, it is clear that a certain blood concentration or tissue saturation of vitamin C is always needed before a positive clinical response can be observed. So, when tiny doses have been tested against many different infections, researchers often report that vitamin C had no positive clinical effect. Many seemingly unethical studies appear to have employed this fact to discredit vitamin C's efficacy by purposely testing with very small amounts. The researchers then conclude that vitamin C was of no value at all, rather than just ineffective at a tiny dose.

Conclusion

Consider the facts:

- Traditional methods of preventing and treating many infectious diseases are woefully inadequate
- Pathogens always deplete vitamin C levels in the body (*see Resource H*)

- Even when insufficient doses of vitamin C are used, the outcomes of many infectious diseases have been greatly improved
- When high-dose vitamin C is employed, “incurable” infectious diseases are routinely cured (e.g. polio and viral encephalitis)
- Vitamin C fuels and empowers the immune system in many different ways (*see Resource B*)
- Unlike antibiotics and vaccinations, vitamin C has no unhealthy side effects (*see Chapter Seven*)
- Vitamin C has no known toxicity (*see Chapter Seven*)

The argument for employing high-dose vitamin C in the treatment of infectious disease is overwhelming when the evidence is actually reviewed rather than arbitrarily dismissed as simplistic or unbelievable. A thorough review of Resource H will make an even more compelling case. And yet the traditional medical community flat-out refuses to use vitamin C. Some researchers and clinicians claim there is a purposeful “stonewalling”¹³ against this natural substance. Why? I must leave that to the reader to determine. But, unless the public collectively demands the incorporation of high-dose vitamin C into the routine practice of medicine, we will all be saddled with vastly more expensive, less efficacious, and decidedly toxic drugs and therapies.

As Dr. Klenner said, “Ascorbic acid [vitamin C] is the safest and the most valuable substance available to the physician. Many headaches and many heartaches will be avoided with its proper use.”¹⁴

Finally, if high-dose vitamin C were only efficacious for the prevention and treatment of infectious disease, that alone should be sufficient to recommend its universal use

in the practice of medicine and as an essential supplement for the population at large. But vitamin C's value extends far beyond its unequalled antimicrobial properties, as you'll soon see...