

Preface

I was awestruck as I witnessed an event that forever changed the direction of my life and the way in which I would practice medicine. That day I watched a very ill patient with multiple sclerosis rapidly display a striking clinical improvement that just was not supposed to happen. Certainly, if I hadn't seen it with my own eyes, I would have said, "Impossible!" Although this event had been surrounded by many other similar, but not quite as dramatic observations, the patient's change was so striking and occurred so rapidly that it radically altered my understanding of physiology, disease, and medicine.

It happened in the summer of 1993 in Colorado Springs, Colorado. Up to that time, my private medical practice kept me totally occupied. Cardiology had been my specialty field of choice since my first year in medical school — with a sense of direction and determination not shared by most of my classmates. Even as a young lad I wanted to be a doctor. Throughout the rest of my medical training and for nearly all of the years of my private practice, I was completely happy with what I was doing. I felt I was making a very positive difference in the lives of my patients.

In about 1992 a slight twinge of dissatisfaction began to gnaw at me. Somehow, the practice of cardiology just seemed to fall short. Although I had no doubts that I had helped many patients achieve greater degrees of health, I still felt that something was missing. To the relatively few people in whom I confided, I expressed my disquieting sense that there

was something more important that I should be doing, even though I had absolutely no idea what this new something was supposed to be.

About a year later I met Dr. Hal Huggins, a true medical pioneer who fully realized that many illnesses begin in the dental chair. Revered by many and perhaps reviled by even more, Dr. Huggins challenged many of the foundational, yet flawed practices of modern dentistry. He had concrete evidence that many standard dental procedures profoundly and negatively impact the general health of the body.

Dr. Huggins was truly one of the first healthcare practitioners I'd met who treated the entire patient. As a dentist, he did not practice medicine, but he did address much more than the dental problems of his patients. He and his team of assistants addressed issues of nutrition, diet, supplementation, and general lifestyle. When medical problems were encountered during examination and treatment, he made sure that his patients sought the care of qualified physicians.

At that time, Dr. Huggins had a large practice that specialized in the removal of dental toxins, including mercury fillings and chronically infected teeth. Although the idea of dental toxins was not a completely new idea to me, it was never much of a consideration when I evaluated and treated my cardiac patients. I never considered the possibility that previous dental treatments — especially endodontic treatments (“root canals”) — were responsible for so much of the chest pain, blocked arteries, and heart attacks suffered by many of my patients.

Shortly after I met him, Dr. Huggins invited me to come by his clinic to see what he was doing. I went with an open mind, but I wasn't even remotely prepared for what I was about to see and experience.

I subsequently visited Dr. Huggins' clinic on several more occasions. Curiosity and amazement grew as I watched one patient after another respond in ways that radically challenged what my medical training had taught me to expect. A

majority of his patients were extremely ill. Advanced cases of multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig's disease), Parkinson's disease, and Alzheimer's disease were common. Many patients were already confined to wheelchairs. Certainly, I had never seen, or even heard of such patients showing significant clinical improvement — regardless of the protocol or intervention. Yet, in this clinic, substantial improvements were the rule. Only rarely did a patient fail to demonstrate any clear benefit after the typical two weeks of care.

All patients were tracked extensively with pre- and post-treatment laboratory testing. Abnormal blood and urine tests would routinely normalize or show near-normalization by the end of the two weeks in the clinic. Gout-like levels of uric acid would plummet, and abnormal liver and muscle enzymes would rapidly respond. The more I visited the clinic, the more the basic pillars of my medical education were shaken. Dr. Huggins consistently demonstrated a vastly greater knowledge of physiology and chemistry than any physician I had ever known, and the clinical responses of his patients consistently validated his methodology.

When all of this information finally sank in, I realized that a host of chronic degenerative diseases were not, in fact, irreversible sentences of suffering and premature death. I was an eyewitness to clear and consistent ways to treat nearly all such diseases and to expect positive results.

Although much of my medical understanding had already been challenged during my early visits to Dr. Huggins' clinic, it was soon to be changed to the core.

On that life-changing day, a very sick, listless patient was wheeled into the dental suite by her caregiver. This woman was just one of the many wheelchair-bound, advanced cases of multiple sclerosis that found their way into the clinic. She had a mouth X-ray that revealed a great deal of dental pathology, even to my relatively untrained eye. Many teeth were missing, a few dental implants and root

canal-treated teeth were present, and the overall bone mass in the jaw appeared to be decreased. Despite her general state of poor health, she was subjected to several hours of dental surgery that day. There were extractions, cavitation revisions (the cleaning of infected holes in the jawbone), and the replacement of a few mercury amalgam fillings with bio-compatible composite materials.

At the time, I quietly thought this was far too much dental work for an initial visit to the dental chair by this very ill and obviously delicate patient. After all, I knew young, healthy friends who had several wisdom teeth removed by their dentists in one visit. Most often they became effectively bedridden for several days while their strength gradually returned and good healing kicked in.

But that was not the case with this patient. Almost immediately after the end of her dental surgery, she began smiling, joking a bit, proclaiming her energy was greatly improved, and even declaring she wanted to go “out on the town” that night with her caregiver and try to eat a steak with the few remaining good teeth she had on the left side of her mouth. I was flabbergasted, to say the least. Intuitively, I knew that getting toxins out of the body was a good thing, but this good and this quickly?

I confessed my confusion and disbelief to Dr. Huggins. He smiled and just pointed to the IV bag that was still infusing into the patient. This didn't seem like much of an answer, as I had administered thousands of IVs in my life and never witnessed such an impressive patient response. He then said that it was a vitamin C infusion.

Vitamin C? I was even more confused. Like everyone else on the planet, I knew that vitamin C was something good, but that it only got into the body from good food or supplements, and usually in amounts of no more than 50 to 250 milligrams at a time. However, this IV had 50 grams (50,000 milligrams) in it, and it had been infused for the entire duration of the dental work.

Although I had no idea why the vitamin C was helping this patient, I immediately knew that I had found a new weapon for my arsenal of treatment options. Even then, I had no real clue as to how powerful that new weapon was. But it marked the beginning of my second, and certainly most important, medical education. As I look back now, I realize my earlier training was little more than a reasonably good foundation for what I would learn after meeting Dr. Huggins. Ironically, a dentist taught me more about clinical medicine and physiology than all the medical doctors in my life combined.

As I continued to research the literature about vitamin C, I only became increasingly amazed. I found that vitamin C was vastly more than a vitamin required in tiny daily amounts to prevent the development of the deficiency disease scurvy. It is arguably the most important nutrient that we can ingest.

Contrary to the blindly repeated mantra of the mainstream medical community that “there are no studies,” I discovered a wealth of information, much of it in the most accepted and respected medical journals. Study after study demonstrated vitamin C’s ability to singularly eradicate, neutralize, or otherwise cure an incredibly large and diverse array of infectious diseases, especially viral diseases. Furthermore, there appeared to be no type of poisoning or toxin exposure that a high enough amount of properly administered vitamin C could not remedy.

In the 1940s Frederick Klenner, MD, pioneered the use of mega-gram intravenous doses of vitamin C to effectively treat and often cure many different infections. These included ones even now considered to be incurable, such as polio, tetanus, and encephalitis. He also led the way in demonstrating the ability of vitamin C to act as the ultimate antidote in reversing the toxicity of otherwise fatal doses of agents such as carbon monoxide, pesticides, barbiturates, and even heavy metals.

Other medical practitioners have followed since then, and those using the dosing regimens suggested by Dr. Klenner have seen similar results. My own direct experiences with vitamin C have been just as stunning from any reasonable clinical perspective. As a cardiologist, I have never had the opportunity to treat the many infections and toxin exposures that Dr. Klenner encountered. Nevertheless, I have successfully treated a number of conditions that modern medicine still approaches only with bed rest, supportive care, and the guarded optimism that the immune system may eventually prevail.

In two of only two cases of West Nile viral infection that I was asked to treat, both patients were completely well after only three days of vitamin C infusion therapy. Both of these individuals had been ill for months, and one had such extensive infection that his laboratory results showed he had developed hepatitis as well. Nevertheless, this resolved promptly and completely along with all of the other associated signs and symptoms. Similarly, two of two patients who presented with infectious mononucleosis responded just as dramatically after three days of intravenous vitamin C. Both were young, and one of the individuals had been so ill for months that he had already dropped out of college.

While visiting friends in Colombia, South America, I treated a 15 year-old girl with hemorrhagic Dengue fever. Intravenous vitamin C was not available so I used 10 grams of oral vitamin C in a special liposome-encapsulated form. This simple protocol completely cured her within three days.

Even Lyme disease has shown great response to vitamin C therapy. However, unlike many other infections treated with vitamin C, it is only acute Lyme disease that I have seen definitively cured after several days of intravenous vitamin C. Chronic Lyme disease, present for months to years, has consistently responded well to high doses of vitamin C, but without a definitive eradication or cure. Nevertheless, I have had numerous Lyme disease patients return

to a sense of clinical normalcy on vitamin C therapy, even though the associated microbes might not be totally cleared from the body. With Lyme and other chronic infections such as AIDS and chronic hepatitis C, vitamin C can often restore the patient to a symptomless or near-symptomless state. This state can allow them to “coexist” indefinitely with their infections and even enjoy a normal lifespan.

Vitamin C is also the best way to maintain good health. Infections rarely have the opportunity to take hold when vitamin C levels are normal in the body. Similarly, most cancers begin when there are areas of increased oxidative stress in certain tissues, which is another way of saying that not enough vitamin C is present in those areas. As will be discussed in this book, it is also a deficiency of vitamin C in the inner lining of the coronary arteries (“focal scurvy”) that provokes and allows the development of blockages leading to a heart attack.

Any doctor who has routinely administered 50- to 100-gram doses of vitamin C intravenously has had the opportunity to witness clinical responses that the bulk of the medical profession still regards as coincidental or just plain impossible.

In 2009 intravenous vitamin C cured a comatose swine flu patient who was literally at the point of being removed from life support. He had also been diagnosed with white-out pneumonia and “hairy cell” leukemia. This incredible story, entitled “Living Proof?” was documented and aired by New Zealand’s version of *60 Minutes* in August 2010. The attending doctors had wanted to “pull the plug” that had been sustaining this patient’s life for the prior month, but the family insisted that Klenner-sized doses of vitamin C be tried first. The clinical response was quick and stunning. Almost immediately, the patient’s lungs began to clear and he recovered enough to be taken off life support. Within a few weeks, he walked out of the hospital. Furthermore, his leukemia appeared to have resolved along with the swine

flu. Even with this miraculous turnaround and no other explanation, nearly all of the doctors reviewing the case concluded that his recovery was a coincidence — that his healing had nothing to do with the infusions of vitamin C.

After over 15 years of research and personal observation, I can categorically say that high-dose vitamin C is a clinical miracle when compared to all of our modern drugs. Furthermore, volumes of studies exist that say it works. It's one of the safest substances known to man — we have yet to discover a toxic dose for vitamin C, a bit of a miracle itself. Even when hundreds of grams have been administered within a few days, the only side effect is good health. Its cost is microscopic compared to the cost of most prescription drugs and therapies. Many of the diseases and conditions that vitamin C has been shown to cure remain “incurable” with conventional medications.

So why is there an almost universal refusal to consider the merits of high-dose vitamin C, or even to look at the evidence for it? I'll leave it to the reader to answer that question. But regardless of motive, this is inexcusable! Unless and until the public forces the medical profession to be the noble profession it pretends to be, nothing will change.

As you read this book and consider all the compelling scientific data that has been accumulated on vitamin C, ask yourself why such a therapy is not better known and more extensively used. The evidence unequivocally shows that mega-gram doses of vitamin C can prevent and cure a vast list of conditions that plague mankind. It is both inexpensive and completely safe. My conclusion: vitamin C is the “Primal Panacea.” I trust you will agree.

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