

Articles proving Vitamin C cures infections

[The Vitamin C Conspiracy](#)

[Mostly taken off [AscorbateWeb](#) (due to it going down for some time) For the complete list of 1,200 citations on Vitamin C curing infections and poisonings see: [Vitamin C, Infectious Diseases, and Toxins: Curing the Incurable by Thomas E. Levy, M.D., J.D.](#), or in brief [Vitamin C banners.](#)]

See: [Fraudulent or designed to deceive government/industry studies on vaccine autism](#) [Independent studies proving vaccines cause autism](#)

[Journal articles \(complete\)](#)

[2016 Sept] [Vitamin C Prevents Side Effects from the MMR Vaccine](#)

[\[2010 Aug Video\] Swine Flu Cure using Vitamin C Therapy](#)

[2013] [Vitamin C and polio by Andrew W. Saul](#)

[2014 Feb] [A Timeline of Vitamin Medicine by Andrew W. Saul, Editor Orthomolecular Medicine News Service](#)

[2013 March] [The 10 worst toxins hidden in vitamins, supplements and health foods](#) Nearly all the "vitamin C" sold in vitamins across America right now is derived from GMO corn.

[2012 Feb] [Vitamin C Prevents Radiation Damage](#)

[2012 Jan] [Confessions of a Frustrated Pharmacist by Stuart Lindsey, PharmD.](#) On the second day of my adult medicine rotation, my preceptor at a nearby hospital informed me that he had every intention of beating this vitamin stuff out of me. I informed him that probably wouldn't happen. Three weeks later I was terminated from my rotations. The preceptor told my supervisor at UNM that there were acute intellectual differences that couldn't be accommodated in their program. What had I done? I was pressuring my preceptor to read an article written by an MD at a hospital in Washington state that showed if a person comes into the emergency room with a yet to be diagnosed problem and is given a 3,000-4,000 mg bolus of vitamin C, that person's chance of dying over the next ten days in ICU dropped by 57%!

[2011 Dec] [The Vitamin C Treatment of Whooping Cough by Suzanne Humphries, MD](#) This is important. If you think that a vaccinated person cannot get whooping cough, in the most severe manner, think again. Most babies over the age of 6 months who get whooping cough are fully and "appropriately" vaccinated. Pertussis is admittedly, even by the vaccine enthusiasts, primarily spread by vaccinated children, adolescents and adults, who have inadequate immunity. Regardless, they will still say the problem is not with the vaccine, but rather with too few doses of vaccine. However, conventional medicine's own scientific studies demonstrate that bacterial clearance and immune response is not as efficient in the vaccinated, in particular with the acellular pertussis vaccine. When pertussis is left to take its normal course in the community, the supposedly vulnerable infants that the vaccinationists scream and yell about, are protected by maternal antibodies and mother's milk until they are old enough to process the disease on their own. After vaccines were introduced, this protection was vastly reduced, because the mothers were only having vaccine antibodies to pass along to their infants, and that defense is neither effective nor long-lasting. A recent study confirms that natural immunity to whooping cough lasts at least 30 years, whereas the immunity from a vaccine lasts 3 years, and after adult boosters, all antibodies have disappeared within a year. The risk of vaccination with unpredictable waning "immunity," and vaccine failure, is not as reliable as what nature has set forth, and it never will be.

[2012 June] [Whooping cough treatment by Hilary Butler](#) Mainstream medical treatment of whooping cough

is using antibiotics and "palliative" care. First up...., it doesn't work. They know that..., I know that..., but they won't tell you that, for the simple reason that... they have NOTHING else to offer you....If you use antibiotics, you can just about guarantee your child **WILL BE** sicker.....**NON-conventional treatment of whooping cough**: Fortunately, there are two sorts of non-"medical" modalities which considerably reduce the coughing intensity and number of coughing spells per day. Parents are usually delighted with the results. If you expect your doctor to know them, you may be disappointed. However, there are a few doctors who do, so if you happen to have your butt on the right chair, in the right surgery at the right time, and make the right unthreatening and encouraging noises, both methods may be whispered to you on the sly, but not written into your medical records. The first is those dreaded two words which the conformed in the medical profession hates to hear. Wait for it. **Vitamin C**. Some doctors have actually incorporated this into their practices in New Zealand, and one overseas doctor, **has written a very good paper on whooping cough treatment** with vitamin C. She at least is grateful that there is a tool available to her which actually WORKS.

[\[2011 Nov\] Two Vitamin C Tablets Every Day Could Save 200,000 Lives Every Year](#) Persons with the lowest plasma levels of ascorbate had the highest risk of heart failure, and persons with the highest levels of vitamin C had the lowest risk of heart failure.

[\[2010\] Powerpoint for Dr Levy's 17 September Vitamin C talk.](#)

[\[2009\] Safety of Vitamin C: Urban Legends by Harri Hemilä](#)

[\[pdf 2008\] Vitamin C: Evidence, application and commentary. Melissa et al.](#) Vitamin C has a critical role to play in the prevention and intervention of many medical conditions. There is scientific evidence supporting the use of vitamin C during acute and chronic illnesses, for injuries, and for reducing the risk of disease. The safety of vitamin C over a wide range of doses has been demonstrated in a number of clinical trials; reports of serious adverse events are very rare. As a safe, natural, low-cost nutrient, the potential immune-supporting and antioxidant benefits of vitamin C should be considered when developing treatment plans.

[\[1999\] Gorton et al. The effectiveness of vitamin C in preventing and relieving the symptoms of virus-induced respiratory infections](#)

[\[pdf\] H. Hemilä, et al. Vitamin C and acute respiratory infections](#) From the studies published so far it is evident that in large doses vitamin C has distinct but modest therapeutic effects on the severity and duration of the common cold, even in well nourished populations. There are also possible benefits in the prevention of acute respiratory infections, especially in populations that are malnourished or physically stressed. It is our view that three widely cited reviews concluding that vitamin C had little if any effect on the common cold did not accurately represent data from the original publications. For example, data inconsistent with the original study reports were presented, several highly relevant findings were overlooked, and data were analysed inappropriately. Furthermore, the authors of the most influential trial so far concluded that the difference between the vitamin C and placebo groups was paradoxically caused by the placebo effect. The placebo effect interpretation of the results was, however, recently shown to be erroneous, indicating that the observed benefit was indeed caused by the physiological effects of the vitamin.

[\[pdf 2010\] Kuiper et al. Low Ascorbate Levels Are Associated with Increased Hypoxia-Inducible Factor-1 Activity and an Aggressive Tumor Phenotype in Endometrial Cancer](#)

[\[2010 Feb\] RDA for Vitamin C is 10% of USDA Standard for Guinea Pigs](#)

[\[2010 Aug\] New Zealand Medical Authorities continue to ignore a potential cure for Swine Flu.](#)

[\[pdf\] Vaccines, Apparent Life-Threatening Events, Barlow's Disease, and Questions about Shaken Baby Syndrome by Michael D. Innis, MBBS](#) Apparent Life-Threatening Events (ALTEs), as defined by the

National Institutes of Health, encompass all the findings hitherto attributed to Shaken Baby Syndrome. (SBS), and may follow routine vaccination. Vaccines may also induce vitamin C deficiency (Barlow's disease), especially in formula-fed infants or infants whose mothers smoke. This could account for some of the changes seen in these infants, including hemorrhages, bruises, and fractures. Vitamin C deficiency should be excluded in patients suspected to have SBS. [Michael D Innis](#)

[\[Orthomolecular Medicine News Service October 7, 2008\] Chemotherapy Doesn't Work, So Blame Vitamin C](#)

[\[Nov 2007\] Topical Vitamin C Stops Basal Cell Carcinoma](#)

[WHOLE FOOD VITAMINS: Ascorbic Acid is Not Vitamin C By Dr. Tim O'Shea](#)

[THE ORTHOMOLECULAR TREATMENT OF DRUG ADDICTION by Archie Kalokerinos A.M.M., M.B.B.S., Ph.D., F.A.P.M., Glen Dettman A.M.M., BA, Ph.D., F.A.P.M.](#)

Journal articles

2005

[\[2005 Fonorow\] CHRONIC SCURVY Vitamin C Deficiency as a Cause of Heart Disease by Owen R. Fonorow PhD, MS, MBA](#)

1995

[\[1995 Riordan\] Intravenous Ascorbate as a Tumor Cytotoxic Chemotherapeutic Agent: Riordan et al, Medical Hypotheses, March 1995](#)

So far, plasma levels of over 100 mg/dl have been maintained in 3 patients for more than 5 h using continuous intravenous infusion. [One] patient ... has, to date, received 39 of the 8-h infusions of AA, ranging in dose from 57.5 to 115 g, over a 13-week period. A recent CT scan revealed that there had been no progression of tumor growth during the treatment period.

“Altogether, six patients have been infused intravenously with similar doses of AA over 8-h periods with no reported side-effects. In all cases, the patients had either been given no further therapeutic options by their oncologists, had refused further conventional treatment, or in one case, requested the use of AA in conjunction with standard chemotherapy.”

*[AscorbateWeb Editorial: This is a highly technical article, but contains numerous references to work done over the preceding 40+ years. Its tone is generally positive, and mildly counters the negative conclusions of earlier studies, notably the **infamous Mayo Clinic** cancer-study fiasco and report of 1979. Overall this report emphasizes the monitoring of blood plasma ascorbate levels, instead of using the lame and unreliable **urinary spillage** and/or **tissue saturation** criteria of decades earlier.*

*Much has been learned about ascorbate safety issues over the decades, and these are **described briefly**. That the authors consider “ascorbate safety” an issue is significant, because it is an open acknowledgement that ascorbate acts powerfully and specifically (and, rarely, fatally) against cancer, as was reported by Pauling and Cameron years earlier.*

The major issue experimentalists want to flog further is how in vitro (test-tube) tests translate to in vivo (in people) results. Carry on...]

[\[1995 Sharma \] Correction of Anemia and Iron Deficiency in Vegetarians by Administration of Ascorbic](#)

[Acid: Sharma, Indian Journal of Physiology and Pharmacology, October 1995](#)

As iron preparations did not give desired response in our previous study and are not well tolerated by many persons we instead suggest vitamin C tablets (500 mg) to be given twice daily after every major meal. This will improve iron status and correct anemia as shown in this study. In contrast to iron preparations ascorbic acid is well tolerated, quite palatable and harmless.”

[AscorbateWeb Editorial: The next time the doctor prescribes those expensive, griping, constipating and nauseous iron pills, one might consider instead a slice of wholegrain bread, a bowl of brown rice, or sufficient red meat with half a gram of ascorbate.]

1994

[\[1994 pdf\] Hunt et al. The Clinical Effects of Vitamin C Supplementation in Elderly Hospitalised Patients with Acute Respiratory Infections](#) Although this study was performed on a relatively small number of subjects the results suggest that moderate vitamin C supplementation could have clinical benefit to patients suffering from acute respiratory infection, particularly to those who are most severely ill on admission. In many of these patients, plasma and white cell vitamin C levels are likely to be low enough to be construed as representing at least marginal deficiency, but 200 mg per day boosts these considerably within 2 weeks. Conversely, in the un-supplemented patients', concentrations of the vitamin remain low. These results are therefore consistent with evidence that vitamin C assists immune function possibly by acting as an anti-oxidant.

[\[1994 Cheraskin\] The Myths of Milk Cheraskin, Journal of Orthomolecular Medicine, 1994](#)

1993

[\[1993 Hattersley\] The Answer to Crib Death “Sudden Infant Death Syndrome” \(SIDS\) Joseph G. Hattersley](#)

So far, plasma levels of over 100 mg/dl have been maintained in 3 patients for more than 5 h using continuous intravenous infusion. [One] patient ... has, to date, received 39 of the 8-h infusions of AA, ranging in dose from 57.5 to 115 g, over a 13-week period. A recent CT scan revealed that there had been no progression of tumor growth during the treatment period.

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1991

[\[pdf 1991\] The Origin of the 42-Year Stonewall of Vitamin C --Robert Landwehr](#) (The title should now read “The origin of the 61-year stonewall of vitamin C.”)

[\[1991 Hoffer\] Clinical Procedures in Treating Terminally Ill Cancer Patients with Vitamin C Hoffer, Journal of Orthomolecular Medicine, 1991](#)

1988

[\[1988 Smith\] Clinical Guide to the Use of Vitamin C: Smith, 1988](#)

1984

[\[1984\] Dr. Irwin Stone talks about the use of Massive Doses of Ascorbate in the Control of Leukemic Mortality](#)

[\[1984 Stone\] Fifty Years of Research on Ascorbate: Stone, Orthomolecular Psychiatry, 1984](#)

[\[1984 Rimland\] In Memoriam: Rimland, Medical Hypotheses, 1984](#)

1981

[\[1981 Forman\] Medical Resistance To Innovation: Forman, Medical Hypotheses, August 1981](#)

1979

[\[1979 Enloe\] How Vitamin C Really Works... or Does It? Enloe, Nutrition Today, 1979](#)

[\[1979\] Eight Decades of Scurvy. The Case History of a Misleading Dietary Hypothesis Stone, Orthomolecular Psychiatry, 1979](#)

[\[1979\] Homo Sapiens Ascorbicus, A Biochemically Corrected Robust Human Mutant by Stone, Medical Hypotheses, 1979](#)

The recommended dietary allowance of 45 milligrams of ascorbate a day for human adults, now proposed and used by nutritionists, is grossly inadequate to restore Homo sapiens to a normal mammalian ascorbate physiology. To correct fully this human genetic defect and banish epidemic chronic subclinical scurvy requires daily intakes of ascorbate equivalent to, at least, the amounts synthesized by the other mammals.

“Humans kept on a long term regime of full correction of this birth defect show great salutary benefits in health maintenance, disease therapy and slowing of the aging process. This can be regarded as the creation of a new and more robust, longer-living, tough human sub-species, Homo sapiens ascorbicus...”

[AscorbateWeb Editorial: Dr. Stone was probably the first to identify the human/primate genetic mutation as the root cause of most of mankind’s great suffering and susceptibility to debilitating diseases. The US RDA of 60 mg. ascorbate daily (as of 2003) is still tragically, laughably inadequate for attaining or maintaining full health.]

1978

[\[1978\] Vitamin C for Prophylaxis of Viral Hepatitis B in Transfused Patients: Morishige, Journal of the International Academy of Preventive Medicine, 1978](#)

“... by 1974 the value of ascorbic acid had become so clear that the decision was made, for ethical reasons, to give vitamin C in large amounts to essentially every patient.

“Over the whole period 1967 to 1976 there were 12 cases of hepatitis among the 170 transfused patients who received little or no vitamin C (incidence 7%) and three cases, all non-B, among the 1,367 who received 2 g per day or more (incidence 0.2%).

“The results presented here support our earlier conclusion that vitamin C given in large amounts has a significant prophylactic effect against post-transfusion hepatitis, especially type B.”

*[AscorbateWeb Editorial: One wonders what **ethics** today’s doctors (outside of Japan, that is) subscribe to in handling their patients receiving transfusions. Could any of those 1980’s cases of transfusion-borne HIV — and today’s hepatitis-C — have been prevented by a few cents’ worth of ascorbate?]*

[\[1978\] Sudden Death: A Look Back from Ascorbate’s 50th Anniversary: Stone, Journal of the International Academy of Preventive Medicine, 1978](#)

1977

[\[1977 Addiction/heroin/methadone Stone, Libby\] The-Hypoascorbemia-Kwashiorkor Approach to Drug Addiction Therapy: A Pilot Study: Alfred F. Libby and Irwin Stone](#)

Chronic drug addiction produces in the victims severe subclinical scurvy, along with multivitamin and mineral dysfunction and protein deficiencies. ...Methadone ... only continues the severe biochemical stresses contributing to their illness.

“The treatment is entirely orthomolecular and inexpensive, is nontoxic, and uses no drugs or narcotics ... sodium ascorbate is administered at 25 to 85 g per day or more, along with high doses of multivitamins, essential minerals, and protein hydrolysate. ...Under this treatment, the heroin or methadone is stopped and no withdrawal symptoms are encountered. Should a “fix” be taken, it is immediately detoxified and no “high” is produced. It is like injecting plain water.

“... [a] male, age 24. Began using heroin at age 15 and now had a habit costing between \$150 and \$200 a day. ... He was such a skeptic of the value of our orthomolecular program that... he first took 45 g of sodium ascorbate and then in the space of five hours he “shot-up” \$300-\$400 worth of heroin, and he felt no effect from this large amount of heroin. He continued on the ascorbate, 45 g per day for 10 days, along with the vitamins, minerals, and protein supplement. Then the dosage was reduced to 10 g sodium ascorbate and continued for another 30 days. The patient has moved out of the area, but when last seen, he was drug-free and had an extreme sense of well-being and a good attitude.

“We speculate on ascorbate’s action as due to the high levels of sodium ascorbate in the brain as competing for and displacing the narcotic from the opiate receptor sites. ...it might be possible to use this phenomenon postoperatively on surgical patients to quickly bring them out of anesthesia.”

*[AscorbateWeb Editorial: Incredibly, at the start of the 21st century, methadone is still the preferred “treatment” for heroin addicts. The researchers of this study speculate about the **genetic** and **biomolecular** bases for Man’s susceptibility to opiate drugs. As for ascorbate’s observed property of nullifying the effects of opiates, there has been no evidence of follow-through on characterizing this in clinical or emergency*

practice.]

[\[1977 Letter Stone\] Vitamin C and Drug Addiction: Letter to the editor, Orthomolecular Psychiatry](#)

1976

[\[1976\] Smoker's Scurvy: Orthomolecular Preventive Medicine in Cigarette Smoking: Stone, Orthomolecular Psychiatry, 1976a](#)

[\[1976\] The Genesis of Medical Myths: Stone, Hoffer, Orthomolecular Psychiatry, 1976b](#)

[\[1976 Stone\] The Genetics of Scurvy and the Cancer Problem: Stone, Orthomolecular Psychiatry, 1976c](#)

1975

[\[1975\] Effect of ascorbic acid on rectal polyps of patients with familial polyposis: DeCosse, Surgery, November 1975](#)

[\[1975\] Megascorbic Prophylaxis and Megascorbic Therapy - A New Orthomolecular Modality in Veterinary Medicine: Belfield & Stone, Journal of the International Academy of Preventive Medicine, 1975](#)

Dogs and cats were found to be poor ascorbate producers and suffer from chronic subclinical scurvy, especially when under stress. The full correction of this genetic condition gives dramatic therapeutic results in sick animals and consistent maintenance of full health and mental alertness when used as a prophylactic measure.

"A 2-year-old, 65 pound German Shepherd with a grade #3 hip dysplasia was bred and placed on 2 grams of sodium ascorbate daily. The pregnancy and whelping were very uneventful with eight normal pups whelped. The pups were placed on 50 to 100 milligrams ascorbate a day during early puppyhood. This regime was repeated through four litters. To date there is no dysplasia in the 30 pups.... These preliminary results may provide the basis for a possible simple procedure for preventing the very frustrating occurrence of canine hip dysplasia."

[AscorbateWeb Editorial: Since lawyers, ethics committees and review boards seem to be less bothersome in veterinary medicine, one could expect great strides in the application of ascorbate to healing sick animals and keeping them healthy. Ironically, domesticated animals may end up healthier than their human masters.]

1974

[\[1974 Klenner, F.\] \(Significance of high daily intake of ascorbic acid in preventive medicine. Journal of the International Academy of Preventive Medicine 1\(1\):45-69.](#)

1973

[\[1973 Klenner, F.\] Response of peripheral and central nerve pathology to mega-doses of the vitamin B-complex and other metabolites. Journal of Applied Nutrition pp. 16-40.](#)

[\[1973\] The Hypoglycemic Effect of Ascorbic Acid in a Juvenile-Onset Diabetic: Dice, IRCS International Research Communications System, March 1973](#)

1972

[\[1972\] The Natural History of Ascorbic Acid in the Evolution of the Mammals and Primates and Its Significance for Present Day Man: Stone, Orthomolecular Psychiatry, 1972](#)

1971

[\[1971 Klenner, F.\] Observations of the dose and administration of ascorbic acid when employed beyond the range of a vitamin in human pathology. Journal of Applied Nutrition 23\(3&4\):61-88.](#)

***[Caterpillar Sting:]** An adult male ... complaining of severe chest pain and the inability to take a deep breath ... had been “stung” or “bitten” 10 minutes earlier ... He begged for help saying he was dying ... becoming cyanotic. Twelve grams of vitamin C ... given intravenously as fast as the plunger could be pushed. Even before the injection was completed, he exclaimed, “Thank God.” The poison had been neutralized that rapidly. ... the “culprit” [was] an object that looked like a mouse ... 1½ inches long with long brown hair ... a dark ridge down the entire back, ... seven pairs of propelling units and a tail much like a mouse ... identified as the Puss Caterpillar ... left 44 red raised marks on the back of its victim. Except for vitamin C this individual would have died from shock and asphyxiation.*

... [two] boys ... were caught in the “spray” of a dusting airplane ... [one] was given 10 grams of ascorbic acid [by] syringe every 8 hours... He was returned home on the second hospital day. The [other] received supportive treatment but did not receive ascorbic acid. His body was something to see. The spray had produced an allergic dermatitis as well as a chemical burn. He died on the 5th hospital day.

*“Three children ... developed **nasal diphtheria** ... [the] little girl under our care was given 10 grams ascorbic acid, intravenously [by] syringe every 8 hours for the first 24 hours and then every 12 hours for two times. She was then put on one gram ascorbic acid every two hours by mouth. She lived and is now a graduate nurse. The other children did not receive ascorbic acid and both died. Our young patient also received 40,000 units diphtheria antitoxin which was given intraperitoneal. The other children also were administered the antitoxin.*

*“...Two brothers were sick with **poliomyelitis**. These two boys were given 10 and 12 grams of ascorbic acid... every eight hours for 4 times and then every 12 hours for 4 times. They also were given one gram every two hours by mouth around the clock. They made complete recovery. ... A third child, a neighbor, under the care of another physician received no ascorbic acid. This child also lived. The young lady is still wearing braces.*

*“Child of 4 years was **struck on the lower leg by a large highland moccasin [snake]**... Four grams of ascorbic acid was given intravenously ...[after] 25 minutes ... the child had stopped vomiting, she had stopped crying and was sitting on the emergency room table, laughing and drinking a glass of orange juice. She commented: “Come on, Daddy, I’m all right now, let’s go home.”... the following morning she still demonstrated the small amount of swelling of her leg and had ½ degree fever. She was given a second dose of 4 grams of ascorbic acid intravenously. ... The following day, 38 hours after being bitten, she was completely normal...*

*“Comparing this to an **earlier case of snake bite** in a 16 year old girl, struck by a moccasin of about the same size... was hospitalized for three weeks. She was given 3 doses of anti-venom ... This patient received no vitamin C other than that found in a regular hospital diet. Morphine was required to control pain.*

*“Acute **Virus Pancarditis**: A five year old boy ... with ... a “relapse” after ... measles ... showed a thready and feeble pulse ... temperature was 105°F. Ascorbic acid calculated at 400 mg per Kg body weight was given intravenously with a syringe. Within two hours the picture had almost reverted to normal. Injection of Vitamin C was repeated in 6 hours and again at 12 hours ...[and a] fourth ... after 24 hours although the patient was clinically well. The child returned home on the 4th hospital day.”*

*[AscorbateWeb Editorial: This is another extensive survey of ascorbate's broad applicability in handling serious illnesses, with still more examples from Dr. Klenner's extensive case history files. The note at the start of the article is amusing when one considers how the editor must have **freaked out** when reading of the "unusually high" dosages employed by Dr. Klenner.]*

1967

[\[1967\] The Genetic Disease, Hypoascorbemia: Stone, Acta Geneticae Medicae et Gemellologiae, 1967](#)

Man, some monkeys, guinea pigs and an Indian fruit eating bat... are the only mammals known to be unable to produce ascorbic acid in their livers. These few species are the only mammals that can contract and die of scurvy if deprived of exogenous ascorbic acid."

[AscorbateWeb Editorial: In the early 1960s the theory of Mankind's suffering from this genetic disease was developed. The author explores the implications of fully "correcting" this widespread chronic human deficiency of ascorbate.]

1966

[\[1966\] On the Genetic Etiology of Scurvy: Stone, Acta Geneticae Medicae et Gemellologiae, 1966](#)

1963

[\[1963\] Ascorbic Acid in Chronic Psychiatric Patients — A Controlled Trial: Milner, British Journal of Psychiatry, 1963](#)

"...these long-stay psychiatric [patients' diets] had been unsatisfactorily low in vitamin C content. This had led to a deficiency state—subscurvy—having quite definite psychiatric symptoms, the most important of which are marked depression and irritability..."

"...psychiatric patients have greater demands for ascorbic acid than normal subjects...states of depression and anxiety associated with psychiatric disorders are probably accentuated by an inadequate intake of ascorbic acid. The administration of synthetic ascorbic acid to psychiatric patients would seem to be indicated."

*[AscorbateWeb Editorial: This study demonstrated the proven utility of ascorbate in improving the state of psychiatric patients; the improving but still atrocious and obviously unsuitable institutional diets of the era were also criticized. It was also remarkable in that it employed a single-blind, placebo-controlled protocol, the simpler predecessor of the double-blind, placebo-controlled trial that has since become the Gold Standard (deservedly or not) for evaluating treatments. Oddly — or maybe not — no mention is made of **Abram Hoffer** and his introduction of such protocols in the 1950s, nor of his reporting of the benefits of niacin and other orthomolecular nutrients in psychiatry.*

*Milner's introduction of the concept of **subscurvy** and its clearly observable effects was apparently ignored by all but the orthomolecular-minded community. **Irwin Stone** and others have of course identified "**subclinical scurvy**" as a widespread phenomenon in psychiatry and beyond.]*

1960

[\[1960\] Acute Hepatitis Treated with High Doses of Vitamin C: Calleja et al, Ohio State Medical Journal, June 1960](#)

“We used 5 grams of vitamin C ... in 1000 cc. of 5 per cent glucose in water given intravenously in four to five hours daily for 24 days.

“The salutary effects from this treatment were dramatic. The anemia was corrected; the leukocyte count and differential returned to normal; the ascites disappeared; the patient gained weight, and his appetite improved. A feeling of general well-being was evident after the first few days of treatment.

“The liver function tests which were deranged prior to treatment returned to normal except ... [an] abnormality ... consistent with his moderate portal cirrhosis. The absence of neutrophilic infiltration in the last liver biopsy done immediately after the termination of treatment with vitamin C was striking.”

[AscorbateWeb Editorial: As of February 2003 there is no known effective vaccine or other treatment for hepatitis C. No published accounts of ascorbate treatment of HepC have surfaced, although anecdotal communications have been sent to AscorbateWeb.

*At least one orthomolecular practitioner (on shaky ground with their local licensing board) has been administering ascorbate-based HepC treatment; meanwhile the mainstream profession continues its adherence to the latest glamorous, costly and **profitable** patent antivirals — to no apparent long-term patient benefit.]*

1957

[\[1957\] Treatment of Epidemic Hepatitis in Childhood with High Doses of Ascorbic Acid: Kirchmair, Medizinische Monatenschrift, 1957](#)

“Therapy with high doses of vitamin C showed the following effects: Already during the first few days marked subjective improvement was noticed, followed by good appetite and weight gain...

“The swelling of the liver subsided rapidly. In previous cases it took an average of 30.3 days until the liver regained normal size in contrast to 8.6 days under ascorbic acid treatment. At the same time the jaundice disappeared rapidly.

“Fat-containing diet could be started in all cases during the second week and was well tolerated without exception. Clinical relapses ... did not occur. Whereas with the usual therapy hospitalization lasted an average of 64.9 days, only 31.9 days in the hospital were required for patients of the described series.”

*[AscorbateWeb Editorial: Much emphasis at the turn of the 20th & 21st centuries was placed on hepatitis B vaccines. Considerable controversy surrounds these vaccines, with charges of **adverse reactions, infant deaths, long-term and lifelong illness and limited efficacy** being leveled at manufacturers, who indirectly lobby for compulsory administration (in the USA, at any rate) to **all children**, whether they are at risk or not.*

*Orthomolecular treatments of the kind described in this study are practically unheard of; none are recognized or allowed by the corporate pharmaceutical-medical industrial cartel. Still, it is worth keeping in mind that for a short time **even ascorbate** was the darling of the pharmaceutical industry — until the patents expired, that is.]*

1955

[\[1955\] Brucellosis and Its Treatment Mick, Archives of Pediatrics, April 1955](#)

“[Brucellosis] is very widely distributed throughout the entire world and is truly described, in

contemporary literature, as a cosmopolitan disease. It has been erroneously diagnosed as rheumatic fever, typhoid, typhus, malaria or kala-azar... In New Jersey alone, some authorities say that there are probably 30,000 new cases yearly. Some authorities believe that as much as 10 per cent of the entire rural population of the United States is infected.”

*[AscorbateWeb Editorial: Drinkers of raw milk beware! This clinician was apparently inspired by [McCormick's 1951-52 reports](#). Ascorbate was effective in treating some very long-standing cases of brucellosis. Interesting but not too surprising is that **oral ascorbate** was ineffective in several instances, highlighting once again the dangers of relying on intestinal absorption of ascorbate during illnesses. Injections work best!*

Of note is this 1998 [announcement](#) from the World Health Organization(WHO): “...**Antimicrobial resistant strains of Brucella are reported; ... Some of the commonly-used antimicrobials for brucellosis treatment (i.e. Rifampicin and Streptomycin) are also first line drugs for the treatment of tuberculosis. The present worldwide occurrence of multi-drug resistant strains of pathogenic Mycobacterium tuberculosis poses the urgent question of an alternative treatment for brucellosis, using antimicrobial agents not employed for tuberculosis.**”

Dr. McCormick, who had grave misgivings about the deployment of these mycelial antibiotics, would probably get a grim laugh from the pharmaceutical industry's **foolish** and **ultimately futile** tactic of killing off weak strains of bacteria, only to let the strong strains flourish; don't even mention the buckets of costly, toxic, side-effect laden drugs used to “combat” brucellosis. Maybe the WHO's alternative treatment could be... ascorbate?]

[\[1955\] Vitamin C in Acute Poliomyelitis: Greer, Medical Times, November 1955](#)

“Large doses of vitamin C have proven beneficial in the management of five serious cases of acute poliomyelitis.”

*[AscorbateWeb Editorial: This report is interesting in that, while the Salk polio vaccine was by this time becoming the accepted preventative measure, Dr. Greer treated his acutely ill patients with **oral** doses of ascorbic acid. While thankfully effective in these cases, this treatment protocol was risky in that it disregarded the unpredictability of intestinal absorption postulated by [Klenner, 1948](#), who recommended **injected** doses to circumvent the issue.*

Nevertheless **large-dose (10 gm/dose, ~4 doses/day) oral ascorbate was the treatment of choice for early polio**; if the clinician had considered other treatment options, none were mentioned. Strangely, no mention is given to the use of [adjuvant vitamin B₁](#) in polio treatment.]

1954

[\[1954\] Hepatitis Therapy With Ascorbic Acid Infusions: Baur & Staub, Schweizerische Medizinische Wochenschrift, 1954](#)

“Investigations ... showed that the intravenous infusion of 10 gm. ascorbic acid ... accelerated decrease of serum bilirubin and increase in weight, reduced the period of urinary excretion of bilirubin, urobilin and urobilinogen, shortened the duration of dysproteinemia and illness. ... The ascorbic acid infusions caused no undesired side-effects.”

[AscorbateWeb Editorial: Yet another successful therapy, long ignored or forgotten, which used ascorbate to accelerate recovery from hepatitis.]

1953

[\[1953\] The Use of Vitamin C as an Antibiotic-----FRED R. KLENNER, M.D.](#)

“Vitamin C response when taken by mouth is not predictable... [it is] reported that the scorbutic state could develop even though the patient was taking large doses of vitamin C by mouth ... one of our daughters several years ago ... had contracted chicken-pox. Vitamin C was started on this child ... In spite of the fact that she was given 24 grams every 24 hours there was no interruption in the progress of the disease. Itching was intense. One gram administered intravenously stopped the itch within 30 minutes and she went on to peaceful sleep for the next eight hours. Although feeling fine, a second injection was given at this time, following which there were no new macules and recovery was fast and uneventful. In the past few years we have noted that in chicken-pox when massive injections are employed there [are] no repeating waves of macules, and the usual seven to nine days required for crusting is reduced to less than twenty-four hours.”

[AscorbateWeb Editorial: This is another lively work by Klenner, emphasizing among other things the chancy nature of oral ascorbate administration. Injected administration (shots or intravenous) is the only reliable way to raise blood ascorbate levels.

*The reader’s attention is especially directed to [Klenner’s dismantling of the unscientific Sabin monkey study](#) which helped to **discredit ascorbate therapy in the eyes of the medical establishment**, a sorry condition that persists to this day.*

*Might one possibly imagine an investigator with an agenda dedicated to developing **vaccines** intentionally discrediting ascorbate to help free up research funds, not to mention to eliminate the competition? Nahhh—]*

1952

[\[1952\] Ascorbic Acid as a Chemotherapeutic Agent: McCormick, Archives of Pediatrics, April 1952](#)

“... when given in massive repeated doses, ... preferably intravenously or intramuscularly ... the effect [of ascorbic acid] in acute infectious processes is favorably comparable to that of the sulfonamide or the mycelial [penicillin and its ilk -ed.] antibiotics, but with the great advantage of freedom from toxic or allergic reactions.”

*[AscorbateWeb Editorial: Perhaps **this** is the reason that ascorbate therapy never enjoyed widespread clinical usage: **people don’t like getting injections**, which are usually painful and which, as doctors are loath to admit, carry the risk of **complications**. Still, a central theme here is the generally benign, nontoxic nature of ascorbate as compared to drugs.]*

[<baur 1952 proofing>](#)

1951

[\[1951\] Vitamin C in the Prophylaxis and Therapy of Infectious Diseases: McCormick, Archives of Pediatrics, January 1951](#)

*“An active case of **tuberculosis** was treated ... [with] vitamin C intravenously ... with 500 mg. orally [plus] citrus juices. From the start the temperature was reduced and maintained at normal. The cough and expectoration have completely ceased, and a gain in weight of nearly ten pounds has been recorded.*

*A case of **chronic pelvic infection** ... was given 1,000 mg. of vitamin C intravenously, ...then placed on an oral maintenance dose of 500 mg. daily in addition to a liberal intake of citrus juices. This patient has now been symptom-free for nearly a year.*

*A case of acute **septicemia** ... was given [vitamin C] hypodermically and ... orally, plus copious intake of orange juice. On the following day the inflammatory swelling and temperature were reduced to normal and the patient made a rapid recovery.*

*Several cases of **scarlet fever** were given vitamin-C therapy, intravenously and orally In each case the fever dropped to normal in a few hours and the patients were symptom-free within three or four days.*

The author's experience leads to the conclusion that the principle of trying to eradicate disease by concentrating our attack against the associated micro-organisms by means of toxic antibiotics is fundamentally unsound."

[\[1951 Klenner\] Massive Doses of Vitamin C and the Virus Diseases: Klenner, Southern Medicine & Surgery, April 1951](#)

... review[ing] the findings of McCormick in 50 confirmed cases of poliomyelitis in and around Toronto, Canada, during the epidemic of 1949... families eating brown bread who came down with poliomyelitis did not develop paralysis; whereas in those families eating white bread many of the children having poliomyelitis did develop paralysis. The point here is that brown bread has 28 times more vitamin B₁ than does white bread. Obviously, then, the paralysis which complicates acute poliomyelitis appears to be due to a B₁ avitaminosis."

[AscorbateWeb Editorial: This article is chock full of fascinating discussion, not terribly hard for the lay person to follow. Interesting especially is the role of vitamin B₁ (a.k.a. thiamin, thought to work synergistically with ascorbate) in staving off the paralysis of poliomyelitis.

One wonders whether the decrease in crippling cases of poliomyelitis worldwide is due less to improved vaccines and aggressive immunization programs, but rather more to better nutrition, including the increasingly widespread supplementation of diets with ascorbate and vitamin B₁, at least in Western countries...]

[\[1951\] Ascorbic Acid in the Treatment of Burns: Klasson, New York State Journal of Medicine, October 1951](#)

"Ascorbic acid was used ... in the treatment of burns. Clinical observation ... showed that ascorbic acid is capable of alleviating pain in minor burns, hastens the healing period, aids in combating the accumulation of toxic protein metabolites in the severely burned, and reduces the time interval necessary for skin grafting."

1950

[\[1950\] Antirheumatic Activity of Ascorbic Acid in Large Doses: Massell, New England Journal of Medicine, April 20, 1950](#)

"...our observations suggest that ascorbic acid when administered in sufficient amounts possesses anti-rheumatic activity..."

[AscorbateWeb Editorial: The clinical reports seen earlier recommending ascorbate as a highly effective,

nontoxic, antibiotic-like healing and detoxifying agent were slowly giving way to studies like this one, which presented cautious, highly-qualified conclusions about the efficacy of ascorbate, and which casually raised unsupported insinuations of ascorbate's hypothetical toxicity.

*Possibly this stuffy, conservative style of presentation was necessary to get published in the N.E.J.M., but it is curious that this study **totally ignored** all of the earlier clinical reports attesting to ascorbate's remarkable nontoxicity. But as the authors were evidently focused on soon-to-be-glamorous (and profitable) hormone and steroid therapies (see their conclusions), this is not too surprising.]*

1949

[1949 Allergies. Ruskin, Brown] THE USE OF CEVITAMIC ACID IN THE SYMPTOMATIC AND COSEASONAL TREATMENT OF POLLINOSIS ETHAN ALLAN BROWN, M.D., F.A.C.A. & RUSKIN MD

... sixty patients, given Vitamin C during the ragweed hay-fever season, showed an improvement of 50 per cent or more in about half of the patients who took 250 mg. three or four times daily."

[AscorbateWeb Editorial The principal author of this study performed "an extremely skeptical analysis" of the subjects' reactions and impressions and had to conclude that ascorbate was indeed of value in the treatment of seasonal pollen allergies. This was before the widespread insistence on "scientific" double-blind testing methodologies, which effectively rendered unpublishable any observations by practicing physicians and others not within the sphere of agendized pharmaceutical trials subsidized by governmental and corporate entities.]

[1949] The Treatment of Poliomyelitis and Other Virus Diseases with Vitamin C Fred R. Klenner, M.D. 1949

"The treatment employed [in the poliomyelitis epidemic in North Carolina in 1948, 60 cases] was vitamin C in massive doses... 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 ... For patients treated in the home the dose schedule was 2000 mg. by needle every six hours, supplemented by 1000 to 2000 mg. every two hours by mouth ... dissolved in fruit juice ... All patients were clinically well after 72 hours. ... Where spinal taps were performed, it was the rule to find a reversion of the fluid to normal after the second day of treatment.

"In herpes zoster... [eight] cases were treated in this series, all of adults. Seven experienced cessation of pain within two hours... drying of the vesicles within 24 hours and were clear of lesions within 72 hours.

"In herpes simplex it is important to continue the treatment for at least 72 hours..... In several cases 10 mg. of riboflavin by mouth t.i.d. in conjunction with the vitamin C injections appeared to cause faster healing.

"Chickenpox gave equally good response, ... vesicles were crusted after the first 24 hours, and the patient well in three to four days.

"The response of virus encephalitis to ascorbic acid therapy was dramatic. Six cases ... were treated and cured with vitamin C injections.

"During [a measles] epidemic vitamin C was used prophylactically and all those who received as much as 1000 mg. every six hours, by vein or muscle, were protected from the virus.

"Of mumps, 33 cases were treated with ascorbic acid. When vitamin C was given at the peak of the infection the fever was gone within 24 hours, the pain within 36 hours, the swelling in 48 to 72 hours."

*[AscorbateWeb Editorial: Oops! Didn't Sabin's wretched, underdosed monkeys prove 10 years earlier that ascorbate was **useless** against the polio virus? Another thought-virus/meme to struggle against?]*

1948

[\[1948\] Klenner. Virus Pneumonia and Its Treatment With Vitamin C Fred R. Klenner, M.D.](#)

Since it is common knowledge that there are definite individual variations in absorption of vitamin C ... the I. V. [intravenous] and I. M. [intramuscular] routes were used ... three to seven injections gave complete clinical and x-ray response in all of our [42] cases.

"In almost every case the patient felt better within an hour after the first injection and noted a very definite change after two hours. Nausea was relieved by the first injection as was the headache ... and it was the rule to find a [fever] drop of 2°F. several hours after the first 1000 mg."

[\[1948\] Weaver. THE PREVENTION OF HEAT PROSTRATION BY USE OF VITAMIN C By W. L. WEAVER, M. D.](#)

No case of heat prostration has developed in any worker who has taken vitamin C, 100 mg. daily since this program was instituted in 1939."

[AscorbateWeb Editorial: This article is interesting in that it exemplifies (see [Discussion](#)) the typical disbelief and skepticism by peers who cannot accept obvious clinical results, preferring instead to pursue their own pet theories and prejudiced explanations. Note the tiny amounts administered.]

1947

[\[1947\] Ruskin. Sodium Ascorbate in the Treatment of Allergic Disturbances. The Role of the Adrenal Cortical Hormone-Sodium-Vitamin C by SIMON L. RUSKIN, M.D.](#)

The availability of the sodium salt of ascorbic acid for oral use represents a marked advance in the therapeutic approach to allergy.

In refractory cases of allergy and asthma sodium ascorbate was more effective than ascorbic acid."

*[AscorbateWeb Editorial: The use of **sodium** ascorbate in allergies instead of ascorbic **acid** may seem like a fine point, but the author of this study presents ample clinical evidence with a sound biochemical basis. Anywhere from 300 to 1500 mg/day gave great relief to the patients, whose [case histories](#) and comments are interesting to read. One young patient received iron injections for anemia; we know today (see [1995 Sharma study](#)) that ascorbate so enhances dietary iron absorption that supplemental iron salts would probably have been unnecessary.*

At any rate, most current allergy "remedies" have potentially dangerous side-effects and raise significant toxicity issues ... unlike sodium ascorbate.]

[\[1947\] Vitamin C in the Prevention of Colds: Markwell, The Medical Journal of Australia, December 1947](#)

"If the large dose of vitamin C is given very soon after onset of the cold, it is aborted in the majority of cases.... if vitamin C is adequately taken, patients who used to suffer the torments of a dry, rasping throat growing increasingly worse for three days or so, no longer suffer throat torture, and nasal secretion appears within a day or so, often within a few hours."

*[AscorbateWeb Editorial: Markwell's report on **treating colds with ascorbate** was not the first, but differed from most of its predecessors by specifying doses of 750-1250 mg/day, with such relatively large dosages continuing for the duration of the illness. Earlier researchers, too timid to give doses larger than 200-500 mg/day, observed only limited, inconsistent improvement in the symptoms and duration of colds.*

Even though Markwell insisted on treating ascorbate as a medication to be administered in "large" doses only during illnesses, the vital concept of taking "megadoses" was introduced, thereby setting the stage for more intensive research in the following years. He also called on pharmaceutical manufacturers to make available tablets of ascorbic acid in larger (350 mg) dosages.]

1946

[\[1946\] Holmes. The Use of Vitamin C in Traumatic Shock HARRY N. HOLMES, Ph.D.](#)

Vitamin C,... if given orally within the hour before operation, materially decreases traumatic shock as shown by much clinical evidence...

In the minor surgery of teeth extraction, oral administration of ... vitamin C within the hour before operation is remarkably successful in preventing shock or postoperative weakness...

"Immediate administration of... vitamin C to 35 assorted cases of accidents at coal mines seemed to increase shock resistance and to improve the condition of the patients upon arrival at a distant hospital...

"Intravenous injections of ... vitamin C in sterile, buffered solutions was used preoperatively and postoperatively in a series of 50 major abdominal operations with excellent results."

1944

[\[1944\] Pelner. THE IMPORTANCE OF VITAMIN C IN BODILY DEFENSES I. The Anti-anaphylactic Effect of Vitamin C in the Prevention of Pollen Reactions LOUIS PELNER, M.D. 1944](#)

"Ascorbic acid was ... able to reduce the [patient's] exquisite sensitivity to ragweed pollen antigen."

[\[1944\] ASCORBIC ACID IN PULMONARY COMPLICATIONS FOLLOWING PROSTATIC SURGERY: A PRELIMINARY REPORT GEORGE E. SLOTKIN and LT. R. S. FLETCHER, M.C., A.U.S.](#)

[Ascorbate's] immediate use has resulted in the prevention of [pulmonary] complications and there has not been a single death in these aged patients from pulmonary complications since November 1939. ... Irrespective of the blood levels or deficiency of vitamin C, ascorbic acid is a valuable adjunct in tiding these aged patients over their critical postoperative period."

*[AscorbateWeb Editorial: This one is interesting because it shows the utility of ascorbate in handling immediate post-operative vulnerability. Considering the miniscule doses employed — 25 to 100 mg — it seems likely that the patients under consideration were already on the verge of scurvy and suffering other illness as a result. **The astonishment of the clinicians at the improvement in the ascorbate-treated patients shows just how bad normal clinical treatment was at the time.** Use of pre-operative ascorbate was apparently not deemed appropriate or necessary!]*

1943

[\[1942 Dainow\] Treatment of Shingles With Vitamin C: Dainow, Dermatologica, September/October, 1943](#)

...the excellent therapeutic action of immediate daily intravenous injections of 10—50 cg of ascorbic acid is stressed. The eruption rapidly subsides and the very distressing pains which frequently follow the eruption are largely avoided... In the cases where the pain is slow to disappear, the addition of ... vitamin B₁ to the last ascorbic acid injections hastens the cure.”

[AscorbateWeb Editorial: Highly successful treatment of shingles (herpes) without patent antivirals during wartime in Geneva; is this first you've heard of it? Of course this fits with Klenner's later concurrence that ascorbate is a specific, potent antiviral, as well as his use of thiamine (vitamin B₁) to protect and accelerate the healing of nerves.]

1942

[\[1942 Clausen\] The Treatment of X-Ray Leukopenia with Vitamin C: Clausen, Acta Radiologica, February, 1942](#)

The writer succeeded in ten cases in checking a pronounced x-ray leukopenia, which had appeared in connection with protracted x-ray treatment of cancer of the stomach, by means of large intravenous doses of vitamin C.”

[AscorbateWeb Editorial: This report is noteworthy in that the clinician made the leap from observing blood cell improvement in a leukemia patient receiving ascorbate, to using ascorbate to good effect in x-radiation-induced pseudo-leukemia. Out of economic necessity, and possibly out of ignorance of its nontoxicity in larger amounts, he used rather small 500 mg injected doses of ascorbate, and administered it less frequently than other clinicians and researchers would in the years following.]

[\[1942 Follis\] SUDDEN DEATH IN INFANTS WITH SCURVY RICHARD H. FOLLIS, JR., M.D. 1942](#)

*[AscorbateWeb Editorial: This is a sad, horrifying account of the deaths and autopsies of three non-breastfed infants who had been fed — on the advice of “experts” — diets all but totally deficient in ascorbate. Significantly, all died in a SIDS-like manner. Today the deaths would certainly have been classified as SIDS, the causative or contributory factors of which are still declared as **unknown** by orthodox Western medicine. Fortunately the reader may know better, especially after reading [The Answer to Crib Death “Sudden Infant Death Syndrome” \(SIDS\) Joseph G. Hattersley\]](#)*

[\[1942 Holmes, Alexander\] HAY FEVER AND VITAMIN C Holmes and Alexander, Science, November, 1942](#)

Strangely enough, [two] patients showed very good vitamin C levels before starting treatment, yet they were greatly benefited by adequate dosage. [Another] got almost immediate relief after a single dose of 1,000 mg ... Apparently there was distinct gain with 88 per cent of the patients.”

[AscorbateWeb Editorial: While the positive results of this study were encouraging, these authors typically were operating with the conviction that ascorbate “tissue saturation” and “urinary spillage” somehow prove that higher doses are unnecessary and not beneficial. Bizarrely, against much contrary evidence, the saturation and spillage arguments are still used today as justification for not taking large doses.

Even though the authors were puzzled that patients with “very good” ascorbate spillage responded to “adequate” (i.e. enough extra to alleviate symptoms) dosage, perhaps their idee fixe prevented them from accepting their own evidence that something else was going on. It could be that if they had measured blood ascorbate levels, their conclusions might have been different.]

1941

[\[1941\] VITAMIN C IN THE PREVENTION OF COLDS By NORMAN W. MARKWELL, 1941](#)

1940

[\[1940\] On the Vitamin C Treatment of Chronic Leukemias. by Dr. ALFRED VOGT](#)

... with leukemic lymphadenosis, even if the illness is not yet very life-threatening, a substantial vitamin C deficit is already present... this demonstrable deficit warrants the application of vitamin C, particularly in the treatment of the lymphatic forms of chronic leukemia...The treatment of chronic myeloid and lymphatic leukemias only with vitamin C does not lead to satisfying success. Nevertheless vitamin C favorably affects the general state, and is indicated in hemorrhagic tendencies.”

*[AscorbateWeb Editorial: This report showed on the one hand that in the context of x-ray irradiation of leukemia patients' lymph nodes — the “modern” treatment of the era — ascorbate improved the general condition of patients and checked the leukemia-related tendency to hemorrhage. On the other hand, the ascorbate dosages used were very modest by 21st-century orthomolecular standards, and were employed only during **physiologically stressful and damaging x-ray treatment.***

*Acting conservatively, the clinicians were unwilling to set aside the standard treatment protocols with which they were comfortable, and indeed on which they had built reputations and a profitable industry — **a situation no different 60 years later!** Had the ascorbate dosages been rather larger and/or had the patients taken sufficient amounts outside the clinical setting, the author's experience and conclusions might have been different.]*

1939

[\[1939\] The Effect of Vitamin C On Lead Poisoning: Holmes, Campbell and Amberg, The Journal of Laboratory and Clinical Medicine, August 1939](#)

“Administration of 100 mg. of vitamin C daily to each of 34 workmen exposed to factory lead hazards (and diagnosed as suffering from lead absorption) in general decidedly improved their blood picture and their health. Symptoms characteristic of chronic lead absorption usually disappeared.”

[AscorbateWeb Editorial: Considering the rather small doses of ascorbate — 100-200 mg daily — the beneficial effects noted here are probably mostly the result of simply correcting the subclinical scurvy of the workers, although a direct effect on lead-calcium-ascorbate chemistry is hypothesized as well. Workers who ate a diet rich in fresh fruits and vegetables fared much better under chronic lead exposure than others with a poorer diet.]

[\[1939\] The Determination of Vitamin C in Urine: Holmes and Campbell, The Journal of Laboratory and Clinical Medicine, 1939](#)

1938

[\[1938\] Vitamin C as an Adjuvant in the Therapy of Pulmonary Tuberculosis Albrecht, Medizinisches Klinik, 1938](#)

“...the patients, after the 3rd or 4th injection of [vitamin C]... unanimously reported experiencing increased good appetite and physical well-being. With a single exception, weight was gained throughout...with [sufficient] vitamin C, an [unfavorable] prognosis can be improved more rapidly.”

[AscorbateWeb Editorial: This article is interesting in that treatment with then-expensive ascorbate was

used only as a means to improve the patient's general status, not addressing the tuberculosis itself. The primary treatment protocol for this disease seems to have been bed rest and the injection of gas into the patient's chest cavity (artificial pneumothorax), thereby compressing regions of the tubercular lung to apparent therapeutic benefit. The discomfort of such a procedure, and the disease toxins flushed into the bloodstream thereby, no doubt placed considerable stress on the already weakened patient, increasing the ascorbate consumption markedly.

Considering the relatively miniscule doses employed — 100 mg injections — and stubborn adherence to the flawed notion of body “saturation” with ascorbate, it is remarkable that they obtained any positive results at all. It was probably another case of subscorbutic patients receiving just enough ascorbate to keep them from near death. Indeed, the author was puzzled at one patient whose body refused to become “saturated” with ascorbate. These days, understanding of and responding to such biochemical individuality in stress response and nutrient demand is gaining acceptance even in mainstream medicine.]

[\[1938\] A Preliminary Report on the Use of Cevitamic Acid in the Treatment of Whooping Cough: Vermillion and Stafford, Kansas Medical Society Journal, November 1938](#)

“In this small series of twenty-six cases of whooping cough, cevitamic acid [ascorbic acid] seemed to be strikingly effective in relieving and checking the symptoms in all but two of the cases It is our opinion that it should be given further trial in all cases of whooping cough regardless of the age of the patient, or the length of time already elapsed since the original symptoms.”

[AscorbateWeb Editorial: In 1998 there was a pertussis (whooping cough) epidemic in parts of Europe, with significant mortality. In 1999 there were numerous outbreaks of pertussis in the western United States. Increasing numbers of parents in the U.S., concerned about the perceived side-effects and dubious effectiveness of vaccines, have chosen not to immunize their children against pertussis and other so-called childhood “killer” diseases. Unfortunately, orthodox medicine has ignored ascorbate's demonstrated value as a powerful and “strikingly” effective treatment for pertussis.]

1937

[\[1937\] Ascorbic Acid \(Vitamin C\) Treatment of Whooping Cough: Ormerod and Unkauf, Canadian Medical Association Journal, August 1937](#)

“Ascorbic acid definitely shortens the paroxysmal stage of the disease, particularly if relatively large doses are used early in the disease.”

[\[1937\] A Further Report on the Ascorbic Acid Treatment of Whooping Cough: Ormerod, Unkauf and White, Canadian Medical Association Journal, September 1937](#)

“Saturation of whooping cough patients with ascorbic acid decreases markedly the intensity, number and duration of the characteristic symptoms.”

1936

[\[1936\] Treatment of Herpes and Shingles With Vitamin C Daïnow, Annales de Dermatologie et de Syphiligraphie, September 1936](#)

“...The preceding observations highlight the rapid — immediate, one can say — action of vitamin C on herpes and shingles.

“The administration of this vitamin makes it possible to stop and cure even intense outbreaks of herpes in the space of 2-3 days. It notably shortens the duration of a sometimes painful, always awkward, affliction, the evolutionary cycle of which usually progresses over 8 to 15 days...

“The administration of vitamin C in shingles, the more effective the earlier it is done, profoundly modifies the clinical evolution of this affliction.

[Vitamin C] acts not only on its cutaneous manifestations (erythema and blisters), which disappear with an unexpected rapidity, but also on the painful phenomena which generally accompany it.

“The results obtained enable us henceforth to regard vitamin C as the drug of choice for these afflictions.”

[AscorbateWeb Editorial: Both oral and injectible ascorbate were used in this clinical work. Injections of only modest amounts, 100 mg or less, were given, but with remarkable results nonetheless. Even oral doses, 5 centigrams per tablet (50 mg — less even than the current pathetic US RDA for dietary ascorbate), produced unexpectedly rapid recovery from outbreaks.

*Predictably, given the almost certain insufficient daily dietary ascorbate intake, and the low treatment doses employed, the author could not conclusively demonstrate ascorbate’s utility in **preventing** the recurrence of outbreaks. Using too-low doses by mistake (dare one imagine **by intent?**) is the common thread running through practically all subsequent negative studies that “prove” ascorbate’s lack of efficacy.*

*Nevertheless, why then is ascorbate **still** not the initial, standard treatment for herpes and shingles outbreaks, over 70 years after its effectiveness was clinically demonstrated?]*

- **(Original Text auf Deutsch):**

- [Über die Vitamin C-Therapie des Keuchhustens: Otani, Klinische Wochenschrift, Dezember 1936](#)

[\[1936\] Concerning the Vitamin C Therapy of Pertussis \[Whooping Cough\]: Otani, Klinische Wochenschrift, December 1936](#)

“...in 66 [of 81] cases... [we saw] reduction of lip cyanosis in coughing attacks... [disappearance of] attacks with breathing difficulty, vomiting and recurrence ... also the number of cough attacks diminished. Patients became lively, had good appetite and the convalescence progressed very satisfactorily.

“Of special mention were 3 serious cases of pertussis pneumonia in artificially nourished babies, for which previous treatment methods, vaccine treatments etc., are rarely successful, and which were deemed as

having lethal outcome. Through our therapy, the children were clearly improved after 2—3 weeks and finally healed.”

[AscorbateWeb Editorial: This is one of the most-cited early studies of ascorbate injections as a curative treatment. Even using very modest doses sparingly administered (the Drug Paradigm), remarkable improvements over the usual course of the illness were obtained. Omitted however was further discussion about the gravely ill “artificially nourished” infants, such as how their “formula” was so deficient in ascorbate and other nutrients that this was probably why they were at death’s door in the first place.

As a side note, in Western Europe a common baby formula recipe of the day was: cow’s milk, cod-liver oil, corn syrup and lactic acid. That this concoction would be all but devoid of ascorbate — unlike fresh human breast milk from a well-nourished mother — goes without saying. Even fresh bovine milk is relatively deficient in ascorbate.]

1935

[\[1935\] The Desensitizing Action of L-Ascorbic Acid: Dainow, Annales de Dermatologie et de Syphiligraphie, September 1935](#)

“...ascorbic acid has exceptional desensitizing properties, and ... this drug is able... to profoundly modify the clinical evolution of erythrodermy, and to entirely transform the prognosis.”

[AscorbateWeb Editorial: One of the earliest studies of the use of ascorbate under the drug paradigm, this showed that ascorbate was capable of greatly improving the organism’s ability to withstand the toxic assault of the then-standard treatments for syphilis.

From today’s perspective it may be difficult to fathom the use of sublethal doses of heavy-metal poisons (arsenic, bismuth, gold, mercury, and silver compounds), which were mostly ineffective and which, demonstrated in this study, imposed a heavy burden of side-effects on patients. But the parallels between the AIDS and syphilis pandemics are close enough to help one understand the desperate measures taken to try to effect a cure.]