


[Home](#)
[History](#)
[Library](#)
[Nutrients](#)
[Resources](#)
[Contact](#)
[Contribute](#)
[Back To Archive](#)

This article may be reprinted free of charge provided 1) that there is clear attribution to the Orthomolecular Medicine News Service, and 2) that both the OMNS free subscription link <http://orthomolecular.org/subscribe.html> and also the OMNS archive link <http://orthomolecular.org/resources/omns/index.shtml> are included.

FOR IMMEDIATE RELEASE

Orthomolecular Medicine News Service, Feb 2, 2020

Hospital-based Intravenous Vitamin C Treatment for Coronavirus and Related Illnesses

by Andrew W. Saul and Atsuo Yanagisawa, MD, PhD

(OMNS February 2, 2020) No matter which hospital a coronavirus patient may seek help from, the question is, Will they be able to leave walking out the front door, or end up being wheeled out the basement backdoor? Prompt administration of intravenous vitamin C, in high doses, can make the difference.

Abundant clinical evidence confirms vitamin C's effectiveness when used in sufficient quantity. [1]

Physicians have demonstrated the powerful antiviral action of vitamin C for decades. [2]

Specific instructions for intravenous vitamin C

The Japanese College of Intravenous Therapy (JCIT) recommends intravenous vitamin C (IVC) 12.5/25g (12,500 - 25,000 mg) for acute viral infections (influenza, herpes zoster, common cold, rubella, mumps, etc.) and virus mimetic infections (idiopathic sudden hearing loss, Bell's palsy). In adults, IVC 12.5g is given for early stage illness with mild symptoms, and IVC 25g for moderate to severe symptoms. IVC is usually administered once or twice a day for 2-5 continuous days, along with or without general treatments for viral infections.

IVC 12.5g cocktail

Sterile water	125 mL
50% Vitamin C	25 mL (12.5g)
0.5M Magnesium sulfate	10 mL
Add Vitamin B complex	
Drip for 30-40 min	

IVC 25g cocktail

Sterile water	250 mL
50% Vitamin C	50 mL (25g)
0.5M Magnesium sulfate	20 mL
Add Vitamin B complex	
Drip for 40-60 min	

Patients with acute viral infections show a depletion of vitamin C and increasing free radicals and cellular dysfunction. Such patients should be treated with vitamin C, oral or IV, for neutralizing free radicals throughout the body and inside cells, maintaining physiological functions, and enhancing natural healing. If patients progress to sepsis, vitamin C should be added intravenously **as soon as possible** along with conventional therapy for sepsis.

Toronto Star, 30 May 2003: *"Fred Hui, MD believes that administering vitamin C intravenously is a treatment worth trying. And he'd like to see people admitted to hospital for the pneumonia-like virus treated with the vitamin intravenously while also receiving the usual drugs for SARS. 'I appeal to hospitals to try this for people who already have SARS,' says Hui. Members of the public would also do well to build up their levels of vitamin C, he says, adding that there is nothing to lose in trying it. 'This is one of the most harmless substances there is,' Hui states. 'There used to be concern about kidney stones, but that was theoretical. It was never borne out in an actual case.' Hui says he has found*

intravenous vitamin C effective in his medical practice with patients who have viral illnesses." [3]

Additional administration details are readily obtained from a free download of the complete Riordan Clinic Intravenous Vitamin C Protocol. [4] Although initially prepared for cancer patients, the protocol has found widespread application for many other diseases, particularly viral illnesses.

"Research and experience has shown that a therapeutic goal of reaching a peak-plasma concentration of ~20 mM (350- 400 mg/dL) is most efficacious. (No increased toxicity for posoxidant IVC plasma vitamin C levels up to 780 mg/dL has been observed.) . . . [T]he administering physician begins with a series of three consecutive IVC infusions at the 15, 25, and 50 gram dosages followed by post IVC plasma vitamin C levels in order to determine the oxidative burden for that patient so that subsequent IVCs can be optimally dosed."

Pages 16-18 of the Riordan protocol present IVC administration instructions.

<http://www.doctoryourself.com/RiordanIVC.pdf> or https://riordanclinic.org/wp-content/uploads/2015/11/RiordanIVCprotocol_en.pdf

There are four pages of supporting references.

"Given the rapid rate of success of intravenous vitamin C in viral diseases, I strongly believe it would be my first recommendation in the management of corona virus infections."

(Victor A. Marcial-Vega, MD)
Puerto Rico

"It is of great importance for all doctors to be informed about intravenous vitamin C. When a patient is already in hospital severely ill, this would be the best solution to help save her or his life."

(Karin Munsterhjelm, MD)
Finland

Winning the hospital game

When faced with hospitalization, the most powerful person in the most entire hospital system is the patient. However, in most cases, the system works on the assumption that the patient will not claim that power. If on your way in you signed the hospital's legal consent form, you can unsign it. You can revoke your permission. Just because somebody has permission to do one thing doesn't mean that they have the permission to do everything. There's no such thing as a situation that you cannot reverse. You can change your mind about your own personal healthcare. It concerns your very life. ***The rights of the patient override the rules of any institution.***

If the patient doesn't know that, or if they're not conscious, or if they just don't have the moxie to do it, the next most powerful person is the spouse. The spouse has enormous influence and can do almost as much as the patient. If the patient is incapacitated, the spouse can, and must, do all the more. If there is no spouse present, the next most powerful people in the system are the children of the patient.

When you go to the hospital, bring along a big red pen, and cross out anything that you don't like in the hospital's permission form. And before you sign it, add anything you want. Write out "I want intravenous vitamin C, 25 grams per day, until I state otherwise." And should they say, "We're not going to admit you," you reply, "Please put it in writing that you refuse to admit me." What do you think their lawyers are going to do with ***that?*** They have to admit you. It's a game, and you can win it. But you can't win it if you don't know the rules. And basically, they don't tell you the rules.

This is deadly serious. ***Medical mistakes are now the third leading cause of death in the US.*** Yes, medical errors kill over 400,000 Americans every year. That's 1,100 each day, every day. [5]

There are mistakes of commission and mistakes of omission. Failure to provide intravenous vitamin C is, literally, a grave omission. ***Do not allow yourself or your loved ones to be deprived of a simple, easy to prepare and administer IV of vitamin C.***

"If a family member of mine died due to coronavirus infection, after a doctor refused to use intravenous vitamin C, I would challenge his or her treatment in a court of law. I would win." (Kenneth Walker, MD, surgeon)

It can be done

Vitamin IVs can be arranged in virtually any hospital, anywhere in the world. Attorney and cardiologist Thomas E. Levy's very relevant presentation is free access. [6,7]
<http://www.doctoryourself.com/VC.NZ.Sept.2010.pdf> and <http://orthomolecular.org/resources/omns/v06n26.shtml>.

Both the letter and the intent of new USA legislation now make this easier for you.

"The new federal Right to Try Act provides patients suffering from life-threatening diseases or conditions the right to use investigational drugs... It amends the Food, Drug, and Cosmetic Act to exempt investigational drugs provided to patients who have exhausted approved treatment options and are unable to participate in a clinical trial involving the drug. Advocates of right to try laws have sought to accelerate access to new drugs for terminally ill patients who are running out of options. Arguably, the law does not represent a radical change in this and several other states, however, because in 2016, California had already joined the majority of other states in adopting a law enabling physicians to help terminally ill patients pursue investigational therapies, without fear of Medical Board or state civil or criminal liability. . . The new Right to Try law should give physicians, as well as drug manufacturers, some added comfort about FDA enforcement in these cases." [8]

Therefore, in regards to intravenous vitamin C, do not accept stories that "the hospital can't" or "the doctor can't" or that "the state won't allow it." If you hear any of this malarkey, please send the *Orthomolecular Medicine News Service* the text of the policy or the law that says so. In the meantime, take the reins and get vitamin C in the veins.

References:

1. Saul AW (2020) Nutritional Treatment of Coronavirus. <http://orthomolecular.org/resources/omns/v16n06.shtml>
2. Saul AW (2020) Vitamin C Protects Against Coronavirus. <http://orthomolecular.org/resources/omns/v16n04.shtml>
3. Mawhinney J (2003) Vitamin C touted to fight virus. Toronto Star, 30 May 2003. http://www.newmediaexplorer.org/sepp/2003/06/06/vitamin_c_could_be_effective_against_sars.htm.
4. The Riordan IVC Protocol is a free-access download at <http://www.doctoryourself.com/RiordanIVC.pdf>
5. James JT (2013) A new, evidence-based estimate of patient harms associated with hospital care. *J Patient Safety* 9:122-128. https://journals.lww.com/journalpatientsafety/fulltext/2013/09000/A_New_Evidence_based_Estimate_of_Patient_Harms.2.aspx .
6. Levy TE. Vitamin C: the facts, the fiction, and the law. <http://www.doctoryourself.com/VC.NZ.Sept.2010.pdf>
7. Levy TE. Vitamin C And The Law. OMNS. <http://orthomolecular.org/resources/omns/v06n26.shtml>.
8. Nelson H, Zimmitti S (2018) New Federal Right to Try Act. *NH Healthcare Law Perspectives*. <https://www.nelsonhardiman.com/right-to-try-right-to-die-federal-and-state-laws-in-flux-for-providers-who-treat-terminally-ill-patients>

To learn more about intravenous vitamin C:

There are many articles posted for free reading at <https://riordanclinic.org/journal-article-categories/intravenous-vitamin-c/>

Mikirova N, Hunninghake R. (2014) Effect of high dose vitamin C on Epstein-Barr viral infection. *Med Sci Monit*. 20:725-732. <https://www.ncbi.nlm.nih.gov/pubmed/24793092>. "The clinical study of ascorbic acid and EBV infection showed the reduction in EBV EA IgG and EBV VCA IgM antibody levels over time during IVC therapy that is consistent with observations from the literature that millimolar levels of ascorbate hinder viral infection and replication in vitro."

Gonzalez MJ, Berdiel MJ, Duconge J, Levy TE, Alfaro IM, Morales-Borges R, Marcial-Vega, V, Olalde J. (2018) High Dose Vitamin C and Influenza: A Case Report. *J Orthomol Med*. 33(3) <https://isom.ca/article/high-dose-vitamin-c-influenza-case-report/> "Based on the positive outcome in this case, we propose that Intravenous Vitamin C should be studied as a vital component of the treatment protocol for acute viral infections."

Dr. W. Gifford-Jones: People are dying needlessly of coronavirus. <https://www.mpnow.com/news/20200128/dr-gifford-jones-people-are-dying-needlessly-of-coronavirus>

Murata A. (1975) Virucidal activity of vitamin C: Vitamin C for the prevention and treatment of viral diseases. Proceedings of the First Intersectional Congress of Microbiological societies, Science Council of Japan, 3:432-42.

Saul AW. Vitamins in Hospitals <http://www.doctoryourself.com/hospitals.html>

Saul AW. (2020) Vitamin C Protects Against Coronavirus. Orthomolecular Medicine News Service. <http://orthomolecular.org/resources/omns/v16n04.shtml>

Saul AW. How to Get Intravenous Vitamin C Given to a Hospitalized Patient: A Checklist <http://www.doctoryourself.com/strategies.html>

Cathcart RF. Preparation of Sodium Ascorbate for Intravenous and Intramuscular Administration <http://www.doctoryourself.com/vitciv.html>

Note: The Japanese College of Intravenous Therapy (JCIT) was founded in 2007. JCIT has organized educational seminar on intravenous nutrient therapy and integrative medicine for 13 years. JCIT now consists of 850 active members of physician and dentists. Every year, the College organizes 10 or more educational seminars with protocols for intravenous vitamin C therapy, mainly along with the Riordan Protocol, for patients with acute and chronic diseases. More than 2500 physicians in Japan have learned these protocols, and patients can easily find member's clinics all over Japan. In addition, JCIT recommends that physicians stock extra vitamin C vials in case of a pandemic. The JCIT website (Japanese language only): <https://www.iv-therapy.org>

Nutritional Medicine is Orthomolecular Medicine

Orthomolecular medicine uses safe, effective nutritional therapy to fight illness. For more information: <http://www.orthomolecular.org>

Find a Doctor

To locate an orthomolecular physician near you: <http://orthomolecular.org/resources/omns/v06n09.shtml>

The peer-reviewed Orthomolecular Medicine News Service is a non-profit and non-commercial informational resource.

Editorial Review Board:

Ilyès Baghli, M.D. (Algeria)
 Ian Brighthope, M.D. (Australia)
 Prof. Gilbert Henri Crussol (Spain)
 Carolyn Dean, M.D., N.D. (USA)
 Damien Downing, M.D. (United Kingdom)
 Michael Ellis, M.D. (Australia)
 Martin P. Gallagher, M.D., D.C. (USA)
 Michael J. Gonzalez, N.M.D., D.Sc., Ph.D. (Puerto Rico)
 William B. Grant, Ph.D. (USA)
 Tonya S. Heyman, M.D. (USA)
 Suzanne Humphries, M.D. (USA)
 Ron Hunninghake, M.D. (USA)
 Michael Janson, M.D. (USA)
 Robert E. Jenkins, D.C. (USA)
 Bo H. Jonsson, M.D., Ph.D. (Sweden)
 Jeffrey J. Kotulski, D.O. (USA)
 Peter H. Lauda, M.D. (Austria)
 Thomas Levy, M.D., J.D. (USA)
 Homer Lim, M.D. (Philippines)
 Stuart Lindsey, Pharm.D. (USA)
 Victor A. Marcial-Vega, M.D. (Puerto Rico)
 Charles C. Mary, Jr., M.D. (USA)
 Mignonne Mary, M.D. (USA)

Jun Matsuyama, M.D., Ph.D. (Japan)
Dave McCarthy, M.D. (USA)
Joseph Mercola, D.O. (USA)
Jorge R. Miranda-Massari, Pharm.D. (Puerto Rico)
Karin Munsterhjelm-Ahumada, M.D. (Finland)
Tahar Naili, M.D. (Algeria)
W. Todd Penberthy, Ph.D. (USA)
Dag Viljen Poleszynski, Ph.D. (Norway)
Jeffrey A. Ruterbusch, D.O. (USA)
Gert E. Schuitemaker, Ph.D. (Netherlands)
Thomas L. Taxman, M.D. (USA)
Jagan Nathan Vamanan, M.D. (India)
Garry Vickar, MD (USA)
Ken Walker, M.D. (Canada)
Anne Zauderer, D.C. (USA)

Andrew W. Saul, Ph.D. (USA), Editor-In-Chief
Editor, Japanese Edition: Atsuo Yanagisawa, M.D., Ph.D. (Japan)
Robert G. Smith, Ph.D. (USA), Associate Editor
Helen Saul Case, M.S. (USA), Assistant Editor
Michael S. Stewart, B.Sc.C.S. (USA), Technology Editor
Jason M. Saul, JD (USA), Legal Consultant

Comments and media contact: drsaul@doctoryourself.com OMNS welcomes but is unable to respond to individual reader emails. Reader comments become the property of OMNS and may or may not be used for publication.

To Subscribe at no charge: <http://www.orthomolecular.org/subscribe.html>

To Unsubscribe from this list: <http://www.orthomolecular.org/unsubscribe.html>

[Back To Archive](#)

[\[Home\]](#) [\[History\]](#) [\[Library\]](#) [\[Nutrients\]](#) [\[Resources\]](#) [\[Contact\]](#) [\[Contribute\]](#)

[Back To Molecule](#)



This website is managed by [Riordan Clinic](#)
A Non-profit 501(c)(3) Medical, Research and Educational Organization
3100 North Hillside Avenue, Wichita, KS 67219 USA
Phone: 316-682-3100; Fax: 316-682-5054
© (Riordan Clinic) 2004 - 2017

Information on Orthomolecular.org is provided for educational purposes only. It is not intended as medical advice.
Consult your orthomolecular health care professional for individual guidance on specific health problems.