Vitamin C: Neglected Hero in Medicine

Are Cataracts a focal form of Scurvy?

Edward C. Kondrot, MD, MD(H)
Material taken from a lecture by Dr. Levy on unique Vitamin C applications given at the ACIM meeting in Orlando, FL October 25, 2013
Frederick R. Klenner, MD [Oct. 22, 1907-May 20, 1984]

- First doctor to fully realize what high-dose vitamin C could do, and proceeded to utilize it in that manner; published 28 papers documenting his results

- Documented the ability of vitamin C to reliably cure many different acute infectious diseases and to reliably neutralize any toxin treated, when sufficiently
1. Kill/inactivate all viruses *in vitro* against which it has been tested. Prominent examples:

A. Poliovirus: vitamin C completely inactivated the poliovirus, rendering it completely non-infectious, even when injected directly into the brains of monkeys. Jungeblut, 1935 [19870431]

B. Herpesviruses:


Holden and Molloy (1937) Further experiments on the inactivation of herpes virus by vitamin C (*l*-ascorbic acid). *Journal of Immunology* 33:251-257
2. Resolve all *acute* viral syndromes for which it has been adequately dosed. Prominent examples:

A. Polio: Vitamin C cured acute polio (60 of 60 cases)

(Klenner in 1949); full article:

Vitamin C cured acute but *advanced* polio and its associated *flaccid paralysis*:
2. Resolve all **acute** viral syndromes for which it has been adequately dosed. Prominent examples:

Years after Klenner’s experience with polio, it was demonstrated that polio responded very well to high-dose vitamin C given **orally** as well, with 5 patients receiving between 50,000 and 80,000 mg given at various times over a 10-day treatment period. Greer, 1955 [13279345]

Another clinician showed much **lower** doses of vitamin C clearly **accelerated the resolution** time of polio patients, including normalizing elevated temperatures. Baur, 1952 [13021801]
2. Resolve all **acute** viral syndromes for which it has been adequately dosed. Prominent examples:

Acute hepatitis:
Dalton, 1962 [13883259] (Six daily 2,000 mg injections)

Cathcart, 1981 [7321921] (Reported that he never had a single case of acute viral hepatitis fail to respond to properly dosed IVC, and that he never had a VC-treated hepatitis patient subsequently develop chronic hepatitis)

Orens, 1983 [6573223] (IV and oral)
2. Resolve all *acute* viral syndromes for which it has been adequately dosed. Prominent examples: Vitamin C repeatedly cured cases of viral encephalitis, many *presenting in coma*:


2. Resolve all **acute** viral syndromes for which it has been adequately dosed. Prominent examples:
   A. Measles (simple and complicated)
   B. Mumps (simple and complicated); Klenner, 1949 [18147027]
   C. Herpes infections, **acute** (chickenpox) Dainow, 1943 68 197; Zureick, 1950 [14908970]; (1974) Klenner 1 45
   D. Influenza (flu, including H1N1 swine flu); 60 **Minutes** report, New Zealand, 2010); see www.peakenergy.com
   E. Rabies: vitamin C-treated guinea pigs had improved survival Banic, 1975 [1191395]; No studies of humans infected with rabies and treated with VC found
3. Documented efficacy in non-viral infections.
Diphtheria, tetanus, staphylococcus, streptococcus, pseudomonas (all documented as curable with vitamin C therapy)
While vitamin C is an absolute virucide, it is: 1. Often bactericidal
2. Almost always bacteriostatic, and
3. Always strongly supportive of an optimally competent immune system. Clinically, properly-dosed vitamin C will resolve all acute and many chronic viral infections, as well as most acute infections resulting from other non-viral pathogens (Levy, 2002, Curing the Incurable)
3. Documented efficacy in non-viral infections.
   Malaria (very positive responses to very low doses) [1938] Lotze H. Clinical experimental investigations in benign tertian malaria. *Tropical Diseases Bulletin* 35 733
   Leprosy, typhoid fever, brucellosis, trichinosis
   Dysentery (amebic and bacillary)
4. Documented as the ultimate nonspecific antitoxin and poison antidote, *in vitro and in vivo*:

A. Toxic elements (mercury, lead, chromium, arsenic, cadmium, nickel, vanadium, aluminum, fluorine); [Levy, 2002, *Curing the Incurable*, pp. 280-312]


C. Alcohol; Zannoni, 1987 [3304067]

D. Barbiturates; (1971 & 1974, Klenner, see above), Kao, 1965 [5899011]
Regardless of whether there exists an appropriate antibiotic or other antimicrobial agent for administration, vitamin C should *always* be part of *any* protocol for *any* infection, acute or chronic, because:

2. Vitamin C has its own direct anti-pathogen properties (iron, Fenton reaction)
3. Vitamin C neutralizes specific endotoxins, exotoxins, and the nonspecific pro-oxidant effects associated with any infection
4. All infections consume vitamin C, so failing to supplement with vitamin C means the patient will be dealing with infection-induced pre-scurvy and even frank scurvy as well (consider making *serial* plasma vitamin C levels a routine part of the testing in all hospitalized patients)
6. Neutralize radiation toxicity and/or repair damage from it.
In Japan, after the tsunami-induced nuclear plant breach, the Japanese College of Intravenous Therapy (JCIT) treated many individuals with vitamin C-centered therapies.
In an unpublished study, five Fukushima Nuclear Plant workers with heavy radiation exposure received IVC only twice monthly, along with the regular supplementation of oral liposome-encapsulated vitamin C, as well as alpha lipoic acid, selenium, and a multivitamin preparation. Over a two-month period, statistically significant drops were seen in a laboratory test for free DNA, as well as in a multifactorial Cancer Risk Score evaluation.
Question:
What do all toxins and infections have in common

Answer:
*All* infections and *all* toxins cause cell/tissue damage and produce symptoms by increasing oxidative stress. No exceptions.
At the molecular level, then, oxidative stress is the depletion of electrons from the molecules that are oxidized. The more molecules there are that are oxidized, the more oxidative stress is present.

This represents not only a theory, but a highly efficient and accurate working model in clinical medicine.
Redox Biology:

Nutrient/Toxin Relationship

The defining property of a nutrient is to metabolize into one or more substances that have the ability to donate electrons (REDUCTION):

Antioxidant = Nutrient

Nutrient = Antioxidant
Redox Biology

Even though there is a tremendous variety of molecular structure among all of the known toxins, they ALL SHARE the property of taking, or causing to take, electrons from other molecules, oxidizing them and causing a state of increased oxidative stress.

If a molecule does not cause the loss of one or more electrons from another molecule it IS NOT TOXIC, and it CANNOT BE TOXIC. Toxicity and any symptoms of toxicity cannot exist unless electrons are being taken from other molecules (oxidation).
1. Electrons are the fuel of life. The “combustion” of this fuel is nothing more than the flow (exchange) of electrons between and among biomolecules.

2. All increased oxidative stress causes electron depletion and inhibits optimal electron flow.

3. All toxic effects are caused by increased oxidative stress.

4. Increased oxidative stress IS all disease.
Healing is Voltage
The Handbook
Jerry Tennant, MD, MD(H), ND(M)
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Common ways electrons are taken from the body

- Acidic Water (tap water, chlorinated water, fluoride, most bottled water)
- Carbonated beverages
- Caffeinated beverages
- Alcoholic beverages
- Cooked foods
- Processed foods
- Moving air: wind, air conditioning, fans, convertibles and hair dyers
Receiving electrons

- Healers touching patients
- Hugs
- Parents holding a sick child
- Moving water
- Grounding to the earth
Microcurrent!!
&
Ozone!!
Dose

Almost all clinical failures of vitamin C administration are due to inadequate C delivery to the target tissues, usually a result of inadequate dosing. While lower doses will still be of benefit to the patient, a 30-gram IV infusion may result in little discernible clinical improvement, while a 50-gram, a 100-gram, or a 150-gram infusion could still demonstrate progressively more positive clinical responses. Tiny (<500 mg) doses of vitamin C can sometimes trigger a pro-oxidant response, due to triggering of the Fenton reaction at various sites in the body. These microdoses of vitamin C account for virtually all of the “negative” articles regularly published about the in vitro and in vivo effects of vitamin C.
When “regular” vitamin C is used, the intravenous route is always the most desirable (sodium ascorbate, buffered ascorbic acid); however, intramuscular is very effective as well, and was used frequently by Dr. Klenner
Route & Form—Intramuscular

In Dr. Klenner’s own words:

“In small patients, where veins are at a premium, ascorbic acid can easily be given intramuscularly in amounts up to two grams at one site. Several areas can be used with each dose given. Ice held to the gluteal muscles until red, almost eliminates the pain. We always reapply the ice for a few minutes after the injection. Ascorbic acid is also given, by mouth, as followup treatment. Every emergency room should be stocked with vitamin C ampoules of sufficient strength so that time will never be counted—as a factor in saving a life. The 4 gram, 20 cc ampoule and 10 gram 50 cc ampoule must be made available to the physician.” [Typically sodium ascorbate or ascorbic acid buffered with sodium bicarbonate]
Route & Form

Oral liposome-encapsulated vitamin C vs. regular C

1. Rapid and very enhanced absorption (Ling, 2006 [16556538])

2. No stomach upset & no ascorbate-induced diarrhea

3. Intracellular bioavailability (Yamada, 2008 [18655816]; Rawat, 2007 [17944316])
Adjunct Therapies

Unless another therapy is inherently pro-oxidant and toxic, vitamin C will only augment the desired effects. And even with highly toxic agents, proper vitamin C administration can help produce the desired outcome by reducing otherwise unavoidable and therapy-limiting side effects.

No need to avoid antibiotics; vitamin C works very well in enhancing their antimicrobial effects (many antibiotics are little more than iron chelators, lessening the ability of pathogens to proliferate).

Chemotherapy (pro-oxidant & toxic); vitamin C will neutralize only if taken simultaneously (encountering it in the blood); otherwise, vitamin C works well in correcting the damage done by chemotherapy to normal, non-tumor tissue, although vitamin C loading will protect normal cells better if given before chemo.
When patient feels worse after IVC or even highly-dosed oral vitamin C, a “Herxheimer-like” reaction is often the cause. This can be due to an accelerated release of stored intracellular toxins at a rate in excess of what the ongoing VC being administered can neutralize. It can also be secondary to a massive kill-off of pathogens, with substantial amounts of reactive iron and other pro-oxidant “debris” in the lymphatics and blood. Similarly, it can be due to a massive kill-off of susceptible cancer cells, along with substantial amounts of reactive iron and pro-oxidant “debris” being released as well.
For optimal vitamin C treatment of chronic diseases, pro-oxidant (toxin) sources need to be addressed in addition to antioxidant administration.

Dental Infections and Toxins (Critical)

1. Root canal treated teeth (infectious, toxic; especially important when treating cancer and atherosclerosis)

2. Periodontal disease (infectious, toxic)

3. Implants (toxic, often infectious)
Cataracts may be a focal form of Scurvy!

- Low levels of ascorbic acid are found in the aqueous humor of patients with cataracts
- Dr. Rowen’s eye drop contains ascorbic acid and has been shown to reduce cataracts
- If this is the case then high doses of vitamin C might reverse cataracts
- Consider a course of IV vitamin C or high dose liposomal Vitamin C
Vitamin C will now be part of the Kondrot Program

- 3 to 5 days of IV vitamin C
- 25 to 50 grams daily
- Recruiting cataract patients for treatment
- Spend 5 days in the warm Florida Sunshine
- Receive 5 treatments of IV vitamin C
Making Liposomal Vitamin C

6 to 8 times more powerful than oral
can begin to take 10 grams a day

http://www.youtube.com/watch?v=1cBp879mfgI

1 cup of warm water 2 T of vitamin C crystals
2 cups of warm water 6.5 T of non GMO lethicin
mix and blend for several seconds
place in ultrasound for 8 minutes and mix
 lasts a couple days
70% capsulated efficiency
Goats, like almost all animals, make their own vitamin C. An adult goat, weighing approx. 70 kg, will manufacture more than 13,000 mg of vitamin C per day in normal health, and levels manyfold higher when faced with stress.
“Be careful in reading health books. You may die of a misprint.”

Mark Twain:
Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins