Intravenous vitamin C validated by new studies

Many of the therapies that I’ve used at the Hoffman Center throughout the past 30 years are controversial, to say the least.

What’s gratifying is that, like natural thyroid for hyperthyroidism, vitamin D for autoimmune diseases and Ubiquinol for heart problems—as well as innumerable other examples—they’ve stood the test of time and have only become more popular and better accepted over the decades.

One of the most assailed therapies that I have embraced is chelation therapy. Criticized by some in mainstream medicine as outright quackery, I have used intravenous EDTA chelation to address circulatory problems for hundreds of patients with good results.

And, last year, I was vindicated. A remarkable study, published in the Journal of the American Medical Association, found that chelation helped avert subsequent heart problems in patients who had previous heart attacks.

You can read my summary of the chelation story in an article I wrote for The Clinical Advisor, titled “The Facts and Fictions of Chelation Therapy.”

Even more validating is the recent good news about IV vitamin C. Intravenous “drips,” high in vitamin C, have been a feature of my practice since the 1980s. I have long believed that high doses of C—way beyond the amount we can assimilate orally—provide a natural way of enhancing immunity, eradicating viral pathogens that are hard to treat with medication and even helping to suppress cancer.

I recently did an Intelligent Medicine podcast with Dr. Jeanne Drisko, a longtime colleague and friend, who is spearheading research into IV vitamin C’s cancer-fighting power. You can listen to that podcast here: http://shar.es/QRtdJ

I must confess that, while convinced of IV vitamin C’s healing powers, I despaired of ever convincing the orthodox medical establishment to perform proper studies to validate its effectiveness. Yet this is precisely what Dr. Drisko has done with cancer patients under her care at the University of Kansas Medical Center. Patients simultaneously receiving standard chemo and radiation for cancer did substantially better when they received twice- or three-time weekly vitamin C IVs. They had fewer
side effects and survived, on average, more than 8 months longer.


The doses used were quite high, ranging from 50 to more than 100 grams of vitamin C per IV (compared to the gram or two that most people take daily simply for prevention and immune support).

These IVs require that people come to the clinic and sit for 3 to 4 hours while the C is slowly infused. Appropriate tests must be done to safeguard patients’ kidney function and to avoid rare instances of vitamin C intolerance. But in my experience, even sick cancer patients usually tolerate it well.

While some advocate “oxidative therapies” for cancer, like ozone and hydrogen peroxide, I find that vitamin C is safer and more effective. And new research supports the notion that high dose C delivers cancer-suppressing hydrogen peroxide deep within the body where it kills vulnerable cancer cells while leaving healthy cells unscathed.

Is vitamin C a panacea for cancer? That’s far from what I’d like to convey. I still believe that the answer to cancer will be found when we blend high-tech solutions with natural alternatives. For now, vitamin C offers additional hope to patients facing challenging cancer diagnoses while they pursue the best that conventional oncology offers.

And finally, we have scientific validation for a therapy once thought to be a mere leap of faith.

What we need now are more large, well-funded studies to determine which cancers respond best to IV vitamin C, with what chemo and radiation regimens it is compatible, how much to give and how frequently, and for how long. Here’s hoping that courageous pioneers such as my colleague Dr. Drisko will no longer be denied a voice in the scientific dialogue so that therapies such as IV vitamin C can emerge, once and for all, from the shadows.