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Thomas E. Levy, MD, JD

Foreword by Dr. Garry Gordon

**PRIMAL
PANACEA**

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by Thomas E. Levy, MD, JD



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First Edition: 2011

Library of Congress Control Number: 2011933055

ISBN: Soft cover 9780983772804

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Foreword

By Garry Gordon, MD

For years I have highly prized Dr. Tom Levy's significant scientific contributions regarding the miraculous healing powers of vitamin C. I have heavily relied upon and referenced his previous book, *Curing the Incurable: Vitamin C, Infectious Diseases and Toxins*, for many years in treating patients and teaching practitioners all over the world.

Through the extensive published literature compiled by Dr. Levy (with over 1,200 scientific references), many now know which forms and in what dosages vitamin C is most beneficial — proving that the accepted daily requirements of vitamin C are far too low for maintaining healthy cellular function and fighting off infections. Vitamin C in what appears to be mega doses of 5,000 to 20,000 milligrams or more orally – and 20 to 200 grams intravenously – can and has saved lives even after all else has failed.

This book comes at a time when our healthcare system is failing. We are losing our personal rights to choose the type of medical care we want. We are losing availability to quality hospitals and services, and we are losing doctors as they close down their practices because of oppressive governmental restrictions and legislation.

“Corruption is authority plus monopoly minus transparency.” This anonymous quote describes the current functioning of our corporate controlled government today. We must not sit idly by thinking that the Obama healthcare bill, unconstitutionally forced into law against the people's will, is

going to make things better. If it is not repealed, we will only experience more of the same and worse.

Currently we spend more on healthcare in this country than any other country in the world, yet we are getting fatter and sicker while taking more and more pharmaceutical drugs. Deadly drugs are mass marketed by corporations making trillions of dollars off sickness and suffering. Prescriptions are pushed and peddled through slick, happy commercials targeting every demographic, from infants to the elderly — and even the unborn.

How can one deny the legitimacy of a drug commercial showing a smiling and relaxed person – strolling along a beautiful beach at sunset, or enjoying a family gathering with loved ones — now happy and healthy because their “diagnosis” of depression, or heart disease, or cancer, or high cholesterol, or erectile dysfunction, has finally been cured with the newest wonder drug. These commercials also urge you to “ask your doctor” about said drug if you suspect you might have any of the symptoms or conditions described... and don’t pay any attention to the dozens of ill effects listed quickly and quietly as a disclaimer at the end. If your trusted physician believes in it, and if it is approved by the FDA, then it must be the safest and the best course of treatment, right?

Wrong! It’s all about money — and control. Most drugs only mask symptoms, ignoring the real underlying causes of disease, all the while generating new illnesses and conditions that will require another drug. The drug companies know this, and knowingly hide it from you.

Sadly, the *Wall Street Journal* reports that more than a quarter of U.S. kids and teens today are taking a prescription medication on a chronic basis, with nearly 7% of those on two or more drugs. Flu vaccines and antidepressants are being prescribed to pregnant women, with known adverse effects upon the fetus, resulting in long-term chronic conditions for the child later in life. And according to the CDC, half of all Americans take prescription drugs on a consistent

basis; approximately one-third use two or more pharmaceutical drugs daily, and more than 10% of all Americans are frequently on five or more drugs at a time. In light of those statistics it should come as no surprise that the *Journal of The American Medical Association* (JAMA) has reported that fatal adverse drug reactions (FADR's) are now the leading cause of death in the U.S. today.

The unsavory relationship between government control, mainstream medicine and the pharmaceutical industry has been uncovered by none other than Harvard Medical School's Dr. Marcia Angell, who is also the former Editor-in-Chief at the *New England Journal of Medicine*, one of the most respected medical journals on earth. An outspoken critic of the current U.S. healthcare system and the pharmaceutical industry, Dr. Angell is the author of the book, *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*, and an excellent article in the *New York Review of Books* called "Drug Companies & Doctors: A Story of Corruption." Revealing the financially-driven corrupt ties between current healthcare practices in the U.S. and industry-backed clinical research, she wrote:

"No one knows the total amount provided by drug companies to physicians, but I estimate from the annual reports of the top 9 U.S.-based drug companies that it comes to tens of billions of dollars a year in North America alone. By such means, the pharmaceutical industry has gained enormous control over how doctors evaluate and use its own products. Its extensive ties to physicians, particularly senior faculty at prestigious medical schools, affect the results of research, the way medicine is practiced, and even the definition of what constitutes a disease."

Mainstream medicine and the media, under the control of the FDA and their pharmaceutical company “clients,” have done everything in their power to keep things like vitamin C and other natural, affordable forms of self-treatment from being routinely used as the first line of response to any health issue we encounter.

Why do they do this?

Because nutritional supplements are not patentable and so they aren’t able to make trillions of dollars through proprietary ownership like they do with pharmaceutical drugs. That does not mean they aren’t continually trying to find a way to control our healthcare options, pursuing control through propaganda, misinformation and furtive legislation, all in the name of “public safety”. In July of 2011 the FDA and Illinois Senator Dick Durbin (D) introduced yet another bill —the Dietary Supplement Labeling Act of 2011 (S.1310) — specifically designed to suffocate the nutritional supplement industry through ridiculous labeling and redundant notification requirements.

They do not want the public to know the unbelievable power that high doses of oral and intravenous vitamin C (taken orally in daily dosages of 4 to 20 or more grams a day and when needed, intravenously in doses of 30 to 200 or more grams a day) provide to help mankind deal with some of our most challenging chronic and acute health problems.

We must all learn what we can do to help ourselves deal with the myriad of healthcare problems we encounter, from minor accidents to the antibiotic resistant infections that kill over 100,000 each year. We must become fully informed of all options and fight the system for our inalienable right to choose natural remedies over conventional practices.

Dr. Levy shows us how to save lives. We need more champions like him, and champions like Ralph Fucetola, JD, known as “The Vitamin Lawyer,” who has received numerous awards for his role in the 1995 DHEA Cases on behalf of the Life Extension Foundation, and brilliant Constitutional

Attorney Jonathan Emord, who has defeated the FDA in federal court a total of eight times so far on behalf of First Amendment rights and the rights of citizens' access to alternative and experimental therapies. Many "alternative" modalities can be incorporated into mainstream medicine by consumer demand – that will follow when the public becomes more informed about the numerous other life-saving modalities available.

For this latest and most welcome book, Dr. Tom Levy has accurately and rightfully chosen the powerful name "Primal Panacea." We are experiencing very challenging times on a toxic planet that is going through substantial magnetic and atmospheric earth changes — which are contributing to the epidemic of chronic degenerative diseases we are seeing today from heart disease, cancer, obesity, diabetes, et cetera. It takes an expert and driven proponent like him and others to inform the general public about all these amazingly effective, virtually non-toxic therapies that are all too frequently utilized in America only after all "standard" medical approaches have failed.

There is no question in my mind that vitamin C is truly as close to a cure-all that we have today. Every health problem will respond to treatment and recover better when patients are receiving adequate levels of vitamin C.

We need a revolution in medicine and Dr. Thomas E. Levy is undeniably one of the most important voices helping to guide us all towards true health and longevity.

Preface

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thomas E. Levy, MD, JD

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Chapter One

High-Dose Vitamin C: The Universal Antimicrobial

Don't you dare say "CURE"

We “put cancer in remission,” get heart disease, diabetes, and arthritis “under control”... but we don't really “cure” anything! Considering the trillions of dollars and decades of time already spent on pharmaceutical research, shouldn't there be a “cure” for man's most dreaded conditions?

Medical people **do not** use the word “cure” and those who are selling supplements **dare not** use it. Advertising language for supplements cannot use the word “cure” even when referring to a nutrient deficiency disease like scurvy (*a vitamin C deficiency*) or beriberi (*a vitamin B deficiency*). Even with overwhelming scientific evidence to show that a food or supplement can “cure,” “prevent,” or even help “treat” a disease, the FDA considers a reference to that evidence as a “drug claim.” A food or supplement seller making such claims can be subject to the following:

- Search and/or seizure of bank accounts
- Search and/or seizure of all records
- Seizure of product
- Substantial fines
- Time in prison

On the other hand, drug companies don't ever promise a cure. One has to wonder whether they are even looking for one.

Consult the medical reference book found in the office of most MDs and you'll find there is "no effective treatment" for the majority, if not all, of viral infections. In layman's terms, the standard protocol for a viral infectious disease victim is: "make patient comfortable... hope (pray) patient's immune system prevails."

How criminal... when one of the

- Most studied
- Safest
- Least expensive
- Wildly effective

antimicrobials has been available for decades!

High-dose vitamin C has been proven to be a successful treatment — and in many cases it's a complete cure — for most viral and many bacterial infections. So why does it continue to be ignored?...ridiculed?...shunned?...penalized?

Four Apparently "Untreatable" Deadly Conditions

Unfortunately, there are four deadly conditions that seem to be unaffected by high-dose vitamin C:

- Ignorance
- Cynicism
- Fear of being proven wrong
- Greed

Lest I be accused of overstating my point, I offer a recent example that was brought to light in two powerful New Zealand *60 Minutes* health documentaries that aired in 2010.

The first, called "Living Proof?", told the story of a New Zealand farmer who contracted an extremely severe case of H1N1. Medical tests confirmed the diagnosis of swine flu,

white-out pneumonia, and hairy cell leukemia. His lungs were so filled with infection that he had to be hooked to a device — called ECMO — that bypasses and functions for the lungs outside the body. After nearly four weeks in an induced coma with aggressive medical intervention his condition was no better. The intensive care specialists met to consider Allan Smith's prognosis. Their conclusion was that "with his lung failure, Mr. Smith cannot survive." After a second meeting the same specialists wrote, "The group is in unanimous agreement that Mr. Smith should be removed from ECMO and be allowed to die. Continuing is only prolonging his inevitable death."¹

The family protested that the doctors hadn't tried everything. They vehemently lobbied for the administration of high-dose, intravenous vitamin C. Two days before Allan's scheduled removal from life support, the doctors consented to allow the vitamin C therapy even while stating, "We are all in agreement that vitamin C will be of no benefit."¹

After only two 25-gram infusions of vitamin C, x-rays revealed a significant clearing of the lungs. The vitamin C therapy was continued at a rate of 100 grams per day. Within a few days, Allan had rapidly improved to the point where he could breathe on his own and he was removed from ECMO.

Then Allan's condition started to deteriorate. When questioned, the hospital admitted that the vitamin C had been discontinued. His family pushed for a resumption of the therapy. The doctors capitulated, but only continued at a meager two grams per day. The patient did start to improve again, but at a very slow rate. Why the doctors resumed vitamin C at a dose that was only two percent of the earlier beneficial dose defies logic if Mr. Smith's welfare was the only significant concern.

When Mr. Smith improved to the point he could be moved to a hospital closer to home, the new set of doctors again discontinued the C therapy. Predictably, Allan started

to worsen. This time, the family had to hire an attorney to force a resumption of the C therapy. But, the new hospital would only administer two grams per day. Even so, the patient started to recover. As soon as Allan was able to swallow, his family fed him large doses of an oral liposome-encapsulated vitamin C. To the doctors' amazement, Allan walked out of the hospital several weeks before they thought it possible. Furthermore, there was no longer evidence of hairy cell leukemia.

Perhaps the most amazing part of this story is that those in the medical community with bedside seats to this amazing drama were unconvinced that vitamin C *had any part* in Allan Smith's return to health! One reviewing physician who refused to believe vitamin C had any positive effect in Allan Smith's recovery theorized that his turnaround could just as reasonably be attributed to the passing of a bus outside Allan's hospital room.²

In another H1N1 case covered by *60 Minutes*, a 25 year-old Australian woman was also put on an ECMO machine. Her brother, Mark, had seen the earlier segment, "Living Proof?" and decided to track down the Smith family to get more information about high-dose vitamin C. Convinced that the therapy might help his sister, Mark pushed the hospital to administer intravenous vitamin C. They finally relented. As in the Allan Smith case, her heavily-infected lungs started to clear with a couple of treatments. Finally, the patient improved to the point that the ECMO was discontinued. At the same time, after convincing the patient's mother that its continued administration could somehow be dangerous, the doctors discontinued the vitamin C. Her health rapidly deteriorated and within a few days she passed away.²

A majority of physicians blindly accept the false notion that there is "no evidence" and there are "no studies" showing the effectiveness of high-dose vitamin C in the treatment of anything but scurvy. The fact is, there are thousands of

studies and much evidence! Yet, even when the proof magnificently displays itself — right before their eyes — most in the medical community refuse to see it.

The obvious reality did not escape the attention of the general population, however. These documentaries have created such a groundswell of outrage in New Zealand that the people are forcing a radical change in the way medicine is practiced there. Once the *60 Minutes* documentaries were put on the internet, people all over the world began to hear the truth. Coincidentally (or not), shortly after all this attention, the U.S. Food and Drug Administration (FDA) prevented the company in America that supplied the intravenous vitamin C shown in both programs from producing any more. This draconian action transcends ignorance and cynicism. And more malicious restriction of high-dose vitamin C appears to be on the way (*see Chapter Eight*).

Dr. Ian Brichthope, a nutritional and environmental medicine specialist familiar with the power of high-dose vitamin C, summarized it best in the *60 Minutes* documentary: “People are dying because of the attitude of the medical profession.”²

Some Medical “Treatments” are Downright Barbaric

Since the discovery of penicillin many antibiotics have been added to the arsenal of chemical agents doctors deploy against bacterial infections. But, for a number of reasons, many strains of bacteria are totally unaffected by them. Even now, pharmaceutical companies are losing the race to develop antibiotics that are effective against increasingly drug-resistant bacteria.

In 2008, Dr. Kenneth Todar, bacteriologist, helped identify the enormity of this growing problem:

“Nowadays, about 70 percent of the bacteria that cause infections in hospitals are resistant to at least one of the drugs most commonly used for treatment. Some organisms are resistant to all approved antibiotics and can only be treated with experimental and potentially toxic drugs.”³

So what happens in a traditional medical environment when a patient develops a raging, antibiotic-resistant infection? The answer depends on where the infection is. If it’s in an organ — barring a miracle — the patient dies. But if the uncontrollable infection is isolated in a limb, there’s a more effective therapy: AMPUTATION!

In most, if not all cases, this is unnecessary. The late Maureen Kennedy Salaman, President of the National Health Federation, tells of a frightening experience with her husband, Frank. During an attempt to bathe Sam, their pet cat, the feline became more than excited at the sound and feel of a hair dryer. Sam bit into the bone of her husband’s right index finger. An emergency room doctor checked the bite, administered a tetanus shot, and prescribed an antibiotic.

During the next four days Frank’s right hand swelled to twice its normal size, became discolored, and caused him intolerable pain that medication could not quell. Doctors at the emergency hospital were unanimous in their diagnosis: osteomyelitis (infection of the bone). In Maureen Salaman’s words:

“The bacteria had eaten away the bone, the joint, and the knuckle, and continued to travel down the hand. The laboratories were unable to identify the bacteria. Grim-faced doctors told me it would most probably cost Frank his hand — and possibly his life. He was put on intravenous antibiotics

around the clock. His hand was slashed open across the palm and down both sides of the finger to the bone and washed every two hours in an attempt to stop the raging infection.”

“I went before the hospital board to try to get vitamin C administered to him intravenously. I was told that they were sure it was a good treatment, but they knew nothing about it, and they did not allow treatments of which they had no knowledge.”⁴

After five weeks of this ineffective therapy, the Salamans were told there was only one way to save Frank’s life: AMPUTATION! Through consultation with Robert Cathcart, MD, a vitamin C expert, they decided to leave the hospital and treat the infection with high-dose vitamin C. Doctors inside and outside the hospital counseled them that their decision would probably cost Frank his life. Nevertheless, in anticipation of things continuing to worsen, the surgical appointment for amputation was allowed to stand.

The Salamans drove from the hospital directly to a local clinic that routinely administered high-dose vitamin C. Immediately the doctors started an intravenous infusion of vitamin C, giving Frank 60 to 75 grams per day via this route. Frank was also taking 30 grams of oral vitamin C per day and packing a poultice of garlic and red clay on his hand each night.

Within *two* treatments the pain, which had been requiring two codeine tablets every four hours, stopped! After nine days of treatment, the infection and the swelling were totally gone. The deep open wounds from the surgery had healed with only hairline scars left as a reminder. Again, in Maureen Salaman’s words:

“Frank kept his appointment for the planned amputation. With a broad smile, he held out a no longer misshapen or discolored right hand to shake the hand of a very shaken surgeon. “They had ‘never seen this happen before’. ‘One in a million,’ they said.”

“As I watched their shocked faces, a scripture verse came to mind: ‘God has chosen the simple things of the world to confound the wise.’”⁴

Perhaps more alarming than the case just recounted is the pandemic of a related problem: sepsis. Commonly called “blood poisoning,” sepsis occurs as a result of the body’s inability to cope with a microbial infection as well as the toxins generated by the infection. Even though seven in ten adults have never heard of sepsis, it claims the lives of one American every 2.5 minutes. Other victims of sepsis are “saved” through amputation. Thousands of studies support the fact that high-dose vitamin C is a broad-spectrum antimicrobial (*Resource H*) and that it neutralizes all toxins (*Chapter Two and Resource H*).

Every day high-dose vitamin C could be saving the lives of sepsis victims. Every day countless fingers, toes, hands, feet, arms, and legs could remain attached and healthy if the medical community would simply hear and respond to the facts with scientific integrity.

Vitamin C Can Cure Viral Infections

Vitamin C has been shown to prevent, put into remission, and even cure many viral infections (*see Resource H for details*). Here’s a partial listing:

- AIDS/HIV
- Ebola

- Encephalitis
- Hepatitis
- Herpes
- Pneumonia
- Polio
- Shingles
- Swine Flu

On the other hand, drug companies have yet to develop any drugs that will reliably kill viruses. Instead, vaccination is modern medicine's answer to viral infections. Without delving into the controversies surrounding vaccination, this strategy is not without significant health risks. In addition, many viruses, such as those causing influenza, can evolve into new strains that are unaffected by the antibodies that were developed in response to a previous vaccination. For example, this year's flu vaccination — which was created from last year's virus — may have little or no effect against the flu virus currently making the rounds.

Given the fact that modern medicine has no effective therapy for all viral and many bacterial infectious diseases, why aren't doctors turning to high-dose vitamin C to save the lives of their patients? For decades, men in places of influence have tried to keep the knowledge of high-dose vitamin C locked away. When that has not worked, they have tried to discredit it. Here's where it all started...

Modern Medicine's Scorn for High-Dose Vitamin C: The Beginning

Most Americans under the age of 30 know little, if anything, about polio. Thankfully, it rarely occurs any longer in the United States. During the late 1940s and early 1950s, however, it rose to epidemic proportions. Many of the polio victims "fortunate" enough to survive the acute infection

spent the remainder of their lives crippled. Polio devastated the lives of many patients and families.

Polio was one of the first viral diseases treated with high-dose vitamin C. The clinical results were awe-inspiring and the response of the medical community was totally dumbfounding!

On June 10, 1949, in Atlantic City, New Jersey, Frederick Klenner, MD, presented a summarization of his polio work at the Annual Session of the American Medical Association (AMA).^{5,6} At that time he had cured **60** out of **60** cases of polio with high-dose injectable vitamin C. He made the following remarks:

“It might be interesting to learn how poliomyelitis was treated in Reidsville, N.C., during the 1948 epidemic. In the past seven years, virus infections have been treated and cured in a period of 72 hours by the employment of massive frequent injections of ascorbic acid, or vitamin C. I believe that if vitamin C in these massive doses — **6,000 to 20,000mg** in a twenty-four hour period — is given to these patients with poliomyelitis none will be paralyzed and there will be no further maiming or epidemics of poliomyelitis.”⁶
[Note: These doses were used on infants and small children, equating into doses well in excess of 100 grams daily for an adult.]

Polio cured! 72 hours or less! Simple injections of vitamin C! No further maiming! No more epidemics! Shockingly, there were no questions, no challenges, no suggestions to investigate the protocol... not even a question from those doctors in attendance! It is noteworthy to mention that a Dr. Jonas Salk and a Dr. Albert Sabin were well into their work to

develop polio vaccines at this time. Eight years later, in 1957, when the polio epidemic was already over, Salk announced his injectable vaccine to the world. Thirteen years after Dr. Klenner reported his polio cure, Sabin licensed his oral polio vaccine (the sugar cube).

I can hardly describe the flood of emotions that came over me when I first came across Dr. Frederick Klenner's work with polio patients. The fact that the polio virus was so easily eradicated by vitamin C was not surprising. My own successful experiences in using high-dose vitamin C with a number of different medical conditions had already convinced me of its potent virus-killing abilities. What overwhelmed me now was the new realization that vitamin C had been shown to cure this disease BEFORE countless people had been killed or crippled by it. Even now my heart aches when I see the pictures of polio victims in iron lungs, wheelchairs, and leg braces... and then I get angry! If just a few in the medical community would have opened their eyes, it could have been much different.

This criminal negligence should cause the researchers, politicians, drug company executives, government officials, and physicians who have fought to keep vitamin C out of the mainstream to hang their heads in shame. Yet, in the words of the obnoxious TV infomercial announcer, "But wait, there's more!"

Herpes Infections and High-Dose Vitamin C

In 1936 scientists published results of groundbreaking research establishing vitamin C as a potential treatment for herpes virus infections. Their research clearly proved that vitamin C is a powerful virus-killing agent — it kills every known herpes virus for which it has been tested upon contact, including the kind that causes shingles.⁷ Additional

testing confirmed their findings the following year.⁸ Still other studies have further validated the findings.^{9,10}

Shingles, a type of herpes infection, develops from a reactivation of the chickenpox virus — often many years after the initial experience with chickenpox. The lesions that result from shingles are very painful and can persist for weeks. Over 50 years ago, a medical doctor was able to resolve shingles outbreaks with a daily combination of two to three grams of vitamin C via injection with another gram given orally.

Perhaps the most impressive study of high-dose vitamin C and shingles was published in 1950. The researcher reported a complete resolution in **327 out of 327** shingles patients treated with intravenous vitamin C — all within 72 hours from the start of treatment.¹¹

What are the chances your doctor will recommend high-dose vitamin C if you were to walk into his office with a full-blown case of shingles? If your doctor is a traditionally trained MD, I can safely say there's no chance! Why? Because the use of high-dose vitamin C was conspicuously absent from his medical textbooks and continues to be absent to this day. In other words, he doesn't know!

AIDS and High-Dose Vitamin C

Although at present there is insufficient evidence to make a strong curative claim for high-dose vitamin C in the treatment of AIDS, many vitamin C studies show positive results in treating this disease.

In 1990, Robert Cathcart, MD, reported his experience in the vitamin C treatment of over 250 HIV-positive patients, including ones with full-blown AIDS. In this article he noted that clinical improvement for any given patient seemed to be dependent on two major factors:

- 1) the amount of vitamin C given and

2) the level of illness at the beginning of treatment.

He asserted that any AIDS patient could be put into remission if enough vitamin C were taken to neutralize the toxicity produced by the virus and adequately treat any secondary infections.¹²

Basically, Dr. Cathcart routinely contained the HIV infection, allowing most of his patients to live out a normal lifespan in an asymptomatic state. Although not technically a cure, his patients peacefully coexisted with their infections.

Vitamin C Can Also Prevent and Cure Non-Viral Infections

A considerable list of bacterial, parasitic, and other non-viral infections continues to plague mankind. Many respond poorly to antibiotics or do not respond at all.

Even here, vitamin C has been shown to prevent, speed recovery, and even cure many of these infections (*see Resource H for details*). Here's a partial listing:

- Diphtheria
- Dysentery
- Leprosy
- Malaria
- Pertussis
- Pneumonia
- Pseudomonas Infections
- Rheumatic Fever
- Staph Infections
- Strep Infections
- Tetanus
- Trichinosis
- Tuberculosis
- Typhoid Fever

Researchers report that all of these diseases create a deficiency of vitamin C in the host. This happens because all pathogens produce excessive oxidative stress, depleting available blood and tissue levels of vitamin C in the process. As has been reported for viral diseases like polio and encephalitis, when extremely large doses of vitamin C are used to combat the infection, immediate and curative results almost always ensue. And, even when small doses are employed, vitamin C will often noticeably improve the patient's condition. Remember Allan Smith's case, where his rate of improvement dramatically slowed when his doctors inexplicably dropped his daily vitamin C from 50-100 grams to two grams. However, this will not always be the case. Often a complete clinical relapse will occur when vitamin C dosage is reduced too early and too drastically, allowing viral or microbe titers to rebound.

Furthermore, it is clear that a certain blood concentration or tissue saturation of vitamin C is always needed before a positive clinical response can be observed. So, when tiny doses have been tested against many different infections, researchers often report that vitamin C had no positive clinical effect. Many seemingly unethical studies appear to have employed this fact to discredit vitamin C's efficacy by purposely testing with very small amounts. The researchers then conclude that vitamin C was of no value at all, rather than just ineffective at a tiny dose.

Conclusion

Consider the facts:

- Traditional methods of preventing and treating many infectious diseases are woefully inadequate
- Pathogens always deplete vitamin C levels in the body (*see Resource H*)

- Even when insufficient doses of vitamin C are used, the outcomes of many infectious diseases have been greatly improved
- When high-dose vitamin C is employed, “incurable” infectious diseases are routinely cured (e.g. polio and viral encephalitis)
- Vitamin C fuels and empowers the immune system in many different ways (*see Resource B*)
- Unlike antibiotics and vaccinations, vitamin C has no unhealthy side effects (*see Chapter Seven*)
- Vitamin C has no known toxicity (*see Chapter Seven*)

The argument for employing high-dose vitamin C in the treatment of infectious disease is overwhelming when the evidence is actually reviewed rather than arbitrarily dismissed as simplistic or unbelievable. A thorough review of Resource H will make an even more compelling case. And yet the traditional medical community flat-out refuses to use vitamin C. Some researchers and clinicians claim there is a purposeful “stonewalling”¹³ against this natural substance. Why? I must leave that to the reader to determine. But, unless the public collectively demands the incorporation of high-dose vitamin C into the routine practice of medicine, we will all be saddled with vastly more expensive, less efficacious, and decidedly toxic drugs and therapies.

As Dr. Klenner said, “Ascorbic acid [vitamin C] is the safest and the most valuable substance available to the physician. Many headaches and many heartaches will be avoided with its proper use.”¹⁴

Finally, if high-dose vitamin C were only efficacious for the prevention and treatment of infectious disease, that alone should be sufficient to recommend its universal use

in the practice of medicine and as an essential supplement for the population at large. But vitamin C's value extends far beyond its unequalled antimicrobial properties, as you'll soon see ...