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ABSTRACT

Intravenous high-dose vitamin C (IVC) therapy is widely used in naturopathic and integrative oncology; however, this therapy remains an area of controversy. Currently, there are no clinical data that show the importance of several factors in the treatment schedule, such as dose, frequency and duration of administration on the effectiveness of the cancer patients' treatment. Most practitioners administer IVC to cancer patients by bolus infusions 2-3 times per week.

There have been two clinical trials that used continuous IVC infusions. Cameron and Pauling performed the first clinical trial by administering continuous infusions. The second trial of the treatment of 24 terminal cancer patients by continuous infusions was conducted by Dr. Riordan.

As the result of our study we found that continuous IVC infusions improved several parameters associated with poor cancer prognosis. The data demonstrated improvement of lymphocyte counts in patients with lymphopenia. In patients with initially elevated neutrophil levels, numbers tended to decrease. Neutrophil to lymphocyte ratios (NLR) proved to be a good indicator of cancer patients' survival times. In patients with the highest pre-treatment NLR, rate of growth of this ratio decreased significantly during therapy. Continuous IVC treatments were also associated with decreases in glucose concentrations, restoration of vitamin C levels, and, in about 40% of cases, reductions in lactate dehydrogenase levels.

The data suggests a strategic benefit to using lower IVC doses and continuous infusions in the treatment of cancer patients.