



In Extremis: First Aid for Advanced Cancer (or for anyone with cancer, at any stage)

If the medical profession has just told you that you have a short time to live, or have an "incurable" cancer such as pancreatic, liver, brain or lung cancer, where conventional systemic treatment is at best only palliative, there is a remarkable therapy you can try which is relatively simple and cheap, can be done at home, without side-effects, and which a number of MDs who use it claim has saved the lives of between 60% to 70% of terminal cancer patients, and which at the very least has been shown to halt or control the spread of cancer. This therapy is high dose intravenous vitamin C. Intravenous vitamin C is not the same as oral vitamin C. By giving vitamin C intravenously doctors can achieve a blood saturation that is not at all comparable with that achieved by the oral route. The order of magnitude is something like 200%, as opposed to 2% saturation by the oral route. This very high concentration of vitamin C is critical in terms of achieving a chemotherapeutic, cytotoxic - tumour cell destruction - effect. If it is feasible to have a Hickman line put in the patient, extraordinary doses of vitamin C - anything between 50g to 100g, depending on the malignancy of the

cancer, - can be self-administered at home on a daily to weekly basis over a period of months, stepping down or up in frequency according to the individual response. Otherwise this treatment can be administered on an out-patient basis, anywhere in the world. Its effects appear to be enhanced by weekly injections of large doses of vitamin B₁₂, (hydroxycobalamin 1000 micrograms), which forms cobalt ascorbate, another benevolent non-toxic, but tumour cytotoxic, compound, or in combination with vitamin K (specifically vitamin K₃, though K₁ is also efficacious), and Lipoic Acid, (300mg oral, twice daily.) Lipoic Acid recycles the Vitamin C to keep the cytotoxic dose more constantly in the body for longer periods.

Counter indications to this approach are few. However they include anyone with kidney failure, or on dialysis, or with uncommon forms of iron overload. Responsible physicians should also screen for red blood cell glucose-6 phosphate dehydrogenase deficiency, a rare condition whose presence can lead to haemolytic crisis involving red blood cell breakdown. The very large doses should also be built up to gradually over some days to establish good tolerance, starting at 15 grams for 1 or 2 sessions, then to 50 grams and, if necessary, to 100 grams. The exact dose is determined by the individual's plasma saturation by Vitamin C immediately after an infusion. WARNING: To avoid the well-documented Rebound Effect, which can lead to scurvy, this treatment should not be stopped abruptly. Patients should be gradually weaned off it over a period of weeks, or even months, and oral vitamin C therapy should continue indefinitely and on the days in between the IVC infusions.

The American Dr Hugh Riordan M.D. is probably the world expert on this approach. His institute, The Center for the Improvement of Human Functioning, has just completed a 10 year research project on high dose intravenous C and cancer, and his patented method recently underwent Phase I clinical trials at the University of Nebraska medical school hospital. These trials have established the non-toxicity of this treatment for cancer, and Dr Riordan is now proceeding with a Phase II clinical trial, under the auspices of the National Institutes of Health, using therapeutic doses of vitamin C on Renal Adenoma patients. Dr Riordan has also published several

successful case histories, including the results of treatment on a late-stage lung cancer patient - now cancer free several years on -, in [The Journal of Orthomolecular Medicine](#). I would recommend anyone interested in this to get in touch with Dr Riordan, and to consult him generally for nutritional strategies against cancer, in particular as Dr Riordan has at his disposal some of the most refined lab-tests in the world for determining individual biochemical profiles and needs in cancer, (or indeed any other condition). These tests should be a standard in determining optimal individual nutritional therapy. Unfortunately, as yet, they are not widely available. Dr Riordan is also recruiting "end-stage" cancer patients for a trial of a new immunotherapy for cancer, in which the immune system is taught to recognise and destroy the cancer cells in its midst that it usually overlooks. The trials are free. But you must be able to travel to the U.S.

However, there are a number of other intravenous vitamin C practitioners throughout the world. The International Society for Orthomolecular Medicine, (Ms Claire D'Intino) can give you the name and address of your nearest orthomolecular physician worldwide. (Or see the Countries List in the Resource Section.) The [Doctors and Organisations](#) pages list a few English speaking practitioners, all M.D.s, who also offer excellent alternative and complementary, immunotherapeutic approaches to cancer. For maximum efficacy, they should follow Dr Riordan's treatment protocol, available [here](#), and on request from the Center for the Improvement of Human Functioning:

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Top of Page