

INTRODUCTION TO **“CURING THE INCURABLE”** **Thomas E. Levy MD JD**

Amazingly, vitamin C has actually already been documented in the medical literature to have readily and consistently cured both acute polio and acute hepatitis, two viral diseases still considered by modern medicine to be incurable, regardless of the treatment used. It should be understood that both polio and hepatitis may sometimes spontaneously resolve, either relatively quickly or over a more prolonged period of time. However, modern medicine does not seem to be aware that properly dosed vitamin C will reliably and quickly cure nearly all cases of acute polio and acute hepatitis. Polio babies are completely well in less than a week, and hepatitis patients are sick for only a few days, not several months. Furthermore, chronic hepatitis does not develop in acute hepatitis patients treated with sufficient vitamin C.

Vitamin C has also reversed and often cured many of the other common viral and bacterial diseases that continue to plague both children and adults. While a great deal of evidence exists to further demonstrate that properly dosed vitamin C can reverse and almost always prevent other significant medical conditions such as cancer and heart disease, the best documented and most compelling evidence involves the cure of multiple infectious diseases that cause great suffering and often kill or incapacitate. As the reader witnesses a sampling of the enormous quantity of hard scientific evidence that has been virtually ignored on the effective treatment of infectious diseases with vitamin C, it will be much easier to comprehend that many more, although less well-documented, applications of vitamin C remain equally unappreciated.

Presently, modern medicine offers only a wide variety of vaccinations in the hope of affording protection against many of the infectious diseases. Little significant progress has been made in the actual treatment of nearly all the viral infectious diseases once they have been contracted. Antibiotics have made a big difference in the treatment of different non-viral infectious diseases, but the hallmark treatment for most viral infections remains supportive, directed at treating symptoms only while hoping that the immune system can rally its forces. Either the body or the virus eventually wins, and the treating physician must wait along with the patient for the eventual result. With vitamin C, however, such a scenario does not have to be continually repeated. For example, the scientific evidence presented in this book will conclusively show that the viral infection known as polio can be and has been completely cured by the proper administration of very high doses of vitamin C. The scientific evidence in this book will also conclusively show that vitamin C does much, much more than merely cure polio.

Even though polio is largely an unknown disease to the younger generation and has become a forgotten disease to the older generation, any doctor, old or young, will tell you that polio was, and remains, a disease for which there is no effective treatment and definitely no cure. It is in the light of these amazing clinical results that the past, present, and future credibility of the mainstream, traditional medical establishment must be evaluated.

Most doctors probably have the best of intentions, but they must nevertheless be held totally liable for their collective and persistent ignoring of the inescapable conclusions on the enormous clinical benefit of properly dosed vitamin C.

At the height of the polio epidemic in 1949, when all young parents lived in the fear that their babies and young children would be the next victims, Frederick R. Klenner, M.D., published that he had successfully cured 60 out of 60 polio patients who had presented to his office or to the emergency room! Furthermore, he reported that none of the 60 patients treated had any residual damage from the polio virus that often left its survivors crippled for life. This evidence was subsequently presented by Klenner in 1949 to an annual session of the American Medical Association that dealt with the treatment of polio patients. You will see that Klenner's research and data are clear-cut and straightforward, and it will then be completely left up to the reader to determine how such information was ignored in the past and remains ignored today. Landwehr (1991) addressed in some detail Klenner's attempt to inform the American Medical Association about the incredible response of polio to properly dosed vitamin C.

Klenner was also able to demonstrate repeatedly that vitamin C appears to be the ideal agent for killing any infecting virus. He repeatedly demonstrated that vitamin C is clearly the optimal choice to neutralize and often help eliminate nearly any toxic chemical or substance capable of poisoning the body, including the toxins associated with several of the infectious diseases. Additionally, you will see how Klenner and many other clinicians and researchers have conclusively shown that vitamin C appears to be the ideal agent for helping in the destruction of most bacteria, fungi, and other microbial agents that continue to afflict mankind.

In addition to the utility of vitamin C as a single agent, you will see that the effectiveness of many traditional therapies for most infectious diseases is tremendously improved with the proper addition of vitamin C therapy. Although vitamin C is an incredibly effective single therapy for many infectious diseases, there are virtually no medical treatments for any infectious disease that are not substantially improved by the addition of vitamin C. The only absolute requirements are that vitamin C be given:

1. in the right form,
2. with the proper technique,
3. in frequent enough doses,
4. in high enough doses,
5. along with certain additional agents, and
6. for a long enough period of time.

Anyone who has read the above information must surely be wondering how such a dramatic cure and treatment for polio, hepatitis, and other infectious diseases could possibly have been overlooked by so many caring, intelligent physicians and researchers. There is no simple explanation for such a situation.

Most people, especially highly schooled ones such as physicians, doggedly persist in thinking as a group rather than as individuals contributing to a collective fund of knowledge. Once something gets etched into the pages of the medical textbook, and medical school professors throughout the country teach it to medical students and doctors in post-graduate training, any contradictions to this orthodox body of knowledge get summarily ignored once these impressionable trainees become practicing physicians. This unquestioning faith in the "established" medical knowledge is so deeply engrained that many doctors simply will not even consider reading something that comes from sources that they do not consider worthy of producing new medical concepts.

And if they do accidentally encounter and read such information, they quickly dismiss it as just being ridiculous if it conflicts with too many of the concepts that most of their colleagues and textbooks embrace.

As a practicing physician for more than 25 years, I can assure the reader that virtually all doctors fear being ridiculed by their colleagues more than anything else. This fear, more than any other factor that I can identify, appears to almost completely stifle independent medical thought. As Goethe once said: **"We would rather admit our moral errors, mistakes and crimes than our scientific errors."** Certainly, a small handful of dishonorable physicians may realize that some unwelcome but legitimate medical breakthroughs could reduce their income, and they may oppose those breakthroughs for that reason. However, most physicians really care about and want to help their patients. The problem that remains is how to get physicians and the complete medical truth together. Forman (1981) analyzed this resistance to innovation by some scientists, especially those who are physicians and clinicians.

Although this book will address the incredible ability of vitamin C to effectively treat and cure many different viral diseases and effectively treat a wide array of other infectious diseases, the following true story about another long-standing effective therapy will probably best illustrate why additional attempts to get the truth out about vitamin C must be made. On Sunday, July 2, 2000, a made-for-TV movie aired during the primetime evening hours. Entitled . . . First Do No Harm, it starred Meryl Streep, one of the most acclaimed actresses of our day. It was a fictionalized story based on real events in the life of a mother (Streep) and her young child.

The child developed epileptic seizures that proved to be progressively unresponsive to all of the prescription medicines that were used. Additionally, the child developed multiple side effects to the medications, with at least one being life-threatening. The child was finally offered brain surgery as a last resort, although not an option with much hope of long-term success.

The child's mother, not one to just accept fate but determined to mold it herself, threw herself into research at the medical library. She "discovered" a treatment called the "ketogenic diet," which the literature said completely eliminated seizures in a significant percentage of patients unsuccessfully treated with multiple seizure drugs.

Her neurologist had not even mentioned diet as a possible therapy, even though this treatment had been in the medical literature for about 75 years! When the mother mentioned trying the diet, the neurologist only ridiculed her, labelled the reports of success with the diet as "anecdotal," and even threatened to use legal action to keep her from transferring her child to Johns Hopkins in Baltimore to try the diet and avoid surgery. As might now be expected, the diet worked dramatically, and the child rapidly became seizure-free and remained off of all medications.

The next day in the doctor's lounge at one of the local hospitals in Colorado Springs, it was very apparent that the doctors as a group were indignant that their authority had been questioned by the movie, ". . . First Do No Harm." When one of the younger doctors did assert that he should "look into" this ketogenic diet, the remainder of them rapidly built up a strong "group negativity" that welcomed only further negative comments about this treatment modality. Some of these real doctors' comments actually closely paralleled the negative comments of the TV movie neurologist. The doctors also assaulted the reports of positive responses to the ketogenic diet as anecdotal, even though it was very obvious that most, if not all, of them had never even heard of the ketogenic diet before seeing or hearing of the movie.

This was in spite of the fact that many of these positive responses to the diet had actually been published. One doctor even referred to the Internet as just another "National Enquirer," implying that lay people are too hopelessly ignorant to ever discover vital information on their own, and that they are easily deluded by anything they might read. Another older physician asserted that he would need a "full bibliography" of medical references before he would even give the ketogenic diet passing consideration. As a group, it was generally expressed and accepted that it was impossible that any significant therapy for unresponsive seizure disorders could possibly have eluded them in the course of their medical training. Rather than join in the conversation, I just listened, and then I left without commenting.

After I got home, it took all of about three minutes to get my computer online, access MEDLINE, and find 180 medical journal references on the "ketogenic diet." MEDLINE is the database of the National Library of Medicine, containing over 11 million citations and author abstracts from more than 4,000 biomedical journals throughout the world, dating from 1966 to the present. (See the references cited at the end of this introduction for a small sampling of these ketogenic diet references.)

In one of the more recent references in the April, 2000 issue of Pediatrics eleven studies on the ketogenic diet were reviewed. The authors concluded that the ketogenic diet completely stopped medically unresponsive seizures in a significant percentage of children. The diet also reduced seizure frequency by over 90% in an even greater percentage of children! Similar articles were found in the various neurology and epilepsy journals. Sadly, it would seem that many pediatricians and pediatric neurologists do not know what is in the most current issues of their primary and specialty journals.

At the very least, it appears that what is read is rarely independently evaluated and weighed in the mind of the doctor reader. Invariably, new and "radical" information simply must already be accepted by the majority of a doctor's medical peers to have any real chance of being utilized in patient care. Older, more "radical" information, ironically, seems to have even less chance of objective evaluation and practical application.

It is of further significance to note that there has always been a consistent push to use prescription drugs whenever possible for just about any medical condition. Modern epileptic drugs were not available when the ketogenic diet was first discovered. However, the proper application of the diet is demanding and requires much more of an investment in time and effort than needs to be taken in the writing of a prescription. When the anti-seizure drugs first came along a few years later, the ketogenic diet quickly fell into disfavor. This is especially unfortunate since epileptic drugs frequently have severe side effects compared to many other prescription drugs. Suffice it to say, however, that the ordinary physician rarely strays from what is contained in the primary textbooks, even if the current journals with which the physician should be familiar assert otherwise.

A word about one of the most common physician criticisms of a concept that does not mesh with traditional medical information needs to be mentioned here. When something is labelled as an "anecdote," the person reporting the information is usually being told that he or she is incapable of accurately reporting the response of a patient to a treatment. In reality, the dictionary defines an anecdote as being a short narrative that is unpublished.

The most esteemed journals of our day often contain what are called "case reports," which are nothing more than brief summarizations of the response(s) of one or a handful of patients to a certain treatment.

A case report is absolutely nothing more than an anecdotal report that managed to get published. However, the published case report is typically written by a health care professional, and the information is often given the validity of a much more "scientifically" prepared study or article. In the final analysis, however, a case report is an anecdote, and an anecdote is a case report. The only differences are the reporter and the reporter's ability to be published.

The lay person reporter or the non-mainstream medical doctor reporter will only endure ridicule and struggle to get published, while the mainstream doctor reporter will often get published and be awarded greater respect from the medical community for making a significant observation of a noteworthy clinical event. New, cutting-edge medical concepts from "non-sanctioned sources" frequently struggle just to see the light of day.

The "power of the textbook" also plays a significant role in the perpetuation of one treatment and the continuing opposition toward another. Even though the current medical literature clearly identifies diet as a very viable treatment for epilepsy, as mentioned above, most doctors do not use treatments that are not yet in the textbooks, unless most of their peers are already doing so. In the 21st edition of the Cecil Textbook of Medicine, copyright 2000, there is not even one mention of the ketogenic diet in the treatment of epilepsy.

This medicine textbook has long been the "gold standard" for medical students and resident physicians nationwide. So how can it be that a legitimate epilepsy therapy of 75 years standing is not even mentioned anywhere on its pages, even when esteemed academic medical institutions such as Johns Hopkins and Stanford have championed the therapy and reported consistently positive results? A good question, indeed.

It doesn't even seem to be of concern to the average physician that the typical chapter in the medicine textbook is written by usually one and rarely two or more authors. This means that usually only one or two people are being relied upon to condense all the relevant information on a certain subject into the most pertinent and useful information. Furthermore, those authors are being trusted as having reviewed all of the important articles in the medical literature on a given subject.

This book will readily demonstrate that a great deal of relevant information on the enormous value of vitamin C in the medical literature remains unacknowledged, or perhaps just ignored. Most reviews of vitamin C in the current medical literature mention or cite very little of the original research done on vitamin C. Sadly, this is a direct indicator that many other very relevant "old" concepts or other important pieces of information on any given medical topic never find their places in the pages of medical textbooks. Also, whenever a new edition of a medical textbook is published, you can rest assured that the treatment of a given topic will only vary in the slightest from the previous edition. Typically, the differences will be contained in the literature of only the last few years.

In other words, if an important concept in the older medical literature doesn't make it immediately into the first edition of the textbook of its own "time," it stands little chance of ever being properly appreciated, regardless of how important it may be. Truth be known, many physicians have outright disdain for any medical literature that is more than a few years old.

It almost seems that even the best of scientific data is considered to have a "shelf life," and if it is not immediately incorporated into a textbook it will never be appreciated unless a "modern" researcher decides to repeat the study and "rediscover" the information.

Under the entry "ascorbic acid," the medical term for vitamin C, a MEDLINE search promptly revealed a list of nearly 24,000 articles in its files (search made in 2002). Furthermore, about one new article a day involving ascorbic acid continues to be published. Vitamin C has been and continues to be one of the most researched substances in the history of medical research. One indication of this popularity of vitamin C as a research focus came from King (1936), who wrote an extensive review on vitamin C. At that time, he noted that his review was "confined almost entirely to research papers which have appeared during the last four years." Nevertheless, he cited 169 papers.

Ironically, vitamin C remains one of the most ignored substances in terms of practical application, in spite of the massive amount of research that has been done, and continues to be done.

The authors of many vitamin C research articles often end their discussions by encouraging "further research" and asserting that their articles are "preliminary" in nature only. This is in spite of the fact that tremendous positive responses to vitamin C for given clinical conditions may have been observed in the studies. An especially amazing example of this phenomenon is found in the study of Massell et al. (1950), which examined the clinical responses of seven patients with rheumatic fever to vitamin C. All seven patients had dramatic responses to vitamin C. Case One's arthritis was gone within 24 hours of receiving vitamin C. Case Three had been ill for six weeks, and by day two of vitamin C treatment his temperature was normal, and his arthritis was also completely resolved. Case Seven, in the authors' own words, was "greatly improved" after vitamin C therapy was started. Case Five was noted to be "obviously much improved." The other three cases had similar positive responses.

Yet at the end of this article the authors note that "no final assessments can yet be made regarding the possible therapeutic value" of vitamin C in the treatment of rheumatic fever. And although the authors acknowledge that vitamin C is "generally considered innocuous," they add that "there is obviously a need for careful toxicity studies." It seems as though there could have been no clinical response dramatic enough and devoid enough of side effects that would have allowed these authors to dare suggest the routine use of vitamin C in the treatment of rheumatic fever. It would appear, for some reason, that the water is always a little too cold for swimming.

In general, nobody dares to recommend a regular high dosing of vitamin C, even though a logical examination of most vitamin C research would suggest precisely that.

There are very few human diseases or medical conditions that are not improved to at least some degree by the regular dosing of optimal amounts of vitamin C. There is only rarely a good reason for not immediately giving any patient large doses of vitamin C and then proceeding with the medical evaluation.

In fact, Klenner reported that he would routinely treat with vitamin C first, and then proceed with his patient evaluation. Furthermore, Klenner reported always having good results with this clinical approach.

Basic research is certainly essential to achieve continued progress in medicine, but the landmark vitamin C studies that beg to be performed now should involve the use of only the highest of doses. Although Klenner achieved many amazing results with his vitamin C treatments, I could find no mainstream medical researcher who has performed any clinical studies on any infectious disease with vitamin C doses that even approached those used by Klenner. Using a small enough dose of any therapeutic agent will demonstrate little or no effect on an infection or disease process. However, this information cannot be used in concluding what the effects of much larger doses of that agent would be. Klenner would often use daily doses of vitamin C on a patient that would be as much as 10,000 times more than the daily doses used in some of the many clinical studies in the literature!

And even though such tiny doses of vitamin C would often still show some incredible clinical or laboratory effects, a lack of response was frequently reported as well. A scientifically valid comparison between the effects of such vastly different doses simply cannot be made fairly.

The medical literature, as revealed on MEDLINE and in the literature that preceded the appearance of MEDLINE, reveals many long-lost, ignored, or otherwise neglected scientific facts and assorted pieces of information. The above examples of the ketogenic diet in the medical literature indexed on MEDLINE appear to have remained unknown or unappreciated to actively practicing pediatricians, internists, neurologists, and neurological surgeons. It should come as no surprise, then, that numerous and dramatic pieces of medical and clinical information in vitamin C research can be found in 1990, as well as 1960, 1940, and even earlier. It should be easy to appreciate that when current research published in 1999 or 2000 is unknown to many physicians, even when it appears in their selected subspecialty journals, research data published in 1940 that never made it into the medical textbooks has no realistic chance of recognition by the vast majority of today's practicing doctors.

Vitamin C research is also somewhat unique in that a very large amount of research was accumulated on it before it was ever chemically identified.

Prior to this identification, it was just known as the "anti-scurvy" factor present in many fruits, vegetables, and other plants. Scurvy is the uniformly fatal disease that appears after the passage of enough months without any ingested vitamin C. Much of this older and less well-defined research still produced some amazing information, as will be shown.

Every attempt will be made in this book to reference the old and new medical literature as much as possible. A motivated reader can check out a great deal of the information offered. In general, it will be clear when I am offering my own explanations on the actions and effects of vitamin C and when something is being directly cited from the medical literature. Often, a certain question is not clearly addressed in the literature, and I will attempt to use the existing information to reach a logical conclusion.

This book is intended to challenge you, upset you, and hopefully even motivate you to action. This intention applies to both the lay reader as well as to any health care practitioner reader. Yes, vitamin C has been shown to cure, reverse and/or prevent many infectious diseases considered to be incurable and largely untreatable, except for some relief of associated symptoms.

Yes, many viral infectious diseases have been cured and can continue to be cured by the proper administration of vitamin C. Yes, the vaccinations for these treatable infectious diseases are completely unnecessary when one has the access to proper treatment with vitamin C. And, yes, all of the side effects of vaccinations, whether you consider them to be many or few, are also completely unnecessary since the vaccinations do not have to be given in the first place with the availability of properly dosed vitamin C.

It is long, long overdue that vitamin C is given its proper recognition and utilization in mainstream medicine. Furthermore, vitamin C needs to be recognized not in the microdoses that have been typically researched for some 65 years, but in the much larger, optimal doses used by Frederick R. Klenner, M.D. and a few other noteworthy clinicians and researchers. Optimal vitamin C dosing should drastically reduce the use of many antibiotics and other medicines. After you read this book, see if you don't agree that properly dosed vitamin C would prevent a large amount of needless disease and suffering.

References

- Casey, J., J. McGrogan, D. Pillas, P. Pyzik, J. Freeman, and E. Vining.** (1999) The implementation and maintenance of the Ketogenic Diet in children. *Journal of Neuroscience Nursing* 31(5):294-302.
- Cecil Textbook of Medicine.** (2000) 21st edition. Edited by Goldman, L. and J. Bennett. Philadelphia, PA: W. B. Saunders Company.
- Forman, R.** (1981) Medical resistance to innovation. *Medical Hypotheses* 7(8):1009-1017.
- Freeman, J. and E. Vining.** (1999) Seizures decrease rapidly after fasting: preliminary studies of the ketogenic diet. *Archives of Pediatrics & Adolescent Medicine* 153(9):946-949.
- King, C.** (1936) Vitamin C, ascorbic acid. *Physiological Reviews* 16:238-262.
- Klenner, F.** (July 1949) The treatment of poliomyelitis and other virus diseases with vitamin C. *Southern Medicine & Surgery* 111(7):209-214.
- Landwehr, R.** (1991) The origin of the 42-year stonewall of vitamin C. *Journal of Orthomolecular Medicine* 6(2):99-103.

Lefevre, F. and N. Aronson. (2000) Ketogenic diet for the treatment of refractory epilepsy in children: a systematic review of efficacy. *Pediatrics* 105(4):E46.

Massell, B., J. Warren, P. Patterson, and H. Lehmus. (1950) Antirheumatic activity of ascorbic acid in large doses. Preliminary observations on seven patients with rheumatic fever. *The New England Journal of Medicine* 242(16):614-615.

Sirven, J., B. Whedon, D. Caplan, J. Liporace, D. Glosser, J. O'Dwyer, and M. Sperling. (1999) The ketogenic diet for intractable epilepsy in adults: preliminary results. *Epilepsia* 40(12):1721-1726.

Stafstrom, C. and S. Spencer. (2000) The ketogenic diet: a therapy in search of an explanation. *Neurology* 54(2):282-283.