

## Letter to e-BMJ

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### Re Reducing MRSA on orthopaedic wards

I am unable to understand why, after publication of the evidence I submitted on 30th July quoting the two papers on the efficacy of ascorbate in killing MRSA in Japanese research by Nakanishi T. and available on Entrez PubMed, no interest at all has been shown.

**Could it not be the case that non-toxic IV ascorbate would provide an instant solution to these infections and many others, and may one ask why it has not been done? There is not even a negative paper to be found in the literature on the subject of multigram doses of ascorbate IV - only many successes and positively beneficial sequelae. The prompt resolution of many bacterial and viral infections by ascorbate IV have been reported by Klenner F and others from 1949 onwards.**

If the public has to wait much longer as the death rate mounts, might not MRSA patients start discharging themselves from hospitals in order to start injecting themselves?

I would.

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Scattering Vitamin C of a small dose on a bedsore, enhances remarkably bactericidal effect of antibiotics. With scattering of it, 1% cream of Sulfadiazine made antibiotics-resistant bacteria (Methicillin-resistant Staphylococcus aureus = MRSA, Pseudomonas aeruginosa etc.) negative on a bedsore. Also in MRSA-infection of respiratory organs, combined administration of Vitamin C gives more effective bactericidal efficacy to some antibiotics. In a case infected with MRSA, of which the Minocycline-therapy had been ineffective, the combined administration of Vitamin C with Minocycline led him successfully to the negativeness of MRSA.

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