

Editorial

Cancer and Vitamin C

In 1979, *Cancer and Vitamin C*, subtitled *A Discussion of the Nature, Causes, Prevention and Treatment of Cancer, With Special Reference to the Value of Vitamin C*, was published. Drs. Ewan Cameron and Linus Pauling reported that in the Vale of Leven Hospital in Scotland, giving patients with terminal cancer 10 grams of vitamin C per day increased survival by an average of 300 days. This conclusion reminded me of two patients I had seen in 1960, both with inoperable, untreatable cancer. The first patient, who had cancer of the lung, was given niacin 3 grams daily and ascorbic acid 3 grams daily for his psychosis. The psychosis cleared in three days and he survived twenty-eight months, dying in his mid-seventies long after x-ray studies of his lungs revealed the tumor was gone. The second patient, a young woman with osteogenic sarcoma, was given niacinamide and vitamin C for the same reasons as the previous patient. She is still well and the surgical removal of her arm was aborted.

I had assumed vitamin B₃ was the main therapeutic factor but I did not follow this up because I was primarily interested in vitamin B₃ as a treatment for schizophrenia, hypercholesterolemia and arthritis. The Cameron-Pauling observation showed that vitamin C is the main therapeutic variable.

In 1977, in Victoria, British Columbia, a middle aged woman with cancer of the pancreas started to take 10 grams of vitamin C daily, and later was referred to me. After six months she

tested negative on the CT scan for cancer. She remains alive and well today. She began to tell her friends about her recovery. The following year another four or so cancer patients were referred to me and then, as the word spread, I began to see many more. They were all very ill, very anxious and concerned about their prognosis. I advised them to follow a nutrient regimen with vitamin C as the main component.

After a few years I became curious about their outcome and did a rapid follow-up survey, contacting the patient, or family, or their family physician. The outcome for patients who followed the program turned out to be better than it was for the ones who did not. I was surprised at the magnitude of the difference. I told Linus Pauling what I had observed and he encouraged me to conduct a more comprehensive outcome study on a larger group. Dr. Pauling was then developing a method for analyzing data of treatment of cohorts of cancer patients. The report in this issue follows directly from our joint interest in improving the prognosis for cancer patients.

We hope this study will persuade cancer investigators everywhere to pursue similar studies. I hope it will encourage oncologists, surgeons and other specialists to add nutrient regimens to their cancer programs, in short — to become Orthomolecular physicians.

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