Objective
To treat acute iritis, secondary glaucoma, and herpes zoster with bowel dosage of vitamin C and other antioxidants. An alternative to the common toxic drug treatment could offer a better result.

Methods
Vitamin C was prescribed in crystal form in increasing amounts until loose stools were experienced at the level of approximately 500 grams per day.

Results
Iritis symptoms disappeared when checked with slit lamp examination, secondary elevated intraocular pressure returned to normal, head pain and a few herpes zoster vesicles of the scalp disappeared in the short time span of three days when treated by 12 grams of vitamin C, every thirty minutes for six days.

Conclusion
Iritis was a harbinger of herpes zoster. The free radical damage was quenched first in the iritis with less than bowel dosage of vitamin C. The continued increased intake of vitamin C was responsible to reduce the herpes zoster attack to one of extreme mildness and the short duration of only three days. 500 grams of vitamin C per day was given for six days.

Medical History
A 56 year old white female suffering from frequent allergies and multiple episodes of iritis. Both cataracts had been removed. The patient lived in Butte, Montana, a mining town where pollution is so great that it caused vegetation to be denuded over a large radius. Hence the patient needed to leave Montana with her family other than her husband who needed to work three more years before his retirement.

The patient's daughter was diagnosed with "chronic fatigue" syndrome. The patient's husband and mother were suffering from multiple illnesses.

July 8, 1994 - Telephone call
Patient complained over the telephone of an iritis attack for several days. The symptoms were treated by another ophthalmologist but did not respond to dilation and cortisone. The patient was advised to take in addition to her cortisone and dilating drops 4 grams of vitamin C every thirty minutes.

July 9, 1994 - Telephone call
Patient called again. Iritis improved. No diarrhea. Patient was advised to increase her intake to 6 grams of vitamin C every thirty minutes.

July 11, 1994 - 1st visit to office
This was the first visit of this patient to the office. Iritis improving. The intraocular pressure was elevated to 23mm of mercury in the eye affected by iritis. Cortisone drops were decreased to four times a day. Cycloplegic drops were discontinued.

July 13, 1994 - Visit to office
Iritis improved. No diarrhea yet. Patient was advised to increase intake to 8 grams of vitamin C every thirty minutes.

July 14, 1994 - Visit to office
No iritis. Intraocular pressure 22mm of mercury. Patient developed headache of right side of head. No diarrhea yet. Patient was advised to increase her intake to 12 grams of vitamin C every thirty minutes.

July 17, 1994 - Telephone call from California
Patient had traveled to California. The right side of her scalp was sore but no vesicles of zoster herpes visible. 12 grams of vitamin C were continued.
July 20, 1994 - Telephone call from California

A physician was seen in California and diagnosed herpes zoster. A few vesicles developed on the scalp for three days, and the pain disappeared. Bowel dosage was reached. Patient slowly decreased her intake to 4 grams of vitamin C every hour in the following days.

August 8, 1994 - Visit to office

Patient returned from California. No iritis was present. Interocular pressure was measured at 20 mm. Pain in her head had disappeared. Patient was advised to continue with 4 grams of vitamin C every hour since this seemed her bowel dosage at that time.

August 12, 1994 - Visit to office

No iritis. Interocular pressure 19 mm. No head pain. Patient was advised to continue with bowel dosage of vitamin C.

Patient returned to Montana as she feels she may be able to stave off the ill effects of pollution with antioxidants.

It may be of interest that this patient gave her eighteen year old daughter bowel dosage of vitamin C, in this case 120 grams to 150 grams per day, which achieved a marked improvement of symptoms. Her husband's health improved as did her mother's. They all took vitamin C to the extent of bowel dosage.

In the beginning the patient was advised to take in addition to vitamin C the following antioxidants and other substances three times daily: beta carotene, 15 mg; vitamin E, 400 IU; selenium, 50 mg; multi-B vitamin; multi-mineral; L-lysine, 500 mg.

On October 13, 1994 a letter was received from the patient from Butte, Montana, stating that "all the family was doing well and grateful for help and advice they have received."

Discussion

Irwin Stone in his book, The Healing Factor, Vitamin C Against Disease in 1971 summarized the experience of using vitamin C with herpes zoster. It has been shown that vitamin C inactivates the herpes virus and clinical cases were treated in 1943 successfully with injections of vitamin C.

In 1953 it was reported that 327 cases of shingles that these were cured in three days of injections. In 1949 Doctor Kinnear injected eight "shingle" patients with ascorbic acid, and seven claimed cessation of pain within two hours after the first injection. Seven were said to have drying of the blisters within one day and clear of lesions in three days. Clearing of the lesions in three days was the same result in this patient treated orally with vitamin C.

Robert F. Cathcart III, MD has stated in a letter of August 30, 1993 that he generally does not just I.V. ascorbic acid as it is expensive and time consuming; however, at times if the patient is unable to tolerate the vitamin C because of burning in the stomach, I.V. vitamin C may be used for a few days, and following this the oral vitamin C is tolerated. Doctor Cathcart also uses oral vitamin C with the I.V. as this gives a double effect. He points out that one must stop giving oral vitamin C about 1 hour before the I.V. stops as diarrhea may occur upon cessation of the vitamin C. Then 30-60 minutes later oral vitamin C may be begun again.

It was suggested to this patient that she might do well with I.V. vitamin C, but she was only passing through town and felt that the large amounts of oral vitamin C was working well with no bowel problems except that she did complain of some gas as would be expected.

It is the feeling of this author that the benign side effects of vitamin C both orally and intravenously far outweigh the toxic side effects of drugs that are not as effective for herpes zoster and certainly not for iritis. As physicians we should consider vitamin C as the first weapon to use in these battles.

Conclusions

1. Iritis was a manifestation of herpes zoster before herpes appeared.
2. Bowel dosage of vitamin C was approximately 500 grams per day to quench the free radicals of herpes zoster plus whatever other toxic elements the patient's body may have accumulated by living in a polluted area. This is the largest amount of vitamin C ever prescribed to achieve bowel dosage by this author.
3. Treating the whole family in a toxic envi-
4. Treatment of iritis with cortisone and cycloplegic drops was not effective and could have led to a secondary glaucoma on a permanent basis.

5. My experience in treating herpes zoster with various drugs in the past has never been this effective in this short time span. Patients suffered from nine months to five years.

6. This is the most dramatic improvement in treating herpes zoster in my medical experience since graduating from medical school in 1952!

References