

## CASES FROM THE CENTER

# Topical Ascorbate Stops Prolonged Bleeding from Tooth Extraction

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A woman of age 82 had a decayed lower incisor tooth removed by her dentist about 4 p.m., and was sent home with two gauze packs to apply to the socket if needed to control bleeding. Five hours later she was seen in her home by Dr. Riordan due to uncontrolled bleeding estimated at the time as 1 to 2 mL/min. Obvious signs of extensive bleeding were apparent in her bathroom where she had been for the entire period. A loose suture was suspected, but none was found. The patient then stated that no suture was used. Blood was oozing not only from the socket, but from a broad area of local gum tissue, particularly posteriorly. Her blood pressure was satisfactory, 160/86.

Direct pressure applied with several gauzes did not slow the continuous oozing. The woman was a Christian Scientist opposed to the use of drugs and medical treatment, but she did allow the application of a gauze dusted with buffered vitamin C powder (Allergy Research Group, San Leandro, Calif.). The gauze initially contained roughly 0.1 g of the vitamin (which contained 19 mg calcium, 11 mg magnesium, and 4 mg potassium per 100 mg vitamin C in the form of carbonate or bicarbonate buffers, pH 6.8 in water). The bleeding slowed significantly with this treatment. Then the entire bleeding surface of her gums was dusted with about 0.25 g of the powder. After the third application of a similar amount, the bleeding stopped.

She was next asked to dissolve slowly in her mouth a zinc lozenge (The Key Co., St. Louis, Missouri); it contained 12 mg zinc as aspartate, 150 mg vitamin C, 1000 IU vitamin A, 100 mg propolis, and 25 mg slippery elm in a base of goldenseal and fructose. A beautiful fibrinous clot, 3 or 4 cm in length, formed along the inner surface of her gum within three minutes.

At this time it was noticed that she had extensive petechiae over her arms, evidence of vitamin C deficiency. She agreed to take 1 g of the buffered vitamin C twice daily in fruit juice and to use two zinc lozenges daily.

The woman slept overnight without bleeding. She felt weak the next day, but felt well one day later, still with no further bleeding.

So far as we are aware, treatment of prolonged dental bleeding by topical ascorbate has not been reported previously. It raises the question of whether topical ascorbate and zinc lozenges may be useful in other, similar cases. It is hoped that interested dentists will try this treatment and report their findings. The authors would be interested in receiving such reports.

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