

## A Child with Metastatic Sarcoma and A Patient with Cancer of the Head of the Pancreas

James A. Jackson, MT(ASCP),CLS, Ph.D., BCLD; Ronald Hunninghake, M.D.;  
Rebecca Kirby, R.D., M.S., M.D.; Chad Krier, D.C., N.D, Richard Lewis, B.S.<sup>1</sup>

At The Center we see many patients with cancer who have been told to “go home and get your affairs in order, there is nothing more I can do for you,” who respond to the Dr. Riordan intravenous vitamin C (IVC) protocol for cancer.<sup>1</sup> The Center does not advertise itself as a “Cancer Treatment Center,” however, we do treat patients who have cancer when they come to The Center seeking help.

The first patient is a five-year old boy with a sarcoma that had spread to the liver. He was first seen at The Center in March, 2004. He previously had surgery for the cancer and was started on a 12-week course of chemotherapy. This was to be followed by radiation, further surgeries and 42 weeks of chemotherapy. The oncologist did not want the patient to have intravenous vitamin C (ascorbic acid) during any of these treatments. During this three-year period of time, Dr. Kirby, prescribed various nutrients and supplements to help him under these circumstances.

After all the chemotherapy treatments, this thin, bald-headed, anemic young boy started his treatment at The Center. In October, 2006, he was given a 7.5 gram IVC. His post-IVC plasma level was low, 89 mg/dL. The optimal killing dose established by research performed at The Center is between 350 and 400 mg/dL.<sup>1</sup> In November, Dr. Hunninghake increased the IVC dose to 15 grams twice a week. The post IVC plasma level was 148 mg/dL.

The 15 gram infusions were continued until mid-December. The post IVC

level after this series was 153 mg/dL. For the next month the IVC dose was raised to 25 grams twice weekly. In mid January, 2007, the post-IVC was 314 mg/dL. The post-IVC plasma remained stable at high levels. In July, 2007, Dr. Hunninghake noted, “He continues to ‘hold his own’ quite well.”

The patient and his father reported that he is “improving over time.” The father also stated that his son was taking all the oral supplements, including oral vitamin C. He went on to say that “He continues to gain weight and do quite well despite a doctor saying ‘I’m sorry, your son’s chances of a cure are not good!’”

One would argue that it was the surgery, radiation and chemotherapy that accomplished the results seen in this patient. Based on our experience, we know IVC played a big role in this patient’s continued recovery. High dose IVC has been proven to kill cancer cells and it also stimulates the immune system in at least five different ways.<sup>2</sup> Chemotherapy will severely weaken the immune system.

A diagnosis of cancer of the head of the pancreas is generally followed with a life expectancy of three to six months. We have previously reported on a male patient with this same diagnosis who did very well on high-dose IVC treatment.<sup>3</sup> The second patient is a 64-year old woman who came to The Center in early July, 2005, with a prior diagnosis of cancer in the head of the pancreas. The diagnosis was confirmed with various scans and biopsies, and surgery was performed. As a result of the surgery, she became diabetic.

1. The Center for the Improvement of Human Functioning International, Inc., 3100 North Hillside, Wichita, KS 67219

She was started on 15 grams of IVC daily for about 10 days. On July 15 her IVC was increased to 25 grams three times a week. In early September her dose was increased to 37.5 grams daily. In October, 2005, she began chemotherapy. Her oncologist insisted that she stop all IVC and alternative therapy. She stopped the IVC but continued on oral nutrients. During this period her post IVC plasma levels ranged from 112 mg/dL to 226 mg/dL. In May, 2007, she returned to The Center to continue her IVC therapy.

Dr. Kirby started her on 25 grams IVC twice a week and in June the dose was increased to 37.5 grams twice a week. Her last two post-IVC plasma levels were 425 mg/dL and 400 mg/dL, well within the "killing range" for cancer cells. She continues this treatment, along with oral supplements. Since she was now a diabetic and receiving high-dose IVC, she could no longer use her finger stick blood glucose instrument and strips to monitor her blood glucose.

As The Center staff has shown, the blood glucose meter and strips cannot distinguish between the ascorbic acid (vitamin C) molecule and glucose. Immediately after a treatment, and up to six to eight hours after treatment (depending on the dose), a reading of 495 mg/dL, 500 mg/dL or "high" reading plus positive ketones may be obtained on the glucometer. In this patient's case, a serum glucose was performed as the ascorbic acid does not interfere with the hexokinase method.<sup>4</sup>

She has lived two years and six months (and still counting) with a disease noted to kill very quickly. She stated that she is committed to the IVC treatment for quite some time into the future.

## References

1. Riordan HD, Hunninghake RE, Riordan NH, Jackson JA, et al: Intravenous ascorbic acid: protocol for its application and use. *Puerto Rico Health Sciences J*, 2003; 22(3): 287-290.

2. Anderson R. Vitamin C and immune function: mechanisms of immunostimulation. In: Counsell JN, Hronig DH, eds. *Vitamin C*. London: Applied Science Publishers, 1981: 249-272.
3. Jackson JA, Riordan HD, Hunninghake RE, Riordan NH: High-dose intravenous vitamin C and long-term survival of a patient with cancer of the head of the pancreas. *J Orthomol Med*, 1995; 10: 87-88.
4. Jackson JA, Hunninghake RE, Krier C, et al: False positive finger stick blood glucose readings after high-dose intravenous vitamin C. *J Orthomol Med*, 2006; 21(4):188-190.