High-Dose Intravenous Vitamin C in the Treatment of a patient with Renal Cell Carcinoma of the Kidney

Hugh D. Riordan, M.D.;[1] James A. Jackson, MT(ASCP)CLS, Ph.D., BCLD;[2]
Neil H. Riordan, RPA-C[1], Mavis Schultz, A.R.N.P[1]

The authors published a similar case study in 1990 concerning a patient with adenocarcinoma of the kidney and metastasis to the lung and liver who was treated with The Center's intravenous vitamin C protocol.[1] The patient recently died of congestive heart failure (cancer free) 12-years after his original diagnosis of kidney cancer. The Center has treated many patients since this first patient using the high-dose vitamin C protocol with good results. We present another patient in this case study.

The Case

The patient is a 52-year retired white female from Wisconsin. She had complaints of painless hematuria. In August, 1995, an IVP was performed which revealed a normal right kidney but an enlarged left kidney with poor visualization of the kidney's intra renal collection system. Because of the history of hematuria, a CAT scan was performed. The results of the scan revealed an enlarged left kidney with a homogenous attenuation without evidence of hydronephrosis or cysts. The image also showed a mass measuring up to 9 cm in diameter involving the mid-portion of the kidney. The impression was a massive enlargement of the left kidney highly suspicious of neoplasm. A preoperative CAT scan and chest x-ray showed the lung fields clear, no mediastinal or hilar masses, no destructive bone lesions and a normal liver and spleen. A left nephrectomy was performed on September 25, 1995. Histology examination confirmed renal cell carcinoma with no evidence of metastases. In March, 1996, metastases to the lungs were found on chest x-ray film. A chest x-ray in September, 1996, showed interval development of a 3 cm oval soft-tissue density in the left upper lobe. In addition, there were two 1 cm nodular densities at the right mid and lower lung field. Given the patient's history of renal cell carcinoma, these findings would be most consistent with metastatic disease. In October, 1996, there were eight 1-3 cm masses in her lungs: seven in the right lung, one in the left lung. She elected not to receive radiation or chemotherapy. She did not have any new medical or surgical therapies performed prior to her first visit to The Center.

She was first seen at The Center in October, 1996, where an extensive physical, history, psychological and laboratory profile were performed. Some of the laboratory procedures performed included RBC fatty acids, a 26 plasma amino acid profile, a complete vitamin profile, a CBC, urinalysis, chemistry profile, Epstein-Barr virus (EBV) antibodies, buffy coat vitamin C, urine pyrroles and biological age. Her laboratory tests revealed a low plasma vitamin C and beta-carotene levels, sub-optimal buffy coat vitamin C, EBV early antigen and viral capsid antigen were very elevated, and urine pyrroles were 38 μg/dL (normal less than 20).[2] Her biological age was 63 years, cholesterol and triglycerides were slightly elevated, and the liver enzymes elevated to less than five times normal. Her lung capacity was decreased. The rest of the results were normal or unremarkable. Her G6PD test was normal. We always check for G6PD deficiency before high dose intravenous C to prevent intravascular hemolysis.

1. The Center for the Improvement of Human Functioning International, Inc., 3100 N Hillside, Wichita, KS 67219
2. Department of Medical Technology, Wichita State University, 1845 Fairmount, Box 43, Wichita, KS 67206-0043.

She was started on The Center's Intravenous Ascorbate Inhibition Assay (IAIA) protocol. A copy of the protocol is available by contacting one of the authors (NHR). The treatments consisted of high dose intravenous vitamin C in Ringer's lactate. The initial dose was 15 g which increased to 65 g after two weeks, two infusions per week. She was also started on N-acetyl cysteine (Vitamin Research Products, Carson City, NV), 500 mg by mouth once daily; beta-1,3-glycan (a macrophage stimulator, NSC 24, Nutrition Supply Corp., Carson City, NV), three times a day; vitamin C, 9 grams orally every day; beta-carotene, 25,000 I.U. twice a day (Beta Carotene 25, Miller Pharmacal Group, Inc., Carol Stream, IL); fish oil to balance fatty acids (Super-EPA, Bronson Pharmaceuticals, St. Louis, MO.), orally three times a day; and a no-refined sugar diet. She returned home to Wisconsin continue the IAIA treatments.

After returning home, she requested a physician to place a "port" into a vein to make the intravenous treatments more convenient. The physician refused to perform the procedure because the port was going to be used to administer I.V. vitamin C. He would install the port if it was to be used for chemotherapy! Fortunately, one of the authors (HDR) is licensed to practice medicine in Wisconsin and made arrangements to have the procedure done. She continued treatments until June 6, 1997 when another PA and lateral x-ray of the chest was done. The radiologist reported when compared to the x-ray of November 26, 1996, "the nodular infiltrate seen previously in the right lung and overlying the heart are no longer evident, and the nodular infiltrate seen in the left upper lung field has shown marked interval decrease in size and only vague suggestions of the approximately 1.0 cm density." No pleural fluid or pneumothorax is evident.

Another chest x-ray was taken on January 15, 1998. The same radiologist compared the results with the x-ray of June 1997 and reported "since previous examination there has been clearing of the left upper lobe nodular infiltrate. The right upper lobe and base are clear. No significant infiltrate or significant pleural fluid are evident. Impression: Interval resolution of left upper lobe nodular infiltrate."

The patient discontinued IAIA treatments in June 1997. She has continued on an oral nutritional support program since that time. As of January 15, 1998, she is well with no evidence of disease progression. During and after the treatments, the patient showed no toxic, or unusual side effects from the high-dosage I.V. vitamin C therapy. Periodic blood chemistry profiles and urine studies were normal.

Comments

Some people might attribute these results to spontaneous remission, which does happen in some cases of cancer. It seems ironic that when patients with the same disease are treated with chemotherapy and/or radiation with successful results, they are "cured." When a patient is treated for cancer with an alternative method, they have a "spontaneous remission"! In any case, we continue to follow this patient, who states that she is thrilled with her results. Of course, since she did not under go the rigors of chemotherapy, her quality of life remained very high. The authors have previously commented on the various theories on how vitamin C controls or inhibits the growth of malignant tumors.[1]

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References

1. Riordan HD, Jackson JA, Schultz M: Case Study: High-dose intravenous vitamin C in the treatment of a patient with adenocarcinoma of the kidney. *J Orthomol Med,* 1990; 5-1:5-7.
2. Jackson JA, Riordan HD, Neathery S, Riordan NH: Urinary pyrrole in health and disease. *J Orthomol Med,* 1997; 12-2: 96-98.