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Cancer and Medical Politics

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One third of cancer patients die in five years. (1) Some patients die in pain. Every day we read that new therapies are coming soon, gene therapy is the answer, radiation and chemotherapies are improving rapidly, stem cells show promise, so send more money.

Unfortunately much of this hype is hypocrisy. This review article aims to change hype into honest hope for you and relief from your cancer. We don't need a fabulous, new discovery that's just around the corner. We need to use the tested therapies already available and described here. Cancer patients can almost certainly live longer if they know that:

- Vitamin C can kill most types of cancers
- Doctors who prescribe vitamin C for cancer therapy risk punishment from the FDA and their state medical board
- Patients can take vitamin C safely and legally to live longer with less pain

My aggressive prostate cancer appeared 15 years ago. I chose short-term hormone therapy plus vitamins and diet to fight the cancer. I am happily in remission with no surgery... no radiation... no chemotherapy... no pain... no fear... and no hospitalization!

You too, can choose vitamins regardless of your cancer type or stage or your present therapy. If aggressive therapies become necessary, your body has been strengthened and all regular therapies are still available. High dose vitamin C plus other vitamins and supplements may control your cancer so that you may never need aggressive therapy. Our bodies have been doing fighting cancer for thousands of years. Many therapies can control cancer² but vitamins have demonstrated that they can:

- Strengthen the immune system
- Kill cancer directly
- Help regular therapies kill cancer
- Cut pain
- Avoid long-term side effects

Vitamin Therapies

Clinical trials by Ewan Cameron, MB, ChB, ^{3,4,5} and coworkers have shown that hospitalized, terminal patients with many types of cancer lived about twice as long as matched controls if they took high-dose vitamin C. The references give therapy details, safety and scientific background information.

Abram Hoffer, MD, PhD, FRCP (C)^{6,7,8} improved Cameron's regimen by combining oral vitamin C with other vitamins and minerals. He recommended that patients continue working with their oncologists. He prescribed a diet low in sugars. With experience, he varied his regimen, as shown in Table 1.

	1993⁶	2006²
Vitamin C mg	12,000	12,000
range	3,000 to 40,000	3,000 to 40,000
*Vitamin A, IU	10-50,000	
*Beta carotene	30K-75K IU	30,000 IU
Vitamin B complex	B-50 to B-100	1 or 2 of B-100
Vitamin D-3. IU	5,000	To 19,000
Vitamin E, IU	300	
Vitamin E succinate IU		800
Selenium mcg	600	400 to 600
Zinc as citrate	60 mg	60
Coenzyme Q10		300 mg
Curcumin mg		300
*Bioperin mg		15 mg
* optional		

Type of Cancer	Without Vitamins	With Vitamins
Breast	3.7	70
Uterus	4.0	99
Ovary	3.6	16
Lung	2.0	17
Pancreas	2.4	40
All 30	2.6	45

Types		
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Most of his patients had failed prior surgery, radiation and/or chemotherapy as prescribed by their oncologists. Those who refused vitamins lived a mean of only 2.6 months. The 101 who accepted vitamins lived 45 months after seeing Hoffer, Table 2.

After years of experience, both Cameron and Hoffer found that vitamin C did not lose its effectiveness with time, as does chemotherapy.

Dr. Hoffer⁷ reported, *"I have no doubt that the megavitamin program has improved the quality of their life. It has given them more energy, has improved depression and anxiety, has created a sense of well being, has eased pain and has often eliminated pain entirely."*

Successful Patients

Bill S.² had non-small cell lung cancer, stage III-B, and a prognosis of 8 months, or 11 months if he took chemotherapy. He told his oncologist he planned to use vitamins and the doctor agreed to cooperate. Bill chose Dr. Hoffer's regimen, other supplements and limited chemotherapy. He did not choose a low sugar diet. Even so, he lived 24 months instead of 11 months.

Joe K.'s⁹ prostate cancer was first treated by surgery and radiation. A few years later, and after a second surgery, his cancer returned to his pelvic bone and his doctor estimated one year of life. Joe chose Dr. Cameron's therapy: a low-sugar diet and high-dose vitamin C. When cancer appeared in his lung, he increased his vitamin C to 80,000 mg/day or even more during extra stress. He reportedly lived 24 years instead of the expected one year.

Cameron had a truck driver¹⁰ in his 40's hospitalized with swollen neck glands, fever and non-Hodgkin's lymphoma cancer in his chest as shown by x-ray and lymph node sample. He was started on 10,000 mg/day of IV sodium ascorbate. In 14 days the swollen glands in his neck disappeared, the enlarged lymph glands, liver and spleen all felt proper, and the x-ray showed much less cancer. In 22 days his lungs were clear, he returned home and shortly went to work. He stopped the vitamin C after a few months but the cancer returned quickly. A second course of vitamin C was successful and he continued on 12,500 mg/day of oral vitamin C for 10 years. Then, against his doctors' wishes, he stopped the vitamin C. Three years after stopping he was still well and healthy.

If a hospitalized cancer patient can respond this quickly to vitamin C, and be in remission for over 13 years, perhaps most patients should try one month of vitamin C before going to aggressive treatment.

For many patients, Hoffer's multivitamin therapy might well be the initial therapy for all types and stages of cancer for the first month. For some patients, multivitamins may be the only therapy needed.

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Politics

After seeing Cameron's good results, the big drug companies screamed that vitamin C was too simple to control cancer. And cancer drugs must have randomized, double blind tests. Eventually Edward Creagan,¹¹ MD, *et al* at Mayo Clinic were persuaded to repeat Cameron's regimen. Creagan in 1979 reported no advantage or disadvantage for high-dose vitamin C. Pauling objected that most of Creagan's patients had prior chemotherapy that had weakened their immune system excessively. Creagan also did not actually follow Cameron's regimen, and did not administer IV vitamin C as Cameron had done. Vitamin C by IV is much more effective than oral vitamin C since it goes directly into the blood rather than through the digestive system.

Under pressure Charles Moertel¹² MD, *et al* ran a second test using randomized colon cancer patients who had not been given chemotherapy. Like Creagan, Moertel did not follow Cameron's regimen, and did not give any vitamin C by IV. Worse, he fed vitamin C for only a mean of 2.5 months out of a 14-month test.

When he stopped the oral vitamin C, he did it suddenly which caused a rebound effect--the patient temporarily suffers low vitamin C (scurvy), and probably a spurt in cancer growth. Still worse, Moertel started giving 5-fluorouracil chemotherapy to over half of the patients, a therapy that probably shortened the life of vitamin-taking patients. Moertel reported that vitamin C is of no help in treating advanced cancer, but his data do not support this false claim, especially since he did not administer vitamin C for the duration of the test. One or two negative trials cannot be generalized to say all regimens are useless.

Some of the tests by Cameron were actually randomized properly. Edmund A. Gehan,¹³ PhD, and Emil J. Feireich, MD, at M. D. Anderson, Houston, Texas, recommended various methods of randomization. If the control patients are obtained by carefully matching individual test patients on appropriate, specific parameters then both groups are guaranteed to be compatible. They approved randomization by 1 to 1 post matching of test to control patients and also by the standard, double blind test. Both can give proper randomization, and both of these tests are subject to bias.

Cameron and Pauling obtained an acceptable, matched control group by using blinded observers to match 10 control patients to each test patient. Thus, Pauling's results are just as acceptable¹³ as those from regular randomized, double blind control groups. Moertel's claim that randomized double blind groups are the only acceptable way to test a therapy is unfounded.

Cameron and Campbell³ also ran a test randomized by therapy assignment based on consecutive date of hospital admission. Gehan also approved consecutive randomization. Again, the big drug companies refused to accept Cameron's tests.

Based on false information, the publicity of Mayo Clinic and the health community has successfully indoctrinated most of the doctors and the public to believe that vitamin C is of no use or is even harmful.

The effectiveness of vitamin C is a political judgment,¹⁴ because there are no impartial experts. At this point the cancer community is winning the struggle based on the power of publicity over good science. Drug companies have chosen to put profit ahead of

patient life. At this time, the cancer community sees no need to run a test that might show vitamin C acceptable for cancer therapy.

Yet the basic science of Benade at the NCI¹⁵ and the clinical work of Cameron, Pauling and Hoffer,^{9,15,16} are correct. Patients especially are unsatisfied with the cost, pain and poor survival with current therapies. They may not have the big money, but they have their own money to spend wisely.

Cancer is highly profitable to drug companies.^{17,18} The decision to use or not use vitamin C for cancer therapy puts doctors under financial and ethical pressure. Vitamin C is technically proven but not politically accepted. The drug companies have persuaded FDA and our state medical boards to penalize doctors who use vitamin C for cancer treatment. They have persuaded the public that quacks use vitamin C. State medical boards (all states have them) prosecute only a few doctors, but they put fear into many doctors who treat cancer with nutritional, unapproved, untested, or even off label materials. "Unapproved" is an arbitrary decision by the state medical boards, often based on maintaining high profits for drug companies.^{17,18,19}

Doctors being prosecuted by state medical boards have been accused of using therapies that are "not necessary or medically indicated,"²¹ One doctor was accused of "IV vitamin infusion" and "inappropriate treatment" and "failure to treat patient according to generally accepted standard of care."²² Judgment was based on "Rule 190 et. seq., [which] provides the Board with sole and exclusive authority to determine the charges on the merits, to impose sanctions for violation of the Act or a Board rule, and to issue a Final Order."²² When Warren Levin, MD, was charged by the Board, Linus Pauling, PhD, presented expert testimony but it was rejected as "not germane."²³

Vitamin C is not approved for cancer therapy. Doctors who treat patients with vitamin C know that they might be called quacks and be disciplined by state medical boards. A patient should not ask a doctor if he approves of vitamin C for cancer therapy. If the doctor answers yes, he may lose income and stature. Patients may ask about strengthening themselves with vitamins. Patients can safely and legally use vitamin C as cancer therapy since they are not bound by the restrictions on doctors. Determined cancer patients can gain a longer life with less pain and less money.

How to Talk to Your Doctor

This talk determines your future:

1. When the subject of vitamins first comes up, the patient can say that he understands that doctors who prescribe vitamin C for cancer therapy risk punishment by the FDA or their state medical boards, but patients are allowed to choose vitamin C.
2. If a patient asks about vitamin C, his medical question often gets a political answer from the doctor.
3. A patient can tell his doctor that he plans to strengthen his body with vitamins and diet, and ask if the doctor has any specific objections. The doctor expects such questions and will typically give a pat answer such as, "Wait until after the chemotherapy." The patient can also have a pat answer

ready. “But doctor, during chemotherapy is when I’m weakest^{7,16} and that’s when permanent side effects are generated. Why should I wait?”

4. Before choosing a doctor, a patient can say he plans to take vitamins to strengthen his body and will the doctor work with him? One of the author’s friends with lung cancer did this. He lived 24 months instead of 11 estimated.
5. A patient may choose another doctor or health plan. He may take vitamin C on his own. He may hire a suitable dietician or other health professional, but he should keep his doctors up to date on what he is doing.
6. Patients can take vitamin C without telling their doctor and without proper medical supervision. This is not safe, not recommended, and not the best way to control cancer.

Summary

The vitamin C therapies of Cameron and especially Hoffer are safe, tested, effective, and can be used now without further tests. Vitamin C has been tested on many types and stages of cancer and may be effective for all cancers at all stages^{24,25} if the proper regimen is used and maintained. Vitamin C kills cancers as explained by Benade at the National Cancer Institute.

The drug companies do not want competition from cheap vitamin C. They rejected the proven effectiveness of vitamin C and ran false tests aiming to show that vitamin C was not helpful. Although doctors are restricted in using vitamin C to treat cancer, patients are not restricted. If the patient instigates vitamin C for his cancer, many doctors will cooperate. Patients are not bound by FDA regulations.

Conclusion

The state medical boards and FDA have restrictions on doctors treating patients with vitamin C. Patients can safely and legally use vitamin C therapy to control their cancer.

Hoffer’s multivitamin therapy might well be the initial therapy for all types and stages of cancer for the first month. For some patients, multivitamins may be the only therapy needed.

The author, a research chemical engineer, was diagnosed fifteen years ago with prostate cancer. His PSA, a measure of the cancer, had doubled in six months--a sign of aggressive cancer. He chose triple hormone therapy and Hoffer-type vitamins. After one year, he stopped two hormones but continued the Proscar and vitamins continuously. He is in excellent remission with essentially no side effects and a PSA of 0.32. A PSA of 4 or less is normal. He never had surgery ... chemotherapy ... radiation... worry ... pain, or lost body parts.

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References for Cancer and Medical Politics

1. American Cancer Society. *Cancer Facts and Figures-2005*. American Cancer Society.
2. Houston R. *Vitamins Can Kill Cancer*. 2006; West Conshohocken, PA: Infinity Publishing, ISBN 0-7414-3253-6.
3. Cameron E and Campbell A. The orthopedic treatment of cancer. Clinical trial of high-dose ascorbic acid supplements in advanced human cancer. *Chem-Biol. Interactions*. 1974;9:285-315. (50 patients)
4. Cameron E & Pauling L. Supplemental ascorbate in the supportive treatment of cancer: Prolongation of survival times in terminal human cancer. *Proc Natl Acad Sci, USA*. 1976;73(10):3685-3689.
5. Cameron E & Pauling L. Supplemental ascorbate in the supportive treatment of cancer: reevaluation of prolongation of survival times in terminal human cancer. 1978; *Proc Natl Acad Sci, USA*; 1976(9):4538-4542.
6. Hoffer A and Pauling L. Hardin Jones biostatistical analysis of mortality data for a second set of cohorts of cancer patients with a large fraction surviving at the termination of the study and a comparison of survival times of cancer patients not receiving these doses. *J of Orthomolecular Medicine*. 1993;8:1547-167.
7. Hoffer A. *Vitamin C and Cancer, Discovery, Recovery, Controversy*. 2000, Kingston, Ontario: Quarry Press.
8. Houston %. Cancer and vitamin C therapy for patients. *Townsend Letter*. 2007;289/290: 92-94.
9. Stone I. letter to A. Szent-Gyorgi. Dated August 30, 1982. downloaded 6/1/2005.
10. Campbell A, Jack T & Cameron E. Reticulum Cell Sarcoma: two complete "spontaneous" regressions, in response to high-dose ascorbic acid therapy. *Oncology*. 1991;48:495-497, Truck driver 13 years later.
11. Creagan ET, Moertel CG, O'Fallon JR et al. Failure of high-dose vitamin C (ascorbic acid) therapy to benefit patients with advanced cancer. *New England J of Medicine*. 1979;301:687-690.
12. Moertel CG, Fleming TR, Creagan ET, Rubin J, O'Connell MJ and Ames MM. High-dose vitamin C versus placebo in the treatment of patients with advanced cancer who have had no prior chemotherapy. *New England J of Medicine*. 1985;312:137-41.
13. Gehan EA and Freireich EJ. Non-randomized Controls in Cancer Clinical Trials. *New England J of Medicine*. 1974, Jan. 24; 290(4):198-203.
14. Richards, E. The politics of therapeutic evaluation; The vitamin C controversy. *Social Studies of Science*. 1988. Sage Publications;18(4) 653-701, Downloaded August 2009; <http://www.jstor.org>.
15. Benade L, Howard T and Burke D. at the National Cancer Institute. Synergistic killings of Ehrlich ascites carcinoma cells by ascorbate and 3 amino-1, 2, 4-triazole. *Oncology*. 1969;23:33-43.
16. Cameron E and Pauling L. *Cancer and Vitamin C*. 1993; Philadelphia, PA: Camino Books.
17. Carter JP. *Racketeering in Medicine—The Suppression of Alternatives*. 1993; Hampton Roads, ISBN 1-878901-32-X. The American public has no idea how politics secretly control the practice of medicine. If a doctor dares to introduce a natural, less costly method, no matter how safe or effective, Organized American Medicine can target this doctor for license revocation using fear tactics and legal maneuverings."

18. Epstein, Samuel S. *American Cancer Society: The World's Wealthiest "Nonprofit" Institution*. http://www.preventcancer.com/losing/acs/wealthiest_links.htm. Downloaded November 22, 2010.
19. Cohen A Marcus. Cancer chemotherapy: curtailing its use politically. *Townsend Letter*. 2010;July:107-111.
20. Cathcart RF. Vitamin C titrating to bowel tolerance, anascorbia, and acute scurvy. *Medical Hypotheses*, 1981; 7:1359-1366. "I have avoided the treatment of cancer patients for legal reasons; however I have given nutritional consults to a number of cancer patients..."
21. Barrett Stephen. A critical look at Lendon Smith, M.D. *Quackwatch*. 2009;March 7. Downloaded 10/10/2010
<http://www.quackwatch.com/04ConsumerEducation/lendonsmith.html>.
22. Barrett, Stephen. More disciplinary action against Jesus Caquias. *Casewatch*, Downloaded 10/10/2010. <http://www.casewatch.org/board/med/caquias/2010complaint.shtml>.
23. Warren Levin, MD, Linus Pauling Video Clips/Foundation Audios/ Owen Fonorow. Downloaded 10/10/2010. <http://www.vitamincfoundation.org/voice/#WL>
24. Lamson DW and Brignall MS. Antioxidants and cancer therapy II: quick reference guide. *Alternative Medical Review*. 2000;5(2):152-163.
25. Stoute JA. The use of vitamin C with chemotherapy in cancer treatment: an annotated bibliography. *J of Orthomolecular Medicine*. 2004;19(4):198-245.

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