

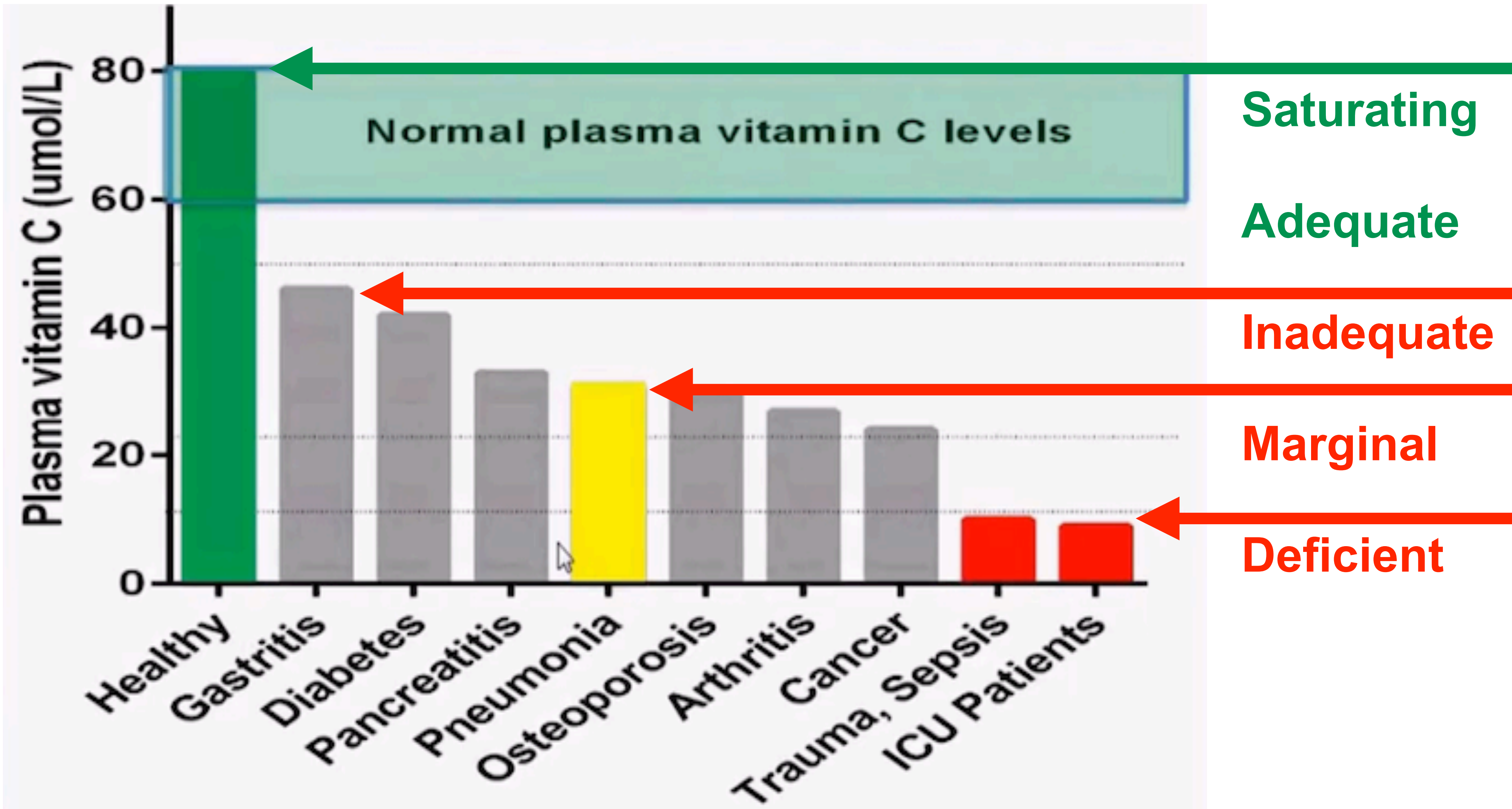
There is a scientific, known treatment for Covid-19

Ron Swenson

March 2021

Core Principles

Everyone entering the emergency room with symptoms has already experienced ascorbic acid deficiency



Risks and Benefits

Vitamin C has low risk and high benefit – it gets the green light

Benefit	High Likely Benefit / High Possible Risk	High Likely Benefit / Low Possible Risk
	Low Likely Benefit / High Possible Risk	Low Likely Benefit / Low Possible Risk

High ←← **Risk** →→ **Low**

What is science?

The History of Science is fraught with misunderstandings

Semmelweis proposed the practice of washing hands with chlorinated lime solutions in 1847... in Vienna General Hospital, where doctors' wards had three times the mortality of midwives' wards... Semmelweis's observations conflicted with established scientific and medical opinions of the time and his ideas were rejected... some doctors were offended and they mocked him.

The Semmelweis reflex: "Mob behavior ... in which a discovery of important scientific fact is punished" (Robert Anton Wilson)

1847

Wikipedia authors acknowledge the first principle of **observation**

Scientific method

WIKIPEDIA

The **scientific method** is an empirical method of acquiring knowledge that has characterized the development of science since at least the 17th century. **It involves careful observation,** applying rigorous skepticism about what is observed, given that cognitive assumptions can distort how one interprets the **observation.** It involves formulating hypotheses, via induction, based on such observations; experimental and measurement-based testing of deductions drawn from the hypotheses; and refinement (or elimination) of the hypotheses based on the experimental findings.

The core of science is not double blind testing – it is observation

Albert von Szent-Györgyi, Ph.D. 1893-1986



"Discovery consists of seeing what everybody has seen, and thinking what nobody has thought." — Albert Szent-Györgyi

WIKIPEDIA

Observational study

In fields such as epidemiology, social sciences, psychology and statistics, an **observational study** draws inferences from a sample to a population where the independent variable is not under the control of the researcher because of ethical concerns or logistical constraints. One common **observational** study is about the possible effect of a treatment on subjects, where the assignment of subjects into a treated group versus a control group is outside the control of the investigator.^{[1][2]} This is in contrast with experiments, such as randomized controlled trials, where each subject is randomly assigned to a treated group or a control group.

The core of science is not double blind testing – it is observation

Albert von Szent-Györgyi, Ph.D. 1893-1986



"Discovery consists of seeing what everybody has seen, and thinking what nobody has thought." — Albert Szent-Györgyi

Motivation

The independent variable may be beyond the control of the investigator for a variety of reasons:

- A randomized experiment would violate ethical standards. Suppose one wanted to investigate the abortion – breast cancer hypothesis, which postulates a causal link between induced abortion and the incidence of breast cancer. In a hypothetical controlled experiment, one would start with a large subject pool of pregnant women and divide them randomly into a treatment group (receiving induced abortions) and a control group (not receiving abortions), and then conduct regular cancer screenings for women from both groups. Needless to say, such an experiment would run counter to common ethical principles. (It would also suffer from various confounds and sources of bias, e.g. it would be impossible to conduct it as a blind experiment.)

The History of Vitamin C

The history of Vitamin C is fraught with community amnesia



**Vasco da Gama
leaving Portugal
1497**



**Vasco da Gama
arriving India
1498**

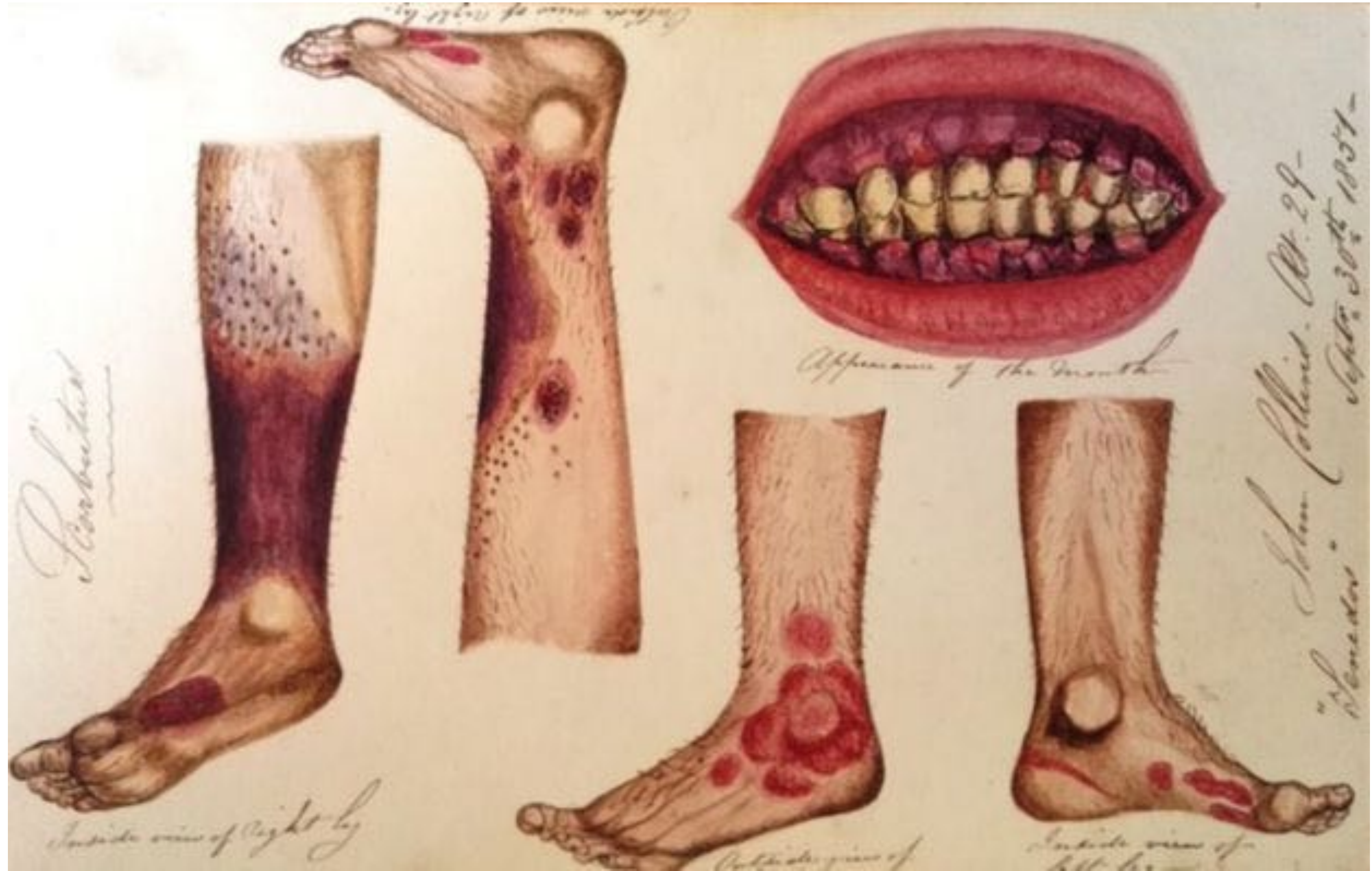
The history of Vitamin C is fraught with community amnesia



Lancaster's 4 ships departed England in April. Arriving September at Table Bay in southern Africa, 3 ships' crews were devastated by scurvy.

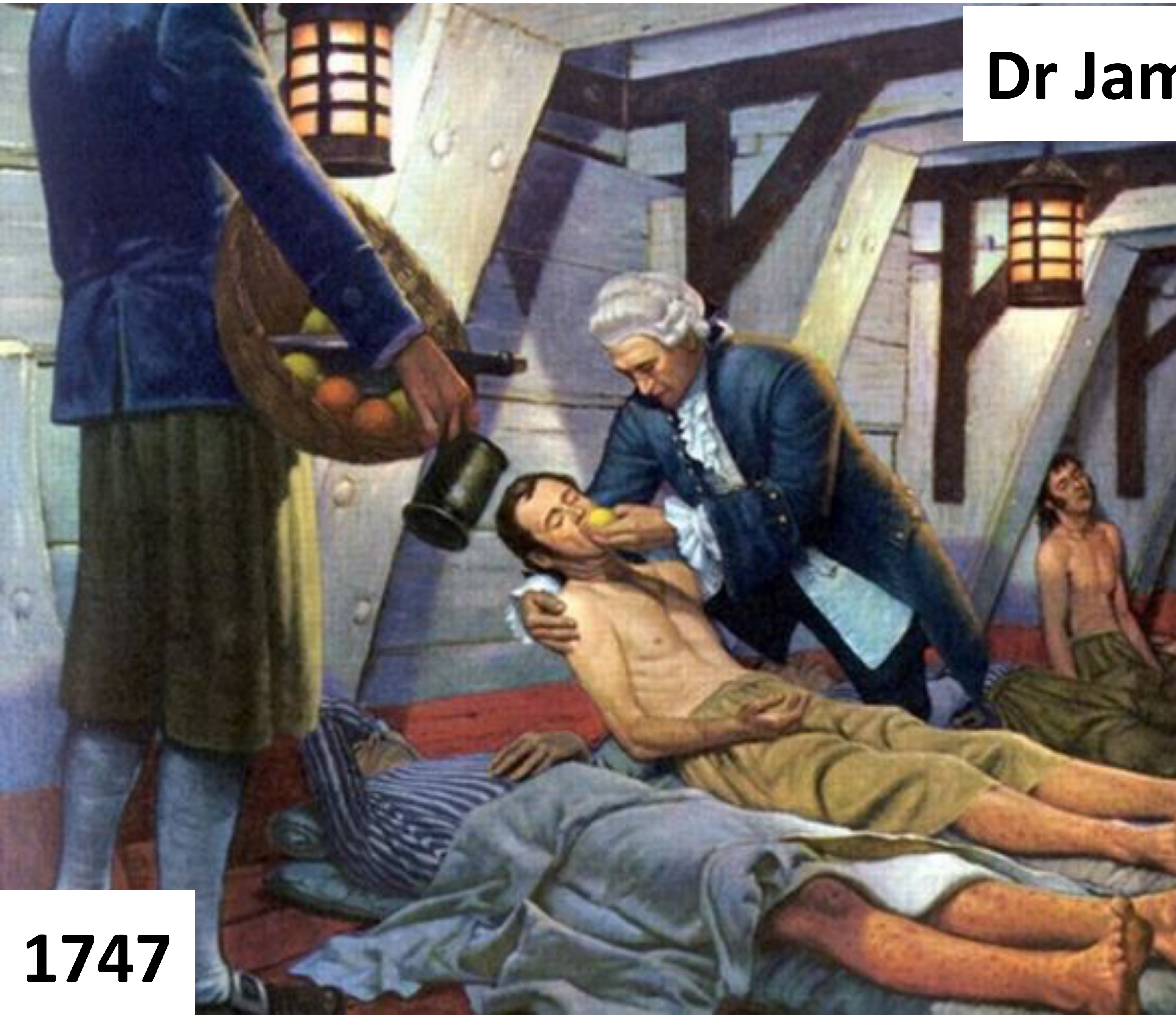
The Red Dragon crew had to assist the rest of the fleet into the harbor. (Every morning Lancaster had given his men 3 spoonfuls of bottled lemon juice.)

The history of Vitamin C is fraught with community amnesia



The history of Vitamin C is fraught with community amnesia

Dr James Lind



1747



1753

James Lind's conclusive results were debated for decades



1775-1783

James Lind's conclusive results were debated for decades

British forces during the American Revolutionary War period also experienced outbreaks of scurvy during the late winter and early spring months. During the war period of 1775–1783, Sir Gilbert Blane stated that of the 175,990 British men enrolled for war at sea, only 1243 were killed in action (11), but deaths from disease and scurvy claimed 18,545 men. Scurvy was a major cause of these deaths.

disease & scurvy claimed 18,545 British men



1775-1783

The debate persisted through the Revolutionary War and beyond



1781

Cornwallis surrenders

The Sick and Wounded Board authorized lemon juice as regular issue of the British Fleet in 1795 – *42 years* after Lind's treatise



1795

Sir Gilbert Blane, Commissioner of the Sick and Wounded Board, got credit for establishing lemon juice – the year after Lind died

Footnotes and endpieces

Sir Gilbert Blane: the father of naval medical science

Peter J Shirley

INTRODUCTION

Gilbert Blane was born in Blanesfield in Ayrshire in 1749 and studied in both Edinburgh and Glasgow, graduating with an MD (Glasgow) in 1778. His first naval appointment was as private physician to Admiral (Lord) Rodney, sailing to the siege of Gibraltar in 1779 on HMS SANDWICH. A combination of his ability and calmness in action gained him the Admiral's confidence and led to his appointment as Physician to the Fleet. Rodney's testimonial commented: 'To Blanes knowledge and attention it was owing that the English Fleet was, notwithstanding excessive fatigue and constant service, in a condition always to attack and defeat the enemy.' (<http://www.berkshirehistory.com/bios/gblane.html>).

In 1747, before Gilbert Blane was born, Navy surgeon James Lind conducted his observational study into the use of fresh fruit for the prevention of scurvy for sailors. In 1785, while acting as commissioner for sick and wounded seamen, Sir Gilbert Blane was successful in getting Lind's suggestion formally adopted by the Admiralty. Scurvy rapidly ceased to appear in sick returns and was eradicated from sickness reports by 1825. His life was dedicated to improving health and the delivery of healthcare and his impact on the health of the Royal Navy (RN) and beyond is still felt today.¹ He is widely regarded as an occupational health pioneer and the father of naval medical science.

TIME AT SEA

It was during his time with Rodney's fleet that Blane initially instituted Lind's treatment of scurvy. Blane excelled medically due to his observations, application of evidence (such as Lind's work) and continually striving to improve the lot of ordinary sailors. In 1780, he published his notes on naval hygiene: 'On the most effective means for preserving the health of seamen, particularly in the Royal Navy.' He did this at his own expense; such was his commitment to the health and welfare of his charges.

Blane was involved in six engagements with the enemy while on board naval vessels during his time at sea; he was wounded during one action after carrying messages to the guns, due to the lack of an executive officer. Following this and because of his dedication, it was the officers who initially petitioned Rodney for Blane to be appointed Physician to the Fleet. This petition was an honour in itself; physicians afloat at the time had no commission in the RN—they were warrant officers enjoying poor pay and a low reputation with their colleagues on land.²

Blane subsequently sailed with Rodney's fleet to the West Indies in 1782 for the Wars of the American Colonies; he wrote a published account of his involvement in the Battle of the Saintes with the French on 12 April 1782. His observations of death from battle injury were insightful. He commented on the 'wind of a cannonball' leading to death without external signs of injury, widely acknowledged now as a clear description of blast injury; it was another generation before it was properly described and understood. He published 'Observations on Diseases Incident to Seamen' in 1785 which was reproduced seven times. It ceased being printed in 1923 but has now been re-published as part of a global book preservation project; such is considered its importance.³

AFTER NAVAL SERVICE

Blane left the Navy in 1783 and was awarded a pension of 10 shillings a day for life (doubled in 1803) after Rodney

further petitioned the Commissioners of the Admiralty. Blane obtained an appointment as a physician to St Thomas Hospital in 1783. This was not universally popular and it took two ballots of the resident physicians before it could be ratified; such was the reputation of naval doctors. Blane remained at St Thomas Hospital for 12 years where he continued his observations, resigning from St Thomas in 1795 and was immediately appointed as a Commissioner of the Board of Sick and Hurt Sailors. It was this appointment that finally allowed Blane to fully implement all the changes he knew were needed but which the Navy had ignored in the past. Lemons and limes were now routinely loaded (with fresh fruit and vegetables) onto ships undertaking long voyages. Blane also had the sick bay in ships relocated, from the poorly ventilated fore part of the lower gun deck to an area beneath the forecabin. When Blane first joined a ship in 1778, naval surgeons had to provide the bulk of their equipment and medicines. Blane reformed this, and by 1804 the Admiralty was providing medicines and the majority of equipment without payment.

The sand and shingle ballast, present in ships of the time, were an ever-present infected mass close to the living quarters of the sailors and in combination with the poor ventilation made these areas virtually uninhabitable in rough seas when the hatches were sealed. Blane's interventions saw the replacement of the sand ballast with pig-iron and improvements in the ventilation, with the introduction of air tubes leading to the lower decks.

Interestingly at this time, inguinal hernia rates in sailors were in excess of 3500 per year, predominantly due to the movement of heavy water casks from the upper decks to the living quarters below decks. These were replaced by large iron



Figure 1 The Blane Medal (reproduced courtesy of the Trustees of the British Museum).

Correspondence to Dr Peter Shirley, 612 Squadron, Royal Auxiliary Air Force, Adult Critical Care Unit, 4th Floor, Royal London Hospital, Whitechapel, London E1 1BB, UK; Peter.Shirley@bartshealth.nhs.uk

Sir Gilbert Blane, Commissioner of the Sick and Wounded Board, got credit for establishing lemon juice – the year after Lind died



1795

It had taken **42 years** for the *Treatise of the Scurvy* to sink in

Dr Lind's "Treatise of the Scurvy", containing a celebrated review of literature on the disease, appeared in 1753, by which time he was a practising physician in Edinburgh.

He prided himself that he had conquered a condition which "during the last war, proved a more destructive enemy, and cut off more valuable lives, than the united efforts of the French and Spanish arms."

But it was not until **42 years** later [1795] that the Admiralty first issued an order for the distribution of lemon juice to sailors. Historians still debate why it did not act upon Dr Lind's discovery earlier.

The lesson kept getting lost and rediscovered again at great cost



Admiral Scott and his crew knew all about lemon juice and scurvy, but they didn't make it back from the South Pole

1912

“Those who don’t study history are doomed to repeat it...



... Yet those who *do* study history are doomed to stand by helplessly while everyone else repeats it.”

Even now, with **270+** years of solid science, confusion lingers on

In the late spring of 1949 the United States was in the grip of its worst poliomyelitis epidemic ever. On June 10 a paper on ways to save the lives of bulbar polio victims was read at the Annual Session of the American Medical Association (subsequently printed in its journal, JAMA, September 3, 1949, pages 1-8, volume 141, no. 1). Following the talk members of the audience were invited to comment.

Journal of Orthomolecular Medicine Vol. 6, No. 2, 1991

The Origin of the 42-Year Stonewall of Vitamin C

Robert Landwehr¹

"Dr. F. R. Klenner, Reidsville, N.C.: It might be interesting to learn how poliomyelitis was treated in Reidsville, N.C., during the 1948 epidemic. In the past seven years, virus infections have been treated and cured in a period of seventy-two hours by the employment of massive frequent injections of ascorbic acid, or vitamin C. I believe that if vitamin C in these massive doses — 6,000 to 20,000 mg in a twenty-four hour period — is given to these patients with poliomyelitis none will be paralyzed and there will be no further maiming or epidemics of poliomyelitis."

1949-1991

Must we wait 42 more years?!

Even now, with **270+** years of solid science, confusion lingers on

**In 1948 Dr Fred Klenner
cured polio in 72 hours
with intravenous Vitamin C**

Journal of Orthomolecular Medicine Vol. 6, No. 2, 1991


**The Origin of the
42-Year Stonewall of Vitamin C**

Robert Landwehr¹

1949-1991

Must we wait 42 more years?!

VITAMIN C



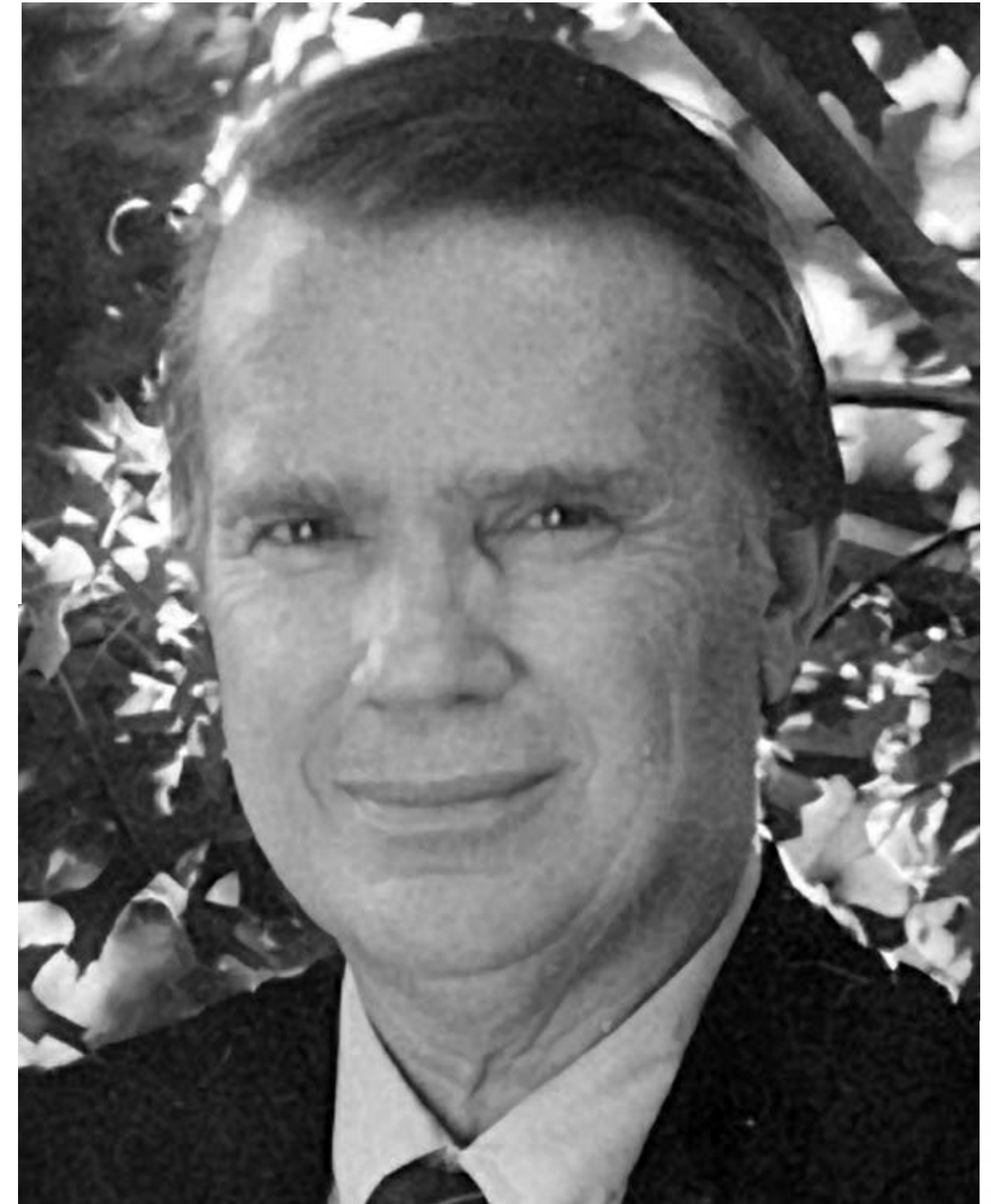
**"WHEN PROPER AMOUNTS ARE
USED IT WILL DESTROY ALL
VIRUS ORGANISMS."
F.R. Klenner, M.D. (1974)**

Even now, with **270+** years of solid science, confusion lingers on

The Method of Determining Proper Doses of Vitamin C for the Treatment of Disease by Titrating to Bowel Tolerance

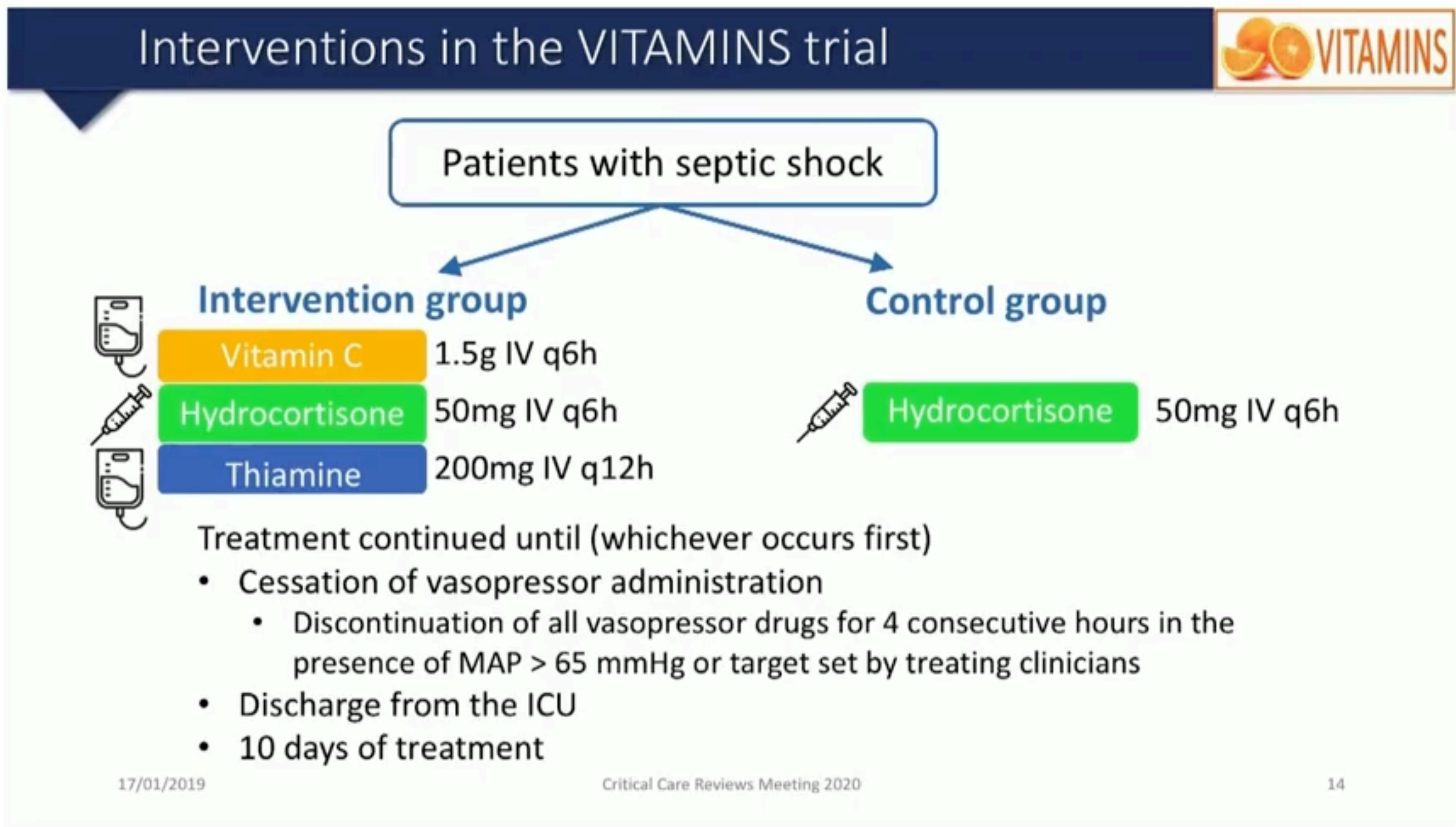
Robert F. Cathcart, III, M.D.¹

In 1970, I discovered the sicker a patient was, the more ascorbic acid he would tolerate... The astonishing finding was that almost all patients will absorb far greater amounts without having diarrhea when ill. This increased tolerance is somewhat proportional to the toxicity of the disease being treated.



1981

Even now, with 270+ years of solid science, confusion lingers on



2020 January (before Covid-19)

Even now, with **270+** years of solid science, confusion lingers on



January 2016 – January 2020

- Treated > 1500 septic patients admitted to MICU
 - No exclusion criteria: HIV, Sickle disease, Kidney stone, ESRD, etc
- Reproducible clinical benefit
- No side effects

- Consulted on > 1000 patients' world wide
- Adopted by physicians & hospitals around the world



2020 January (before Covid-19)

Even now, with **270+** years of solid science, confusion lingers on



2020 January (before Covid-19)

Need more trials

Even now, with **270+** years of solid science, confusion lingers on



2020 January (before Covid-19)

N Do it now

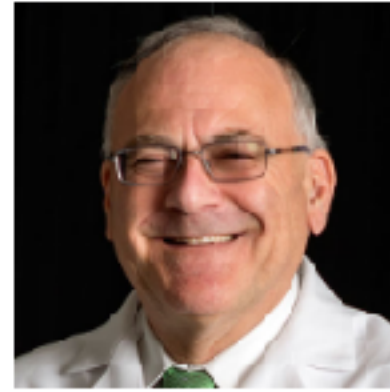
The Frontline Covid-19 Critical Care Working Group has achieved > 95% survival rate for around 300 hospitalized patients



G. UMBERTO MEDURI, M.D.



PIERRE KORY, M.D., M.P.A.



PAUL E. MARIK, M.D., FCCM, FCCP



JOSE IGLESIAS, D.O.



JOSEPH VARON, M.D., FCCP, FCCM



EIVIND H. VINJEVOLL, M.D.



SCOTT MITCHELL, MRCS



KEITH BERKOWITZ, M.D., M.B.A.



HOWARD KORNFELD, M.D.



FRED WAGSHUL, M.D.

FLCCC
ALLIANCE

www.covid19criticalcare.com

Dr Mary has treated many Covid-19 patients with IVC

Appropriating a separate clinic entrance...

Dr Mary has effectively treated Covid-19 patients with Intravenous Vitamin C

**Dr. Mignonne Mary
Remedy Room
New Orleans**



R | REMEDY[®]
R | ROOM
FEEL BETTER... FASTER.

Siegfried Emme has treated many Covid-19 patients with IVC

**Making house calls with full PPE...
NP Emme has effectively treated Covid-19
patients with Intravenous Vitamin C**

**Siegfried Emme, FNP
Loveland Medical Clinic
Colorado**



***Thank you again
for your attention!***