

Hi to everyone in the Millhouse Community

130 Millhouse Drive. You know what it is like when you plan and make arrangements, then unexpected events occur and delays are inevitable. Four years ago we purchased the house adjacent to the present surgery and began the journey to make **130 Millhouse Drive** part of the clinic. After many delays, we have finally begun using the new facility. The medical team is now divided with **Dr Else and Dr Scott moving to 130**, with **Noreen at reception** and **Lorraine remaining at 128**, and the **nurses alternating with the other receptionists** between the two sites.

130 Dr Else and Dr Scott

Reception – Noreen

Parking - 1 disabled & 4 standard car parks.

Take care if you park on the opposite side of Millhouse Drive and cross the road.

128 Dr Aileen, Dr Therese and Dr Ric

Reception – Lorraine

Aaran Church traditional acupuncturist will be resident four days each week.

'INTEGRATIVE' a name change: I mentioned in the last newsletter that we have added **'integrative'** to indicate that Millhouse has a comprehensive approach to wellness and the treatment of disease. Technological medicine is lifesaving in acute illness, but less effective in chronic disease. The integration of western medicine with broader factors like eating excellent food, consuming spices, using appropriate nutrients and herbal remedies, performing regular exercise, applying physical therapies, enjoying rest and recreation and making time for mindfulness & prayer, brings the very best in health.

Cornerstone accreditation: As well as finishing **130** we have been working on the policies and practices needed to achieve the NZ College of General Practitioner's standards-based accreditation that focuses on the areas of health & safety, patient privacy & rights and the delivery of quality medical services to the Millhouse Community. Our assessment takes place in early November.

Dr Chris popped in recently to the practice meeting. She was bright, breezy and back to her old self; that was great to see.

Website: With all the changes we have updated our site information and format. Take a look at www.millhousemedical.co.nz.

MEDICAL INFORMATION

The Vitamin C story (ascorbic acid)

On August 18th TV3's 60 Minutes programme, broadcast 'Living Proof' the story¹ of a 56yr King Country farmer **Alan Smith who developed swine flu** and nearly died. In June 2009 he had flown back from his Fiji vacation and presented to Tauranga Hospital in a critical condition, and was transferred immediately by air ambulance to Auckland Hospital.



He was placed on life support and treated intensively for **'white out' pneumonia**, where the lungs fill up with inflammatory fluid and the body's oxygen supply is drastically reduced, and later developed an acute blood cancer **'Hairy Cell leukemia'**. After three weeks in intensive care the family were informed that nothing more could be done and that doctors recommended turning off life support and allowing Alan to die. **The family pleaded with the specialists to try high dose vitamin C** but the hospital doctors believed that this treatment would have no effect and were reluctant to cooperate. Finally, after much deliberation Alan was allowed to receive **intravenous vitamin C**, which the family purchased and brought to the hospital. Initially he was given 25gm daily and later the dose was increased to 100gm. Within a few days, his condition improved and X-rays demonstrated clearing of the lung. The specialists denied that this was due to the vitamin C, saying it was due to a change in nursing position they had implemented.

Shortly after this the hospital unilaterally stopped the vitamin C treatment and Alan's condition deteriorated. After much persuasion the vitamin C therapy was resumed and his condition improved.

Alan Smith was transferred to Waikato Hospital, where again specialists objected to Vitamin C therapy and the family negotiated through an eminent lawyer for the Vitamin C treatment to continue. Intravenous Vitamin C was refused but a readily absorbable lyposomal oral preparation was administered. After fourteen days of vitamin C therapy Alan Smith left hospital with no sign of pneumonia or leukemia. **He is referred to now as the 'Miracle Man'.**

The history of **the Vitamin C story** is riddled with controversy and the reluctance of medical professional and authorities to implement change and accept its healing potential.

In 1536 French explorer Jacques Cartier and more than 100 crew spent the winter camping alongside the St Lawrence River at the Mohawk village at the present site of Quebec City. They had plenty of food but by midwinter a quarter of the men had died of scurvy and the remainder were near death with swollen legs, bleeding gums, numerous infections, convulsions and coma. The Native American Indian chief Don Agaya showed Cartier how to use tea made from pine needles to treat his men who returned to health after eight days of taking the infusion.

Seven years later in the winter of 1542-43 Jean Francis Roberval, a friend of Cartier at the same village lost 50 men to scurvy. **In 1593 the English admiral Sir Richard Hawkins** reported that under his command 10,000 deaths had occurred from scurvy and having an orange or lemon a day could prevent this condition.

For 150 years this information was ignored until 1753, when Dr James Lind, a navy physician on the frigate Salisbury, treated seamen with scurvy by giving oranges. When he announced his findings he was treated as a heretic (until his death) and verbally attacked by orthodox doctors; the giving of an **orange each day appeared too simple to cure the dreaded scurvy.**

In 1754 Lind published a 'Treatise on Scurvy' which was taken seriously by one man, **Captain James Cook**. In all three voyages, no seaman under his command developed scurvy. He required his men to eat sauerkraut, oranges, drink beer made from pine needles and sought out fresh fruit and vegetables at every landfall. In New Zealand he used watercress and made a tea from rimu needles. After Cook's death Captain James Clarke took command of the Resolution and the seamen again developed scurvy.

**"Some physicians would stand by and see their patient die rather than use ascorbic acid because in their finite minds it exists only as a vitamin."
Dr F. R. Klenner, MD**

Dr Frederick Klenner (1905-1984) was an innovative caring physician who practiced in Reidsville North Carolina using intravenous vitamin C to treat acute life-threatening illness and published his observations in the local medical journals².

From 1943-47 Dr Klenner reported the **successful treatment of 41 cases of viral pneumonia** using massive doses of intravenous vitamin C.

Regarding polio, a disease thought incurable, Klenner writes '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.' Dr Klenner went on to treat many diseases with massive doses of IV vitamin C and other nutrients.

In 2009 the online Cochrane Library, the foremost 'evidence based' analysis of medical treatments, published a review on two therapeutic trials³ where **oral Vitamin C** with antibiotic therapy were used with severe chest infections. A 1994 United Kingdom study on 57 elderly with pneumonia and acute bronchitis using 200mg of oral vitamin C daily affected a **85% lower mortality particularly in the most unwell patients**, compared with the control group who received only antibiotic therapy. The other 1970 study on 140 male Russians with pneumonia showed that those given additional low dose vitamin C (50-100mg for every 100,000 units of antibiotics used) **fared significantly better than those who had none.**

Question: Should we use vitamin C in severe infections? YES, and add high dose Vitamin D.

If Vitamin D blood levels are greater than 80nmol/liter the immune white cells will produce natural antibiotics and antiviral peptides to help fight infection.

Recommendation:

With significant infection, as well as using antibiotics and antiviral treatments, consider adding vitamin C. I prefer using Vitamin C powder starting with 1/4tsp every few hours, taken with water or juice at a different time from the antibiotic (as it may effect antibiotic absorption). The dose may be increased until the bowel motions loosen; reduce dose if diarrhoea occurs. **For serious illness** (acute herpes, glandular fever, influenza) **vitamin C can be given intravenously.** The cost at Millhouse Integrative Medical Centre is \$70.00+ per IV treatment, depending on amount per gram used.

Yours in good health

Dr Ric Coleman

¹ <http://ondemand.tv3.co.nz/Living-Proof/tabid/59/articleID/923/MCat/22/Default.aspx>

² Klenner published 27 papers mainly in the Tri-state Medical and Southern Medicine and Surgery Journal. A summary of his observations can be found at http://www.seanet.com/~alexs/ascorbate/198x/smith-lh-clinical_guide_1988.htm

³ Hemila H, Louhila P; Vitamin C for Treating Pneumonia (Review), Cochrane Collaboration, 2009.

Vitamin C healing effects

Prevents scurvy
Enhances immune function
Has antibiotic & antiviral action
Reduces inflammation
Promotes wound & burn healing
Natural anti-histamine (allergies, asthma)
Improves intolerance to cold and heat
Lowers cholesterol by accelerating bile synthesis
Promotes well-being, improves mood and has a tranquilizer effect
Reduces pain and lengthens life in cancer patients