

China Cures Coronavirus with Vitamin C; Research Suggests Selenium

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I live in China. This year, like every other, people with severely compromised immune systems were and are suffering from pneumonia. In early January 2020, in [Wuhan, China – a place with dreadful air quality](#)—hospitals started receiving patients.

In fact, for most of November, all of December, and most of January, the air quality index (AQI) was so bad that local governments regularly issued standard health warnings due to high levels of particulate matter. (At my school in Shanghai, if the AQI is over 150, children are cannot play outside. This is based on government advisories.)

And please be aware, far from hiding the problem, government officials in China at the regional and national level, readily provide daily and historical [reports of the air quality index](#), noting particulate matter (PM2.5) and more. Thus we can track data for Wuhan – and most other large cities and urban areas – for the past six years.

Unsurprisingly, those diagnosed with severe forms of COVID-19 are the elderly and the immunocompromised. Additionally,

people who have a host of pre-existing conditions are at higher risk. ([NEJM March 30th, 2020](#)). The Boston-based non-profit, Health Effects Institute, says anywhere from [500,000 to 1,250,000 Chinese die due to air pollution](#) alone each year. (see pages 11-13). But the question discussed in this report is, “When people have pneumonia or other respiratory difficulties, what are the best treatment protocols?”

Ceep it Cimple Ctupid: Intravenous Vitamin C ... Again?

All across China, not just in Wuhan, but also in other cities that saw pneumonia cases (and note, [Chinese medical teams discuss COVID-19](#) as pneumonia), people are being cured with vitamin C.

I am including the details from a public report written in Chinese and published by a medical team Xibei Hospital, affiliated with [Jiao Tong University](#), in the city of Xi’an, Shaanxi province. (To complete the translation I used a combination of programs and resources: Google Translate, Pleco, and Baidu Fanyi).

Given what the doctors in Xi’an knew of reports from Wuhan (which is 500 miles away from Xi’an, in the neighboring province of Hubei), and from seeing pneumonia patients in early February 2020, a team at the Xibei Hospital, devised a protocol centered on the use of intravenous (IV) vitamin C against the Coronavirus. They first treated patients on February 10th. Critically ill patients received 200 mg of soluble vitamin C per kg body weight, once every 12 hours. After the first two treatments, the patient would get 100 mg/kg, every 24 hours, for the next four days. (Those presenting with moderate symptoms were given 100 mg/kg on day one).

Arguably, these doses are too low. Practitioners and researchers like [Dr. Suzanne Humphries](#) (2014) and [Thomas Levy, J.D., Ph.D.](#) (2017), posit that intravenous infusions of

vitamin C should be from 50-100g per day, and can be repeated every 3-7 days.

The Xibei Protocol

Using the Xibei protocol, a person weighing 70 kg (154 pounds), would receive a total of 28 grams of vitamin C on the first day. Thereafter, they would receive 7 g per day. The clinical trial in Wuhan gave similar doses. On February 14th, 2020, the [university hospital started giving pneumonia patients a non-body weight-dependent dose of 12 g of vitamin C](#) every 12 hours for seven days.

Even with their relatively low doses, patients in Xi'an were released after four to eight days of vitamin C. Thus, the protocol, emphasizing the antioxidant, ascorbic acid, has been a clear success.

Nevertheless, my question is, *Why don't we hear of anything about intravenous vitamin C as a routine practice in the United States, or even in other developed countries with reported COVID19 cases like [Italy, Spain, Germany, France, or Iran?](#)*

What Does the Research Say about Vitamin C?

The teams in China did not choose to administer vitamin C due to mere guesswork. To make the decision, they cited the medical literature and used their knowledge about respiratory diseases and oxidative stress.

[Dr. Zhi Yong Peng](#), at the Zhongnan Hospital, at Wuhan University, justified his decision to use vitamin C, noting:

For most viral infections, there is a lack of effective antiviral drugs ... Vitamin C, ascorbic acid, has antioxidant properties. Clinical studies have shown that vitamin C can effectively prevent [sepsis and related cytokine storms]. In addition, vitamin C can [protect the lungs].

Vitamin C can effectively shorten the duration of (or even prevent) the common cold. In a controlled ... trial, 85% of 252 students experienced a reduction in [cold] symptoms, [after receiving] high-dose vitamin C group (1g per hour for 6 hours, followed by 1g every 8 hours).

Xibei Report on Vitamin C

According to the Xibei Hospital (2020) report:

For patients with severe neonatal pneumonia and critically ill patients, vitamin C treatments should be initiated as soon as possible after admission. This is because whether the illness was similiar to infections seen in the past like Keshan disease, SARS, Middle East respiratory syndrome (MERS), or the current new [COVID19] pneumonia, the main cause of death of patients is cardiopulmonary failure caused by increased acute oxidative stress. When the virus causes increased oxidative stress in the body and increased capillary permeability, early application of large doses of vitamin C can have a strong antioxidant effect, reduce inflammatory responses, and improve [endothelial \(heart tissue\) function](#).

They add:

Numerous studies have shown that treatment with doses of vitamin C promote excellent results. Our past experience in successfully rescuing acute Keshan disease and current studies at home and abroad show that high-dose vitamin C can not only improve viral resistance, but more importantly, can prevent and treat acute lung injury and acute respiratory distress (ARDS).

Why not nutrition?

Dr. Thomas Levy has written many books and has given many lectures on the benefits of vitamin C for curing disease and

body detoxification. Of course, Levy attributes this information great pioneer Frederick Klenner, MD. Klenner used ascorbic acid and developed protocols with intravenous and intramuscular applications of high dose vitamin C. [He is published as early as 1949](#)—reporting cures of polio, measles, mumps, chickenpox and more.

Because I knew of the benefits of high dose vitamin C in early February, I encouraged four ex-pat doctors, working in Wenzhou, China, to give it to their patients. Wenzhou, a city of over 10 million, was the second Chinese city placed under a complete quarantine. These doctors ridiculed me and scoffed at the idea that nutrition could provide any relief to coronavirus patients. **One actually said: “A vaccine is the only solution, as a virus has no effective treatment.”** I voiced my objection to that idea, and had plans to use the antiviral drugs – then being touted by the WHO.

Again, I insisted that antioxidants could save the sick. To this, the M.D. added: **“Nutrition is important, but if nutrition is enough, why do governments make hospitals and medical colleges?”**

Why, indeed.

What about Selenium?

When I read the press release and protocol from Jiao Tong University Hospital, I wanted to learn more about Keshan disease. That rabbit hole only introduced me to more evidence that confirmed how nutrition can cure. Below are some excerpts from the [Wikipedia entry on](#) Keshan disease:

Keshan disease, named after Keshan County of Heilongjiang province in Northeast China, is a congestive cardiomyopathy caused by a combination of dietary deficiency of selenium and the presence of a mutated [sic] strain of Coxsackievirus [sic] ... Often fatal, the disease afflicts children and women of child-bearing age. It is characterized by heart failure

and pulmonary edema.

After reading all the references cited by the Wiki page, I concluded the following about Keshan disease and the state of scientific knowledge:

(a) Symptoms of respiratory difficulty and congestive heart disease were found to be prevalent in a wide belt of territory extending from northeast to southwest China (including parts of Shaanxi province. ([See Ge and Yang 1979](#)); those areas which are replete with selenium-deficient soils.

(b) The research holds that *Keshan* disease peaked from 1960–1970, when thousands died of the disease. And during that decade, China experienced a [man-made famine](#). Then followed by [food shortages, especially in rural parts of China](#).

(c) Intentional dietary supplementation with selenium reduced the incidence and harm of *Keshan* disease in China. ([See Ge and Yang 1979](#)).

Keshan Disease

[Beck et al. \(2003\)](#) cited a 1979 report from China. The report declared, unequivocally: “Populations living in areas of China with selenium-rich soils did not develop Keshan disease.”

Given their interest, Beck et al. (2003) conducted research into the role of selenium and Keshan disease. They concluded:

“[Experiments with mice] suggest that together with the deficiency in selenium, an infection with coxsackievirus was required for the development of Keshan disease.”

Please appreciate the idea that viruses cause disease is not universally accepted—and arguably wrong for Keshan disease in particular. Ge and Yang (1979) claimed that Keshan disease was and is not related to any virus. Instead, they note it as seasonal – coming in the winter. Ge and Yang (1979) explored

the question of a viral cause for Keshan disease but rejected that hypothesis due to a lack of evidence. Though most medical practitioners insist that viruses cause disease, recall that in 2005, Peter Doshi discovered that despite [claims that influenza virus kills thousands of Americans every year, for 2001, America had only 18 confirmed flu deaths.](#)

The lack of evidence for a viral infection causing Keshan disease and the failure to find a flu virus in fatalities attributed to a virus should guide our thinking about COVID-19 today. Remember, the Chinese doctors in Xi'an treat pneumonia as pneumonia. And they lump together different viruses (SARS, MERS, etc.), saying that each causes oxidative stress.

If disease—all disease—is really about oxidative stress, as Dr. Thomas Levy holds, maybe the type of virus is irrelevant. Keep in mind, even though virologists categorize many types of viruses, there are no true species of viruses ([Racaniello 2019](#), Lecture #1, minutes 56-57).

To determine whether selenium deficiency was a specific link to the coxsackievirus, Beck et al. (2003) injected the influenza virus into selenium-deficient mice and mice fed with adequate amounts of selenium. As we should expect, the selenium-deficient mice had more severe pathology, more inflammatory distress, and produced more T-cells, antibodies, and hormones when they developed the respiratory infection.

Consider that the viruses associated with pneumonia and other types of respiratory distress are different. In human populations, we generally see respiratory ailments with flu-like symptoms, and/or pneumonia, during the winter months. Additionally, we see respiratory illness in persons depleted of an essential antioxidant, selenium. That is, they are suffering from oxidative stress when exposed to the pathogen.

Deficiency in Cuba

Going back to Beck et al. (2003), because their investigation

into Keshan disease attributed the ailment to both selenium deficiency and a virus [sic], the team wanted to bolster their thesis with a case study. They provided some discussion about the relationship between said virus and selenium, in another part of the world—Cuba.

During a period of severe nutritional deficit in Cuba (1989-1993), doctors found a rash of patients developing optic and peripheral neuropathy (Beck et al. 2003). The Cuban doctors discovered that their sick patients had oxidative stress due to selenium deficiency, and 84% had some mutated form of coxsackievirus. And the outbreaks occurred in the winter months when vitamin D3 blood-levels would be lowest (Beck et al. 2003).

Just putting these few sources together, we know that:

- people get sick in winter
- a virus is not essential to the formation of an illness or disease.
- More significantly, neither specific viruses nor any distinct diseases have a link to selenium deficiency. Selenium is an antioxidant. And when we raise our antioxidant levels and reduce oxidative stress, we can stay infection-free. Ergo, the key to beating or avoiding pneumonia, a cold, the flu, or any respiratory ailment, is to consume adequate amounts of selenium and vitamin C.
- Other important nutrients to take as supplements are vitamins A, E, and K, B-complex, magnesium, and zinc.

Conquer COVID Craziess—and Encourage Others Too

The last time I took a class at a university was spring 2001. Since that time, I've been enjoying the benefits of my virtual university—the Internet. Over the last 20 years, I have heard lectures from professors and researchers on radio, podcasts, and YouTube. We now have access to millions of peer-reviewed articles, books, and historical accounts. I studied the best

that our information age can offer. I learn from Drs. Viera Scheibner, Gary Null, Sherri Tenpenny, Thomas Levy, Rashid Buttar, Sherry Rogers, Nick Gonzales, Leonard Coldwell, Linus Pauling, Fred Klenner, Toni Bark, William Kelley, and many more.

But I have not just absorbed their information, I have used their work as a jumping-off point to do further research ... and you can too.

The allopaths either do not know or do not care about nutrition ([just ask Allan Smith](#)). There is a general awareness of the intellectual laziness of American physicians. I have observed this after interactions with Western-trained doctors from South Africa, India, and the Middle East, the arrogance of their ignorance is endemic.

From my survey of the current news, if you are in America or Europe, all you hear is that the best doctors can offer is hydroxychloroquine, antivirals or a future vaccine. But from the research, we can see that, instead of their [pharmaceutical drugs \(which can mask symptoms, but does not cure\)](#), what we all need is selenium-rich food (or whole food supplements) and high doses of vitamin C.

Can We Get Back To Normalcy?

There will always be people with viruses and respiratory difficulties. They will be suffering from oxidative stress—and that is NOT contagious. The numbers will rise in the winter when there is less sun. Less sun lowers vitamin D3 levels and reduces the absorption of phosphorous. Additionally, people are more likely to eat more starchy foods and get less vitamin C in their diet.

This is why we hear of [members of Congress](#), professional athletes in NBA, NHL, and world-class soccer players testing positive for COVID. These people were not in China, not eating bat soup, and not sharing ventilators with older people in

Italian ICU wards. They did not contract an exogenous virus—their bodies made the virus due to oxidative stress. In fact, spontaneous endogenous generation of viruses, referred to [by some as exosomes](#), would explain why Beck et al. (2003) discovered mutated and more virulent strains of the coxsackievirus in their selenium-depleted mice. They also discovered these strains in human subjects with low selenium. This also notes why researchers are forever finding new and mutated versions of viruses.

Regardless, as Del Bigtree (2020) showed [from the European data](#) (minutes 80-90), in the winter of 2018, death rates across Europe were far higher than today—but there was no declaration of an epidemic or pandemic, and there was no global shut down.

No Fear of the Unknown

This is not a time to accept economic stagnation and the social dislocation that will accompany it. It is not a time to fear that which you cannot see (a virus)—especially given that no medical doctor has ever proven that said viruses cause illness. (I will present more on the virus theory in future articles).

Get your Vitamin C, selenium, and zinc, wash your hands to prevent bacterial infection and tell your friends to do the same.