

Vaccinations, Vitamin C, Politics, and the Law

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January 29, 2020

[Source](#)

(OMNS January 29, 2020) The ability of properly-dosed vitamin C before and after a vaccination to block any potential short- and long-term toxic side effects while enhancing the antibody-forming aim of the injection was covered in an earlier OMNS article. [\[1\]](#) The points made in that article, along with their validation in the scientific literature, remain pertinent 8 years later. As emphasized in that article, the purpose of this article is not to praise or condemn the administration of vaccinations. Most who know me know my stance on this issue, coming from what I consider to be a purely scientific perspective. But that is not the purpose of this article.

Even the most ardent of vaccine supporters should be able to admit that vaccinations, however infrequently, sometimes result in an undesired outcome on the health status of the recipient. The “argument” then shifts as to whether the chance of such an outcome is so rare as to be reasonably and permissibly ignored. The pro-vaccine community maintains that population-wide vaccinations confer a high degree of protection against even more morbidity and mortality that would otherwise be inflicted by the diseases or conditions for which the vaccines are being given. However, here I emphasize the need for mitigation of the side effects of vaccination.

To fully appreciate the toxic origins of all disease, it is very important to understand the critical roles played by

vitamin C and other major antioxidants in counteracting and minimizing the impact of new toxin exposures and old toxin damage. All toxins, whether originating from an infection, food or water intake, or environmental source, or even as an unintended consequence of a vaccination, inflict their damage on the body by directly or indirectly causing the oxidation of critical biomolecules in the body. When biomolecules are oxidized (depleted of electrons), they lose some or all of their natural chemical roles throughout the body and inside the cells. Essentially, oxidation inactivates the natural physiological role of a biomolecule.

Biomolecules include proteins, sugars, fats, enzymes, nucleic acid, or structural molecules. Depending on the chemical nature of a given toxin, it will oxidize a unique array of biomolecules, varying in location, concentration, and degree. These are the primary factors that determine the resulting clinical medical condition. And the presence of sufficient antioxidants can either prevent this oxidation from taking place by directly donating electrons to the electron-seeking toxins, or it can repair the toxin-oxidized biomolecules by contributing electrons back to them (reduction). However, it is essential to realize that the oxidized state of the biomolecules **is** the disease, or toxicity. There is no additional ill-defined “disease” that is impacting the cells and tissues with the increased numbers of oxidized biomolecules. Once enough biomolecules are restored to the reduced state, “disease” no longer exists. [\[2\]](#)

With this concept of the etiology of all diseases in mind, it can then be appreciated that any potential toxic side effect of a vaccination (or any other toxin exposure) can literally always be blocked or rapidly repaired by counterbalancing it with sufficient levels of antioxidants (primarily vitamin C). When this is combined with the established concept that vitamin C is essential for a fully competent immune system capable of producing an optimal antibody response to an

antigen presented by a vaccination, it is only logical that optimizing the vitamin C status of a baby, child, or adult (as with influenza vaccinations) should always be an essential clinical goal.

Numerous articles in the mainstream medical literature clearly indicate that the infectious diseases for which vaccinations are given are effectively prevented by vitamin C. [\[1-3\]](#) Furthermore, when vitamin C levels are low in the body, infectious diseases are effectively eradicated by vitamin C-centered protocols (that can include other anti-pathogen interventions). [\[1-5\]](#)

The pharmaceutical industry makes billions of dollars on selling vaccinations and continuing to develop new vaccines for different conditions in an ongoing basis. However, in the current environment of politics, big business, and the law, such billion-dollar businesses will arguably **never** lose. They also will never be minimized and their profits will never be substantially decreased. Such businesses have many congressmen and senators owing them for campaign contributions, along with many judges as well. Furthermore, most of those politicians and members of the judicial system actually believe that opposing vaccinations is tantamount to opposing the most significant intervention available supporting optimal public health. Many of us understand how much this enrages those who are convinced that vaccinations are doing a great deal of harm.

With all of these issues in mind, the overriding concern is how to protect as many babies, children, and adults from any possibility of a negative vaccine side effect. Even if, say, 10 years from now the scientific community finds that some vaccines are doing more harm than good and largely eliminates them, how many more lives (and families) will have been devastated in the meantime? Whether autism ever results from vaccination is actually not the primary issue. The issue is how to protect the infants that will be vaccinated **today**. All

old and new evidence of any vaccination-induced toxicity should continue to be revisited and given its due publicity. But protection needs to take place **now**.

Also, while it will likely displease most of the anti-vaccination community, a successful vitamin C-centered vaccine-protection protocol will make the vaccine manufacturers look like the good guys. Very few individuals will sustain side effects, and the vaccine companies will ultimately be given credit for making “better and safer” vaccines, and they will ultimately make more money rather than less. However, and this cannot be overemphasized, the vaccine damage will drop, and even largely disappear. The immediate protection of everyone’s health has to be the top priority.

My personal recommendations for an effective program of toxin protection with optimization of a vaccine antibody response are as follows:

Start the supplementation at least 7 days before a planned vaccination (the longer, the better since everyone at any age should regularly supplement vitamin C). This regimen should be followed as well on the day of vaccination and continued for at least one week following the vaccination. However, it will be best to continue the recommended vitamin C dosing for life. [\[1-5\]](#)

For infants and very young children, 1,000 mg of liposome-encapsulated vitamin C. This can readily be mixed in a flavored yogurt or other favorite baby food. This higher dose is possible relative to the sodium ascorbate powder below since liposomes only rarely cause the loose bowel effect seen with higher doses of vitamin C. Liposomes also allow a much better intracellular uptake of vitamin C to occur.

When liposome-encapsulated vitamin C is not available, proceed with sodium ascorbate powder (this can also be done in

addition to the liposome form for even better protection). Infants under 10 pounds can be given 500 mg daily in a favorite juice (just a salty taste). For infants between 10 and 20 pounds, this can be increased to as much as 1,000 mg daily, in divided doses. Very roughly, the daily amount of non-liposome-encapsulated vitamin C can be increased by 1,000 mg per year of life.

Magnesium chloride can significantly augment the anti-toxin and pro-immune effect of vitamin C. [\[6,7\]](#) Mix 25 grams in a quart of water. Depending on body size, give 1 TBSP to 1/2 cup (15 to 125 ml) of this solution at least once and preferably twice daily in the days leading up to vaccination. As with vitamin C, the solution is salty (and a little bitter) and to be palatable is best diluted further in juice.

Vitamin D3 and zinc supplementation can also afford additional benefits. Again, depending on body size, 1,000 to 25,000 units of D3 can be given daily. These doses should **not** be continued in small children beyond a week after the vaccination. However, D3 is a valuable supplement, and it is of value for everyone. Long-term dosing requires validation that the regularly administered dose is raising the blood level to the range of 50 to 100 ng/ml. 10 to 50 mg of zinc (as zinc gluconate or other well-absorbed form) daily can be given by pill or drops for the week before and the week after vaccination. Long-term supplementation with zinc (and D3) should be done in concert with the advice of your integrative physician.

Finally, if a vaccination simply can't wait, taking the recommended doses of vitamin C, magnesium chloride, vitamin D3, and zinc the same day or just following the vaccination, and continuing for several weeks can also offer enormous protection. The above regimen simply aims to help optimize the protection being provided.

An addendum regarding a practical treatment approach to coronavirus, currently at epidemic levels in China:

1. If the virus is actually as contagious as is being currently asserted, modern air travel and the purported time of incubation and asymptomatic status (about 2 weeks) means it can spread anywhere on the planet. As with nearly all other contagious viruses, spread is most commonly due to airborne virus in microdroplets from sneezing, coughing, and the exhalation of infected individuals. Similarly, when the virus gets on the hands in a sufficient amount, touching the nose, eyes, and mouth can initiate the process of transmission as well.
2. The measures that most readily inhibit transmission include regular hand washing or sanitizing, containment of the microdroplets with high virus concentration (protective masks), and avoidance of areas with multiple infected individuals. And even when these measures do not completely block the transmission of virus, they massively decrease the amount of viral exposure, and a strong immune system will often do the rest.
3. A strong immune system is really the only significant protection an individual has, unless, of course, an individual can completely eliminate the possibility of virus exposure, which is virtually impossible.
4. A great deal of immune system strength, possibly most of it, comes from the vitamin C content in the immune cells. When the levels of vitamin C in the body are low, the immune system can never function at full capacity. There are many measures that can strengthen and support the immune system, but regular supplementation of vitamin C with multi-gram doses (2,000 mg daily or more) is probably the single most important preventive measure. **Much larger doses** can be given if it is determined that the virus has already been contracted. If IV vitamin C is available, this is optimal. But

always take as much as can be afforded and tolerated, in both liposome-encapsulated form and sodium ascorbate powder and by intravenous administration.

5. Follow the magnesium chloride regimen discussed above, but take the recommended doses four times daily during a time of active infection.
6. The virus grows rapidly in the mucosa of the naso- and oropharynx. It is this quickly-growing “reservoir” of virus that continues to feed the viral presence throughout the body and sustain the infected state. Nebulization with 3% hydrogen peroxide quickly destroys all or most of this source of virus, and the body, with the help of vitamin C and magnesium, can then “mop up” the rest of the virus and rapidly accelerate clinical resolution. This is arguably the MOST IMPORTANT intervention to rapidly eradicate any systemic viral infection. Also, if available, ozone treatments of the blood can further accelerate the clinical resolution of infections such as the coronavirus.

Note:

By way of disclosure, I am a paid consultant to LivOn Labs. I am only comfortable recommending their liposome-encapsulated products, including vitamin C. Although “liposome” products are available from a variety of other vendors, many contain no liposomes at all. Also, contrary to popular belief, there are no liposomes in many homemade versions of “liposome” vitamin C.

(See my article <https://www.peakenergy.com/articles/nh20140411/Exposing-the-truth-about-liposomal-nutrients>)

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