[About the curtailing of inflammatory allergic states through L-ascorbic acid]

[Article in German]
By Roger Korbsch
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http://www.mv.helsinki.fi/home/hemila
http://www.mv.helsinki.fi/home/hemila/VitC_colds.htm
http://www.mv.helsinki.fi/home/hemila/CC.htm (Cochrane review)
http://www.mv.helsinki.fi/home/hemila/CC (Cochrane review references)

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Pharmacological Considerations

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About the curtailing of inflammatory allergic states through L-ascorbic acid

By Roger Korbsch

There is no doubt that the preparation of vitamin C, L-ascorbic acid, in pure condition by Szent-Györgyi in 1932 not only enriched our therapeutic armamentarium in a valuable manner but that the therapeutic testing of this new agent expanded our knowledge of the pathogenesis and course of many diseases, in some cases significantly but also changed it completely in other cases.

So clear and decisive, never falling below expectations, have been the successes of this therapy in the treatment of diseases that have been known for a long time as avitaminoses of vitamin C, such as scurvy, Möller-Barlow and the multifaceted manifestations occurring prior to scurvy but still, the great effect of larger L-ascorbic acid doses administered parenterally on many infectious diseases, especially scarlatina, diphtheria and pulmonary infections was surprising; the L-ascorbic acid therapy might present the greatest therapeutic progress in years for the latter.

The anti-oncotic, antiallergic effect of L-ascorbic acid was discovered relatively late; we used it successfully in the treatment of serum exanthema, erythema multiforme, haemorrhagic diatheses and also of haemorrhages, we were the first to describe
their positive effect on gastric and ulcerative processes\textsuperscript{1} of the gastric mucosa and finally discovered the impressive effect on acute rhinitis, the common cold, surpassing anything else, which shall be briefly described below.

Already two years ago, I started the respective experiments on a small scale by prescribing larger oral administrations – up to 1 g daily – of L-ascorbic acid for the treatment of acute rhinorrhea as well as secondary rhinitis, whereby I observed the obvious in parts directly curtailing effect of L-ascorbic acid on this agonizing disease and determined that it in parts led to a significantly shorter duration of the course of the disease. Thereby, an extremely favourable effect on the concomitant symptoms, especially dizziness or often incapacitating headaches was observed in addition.

In passing, it should already be briefly pointed out here that 0.1-0.2 L-ascorbic acid can also have a positive effect on other types of headaches such as cephalia, which occurs most often in the evening and might be related to food allergies.

However, these tests were exceeded by far, when I was able to use L-ascorbic acid in larger doses in cases of the genuine common cold with the support of the companies\textsuperscript{2} producing l-ascorbic acid: 0.25 g L-ascorbic acid administered intravenously were generally sufficient to make all symptoms disappear almost instantly. The success is especially impressive if double the amount, so 0.5 g L-ascorbic acid can be injected intravenously; however, I often observed the desired effect already with 0.2 g = 4 ccm. A few times, I had to repeat the injections on the following days; but in the majority of the cases, the cold healed spontaneously after only one injection without recurrence.

If this effect is compared to the vessel-blocking effect of other agents such as Pyramidon or intravenous calcium, then L-ascorbic acid is by far superior. In addition, L-ascorbic acid is completely safe, even in high dosages as signs of hypervitaminosis of vitamin C have never been observed, neither in animal experiments nor in the clinic.

Furthermore, there can be no doubt that L-ascorbic acid in high dosages has a direct healing effect on acute rhinitis as well as other symptoms of the so-called common cold.

\textsuperscript{2} Note: Hoffmann-La Roche: Redoxon; Bayer: Cantan; E. Merck: Cebion