

A good intake of vitamin C has great value in controlling threatened, spontaneous, and habitual abortion. In their study of seventy-nine women with threatened, previous spontaneous, or habitual abortion Javert and Stander (1943) had 91-percent success with thirty-three patients who received vitamin C, together with bioflavonoids and vitamin K (only three abortions), whereas all of the forty-six patients who did not receive the vitamin aborted. In his analysis of the management of habitual abortion Greenblatt (1955) concluded that vitamin C with bioflavonoids and vitamin K is the best treatment, the next best being progesterone, vitamin E, and thyroid extract.

During the last seven years various authorities in the field of nutrition who write newspaper columns have repeatedly stated that a high intake of vitamin C can cause abortions. The basis for this statement seems to be a brief paper by two physicians

in the Soviet Union, Samborskaya and Ferdman (1966). They reported that twenty women in the age range twenty to forty years whose menstruation was delayed by ten to fifteen days were given 6 g of ascorbic acid by mouth on each of three successive days, and that sixteen of them then menstruated. I wrote to Samborskaya and Ferdman, asking if any test of pregnancy had been carried out. In reply they sent me only another copy of their paper.

Hoffer (1971) has stated that he has used megadoses of ascorbic acid, 3 g to 30 g per day, with over a thousand patients since 1953, and has not seen one case of kidney-stone formation, miscarriage, excessive dehydration, or any other serious toxicity.

It seems unlikely that ascorbic acid causes abortions to any great extent, although it may help to control difficulties with menstruation. Lahann (1970) has reviewed the literature, especially that in German and Austrian journals. He concluded that noticeable improvement in menstruation had been observed through the oral intake of 200 mg to 1,000 mg of ascorbic acid per day. Moreover, the utilization of ascorbic acid increases sharply in the course of the menstrual cycle, especially at the time of ovulation, and measurement of this utilization can be used for determining the end of ovulation and accordingly for determining the time of optimum conception in relation to the problem of overcoming sterility (Paeschke and Vasterling, 1968).

Vitamin C  
the Common Cold  
and the Flu

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