





tend to have less  $H_2O_2$  around them due to differences in the environment around cancer cells compared to healthy cells. This  $H_2O_2$  generation is often referred to as the “pro-oxidant” effect of high dose IVC.

Other ways vitamin C works is by its involvement in many reactions and structures in the body including collagen formation and enzyme reactions that may affect how cancer grows and spreads. Lastly, vitamin C may lower inflammation and interfere with tumour blood vessel formation, which could favourably impact cancer development and progression. There is also some evidence that IVC may support immune function by increasing certain types of white blood cells.

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IVC has a very good safety profile. However, like all therapies there are certain times where IVC may not be safe. IVC should not be administered to patients with kidney failure, or those with a deficiency of the G6PD enzyme. IVC should be used cautiously in people with a history of kidney stone formation, insulin-dependent diabetes, iron storage diseases, fluid overload conditions, or those on warfarin. Please speak to a knowledgeable healthcare provider to discuss whether you are a good candidate for IVC therapy.

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Side effects are generally mild and uncommon in most patients. Side effects may include: thirst, dry mouth, increased urination, elevated blood pressure, diarrhea, nausea, fatigue, weakness, headache, dizziness, injection site discomfort and vein irritation, swelling, and loss of appetite. A full list of reported side effects can be found in our health care provider monograph.

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Dosing of IVC in research studies varies. Data shows that doses up to 1.5g/kg of body weight are safe in a professionally monitored environment. Most common dosing used is around 1g/kg of body weight (e.g., 75g for a 75kg adult).

Treatments are generally administered 1 to 3 times per week, and are typically administered over the course of a few weeks up to several months. Therapy may be continued longer-