

Glucometer Readings with HDVC

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Vitamin C, also known as ascorbic acid, can have an impact on blood sugar readings, particularly in individuals with diabetes. While vitamin C itself doesn't contain carbohydrates and doesn't directly raise blood sugar, there are a few ways in which it can influence glucose levels:

There are no contraindications with any of the vitamin infusions, including chelation, when it comes to type one diabetics.

High dose Intravenous vitamin C will artificially elevate the reading on a glucometer. The modification of the reading does not reflect actual blood sugar levels since the vitamin C "fools" the glucometer. The blood levels of vitamin C get recorded as blood sugar thereby presenting an artificially elevated number.

If a diabetic has an insulin pump with an embedded glucometer, it would be prudent to have them turn off their glucometer for 12 hours after the High dose vitamin C infusion since there is a risk that the automatic insulin pump would release insulin based upon the artificial reading thereby causing a hypoglycemic event.

If the dose of vitamin C is 2000 mg or less, then such precautions are not necessary since the change in glucometer reading would likely be minimal.

"I am having trouble getting my HDVC pt blood glucose to the desired level directly after Infusion. We have done 4 weekly Infusions 10g, 25g, 50g, 75g. Today's 75 g infusion was first done as 50g in 500 ml of SW, and glucose got to 305 (starting glucose was 104). We hung another bag of 25g and glucose only reached 361. We are doing it in the smallest amount of diluent and fast as it will run by gravity but its only about 500 ml an hour. Can you help with any tips to reach a therapeutic level?"

Notes regarding "therapeutic level"

in some cases achieving the hypothesized therapeutic level of 350 is not achievable. This is either because patients do not tolerate the higher dose, or for reasons not fully understood, the glucometer does not correlate as well as we would hope. It is critical to bear in mind that this threshold is simply a best guess. There is no clinical proof that this threshold is necessary to achieve anticancer benefit.

The Riordan protocols are based upon their experience with regional, high intensity treatments. Although we all owe them a debt of gratitude for their pioneering work, their protocol has never been proven to be superior to others. Additionally, none of the protocols in use are proven to cure, or extend lifespan in the face of cancer.

There is a critical distinction between "proof" and "supportive evidence." When it comes to vitamin C infusions our treatments are based upon supportive evidence.

At Intellectual Medicine we generally will not go above 75,000 mg, regardless of the glucometer reading. On rare occasions based on our clinical judgment, we will go as high as 100,000 mg. I recommend following the protocols published in the cancer course at Intellectual Medicine University.

In Europe it is rare for them go above 10,000 mg when treating cancer. As you can see there are broad ranges.

Some of our clients have side effects at doses above 20,000 mg. In such cases the treatment dose is defined by tolerance.

There is a new blood test that can measure cancer cells in the blood, specific to the patient's malignancy. This technology has the potential to be very valuable to all of us doing infusion based cancer support. I will be publishing information on it in this space in the very near future.

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