

## **Cheng Integrative Health Center Blog**



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### **Video conference with Dr. ZY Peng, of the world's first high-dose IVC trial**

Posted on [April 16, 2020](#) by [Dr. Cheng](#)

We had the pleasure of having Dr. ZY Peng as our guest in an international video conference to discuss his experience.

In 3 different videos:

Part 1: <https://www.brighteon.com/7a637b22-7779-4de2-a2ec-d6b39c99fa97>

Part 2: <https://www.brighteon.com/00bef288-c9ee-4e3c-a378-78b5635de544>

Part 3: <https://www.brighteon.com/982b8e33-3d74-4661-8fd1-66f17aa64528>

Highlights:

1. HD-IVC seems to reduce the inflammation of Covid-19 significantly.
2. HD-IVC seems to reduce Covid-19 patients' ICU and hospital stays.
3. HD-IVC may also reduce the mortality rate of Covid-19 patients, although the number of patients may be too small.
4. Dr. Peng also told the group that his hospital was giving Vit C powder to all healthcare providers and advised them to take 1-2 grams of VC powder daily. He also said he believes all the major hospitals in Wuhan were giving Vit C powder to their healthcare providers. (I think this is significant because although the treatment of moderate to severe Covid-19 patients is very important, prevention or treatment of mild cases is probably even more important for obvious reasons. -Richard Cheng, MD)

Guest: Dr. Zhiyong Peng, Professor and Chief, Critical Care Medicine, Zhongnan Hospital, Wuhan University, Wuhan, China.

Host: Richard Z. Cheng, M.D., Ph.D.

Co-Host: Hong Zhang, Ph.D.

Transcript: thanks to Patrick Holford, Ph.D., London, United Kingdom.

ZhiYong Peng, Zhongnan Hospital,  
<https://clinicaltrials.gov/ct2/show/NCT04264533>

Why I choose the high dose vitamin C for the covid-19

The pathologic origin of acute lung injury called ARDS. Most admitted in ICU have different severities of ARDS. Most of them are immune-compromised. So far there is not any other medication that is useful for COVID-19. Initially we also tried some anti-viral medication. We couldn't see any effect.

Why did we use the vitamin C?

The first discovery it is an anti-inflammatory and an antioxidant medication, and also was used during the epidemic on flu 17 years ago when we faced SARS and we were given vitamin C. One important for the ARDS. Also showed some improvement, or signal, for improvement of ARDS patients. It's based on the dosage. Professor Paul Marik showed improvement in sepsis patients, all based on the dosage.

Another important trial from our hospital, in oncology, used 12 grams of vitamin intravenously in cancer patients given radiotherapy and it improved the patient's lung function. This inspired me to choose 24 gram intravenous vitamin C daily for severe ARDS COVID-19. We used 12 grams infusion over 4 hours, every twelve hours twice a day (for 7 days). All patients were compromised on ventilators.

So far we have used (had) on 40+ patients already. We found that the mortality for the patients given vitamin C is 24%. While the mortality for the control group (receiving standard treatment) is 35%. Because of the small sample size we cannot see the statistical differences between the two groups but if we run the sub-group analysis based on the severity on the ARDS we can see the statistically significant differences between the groups in the patients with the most severe ARDS, where PF (pulmonary function) ratio is less than 150. We also saw significant changes with vitamin C significantly decrease the IL-6 (Interleukin 6 – the main marker for inflammation in the lungs) compared to the control group. We also saw a significant decrease the duration of the mechanical ventilation required. Due to the small sample we haven't seen other benefits (but they may become clearer with larger numbers – they had hoped for 150 patients).

Pulmonary function – less than 150 – we can see statistically significant differences

The good news in Wuhan we have no new cases in the ICU already so we couldn't achieve the design goal of 150 patients. I am appealing to other countries in Europe and the United States to share my protocol and continue this study to see any further results of this treatment. I hope through the effort of other medical centres we can share this trial design and increase this sample size to see any further benefits from the vitamin C treatment.

Q. Paul Marik: What was the difference in the group with PF below 150?

A. Peng: We had 20 in each group.

Q. Paul Marik – we give it for 7 days. Some of our clinicians stopped after 4 days and there was a rebound. I think it needs to be for 7 days.

Q. Paul Marik: Do you give with corticosteroids?

A. Peng: We didn't use corticosteroids or anti-viral medication, only vitamin C. Initially the anti-viral medication didn't work (so we didn't use this). We did give the patients heparin (an anti-coagulation).

Dr. Selvan Rengasamy: In Malaysia we have submitted this protocol to one of the hospitals and they have agreed to follow your protocol for seven days, to be followed with oral vitamin C. We are in this together.

Dr Richard Cheng: In Shanghai, Dr Mao's group from the Shanghai Medical Centre has reported on one case who was rapidly deteriorating in pulmonary function( and unconscious). They gave him 50 grams of vitamin C over 4 hours and there was a real-time improvement of oxygenation index. He recovered (came back to consciousness) and was discharged.

Dr Paul Marik: This is not ARDS. The ARDS that we see is caused by the ventilator. We try to prevent intubating patients.

Dr Peng: I'm not sure if it's the typical or untypical ARDS. The most important is the pathology of the lung injury causes by the covid-19. The most important characteristic is the inflammatory changes and oxidative changes and vitamin C can improve these and help the lung injury. All covid-19 have lymphopenia in the early stages (low white blood cells, low immune cells).

Patrick Holford: We have heard of no deaths in Wuhan in the last two days. Richard Cheng, you reported 3 deaths in Shanghai up to last week, maybe 6 now. This is an extraordinary turnaround. How come and how come Shanghai has an extraordinary low death rate. Now lockdown is over. Are you seeing an increase in patients coming into ICUs in Wuhan?

Regarding the current situation. We haven't seen any new cases for almost two weeks already. There is less than 100 patients in ICUs in Wuhan now. But the good news is we have no new COVID-19 cases coming into ICU. Also, the new cases, just a few every day, and mostly elderly patients and may stay for many weeks. Some will die every day.

Not only in Shanghai mortality low, but also in other provinces, there are no more deaths from covid-19. It might be a mutation of the virus. Most of the deaths were in the early cases in January. We have very strict shut down policy. No-one was allowed to leave the city since January for almost two months. This is a very important way to cut down transmission to other provinces.

## VITAMIN C FOR THE MASSES

Patrick: We were seeing photographs of DSM trucks delivering 50 tons of vitamin C to Wuhan. Has there been a widespread use of vitamin C in Wuhan.

Probably. In my department and other hospitals we highly recommend the patients use 12 grams to 24 grams a day of vitamin C. That works for significant reduction of becoming a severe case. In my hospital all the medical professionals are given vitamin c powders to take 1 to 2 grams. I heard that the majority of the major hospitals in Wuhan are giving vitamin C powder to their medical professionals.

Devra Davis (from USA but in Saudi Arabia): In NYU a number of colleagues are also doing this. Is it possible that the common herbal medicine, ganoderma/resihi. For the mild case they also recommend Ganaoderma/reishi and it can prevent a mild case become a severe case. Not just in Shanghai, but in other regions. The Chinese government recommend this, but only for the mild cases.

Someone: What is the policy that the local or national government that has helped?

Peng: For the prevention, the document issued a very strict policy lockdown, you need a permit you need a healthcard which includes all your health data. The have to wear a mask when you go out.

## WUHAN OPEN

We have opened Wuhan already but there is still a strict control to show your health card which has a record of your history, any history of infection, symptoms.

We have launched an antibody test study for all the high-risk population in Wuhan – medical professionals, and their family members, all the volunteers, all the patients and their family. We've run this study already. I have heard that 1% of the total population who test antibody positive are asymptomatic, without any symptoms. We have followed up their family members and so far no family members have become infected from exposure to these antibody positive but asymptomatic people.

Dr. Hong Zhang Most of the patients died from severe hyposthenia (frailty), in the early stages (of the pandemic) most died from multi-organ failure.

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