

Hon. Greg Hunt
Minister for Health
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600
Australia

12 May, 2020

Dear Minister Hunt,

Re: Complementary treatments for COVID19, acute respiratory disease and sepsis.

Firstly we would like to congratulate you, your team and the country-wide health system that has managed to respond so incredibly effectively to the threat of this pandemic and undertaken enormous preparatory work to both avert and prepare for a variety of scenarios. We applaud your efforts and would like to throw our support and collegial resources into the effort.

We write to draw your attention to a low cost, low-risk treatment path for infectious respiratory diseases like COVID19 in advance of the 2020 influenza season which will this year be conducted in an unprecedented high-risk environment. We believe some simple, inexpensive measures could be put in place to reduce the morbidity and mortality associated with both COVID and influenza - the cost of which would not need to be borne entirely by the health system.

In short, we would like to be:

- included in discussions regarding the possibilities of non-pharmaceutical, generally recognised as safe treatments for respiratory disease in both preventative strategies for high risk groups and in treatment options at early onset and in clinical care; these treatments involve the use of recognised complementary medicines already listed and registered on the ARTG
- given the opportunity to make the case for research into the efficacy of a number of treatments used in integrative medicine that we believe could be helpful immediately in both the treatment of COVID19 and in the treatment of influenza and sepsis both for efficacy, low toxicity and side-effect profile and cost-effectiveness; and
- patients allowed to be administered IV Vitamin C in clinical care on request by appropriately trained and experienced practitioners

We're aware of your practice of taking advice from a broad range of sources but to the best of our knowledge, these do not include those practising in integrative and nutritional medicine. In this particular scenario, we believe we have a unique and useful perspective to offer and would like to work collegially to provide some options for broad public health messaging, preparedness and treatment options for severe cases. We all share a concern for relative risk and public health.

Much of our population, by reason of poor diet, underlying chronic disease and stress, are deficient in optimal levels of certain nutrients that would allow their immune system to function optimally. This situation is not unique to Australia and has perhaps been the basis for a number of international clinical trials looking at the efficacy of supplemental vitamin D and high dose vitamin C in the prevention and treatment of acute respiratory distress syndrome (ARDS) and in the treatment of respiratory disease generally. The results of these studies have been broadly positive and are attached.

The TGA has made recent reference to the use of IV vitamin C in overseas trials¹ in the treatment of COVID19 and while we would agree that there are as yet “no published peer-reviewed studies in the medical literature to support the usage of this vitamin for COVID-19”, nor is there published peer-reviewed data for the use of hydroxychloroquine for the treatment of COVID-19^{2 3}, azithromycin or any other treatment currently being used in clinical settings for this cohort of patients⁴- hence the immense research effort into existing pharmaceuticals the development of an effective and safe vaccine. As with each of the other off-label treatments, limited, non-randomised studies are being used to inform treatment options as they emerge and we would argue, IV Vitamin C is no different. In fact it is both biologically plausible and low in risk and cost.

We believe this is a truly positive and in the words of the Prime Minister, a “Team Australia” moment.

It is a moment for “all shoulders to the wheel”, and empowering the immune systems is an opportunity we can all embrace.

We would be extremely keen to add our collective experiences in administering complementary treatments into the broader thinking about effective therapeutic probabilities in COVID patient management.

We have a cumulative experience of treating thousands of hours and hundreds of patients with intravenous vitamin C

Vitamin D is also effective in the prevention of acute viral respiratory infections with a systematic review of 25 randomized controlled trials (11,321 participants aged 0-95 years) of Vitamin D supplementation demonstrating a 12% reduction in participants experiencing at least one acute respiratory tract infection (OR 0.88, 95% CI 0.81-0.96). Number needed to treat (NNT) with Vitamin D to prevent one acute respiratory tract infection was 33, comparable with the NNT to prevent one influenza-like illness in adults with parenteral inactivated influenza vaccine (of 40 in adults and 28 in children). The benefit was greater in those receiving daily or weekly vitamin D without additional large bolus doses. Protective effects were greatest in those with severe deficiency (<25mmol/L baseline levels) with only 4 people needing to take supplements to prevent one acute respiratory tract infection¹⁹. In many of these studies, the results prove that vitamin D prevents respiratory infections even at very low dose supplementation. A Cochrane review also found that Vitamin D supplementation reduces the risk of severe asthma exacerbations which are often

¹ <https://www.tga.gov.au/alert/no-evidence-support-intravenous-high-dose-vitamin-c-management-covid-19>

² <https://www.cebm.net/covid-19/hydroxychloroquine-for-covid-19-what-do-the-clinical-trials-tell-us/>

³ <https://www1.racgp.org.au/ajgp/coronavirus/hydroxychloroquine-use-during-the-covid-19-pandemi>

⁴ <https://www.nebraskamed.com/sites/default/files/documents/covid-19/antiviral-and-pharmacotherapy-information.pdf>

precipitated by viral upper respiratory tract infections, further evidence of benefits in respiratory tract infections²⁰.

Former Centre for Disease Control (CDC) Chief Tom Frieden MD has gone on record advising that Vitamin D may strengthen the immune system and may help prevent infection with COVID-19. He states that: '*Vitamin D supplementation reduces the risk of respiratory infection, regulates cytokine production and can limit the risk of other viruses such as influenza. A respiratory infection can result in cytokine storms – a vicious cycle in which our inflammatory cells damage organs throughout the body – which increase mortality for those with COVID-19. Adequate Vitamin D may potentially provide some modest protection for vulnerable populations*' ²¹.

These are just a few of the basic elemental supports we could suggest. There is a pharmacopeia of options available that could be prioritised and explored but unless this is done collaboratively, with established research centres that feed into government decision making processes, they would likely be wasted effort. We believe it would be beneficial for some of our team to sit down with selected researchers and clinicians to consider which existing evidence is sufficient to inform current clinical practice and recommendations, and whether any general advice could be issued to GPs and the general public on the basis of the existing evidence base that may help to lessen the impact on the system as we come into winter.

I would like to acknowledge that this document has been drafted in consultation with our Founding President of the College, Prof. Ian Brighthope.

Your advice as to the best way to proceed would be most welcome.

Yours in health,

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President Australasian College of Nutritional & Environmental Medicine (ACNEM)

cc. Prof Brendan Murphy, Chief Medical Officer

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