CASE REPORT

Parenteral vitamin C relieves chronic fatigue and pain in a patient with rheumatoid arthritis and mononeuritis multiplex secondary to CNS vasculitis

Anitra C. Carr¹, Margreet C.M. Vissers¹, John S. Cook²

¹. Department of Pathology, University of Otago, Christchurch, New Zealand; 2. New Brighton Health Care, New Brighton, Christchurch, New Zealand.

Correspondence: Anitra C. Carr. Address: Department of Pathology, University of Otago, Christchurch, New Zealand. Email: anitra.carr@otago.ac.nz

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Abstract

Preliminary studies have shown parenteral vitamin C to be effective against cancer-related fatigue and herpes zoster-related pain. Our aim was to determine the effects of parenteral vitamin C on chronic fatigue and pain in a patient with multiple morbidities. Here we report on a case of a 47 year old female with rheumatoid arthritis and mononeuritis multiplex, secondary to CNS vasculitis, whose primary symptoms were chronic fatigue, pain and insomnia. Parenteral vitamin C (50 g/session) was administered to this patient and quality of life (EORTC QLQ-C30) and multidimensional fatigue (MFSI-SF) questionnaires were administered before and after treatment. The quality of life questionnaire showed a dramatic improvement in the patient’s global health status, in particular, enhanced physical, role and cognitive functioning. Most notably, dramatic decreases were observed in the patient’s primary symptoms of fatigue, pain and insomnia. The multidimensional fatigue questionnaire indicated decreases in general, physical, emotional and mental fatigue, as well as a doubling of vigour. No adverse events were reported by the patient or her physician following parenteral vitamin C administration. The use of parenteral vitamin C could be considered for the management of chronic fatigue and pain.

Key words

Vitamin C, Chronic fatigue, Pain, Quality of life, Rheumatoid arthritis, Vasculitis

1 Introduction

Parenteral vitamin C has been administered by physicians for many decades, primarily as an alternative therapy for cancer and viral infections [1]. Patients typically receive doses of ~28 g vitamin C per treatment, on average once every four days [1]. We and others have shown that parenteral vitamin C is an effective therapy for cancer- and chemotherapy-related fatigue [2]. A number of case reports and small clinical studies have also shown that parenteral vitamin C (doses of 2.5 g to 15 g per treatment) can rapidly decrease herpes zoster-associated pain [3, 4]. Vitamin C has known antioxidant, anti-inflammatory and neurological co-factor activities which may contribute to its anti-fatigue and analgesic effects [5, 6]. Here we present the case of a 47 year old female with rheumatoid arthritis and mononeuritis multiplex, secondary to CNS vasculitis, the latter possibly resulting from multiple drug reactions to treatments for hepatitis C and rheumatoid arthritis.
Parenteral vitamin C was administered to determine if this could relieve her primary symptoms of chronic fatigue, pain and insomnia. Due to the debilitating nature of chronic fatigue and pain, any therapy that can alleviate these symptoms will significantly improve the quality of life of sufferers.

2 Case history

Hepatitis C infection. The patient, a 47 year old female, contracted hepatitis C (genotype 1) in 1999, likely from blood transfusion during childbirth. In 2008 hepatitis C antibodies were present with a viral load of 21,389 IU/ml, increasing to 163,829 IU/ml early 2009. The patient commenced a 48 week course of antiviral therapy with Ribavirin; side effects including fatigue and peripheral paraesthesiae were noted. The patient also presented with stress, depressive symptoms and some suicidal thoughts, and was prescribed Doxepin for depression. In mid-2009 the patient commenced treatment with pegylated interferon-alpha. Side-effects to this included loss of sensation along left foot, calf and hand, numb fingers and pain in arm, as well as neurological decline shortly after interferon therapy, which is also known to cause fatigue [7].

Rheumatoid arthritis. From mid-2008 the patient presented with inflammatory polyarthritis (positive rheumatoid factor and anti-CCP, symptoms of achy joints, chest pain, bilateral shoulder discomfort, swelling of wrists and pain in knees, TMJs, cervical spine). Chronic hepatitis C infection was likely a significant driver for the rheumatoid arthritis [8]. She was prescribed the corticosteroid Prednisone, the NSAID Diclofenac SR (had reacted to Meloxicam), Omeprazole to protect stomach, Voltaren, codeine phosphate, and Codalgin for pain. From 2009 she was also prescribed calcium carbonate and cholecalciferol to protect bones, and the antifolate drug Co-trimoxazole. Codalgin was recorded as having no effect on pain. In early 2011, the patient experienced further deterioration in mobility and in early 2012 rheumatoid arthritis was still active, with concomitant insomnia and feelings of exhaustion.

From mid-2012 the patient trialled a number of disease modifying anti-rheumatic drugs (DMARDs), including the anti-folate drug Methotrexate, which caused nausea and vomiting after one dose. She then commenced with Leflunomide; however, suffered nausea, headaches, light-headedness and numbness. Therefore she was prescribed Sulphasalazine, which was ineffective. In early 2013 she received anti-TNF drug Adalimumab (Humira), but she presented with a possible drug reaction, i.e. erythematous maculopapular rash over entire legs, arms and back (prescribed antihistamine Cetrizine). In mid-2013 the patient commenced with anti-TNF drug Etanercept, to which she also reacted, developing a rash, so this was also discontinued.

Mononeuritis multiplex. In mid-2010 the patient was diagnosed with mononeuritis multiplex, secondary to CNS vasculitis, as determined by MRI indicating multiple areas of white matter change, possibly resulting from multiple drug reactions to treatments for hepatitis C and rheumatoid arthritis. She began iv Cyclophosphamide infusions (8 cycles) and was prescribed Ondansetron and Metoclopramide 48 hr following iv Cyclophosphamide for nausea.

Co-morbidities. In 2002 the patient contracted Type II herpes simplex meningitis which required hospitalisation (prescribed Acyclovir and iv Ceftriaxone). Again in 2012 she presented with herpes simplex infection (prescribed Aciclovir). In early 2009 the patient exhibited low haemoglobin suggestive of iron deficiency (possibly due to Diclofenac). In 2009 the patient also developed hypertension and was prescribed Felodipine and Cilazapril, then Bendrofluazide and Enalapril maleate. The patient also experienced chronic insomnia (possibly due to Prednisone), anxiety and unsteady gait and was prescribed Lorazepam as required for anxiety and insomnia and Nortriptyline for sleep. At the time of the case study (late 2013), she was experiencing a respiratory tract infection (prescribed Flucloxacillin and Roxithromycin).

Vitamin C therapy. Parenteral vitamin C was recommended by the patient’s physician late 2013, in addition to prescribed medications, to determine if this would improve her lethargy. The patient was assessed for standard contraindications: haemochromatosis, renal dysfunction or history of kidney stones and glucose-6-phosphate dehydrogenase gene deficiency,
and signed an informed intravenous vitamin C consent form which outlined possible side-effects. A trial dose of 12 g vitamin C (AscorL500, McCuff Pharmaceuticals, Santa Ana, USA) was administered with no issues observed, and a total dose of 50 g was subsequently administered in 100 ml of normal saline by drip infusion over a 30 minute period. This was repeated on two other occasions about one week apart. A standard operating procedure was followed at each appointment, including assessment of blood pressure, heart rate, temperature, phlebitis/tissuing, and any discomfort. The patient was advised to notify the GP of any concerns or if feeling unwell and follow-up blood test monitoring of kidney function was carried out as part of treatment review.

The European Organization for Research and Treatment of Cancer quality of life questionnaire (EORTC QLQ-C30) [9] and the Multidimensional Fatigue Symptomology Inventory questionnaire (MFSI-SF) [10] were administered approximately one month apart, before treatment commenced and two days after the third parenteral vitamin C injection. Although the patient did not have cancer, she was experiencing similar symptoms following chemotherapy as cancer patients undergoing chemotherapy [2], thus the EORTCQLQ-C30 was felt to be appropriate to use in her case.

The quality of life questionnaire showed a dramatic improvement in the patient’s global health status, and in particular, enhanced physical, role and cognitive functioning (see Figure 1A). Most notably, dramatic decreases were observed in the patient’s primary symptoms of fatigue, pain and insomnia (see Figure 1B). According to the patient, the decrease in symptoms was observed within 12 hours and lasted for 48 hours following each treatment. Since fatigue can express on physical, emotional and mental levels, a questionnaire that covers the multidimensional aspects of fatigue was also used [10]. This indicated decreases in general, physical, emotional and mental fatigue, as well as a doubling of vigour (see Figure 2). Interestingly, the patient also reported a rapid cessation of the symptoms of her current respiratory tract infection. No adverse events were reported by the patient or her physician following parenteral vitamin C administration.

Figure 1. Patient’s health-related quality of life scores before (black bars) and after (grey bars) i.v. vitamin C administration. All of the scales range in score from 0 (no bar) to 100, with a high score representing a higher response level, i.e. a high score for the global health status scale (A) represents a high quality of life, and a high score for a functional scale (A) represents a high/healthy level of functioning, whereas a high score for a symptom scale (B) represents a high level of symptomology/problems.
Discussion

This case indicates that parenteral vitamin C (50 g/treatment) can alleviate the symptoms of chronic fatigue, pain and insomnia for approximately two days following each treatment, with no adverse side effects observed. Vitamin C is a potent antioxidant and acts as a cofactor for numerous biosynthetic and regulatory enzymes in the body [5], which may account for its observed effects in this case. Oxidative stress has been implicated in chronic fatigue syndrome [11] and chemotherapy-related fatigue [12]. Parenteral vitamin C has been shown to decrease both cancer- and chemotherapy-related fatigue in cancer patients [2]. Fatigue is common in patients with chronic hepatitis C infection and is exacerbated with interferon-alpha treatment [7, 13]. Interestingly, trials have shown that L-carnitine can alleviate the interferon-alpha-dependent fatigue in these patients [14]. Since vitamin C acts as a cofactor for the biosynthesis of carnitine, a compound required for the generation of metabolic energy [15], this may indicate a plausible mechanism by which the vitamin alleviates physical fatigue.

Vitamin C also acts as a cofactor for the biosynthesis of the neurotransmitters norepinephrine, dopamine and serotonin [16], as well as neuropeptide hormones, such as mood enhancing oxytocin [17]. Depression is often associated with fatigue and is common in Hepatitis C patients receiving interferon-alpha treatment [7]. Interestingly, depression is an early symptom of vitamin C depletion [18] and although our patient did not exhibit overt signs of depression, we and others have observed decreased depression in hypovitaminosis C individuals following supplementation with vitamin C [18, 19]. Parenteral vitamin C also readily and rapidly reduces pain in patients with shingles [3, 4], likely through its neuromodulatory functions [20]. Recent studies have shown that high dose oral vitamin C acts as an analgesic for complex regional pain syndrome [21], however, the patient reported no effects on her pain levels whilst consuming 1,000 mg/d oral vitamin C. Placebo injections were not carried out with this case, thus it is not possible to rule out a placebo effect. Nevertheless, it is likely that, due to the multiple in vivo functions of vitamin C, the parenteral vitamin C contributed to the observed reduction of fatigue and pain in this patient.

Despite its debilitating nature, fatigue is often overlooked and seldom treated [22]. Treatments such as central nervous system stimulants are often ineffective and have adverse side effects [23]. Our data indicates that parenteral vitamin C could be considered for the safe and effective management of chronic fatigue and pain.

References


