

Vitamin C

Fact Sheet for Health Professionals

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This is a fact sheet intended for health professionals. For a general overview, see our [consumer fact sheet](#).

For information on vitamin C and COVID-19, see [Dietary Supplements in the Time of COVID-19](#).

Introduction

Vitamin C, also known as L-ascorbic acid, is a water-soluble vitamin that is naturally present in some foods, added to others, and available as a dietary supplement. Humans, unlike most animals, are unable to synthesize vitamin C endogenously, so it is an essential dietary component [1].

Vitamin C is required for the biosynthesis of collagen, L-carnitine, and certain neurotransmitters; vitamin C is also involved in protein metabolism [1,2]. Collagen is an essential component of connective tissue, which plays a vital role in wound healing. Vitamin C is also an important physiological antioxidant [3] and has been shown to regenerate other antioxidants within the body, including alpha-tocopherol (vitamin E) [4]. Because vitamin C can limit the damaging effects of free radicals through its antioxidant activity, researchers are examining whether it might help prevent or delay the development of diseases in which oxidative stress plays a role, such as certain cancers and cardiovascular disease (CVD). In addition to its biosynthetic and antioxidant functions, vitamin C plays an important role in immune function [4] and improves the absorption of nonheme iron [5], the form of

iron that is present in plant-based foods. Insufficient vitamin C intake causes scurvy, which is characterized by fatigue or lassitude, widespread connective tissue weakness, and capillary fragility [1,2,4,6-9].

The intestinal absorption of vitamin C is regulated by at least one specific dose-dependent, active transporter [4]. Cells accumulate vitamin C via a second specific transport protein. In vitro studies have found that oxidized vitamin C, or dehydroascorbic acid, enters cells via some facilitated glucose transporters and is then reduced internally to ascorbic acid. The physiologic importance of dehydroascorbic acid uptake and its contribution to overall vitamin C economy are unknown.

Assessing vitamin C status

The body tightly controls tissue and plasma concentrations of vitamin C. Higher doses of vitamin C have lower absorption than moderate doses, and absorbed, unmetabolized ascorbic acid is excreted in the urine. Vitamin C status is typically assessed by measuring plasma vitamin C levels because other measures are more difficult to assess and the results may not be reliable.

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Recommended Intakes

The Food and Nutrition Board at the National Academies of Sciences, Engineering, and Medicine has established Recommended Dietary Allowances and Adequate Intakes for vitamin C. These values range from 90 to 120 mg for adults and from 15 to 115 mg for infants, children, and adolescents, depending on age and life stage. People who smoke require 35 mg more vitamin C per day than those who do not smoke.

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Sources of Vitamin C

Food

The best sources of vitamin C are fruits and vegetables, especially citrus fruits, red and green peppers, kiwifruit, broccoli, strawberries, and Brussels sprouts. Orange juice, grapefruit juice, and tomato juice also contain large amounts of vitamin C, and vitamin C is added to some breakfast cereals. Vitamin C is water soluble and susceptible to heat, so cooking can reduce the vitamin C content of food.

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Dietary supplements

Vitamin C may be present in a number of different forms in supplements, although ascorbic acid is the most common form. The ascorbic acid used in supplements has a bioavailability that is equivalent to that of the ascorbic acid that occurs naturally in foods.

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Vitamin C Intakes and Status

According to data from the National Health and Nutrition Examination Survey, most people in the United States have sufficient intakes of vitamin C.

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Vitamin C Deficiency

Vitamin C deficiency causes scurvy, but this condition is rare in developed countries. The signs and symptoms of scurvy can appear within 1 month of consuming less than about 10 mg/day of vitamin C. The lack of vitamin C impairs collagen synthesis, weakening connective tissues. This can lead to petechiae, ecchymoses, purpura, joint pain, poor wound healing, hyperkeratosis, and corkscrew hairs. Without treatment, scurvy can be fatal.

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Groups at Risk of Vitamin C Inadequacy

Certain groups of people are more likely than others to have vitamin C inadequacy, which occurs when intakes fall below the Recommended Dietary Allowance but

are still above 10 mg/day. These include people who smoke and people who are exposed to secondhand smoke, infants who are fed evaporated or boiled milk, people who consume a limited variety of food, and people with malabsorption and certain chronic diseases.

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Vitamin C and Health

Because vitamin C acts as an antioxidant and plays a role in immune function, it has been promoted as a means to help prevent and/or treat numerous health conditions. This section focuses on the following diseases and disorders in which vitamin C might play a role: cancer (including prevention and treatment), CVD, age-related macular degeneration (AMD) and cataracts, and the common cold.

Cancer prevention

Case-control studies have reported that people with high dietary vitamin C intakes have a lower risk of certain cancers, and people with cancer have lower plasma concentrations of vitamin C than those who do not have cancer. While these findings suggest that vitamin C may play a role in cancer prevention, the evidence from other studies is not conclusive. The results from prospective cohort studies are inconsistent, and most randomized controlled trials have found that vitamin C supplementation alone or with other nutrients does not affect the risk of cancer.

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Cancer treatment

Studies have investigated whether vitamin C, administered intravenously or as a dietary supplement, can provide clinical benefits in patients with cancer, but the results have been mixed. The discrepancies in study findings may be due to the route of administration, as intravenous vitamin C can produce plasma concentrations that are far higher than those produced by oral administration, but more research is needed.

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Cardiovascular disease

Vitamin C has a number of characteristics that suggest that it could help reduce the risk of cardiovascular disease, including the ability to prevent plaque instability in people with atherosclerosis by reducing vascular smooth muscle cell apoptosis. However, the prospective studies that have examined the associations between vitamin C intake and the risk of cardiovascular disease have produced conflicting results, and most clinical trials have not found conclusive evidence that vitamin C supplements can protect against cardiovascular disease.

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Age-related macular degeneration and cataracts

Some studies have suggested that high intakes of vitamin C may reduce the risk of age-related macular degeneration or cataracts. Data from clinical trials are currently limited, and the available evidence does not indicate that vitamin C, taken alone or with other antioxidants, affects the risk of developing these conditions. However, clinical evidence indicates that people who have age-related macular degeneration and take antioxidant supplements that include vitamin C have a lower risk of progressing to advanced age-related macular degeneration.

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The common cold

Regular vitamin C intake at doses of at least 200 mg/day may reduce the incidence of the common cold in people who exercise intensely, are exposed to cold environments, or have marginal vitamin C status. However, in the general population, taking vitamin C prophylactically does not appear to reduce the risk of the common cold, although it does appear to modestly reduce the duration of the cold and ameliorate the symptoms. Taking vitamin C after the onset of cold symptoms does not appear to affect cold duration or symptom severity.

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Health Risks from Excessive Vitamin C

In general, vitamin C has low toxicity, and high intakes of vitamin C do not cause serious adverse effects. However, high doses of vitamin C can lead to diarrhea, nausea, abdominal cramps, and other gastrointestinal disturbances. There are

some concerns surrounding high vitamin C intakes, such as the formation of kidney stones and excess iron absorption, but these are not generally considered a risk in healthy individuals. The tolerable upper intake level for vitamin C ranges from 400 to 2,000 mg, depending on age.

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Interactions with Medications

Vitamin C supplements may interact with radiation therapy and medications, including chemotherapeutic agents and statins.

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Vitamin C and Healthful Diets

In general, a person's nutritional needs should be met primarily through the diet, including fortified foods. Dietary supplements may be useful in cases where it is not possible to meet the needs for specific nutrients through food alone, especially during certain life stages. The *Dietary Guidelines for Americans* offers a general description of healthy dietary patterns.

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References

1. Li Y, Schellhorn HE. New developments and novel therapeutic perspectives for vitamin C. J Nutr 2007;137:2171-84. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17884994/\)](https://pubmed.ncbi.nlm.nih.gov/17884994/)]
2. Carr AC, Frei B. Toward a new recommended dietary allowance for vitamin C based on antioxidant and health effects in humans. Am J Clin Nutr 1999;69:1086-107. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/10357726/\)](https://pubmed.ncbi.nlm.nih.gov/10357726/)]
3. Frei B, England L, Ames BN. Ascorbate is an outstanding antioxidant in human blood plasma. Proc Natl Acad Sci U S A 1989;86:6377-81. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/2762330/\)](https://pubmed.ncbi.nlm.nih.gov/2762330/)]
4. Jacob RA, Sotoudeh G. Vitamin C function and status in chronic disease. Nutr Clin Care 2002;5:66-74. [[PubMed abstract](#)]

- (<https://pubmed.ncbi.nlm.nih.gov/12134712/>)]
5. Gershoff SN. Vitamin C (ascorbic acid): new roles, new requirements? *Nutr Rev* 1993;51:313-26. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8108031/>)]
 6. Weinstein M, Babyn P, Zlotkin S. An orange a day keeps the doctor away: scurvy in the year 2000. *Pediatrics* 2001;108:E55. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/11533373/>)]
 7. Wang AH, Still C. Old world meets modern: a case report of scurvy. *Nutr Clin Pract* 2007;22:445-8. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17644699/>)]
 8. Institute of Medicine. Food and Nutrition Board. Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids (http://www.nap.edu/catalog.php?record_id=9810). Washington, DC: National Academy Press, 2000.
 9. Stephen R, Utecht T. Scurvy identified in the emergency department: a case report. *J Emerg Med* 2001;21:235-7. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/11604276/>)]
 10. Padayatty SJ, Sun H, Wang Y, Riordan HD, Hewitt SM, Katz A, Wesley RA, Levine M. Vitamin C pharmacokinetics: implications for oral and intravenous use. *Ann Intern Med* 2004;140:533-7. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15068981/>)]
 11. Bates CJ. Bioavailability of vitamin C. *Eur J Clin Nutr* 1997;51 (Suppl 1):S28-33. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/9023477/>)]
 12. Francescone MA, Levitt J. Scurvy masquerading as leukocytoclastic vasculitis: a case report and review of the literature. *Cutis* 2005;76:261-6. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/16315563/>)]
 13. U.S. Department of Agriculture, Agricultural Research Service. FoodData Central (<https://fdc.nal.usda.gov/>), 2019.
 14. U.S. Food and Drug Administration. Food Labeling: Revision of the Nutrition and Supplement Facts Labels. (<https://www.federalregister.gov/documents/2016/05/27/2016-11867/food-labeling-revision-of-the-nutrition-and-supplement-facts-labels>) 2016.
 15. Mangels AR, Block G, Frey CM, Patterson BH, Taylor PR, Norkus EP, et al. The bioavailability to humans of ascorbic acid from oranges, orange juice and

- cooked broccoli is similar to that of synthetic ascorbic acid. J Nutr 1993;123:1054-61. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8505665/>)]
16. Gregory JF 3rd. Ascorbic acid bioavailability in foods and supplements. Nutr Rev 1993;51:301-3. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8302486/>)]
17. Johnston CS, Luo B. Comparison of the absorption and excretion of three commercially available sources of vitamin C. J Am Diet Assoc 1994;94:779-81. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8021423/>)]
18. Moyad MA, Combs MA, Vrablic AS, Velasquez J, Turner B, Bernal S. Vitamin C metabolites, independent of smoking status, significantly enhance leukocyte, but not plasma ascorbate concentrations. Adv Ther 2008;25:995-1009. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18836692/>)]
19. Moshfegh A, Goldman J, Cleveland L. What We Eat in America, NHANES 2001-2002: Usual Nutrient Intakes from Food Compared to Dietary Reference Intakes (<http://www.ars.usda.gov/SP2UserFiles/Place/12355000/pdf/0102/usualintaketables2001-02.pdf>). Washington, DC: U.S. Department of Agriculture, Agricultural Research Service, 2005.
20. Radimer K, Bindewald B, Hughes J, Ervin B, Swanson C, Picciano MF. Dietary supplement use by US adults: data from the National Health and Nutrition Examination Survey, 1999-2000. Am J Epidemiol 2004;160:339-49. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15286019/>)]
21. Picciano MF, Dwyer JT, Radimer KL, Wilson DH, Fisher KD, Thomas PR, et al. Dietary supplement use among infants, children, and adolescents in the United States, 1999-2002. Arch Pediatr Adolesc Med 2007;161:978-85. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17909142/>)]
22. Levine M, Conry-Cantilena C, Wang Y, Welch RW, Washko PW, Dhariwal KR, et al. Vitamin C pharmacokinetics in healthy volunteers: evidence for a recommended dietary allowance. Proc Natl Acad Sci U S A 1996;93:3704-9. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8623000/>)]
23. Levine M, Rumsey SC, Daruwala R, Park JB, Wang Y. Criteria and recommendations for vitamin C intake. JAMA 1999;281:1415-23. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/10217058/>)]
24. King, CG, Waugh, WA. The chemical nature of vitamin C. Science 1932;75:357-358.

25. Svribely J, Szent-Györgyi A. Hexuronic acid as the antiscorbutic factor. *Nature* 1932;129: 576.
26. Svribely J, Szent-Györgyi A. Hexuronic acid as the antiscorbutic factor. *Nature* 1932;129: 690.
27. Hoffman FA. Micronutrient requirements of cancer patients. *Cancer*. 1985;55 (1 Suppl):295-300. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/3917362/>)]
28. Deicher R, Hörl WH. Vitamin C in chronic kidney disease and hemodialysis patients. *Kidney Blood Press Res* 2003;26:100-6. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/12771534/>)]
29. Hecht SS. Approaches to cancer prevention based on an understanding of N-nitrosamine carcinogenesis. *Proc Soc Exp Biol Med* 1997;216:181-91. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/9349687/>)]
30. Zhang S, Hunter DJ, Forman MR, Rosner BA, Speizer FE, Colditz GA, et al. Dietary carotenoids and vitamins A, C, and E and risk of breast cancer. *J Natl Cancer Inst* 1999;91:547-56. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/10088626/>)]
31. Kushi LH, Fee RM, Sellers TA, Zheng W, Folsom AR. Intake of vitamins A, C, and E and postmenopausal breast cancer. The Iowa Women's Health Study. *Am J Epidemiol* 1996;144:165-74. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/8678048/>)]
32. Levine M, Wang Y, Padayatty SJ, Morrow J. A new recommended dietary allowance of vitamin C for healthy young women. *Proc Natl Acad Sci U S A* 2001;98:9842-6. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/11504949/>)]
33. Hercberg S, Galan P, Preziosi P, Bertrais S, Mennen L, Malvy D, et al. The SU.VI.MAX Study: a randomized, placebo-controlled trial of the health effects of antioxidant vitamins and minerals. *Arch Intern Med* 2004;164:2335-42. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15557412/>)]
34. Galan P, Briançon S, Favier A, Bertrais S, Preziosi P, Faure H, et al. Antioxidant status and risk of cancer in the SU.VI.MAX study: is the effect of supplementation dependent on baseline levels? *Br J Nutr* 2005;94:125-32. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/16115341/>)]
35. Gaziano JM, Glynn RJ, Christen WG, Kurth T, Belanger C, MacFadyen J, et al. Vitamins E and C in the prevention of prostate and total cancer in men: the Physicians' Health Study II randomized controlled trial. *JAMA* 2009;301:52-62. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/19066368/>)]

36. Lin J, Cook NR, Albert C, Zaharris E, Gaziano JM, Van Denburgh M, et al. Vitamins C and E and beta carotene supplementation and cancer risk: a randomized controlled trial. J Natl Cancer Inst 2009;101:14-23. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/19116389/\)](https://pubmed.ncbi.nlm.nih.gov/19116389/)]
37. Taylor PR, Li B, Dawsey SM, Li JY, Yang CS, Guo W, et al. Prevention of esophageal cancer: the nutrition intervention trials in Linxian, China. Linxian Nutrition Intervention Trials Study Group. Cancer Res 1994;54(7 Suppl):2029s-31s. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/8137333/\)](https://pubmed.ncbi.nlm.nih.gov/8137333/)]
38. Qiao YL, Dawsey SM, Kamangar F, Fan JH, Abnet CC, Sun XD, et al. Total and cancer mortality after supplementation with vitamins and minerals: follow-up of the Linxian General Population Nutrition Intervention Trial. J Natl Cancer Inst 2009;101:507-18. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/19318634/\)](https://pubmed.ncbi.nlm.nih.gov/19318634/)]
39. Bjelakovic G, Nikolova D, Simonetti RG, Gluud C. Antioxidant supplements for preventing gastrointestinal cancers. Cochrane Database Syst Rev 2008; (3):CD004183. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/18677777/\)](https://pubmed.ncbi.nlm.nih.gov/18677777/)]
40. Coulter I, Hardy M, Shekelle P, Udani J, Spar M, Oda K, et al. Effect of the supplemental use of antioxidants vitamin C, vitamin E, and coenzyme Q10 for the prevention and treatment of cancer. Evidence Report/Technology Assessment Number 75. AHRQ Publication No. 04-E003. Rockville, MD: Agency for Healthcare Research and Quality, 2003. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/15523748/\)](https://pubmed.ncbi.nlm.nih.gov/15523748/)]
41. Padayatty SJ, Levine M. Vitamins C and E and the prevention of preeclampsia. N Engl J Med 2006;355:1065. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16957157/\)](https://pubmed.ncbi.nlm.nih.gov/16957157/)]
42. Padayatty SJ, Levine M. Antioxidant supplements and cardiovascular disease in men. JAMA 2009;301:1336. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/19336705/\)](https://pubmed.ncbi.nlm.nih.gov/19336705/)]
43. Cameron E, Campbell A. The orthomolecular treatment of cancer. II. Clinical trial of high-dose ascorbic acid supplements in advanced human cancer. Chem Biol Interact 1974;9:285-315. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/4430016/\)](https://pubmed.ncbi.nlm.nih.gov/4430016/)]
44. Cameron E, Pauling L. Supplemental ascorbate in the supportive treatment of cancer: prolongation of survival times in terminal human cancer. Proc Natl

Acad Sci U S A 1976;73:3685-9. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/1068480/\)](#)]

45. Moertel CG, Fleming TR, Creagan ET, Rubin J, O'Connell MJ, Ames MM. High-dose vitamin C versus placebo in the treatment of patients with advanced cancer who have had no prior chemotherapy. A randomized double-blind comparison. N Engl J Med 1985;312:137-41. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/3880867/\)](#)]
46. Bruno EJ Jr, Ziegenfuss TN, Landis J. Vitamin C: research update. Curr Sports Med Rep 2006;5:177-81. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16830410/\)](#)]
47. Padayatty SJ, Riordan HD, Hewitt SM, Katz A, Hoffer LJ, Levine M. Intravenously administered vitamin C as cancer therapy: three cases. CMAJ 2006;174:937-42. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16567755/\)](#)]
48. Hoffer LJ, Levine M, Assouline S, Melnychuk D, Padayatty SJ, Rosadiuk K, et al. Phase I clinical trial of i.v. ascorbic acid in advanced malignancy. Ann Oncol 2008;19:1969-74. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/18544557/\)](#)]
49. Chen Q, Espey MG, Sun AY, Pooput C, Kirk KL, Krishna MC, et al. Pharmacologic doses of ascorbate act as a prooxidant and decrease growth of aggressive tumor xenografts in mice. Proc Natl Acad Sci U S A 2008;105:11105-9. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/18678913/\)](#)]
50. Chen Q, Espey MG, Krishna MC, Mitchell JB, Corpe CP, Buettner GR, et al. Pharmacologic ascorbic acid concentrations selectively kill cancer cells: action as a pro-drug to deliver hydrogen peroxide to tissues. Proc Natl Acad Sci U S A 2005;102:13604-9. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16157892/\)](#)]
51. Chen Q, Espey MG, Sun AY, Lee JH, Krishna MC, Shacter E, et al. Ascorbate in pharmacologic concentrations selectively generates ascorbate radical and hydrogen peroxide in extracellular fluid in vivo. Proc Natl Acad Sci U S A 2007;104:8749-54. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17502596/\)](#)]
52. Levine M, Espey MG, Chen Q. Losing and finding a way at C: new promise for pharmacologic ascorbate in cancer treatment. Free Radic Biol Med 2009;47:27-9. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/19361554/\)](#)]

53. Seifried HE, Anderson DE, Sorkin BC, Costello RB. Free radicals: the pros and cons of antioxidants. Executive summary report. J Nutr 2004;134:3143S-63S. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15514289/>)]
54. Natural Medicines Comprehensive Database (<http://www.NaturalDatabase.com>). Vitamin C.
55. Ye Z, Song H. Antioxidant vitamins intake and the risk of coronary heart disease: meta-analysis of cohort studies. Eur J Cardiovasc Prev Rehabil 2008;15:26-34. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18277182/>)]
56. Willcox BJ, Curb JD, Rodriguez BL. Antioxidants in cardiovascular health and disease: key lessons from epidemiologic studies. Am J Cardiol 2008;101:75D-86D. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18474278/>)]
57. Honarbakhsh S, Schachter M. Vitamins and cardiovascular disease. Br J Nutr 2008;1-19. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18826726/>)]
58. Osganian SK, Stampfer MJ, Rimm E, Spiegelman D, Hu FB, Manson JE, et al. Vitamin C and risk of coronary heart disease in women. J Am Coll Cardiol 2003;42:246-52. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/12875759/>)]
59. Lee DH, Folsom AR, Harnack L, Halliwell B, Jacobs DR Jr. Does supplemental vitamin C increase cardiovascular disease risk in women with diabetes? Am J Clin Nutr 2004;80:1194-200. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15531665/>)]
60. Myint PK, Luben RN, Welch AA, Bingham SA, Wareham NJ, Khaw KT. Plasma vitamin C concentrations predict risk of incident stroke over 10 y in 20 649 participants of the European Prospective Investigation into Cancer Norfolk prospective population study. Am J Clin Nutr 2008;87:64-9. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18175738/>)]
61. Muntwyler J, Hennekens CH, Manson JE, Buring JE, Gaziano JM. Vitamin supplement use in a low-risk population of US male physicians and subsequent cardiovascular mortality. Arch Intern Med 2002;162:1472-6. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/12090883/>)]
62. Knekt P, Ritz J, Pereira MA, O'Reilly EJ, Augustsson K, Fraser GE, et al. Antioxidant vitamins and coronary heart disease risk: a pooled analysis of 9 cohorts. Am J Clin Nutr 2004;80:1508-20. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15585762/>)]
63. Cook NR, Albert CM, Gaziano JM, Zaharris E, MacFadyen J, Danielson E, et al. A randomized factorial trial of vitamins C and E and beta carotene in the

secondary prevention of cardiovascular events in women: results from the Women's Antioxidant Cardiovascular Study. Arch Intern Med 2007;167:1610-8. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17698683/>)]

64. Sesso HD, Buring JE, Christen WG, Kurth T, Belanger C, MacFadyen J, et al. Vitamins E and C in the prevention of cardiovascular disease in men: the Physicians' Health Study II randomized controlled trial. JAMA 2008;300:2123-33. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/18997197/>)]
65. Waters DD, Alderman EL, Hsia J, Howard BV, Cobb FR, Rogers WJ, et al. Effects of hormone replacement therapy and antioxidant vitamin supplements on coronary atherosclerosis in postmenopausal women: a randomized controlled trial. JAMA 2002;288:2432-40. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/12435256/>)]
66. Bleys J, Miller ER 3rd, Pastor-Barriuso R, Appel LJ, Guallar E. Vitamin-mineral supplementation and the progression of atherosclerosis: a meta-analysis of randomized controlled trials. Am J Clin Nutr 2006;84:880-7. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17023716/>)]
67. Shekelle P, Morton S, Hardy M. Effect of supplemental antioxidants vitamin C, vitamin E, and coenzyme Q10 for the prevention and treatment of cardiovascular disease. Evidence Report/Technology Assessment No. 83 AHRQ Publication No. 03-E043. Rockville, MD: Agency for Healthcare Research and Quality, 2003. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/15040141/>)]
68. van Leeuwen R, Boekhoorn S, Vingerling JR, Witteman JC, Klaver CC, Hofman A, et al. Dietary intake of antioxidants and risk of age-related macular degeneration. JAMA 2005;294:3101-7. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/16380590/>)]
69. Evans J. Primary prevention of age related macular degeneration. BMJ 2007;335:729. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17923719/>)]
70. Chong EW, Wong TY, Kreis AJ, Simpson JA, Guymer RH. Dietary antioxidants and primary prevention of age related macular degeneration: systematic review and meta-analysis. BMJ 2007;335:755. [PubMed abstract (<https://pubmed.ncbi.nlm.nih.gov/17923720/>)]
71. Evans JR. Antioxidant vitamin and mineral supplements for slowing the progression of age-related macular degeneration. Cochrane Database Syst

Rev 2006;(2):CD000254. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16625532/\)](#)]

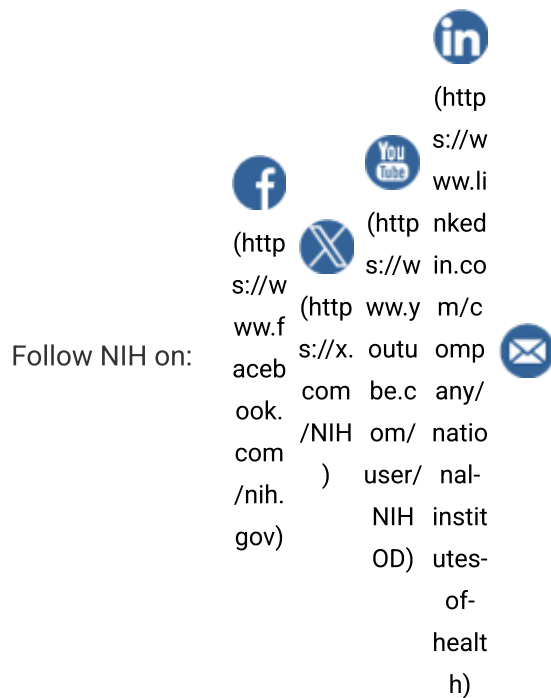
72. Age-Related Eye Disease Study Research Group. A randomized, placebo-controlled, clinical trial of high-dose supplementation with vitamins C and E, beta carotene, and zinc for age-related macular degeneration and vision loss: AREDS report no. 8. Arch Ophthalmol 2001;119:1417-36. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/11594942/\)](#)]
73. The Age-Related Eye Disease Study 2 (AREDS2) Research Group. Lutein + zeaxanthin and omega-3 fatty acids for age-related macular degeneration: the Age-Related Eye Disease Study 2 (AREDS2) randomized clinical trial. JAMA 2013;309:2005-15. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/23644932/\)](#)]
74. Yoshida M, Takashima Y, Inoue M, Iwasaki M, Otani T, Sasaki S; JPHC Study Group. Prospective study showing that dietary vitamin C reduced the risk of age-related cataracts in a middle-aged Japanese population. Eur J Nutr 2007;46:118-24. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17265171/\)](#)]
75. Rautiainen S, Lindblad BE, Morgenstern R, Wolk A. Vitamin C supplements and the risk of age-related cataract: a population-based prospective cohort study in women. Am J Clin Nutr. 2010 Feb;91(2):487-93. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/19923367/\)](#)]
76. Sperduto RD, Hu TS, Milton RC, Zhao JL, Everett DF, Cheng QF, et al. The Linxian cataract studies. Two nutrition intervention trials. Arch Ophthalmol 1993;111:1246-53. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/8363468/\)](#)]
77. Age-Related Eye Disease Study Research Group. A randomized, placebo-controlled, clinical trial of high-dose supplementation with vitamins C and E and beta carotene for age-related cataract and vision loss: AREDS report no. 9. Arch Ophthalmol 2001;119:1439-52. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/11594943/\)](#)]
78. The Age-Related Eye Disease Study 2 (AREDS2) Research Group. Lutein/zeaxanthin for the treatment of age-related cataract: AREDS2 randomized trial report no. 4. JAMA Ophthalmol 2013. Online May 5. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/23645227/\)](#)]
79. Pauling L. The significance of the evidence about ascorbic acid and the common cold. Proc Natl Acad Sci U S A 1971;68:2678-81. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/4941984/\)](#)]

80. Douglas RM, Hemilä H. Vitamin C for preventing and treating the common cold. PLoS Med 2005;2:e168. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/15971944/\)](https://pubmed.ncbi.nlm.nih.gov/15971944/)]
81. Douglas RM, Hemilä H, Chalker E, Treacy B. Vitamin C for preventing and treating the common cold. Cochrane Database Syst Rev 2007;(3):CD000980. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17636648/\)](https://pubmed.ncbi.nlm.nih.gov/17636648/)]
82. Wintergerst ES, Maggini S, Hornig DH. Immune-enhancing role of vitamin C and zinc and effect on clinical conditions. Ann Nutr Metab 2006;50:85-94. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/16373990/\)](https://pubmed.ncbi.nlm.nih.gov/16373990/)]
83. Hemilä H. The role of vitamin C in the treatment of the common cold. Am Fam Physician 2007;76:1111, 1115. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17992770/\)](https://pubmed.ncbi.nlm.nih.gov/17992770/)]
84. Johnston CS. The antihistamine action of ascorbic acid. Subcell Biochem 1996;25:189-213. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/8821975/\)](https://pubmed.ncbi.nlm.nih.gov/8821975/)]
85. Curhan GC, Willett WC, Rimm EB, Stampfer MJ. A prospective study of the intake of vitamins C and B6, and the risk of kidney stones in men. J Urol 1996;155:1847-51. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/8618271/\)](https://pubmed.ncbi.nlm.nih.gov/8618271/)]
86. Curhan GC, Willett WC, Speizer FE, Stampfer MJ. Intake of vitamins B6 and C and the risk of kidney stones in women. J Am Soc Nephrol 1999;10:840-5. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/10203369/\)](https://pubmed.ncbi.nlm.nih.gov/10203369/)]
87. Taylor EN, Stampfer MJ, Curhan GC. Dietary factors and the risk of incident kidney stones in men: new insights after 14 years of follow-up. J Am Soc Nephrol 2004;15:3225-32. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/15579526/\)](https://pubmed.ncbi.nlm.nih.gov/15579526/)]
88. Lee SH, Oe T, Blair IA. Vitamin C-induced decomposition of lipid hydroperoxides to endogenous genotoxins. Science 2001;292:2083-6. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/11408659/\)](https://pubmed.ncbi.nlm.nih.gov/11408659/)]
89. Podmore ID, Griffiths HR, Herbert KE, Mistry N, Mistry P, Lunec J. Vitamin C exhibits pro-oxidant properties. Nature 1998;392:559. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/9560150/\)](https://pubmed.ncbi.nlm.nih.gov/9560150/)]
90. Carr A, Frei B. Does vitamin C act as a pro-oxidant under physiological conditions? FASEB J 1999 Jun;13:1007-24. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/10336883/\)](https://pubmed.ncbi.nlm.nih.gov/10336883/)]
91. Lawenda BD, Kelly KM, Ladas EJ, Sagar SM, Vickers A, Blumberg JB. Should supplemental antioxidant administration be avoided during chemotherapy and

- radiation therapy? J Natl Cancer Inst 2008;100:773-83. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/18505970/\)](https://pubmed.ncbi.nlm.nih.gov/18505970/)]
92. Ladas EJ, Jacobson JS, Kennedy DD, Teel K, Fleischauer A, Kelly KM. Antioxidants and cancer therapy: a systematic review. J Clin Oncol 2004;22:517-28. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/14752075/\)](https://pubmed.ncbi.nlm.nih.gov/14752075/)]
93. Block KI, Koch AC, Mead MN, Tothy PK, Newman RA, Gyllenhaal C. Impact of antioxidant supplementation on chemotherapeutic efficacy: a systematic review of the evidence from randomized controlled trials. Cancer Treat Rev 2007;33:407-18. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/17367938/\)](https://pubmed.ncbi.nlm.nih.gov/17367938/)]
94. Heaney ML, Gardner JR, Karasavvas N, Golde DW, Scheinberg DA, Smith EA, et al. Vitamin C antagonizes the cytotoxic effects of antineoplastic drugs. Cancer Res 2008;68:8031-8. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/18829561/\)](https://pubmed.ncbi.nlm.nih.gov/18829561/)]
95. Prasad KN. Rationale for using high-dose multiple dietary antioxidants as an adjunct to radiation therapy and chemotherapy. J Nutr 2004;134:3182S-3S. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/15514298/\)](https://pubmed.ncbi.nlm.nih.gov/15514298/)]
96. Brown BG, Zhao XQ, Chait A, Fisher LD, Cheung MC, Morse JS, et al. Simvastatin and niacin, antioxidant vitamins, or the combination for the prevention of coronary disease. N Engl J Med 2001;345:1583-92. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/11757504/\)](https://pubmed.ncbi.nlm.nih.gov/11757504/)]
97. Cheung MC, Zhao XQ, Chait A, Albers JJ, Brown BG. Antioxidant supplements block the response of HDL to simvastatin-niacin therapy in patients with coronary artery disease and low HDL. Arterioscler Thromb Vasc Biol 2001;21:1320-6. [[PubMed abstract \(https://pubmed.ncbi.nlm.nih.gov/11498460/\)](https://pubmed.ncbi.nlm.nih.gov/11498460/)]

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