

Scurvy Is Making a Surprising Comeback

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STORY AT-A-GLANCE

- › Scurvy, a disease caused by vitamin C deficiency, is making a comeback as people increasingly rely on processed foods due to economic pressures, dietary restrictions and limited access to fresh produce
- › Common symptoms of scurvy include musculoskeletal pain, easy bruising, weakness, bleeding gums and fatigue, often leading to misdiagnosis and delayed treatment
- › High-risk groups include children with autism due to selective eating behaviors, low-income individuals facing limited access to fresh foods and bariatric surgery patients with impaired nutrient absorption
- › Vitamin C intake is essential for preventing scurvy and must be obtained through diet since your body can't produce it; rich sources include bell peppers, citrus fruits, berries and leafy greens
- › Additional strategies to combat scurvy are included below, such as supplementing with vitamin C when needed, regular nutrient screening and initiatives that improve access to fresh food in communities

Scurvy, caused by a lack of vitamin C, once ravaged sailors on long voyages, leading to weakness, bleeding gums and even death. Thanks to better nutrition and the availability of fresh foods, scurvy has become almost forgotten in developed countries. However, recent reports reveal that this condition is making a comeback.

The resurgence of scurvy has significant implications, as it's more than just an isolated health concern – it highlights the ongoing struggles with nutrition and economic disparities. Though you might not think about scurvy in today's world, its increasing cases underscore the importance of awareness today.

Without timely diagnosis, scurvy will lead to severe health complications and higher medical costs. Recognizing the signs of this condition and understanding its risk factors helps save lives and reduce unnecessary hospitalizations.

Recent Scurvy Cases Have Brought This Condition Back Into Focus

In Western Australia, a 51-year-old man developed scurvy, presenting with a painful rash and anemia, after stopping his post-sleeve gastrectomy supplements due to financial strain.¹ Similarly, Canadian doctors treated a 65-year-old woman whose poor mobility and skin lesions were ultimately diagnosed as scurvy after other conditions were ruled out. Her limited mobility and lack of social support had led her to rely on a restricted diet of mostly nonperishable foods.^{2,3}

A common trend in these cases is inadequate vitamin C intake. One significant factor contributing to this deficiency is economic pressures, such as the rising cost of living, forcing patients to prioritize cheaper processed foods. However, these foods lack fresh fruits and vegetables that provide the necessary nutrients for optimal health, such as vitamin C.

The link between low socioeconomic status and scurvy is supported by a July 2024 study published in *The Journal of the AAOS Global Research and Reviews* study, which found that 36.5% of scurvy cases occur in the lowest-income quartile.⁴

Adding to the challenge, scurvy symptoms often mimic other medical conditions, leading to misdiagnosis. Patients frequently present with musculoskeletal pain, bruising and fatigue, which are mistaken for vasculitis, autoimmune disorders or other nutritional

deficiencies.⁵ This confusion delays proper diagnosis and treatment, increasing hospital stays and health care costs.

Scurvy Is Rising Among Children, Especially Those on the Spectrum

According to the featured study in *The Journal of the AAOS Global Research and Reviews*,⁶ pediatric scurvy cases increased from 8.2 to 26.7 per 100,000 between 2016 and 2020. This significant rise over a relatively short period underscores the vulnerability of certain populations.

A notable majority, 64.2%, of pediatric scurvy cases were found among children diagnosed with autism spectrum disorder (ASD). This high prevalence highlights the link between neurodevelopmental disorders and nutritional health. Children with ASD often exhibit selective eating behaviors, leading to restricted diets that lack essential nutrients, including vitamin C.

The association between ASD and scurvy emphasizes the need for increased awareness among caregivers and educators about the importance of balanced nutrition and targeted nutritional interventions in this population. The authors emphasize the need for health care providers to prioritize regular dietary assessments and vitamin supplementation for children with ASD to reduce their risk of scurvy and other related deficiencies.

The Paradox of Obesity and Scurvy

The featured study also found that obesity was present in 7.6% of scurvy cases, with some patients classified as morbidly obese.⁷ The coexistence of obesity and scurvy presents a paradox because obesity is often associated with excessive calorie intake, yet individuals may still suffer from micronutrient deficiencies like vitamin C.

In cases of morbid obesity, particularly among those who undergo gastric bypass or other bariatric surgeries, nutrient absorption is often impaired due to changes in the

digestive process. These increasingly common procedures promote weight loss by reducing stomach size or bypassing parts of the digestive system but limit the body's ability to absorb essential nutrients.^{8,9}

Patients are typically advised to take vitamin supplements to avoid deficiencies. When patients stop taking these supplements, either due to financial constraints or lack of awareness, the risk of developing scurvy increases significantly.^{10,11}

How Much Vitamin C Do You Need?

Vitamin C is a water-soluble vitamin, meaning it dissolves in water and is quickly distributed to your cells for immediate use. Any unused vitamin C is flushed out through your urine, as your body doesn't store it for future needs like fat-soluble vitamins.

Because your body can't produce vitamin C on its own, it's essential to consume this nutrient from a variety of fruits and vegetables. Not only will you be getting natural, easily absorbed vitamin C, but you're also getting dozens of other nutrients, like antioxidants and phytochemicals, which help fight chronic disease, reduce inflammation and boost immune function. Fruits and vegetables that are particularly rich in vitamin C include:

Red bell peppers	Acerola or Barbados cherry	Oranges
Sweet potato	Grapefruit	Tomato
Cauliflower	Kale	Chili peppers
Papaya	Cantaloupe	Brussels sprouts
Cabbage	Kiwifruit	Artichoke
Strawberries	Broccoli	Blackcurrants

Additional Strategies to Combat Scurvy

Aside from adding vitamin C-rich foods to your diet, here are other practical steps you and your community can take to help maintain optimal vitamin C levels and prevent scurvy:^{12,13}

- 1. Choose locally grown organic fruits and veggies** – When possible, choose produce from local farms that practice regenerative agriculture, which not only enriches the land but also yields produce that has a higher nutrient profile, including vitamin C. Farmers markets, community-supported agriculture (CSA) programs and local co-ops are excellent sources of these sustainably grown foods.
- 2. Grow your own vitamin C-rich foods** – Growing your own food, either at home or in a community garden, provides direct access to a reliable, cost-effective source of vitamin C-rich produce while promoting self-sufficiency. Even a small garden or container setup will yield nutrient-packed foods like tomatoes, strawberries and greens.
- 3. Supplement when needed for targeted support** – If you're at higher risk of vitamin C deficiency or having trouble meeting your needs with diet alone, targeted supplementation provides additional support. I recommend liposomal vitamin C for its enhanced bioavailability compared to other oral forms.

The current recommendation for daily vitamin C intake is 75 milligrams (mg) for adult women and 90 mg for adult men.¹⁴ While doses of several hundred mg per day are beneficial for many, research suggests that higher amounts – over 1,000 mg per day – may be more effective in supporting disease prevention and overall health.

- 4. Monitor your nutrient intake if you're at higher risk** – Routine screening for nutrient deficiencies is essential, especially for those at higher risk, including children with autism, low-income families or individuals who have undergone bariatric surgery. Regular assessments help identify deficiencies early, allowing for timely intervention through supplements or dietary adjustments.

5. Support community initiatives for access to nutritious foods – Support community efforts that increase access to fresh, vitamin-rich foods, particularly in low-income areas. Initiatives like community gardens, mobile markets and subsidized produce programs help make fresh foods available and affordable, addressing food insecurity and improving nutrition.

When communities prioritize access to nutrient-rich produce, the health and well-being of everyone benefits, helping to curb the rise in nutrition-related health issues.

Sources and References

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- ^{4, 6, 7} [J Am Acad Orthop Surg Glob Res Rev. 2024 Jul 15;8\(7\):e24.00162](#)
- ^{9, 11} [News Atlas, October 22, 2024](#)
- ¹² [Food Forward NDCs, “Improving Physical and Economic Access to Healthy and Sustainable Foods”](#)
- ¹³ [International Journal for Equity in Health volume 20, Article number: 40 \(2021\)](#)
- ¹⁴ [DRI, Vitamin C](#)