

THE CURE OF ADVANCED CANCER BY DIET THERAPY:

A SUMMARY OF 30 YEARS OF CLINICAL EXPERIMENTATION

A lecture delivered by Dr. Max Gerson at Dr. Jensen's Health Ranch in Escondido, CA in 1956.

Ladies and Gentlemen:

I came here on vacation; I didn't come here for a lecture. I didn't bring anything. So, I wrote down some things since I was asked to tell you first how I arrived at the cancer treatment. It is a funny story.

When I was a physician for internal diseases in Bielefeld (Germany) in 1928, one day I was called to see a lady. I asked her what was wrong with her but on the telephone she didn't want to tell me. So I went there, a little outside of town. Then I asked her "What's wrong?" She told me she was operated on in a big clinic nearby and they found a cancer of the bile duct. I saw the operation scar. She was running a high fever, was jaundiced. I told her, "Sorry, I can do nothing for you.

I don't know how to treat cancer. I have not seen results, especially in such an advanced case where there is no longer the possibility of operation." So, she said, "No, doctor, I called because I saw the results in your treatment of tuberculosis and arthritis in various cases. Now, here is a pad and you write down a treatment. On that table over there, there is a book, and in that book, you will be good enough to read to me aloud the chapter called The Healing of Cancer."

It was a big book of about 1,200 pages on folk medicine and in the middle there was that chapter. I started to read. That book was edited by three schoolteachers and one physician. None of them practiced medicine. So they put together that book. I read that chapter. In it there was something about Hippocrates who gave these patients a special soup. I should like to tell you, we use that soup at the present time!

That soup from that book, out of the practice of Hippocrates—550 years before Christ! He was the greatest physician at that time, and I even think the greatest physician of all time. He had the idea that the patient has to be detoxified with the soup and with some enemas and so on.

I read and read but finally I told the lady, "Look, because of my tuberculosis treatment physicians are opposed to me. Therefore I'd like not to treat you." Again she insisted, "I'll give you in writing that you are not responsible for the outcome of the treatment and that I insisted that you do so." So with that signed statement, I thought, all right, let's try. I wrote down the treatment. It was almost the same which I used for tuberculosis patients¹⁻⁷ which I had worked out and used at the University Clinic in Munich with Prof. Sauerbruch. After the work at the University Clinic the treatment had been established and had been found effective.^{8,9} I thought that maybe it will be effective in cancer too. It is always written in scientific books that tuberculosis and cancer are both degenerative diseases where the body has to be detoxified. But this latter thought was written only by Hippocrates.

I tried—and the patient was cured! Six months later she was up and around in the best condition. Then she sent me two other cancer cases.

One of her family with a stomach cancer where it had been found during an attempted operation that there were metastasized glands around the stomach—also cured! And I had to cure then, against my will, a third case. I expected to have still more opposition from the medical profession. The third case was also a stomach cancer. It was also cured.

Three cases were tried and all three cases were cured!

I have to tell you that up to this day, I don't know how this happened, how I stumbled into that, how this was achieved. At that time I always said that I didn't know why they were cured. I didn't know enough about cancer and it was such a difficult problem to go into. But once it was in my head and in my hands and in my heart, I could no longer separate myself from that problem.

Some time later I was in Vienna. I had left Germany due to the political upheaval at the time of Hitler. There in Vienna I tried six cases and in all six cases, no results—all failures. That was shocking. The sanatorium where I treated my patients was not so well organized for dietary treatments. They treated other diseases by other methods and didn't pay much attention to diet. So, I attributed the failures to that.

Then I came to Paris. In Paris, I tried seven cases and I had three results. One of the cases was an older man. He had a cancer of the cecum where the colon starts, 70 years old. Another case was a lady from Armenia. This was a very interesting case. I had to work against the whole family. There were many physicians in the family, and I had plenty of trouble. But, anyway, I came through in that case. She had cancer of the breast which re-grew. Every time the family insisted that she was "so much down." She weighed only 78 pounds. She was skin and bones and they wanted me to give her egg yolks. I gave her small amounts of egg yolks-the cancer regrew. Then they insisted that I give her meat, raw chopped meat. I gave her this and the cancer regrew. The third time, they wanted me to give her some oil. I gave her that oil and the third time the cancer regrew. But, anyway, three times I could eliminate the cancer again and cure. And still I had no idea what cancer was. If somebody asked me about the theory, just what it was I was doing, I had to answer, "I don't really know myself."

Some time later I came to this country. I couldn't get the cancer problem and the cure of the first three cases out of my mind. I kept thinking "It must be possible, it would a crime not to do it." But it wasn't so easy. When I came here, I had no clinic. I didn't even have a license to practice medicine. When I had taken the exams and could take patients, I had to treat them at home and that was hard work. The patients didn't like to obey the diet, to do it at home. They were accustomed to save kitchen time and not to work hard to make all the juices necessary for the treatment as it had been worked out.

Now the treatment for tuberculosis was a saltless diet, mostly fruit and vegetables, vegetables cooked without added water, steamed in their own juices, with a heavy pot, no aluminum. The cover had to be heavy and fit well so that the steam could not escape. Then they had to have most of the food raw, finely grated. They had to drink orange juice, grapefruit juice, and apple and carrot juice. This had to be produced in a special machine—a grinder and a separate press—because I found that in centrifugal juicers or liquefiers, I couldn't obtain the kind of juice which cured patients.

At first, I had thought that liquefiers would be the most wonderful thing. All the material was there, nothing was lost. But it didn't work. Then I found out through a physicist that in the liquefier, in the center, there is positive electricity and in the fluid there is negative electricity. This electricity kills the oxidizing enzymes. And that is also true for the centrifugal juicer and the other apparatus. The juice must therefore be made by a grinder and a separate press—if possible, made of stainless steel. (*Editor's note: a masticating juicer, such as a Champion, might also work, if used only as a grinder in conjunction with a hydraulic press to extract the juice.*)

The patients must drink a lot of those juices. They have to have the Hippocrates soup. I can't go into all the details. The evening would not be long enough for that. But very important for the detoxification are enemas. I felt that the detoxification as suggested in the book of Hippocrates was a most important part.

Finally, I had a clinic. The patients saw that also the more advanced cases and even some terminal cases, very far advanced cases, could be saved. They brought me more and more of these terminal cases. I was forced into that. On the one side, the knife of the AMA was at my throat and on my back. I had only terminal cases. If I had not saved them, my clinic would have been a death house. Some of the cases were brought on stretchers. They couldn't walk. They could no longer eat. It was very, very difficult. So, I really had to work out a treatment that could help these far advanced cases.^{10,11} Again, I was forced into it.

On the need of where to put the emphasis: reading all the literature, I saw that all the scientists treat the symptoms. These, I thought, are only symptoms. There must be something basic behind them. It has to be impossible that there are symptoms in the brain, others in the lungs, in the bones, in the abdomen and in the liver. There must be something basic, or else this is impossible.

Already, through my work with tuberculosis, I learned that in tuberculosis and in all other degenerative diseases, one must not treat the symptoms. The body—the whole body—has to be treated. But that is easily said. How will you do it? Little by little I came to the conclusion that the most important part of our body is the digestive tract. For all our intake to be properly digested, and for the other organs of the digestive tract to function right and help in the digestion to the end product—and at the same time eliminate all the waste products—all the toxins and poisons which must be eliminated so that nothing will accumulate in our system, I thought that this was the most important thing in the tuberculosis treatment. It must be the same in all the other degenerative diseases, too. And still, up to the present, I am convinced that cancer does not need a “specific” treatment.

Cancer is a so-called degenerative disease, and all the degenerative diseases have to be treated so that the whole body at first is detoxified. In my tuberculosis work again, I saw that the liver plays the important role. It eliminates the toxins from the body, prepares them so they can enter into the bile ducts, and can thus be eliminated with the bile—that is not an easy job. In addition, the liver helps to prepare the stomach juice with the help of the visceral nervous system.

The liver helps to prepare the pancreas, trypsin, pepsin, lipase, the digestive enzymes—all that is regulated with the help of the visceral nervous system. The liver has many, many more very important functions.

One of them is the reactivation of the oxidizing enzymes as we know through Rudolf Schoenheimer. He did the work along these lines. It would go too far to go into that at this time. It is very important to note that oxidizing enzymes are at a low level of function in cancer patients.

Now let us anticipate the theory. During these years the idea occurred to me that there are two components in cancer which are of particular importance. One is the whole body, the general component. The other is a local one, the symptom. The treatment has to be applied to the general component. When we are able to bring this into balance, the local one disappears.

What is the general component and what does the treatment have to do to bring it into balance? I should like to devote this evening mostly to that question. The general component is the digestive tract and the liver. The digestive tract is very much poisoned in cancer. How can we handle that? Detoxification is an easy word, but it is very difficult to do in cancer patients. These cases, when they are far advanced, can hardly eat. They have no stomach juice, the liver doesn't function, the pancreas doesn't function, nothing is active.

Where do we begin? The most important first step is the detoxification. So let us go into that. First, we gave some different enemas. I found out that the best enema is the coffee enema as it was first used by Prof. O. A. Meyer in Goettingen. This idea occurred to him when together with Prof. Heubner he gave caffeine solution into the rectum of animals.

He observed that the bile ducts were opened and more bile could flow. I felt that this was very important and I worked out coffee enemas. We took three heaping tablespoons of ground coffee for one quart of water, let it boil for three minutes, then simmer 10 to 20 minutes, and then gave it at body temperature.

The patients reported that this was doing them good. The pain disappeared even though in order to carry through the detoxification, we had to take away all sedation. I realized that it is impossible to detoxify the body on the one hand and put in drugs and poisons on the other, such as sedation medication—demerol, codeine, morphine, scopolamine, etc. So, we had to put the medication aside which again was a very difficult problem. One patient told me that he had one grain of codeine every two hours and he got morphine injections ... how can you take these away? I told him that the best sedation is a coffee enema.

After a very short time he had to agree with that. Some of the patients who had been in severe pain didn't take coffee enemas every four hours as I prescribed—they took one every two hours. But no more sedation.

After just a few days there was very little pain, almost none. I can give you an example. A lady came to me not so long ago. She had cancer of the cervix and then two large tumor masses around the uterus. The cervix was a large crater, necrotic, producing blood and pus, and the poor lady couldn't sit any more. The condition was inoperable. She had been given X-rays and vomited any food she took in. She couldn't lie down anymore. She could not sit. She walked around day and night. When she came to my clinic the manager told me, "Doctor, you can't keep her here. This moaning and walking day and night is keeping the other patients from sleeping." After four days she was able to sleep with no sedative whatsoever—which had not helped her much anyway. The sedation had worked for perhaps half an hour or so. After 8 to 10 days, she asked me for just one thing: let her omit that night enema at 3 or 4 o'clock in the morning. These patients who absorb the big tumor masses are awakened with an alarm clock every night because they are otherwise poisoned by the absorption of these masses. If I give them only one or two or three enemas, they die of poisoning.

I did not have the right as a physician to cause the body to absorb all the cancer masses and then not to detoxify enough. With two or three enemas they were not detoxified enough. They went into a coma hepaticum (liver coma). Autopsies showed that the liver was poisoned. I learned from these disasters that you can't give these patients too much detoxification. So I told this lady that for one night she could sleep for seven hours—but only for one night. I wouldn't risk more! When I didn't give these patients the night enemas, they were drowsy and almost semi-conscious in the morning. The nurses confirmed this and told me that it takes a couple of enemas till they are free of this toxic state again. I cannot stress the detoxification enough. Even so with all these enemas, this was not enough! I had to give them also castor oil by mouth and by enema every other day, at least for the first two weeks or so.

After these two weeks you wouldn't recognize these patients any more! They had arrived on a stretcher and now they walked around. They had appetite. They gained weight and the tumors went down.

You will ask, "How can such a cancerous tumor go down?" That was a difficult question for me to understand. I had learned in my treatment of tuberculosis patients that I had to add potassium, iodine, and liver injections to help the liver and the whole body to restore the potassium. Now as far as I can see this is the situation. At first we give the patient the most salt-free diet possible.¹² So, as much salt (sodium) is removed from the body as can be. During the first days, 3 grams, 5 grams, up to 8 grams a day of sodium are eliminated while the patients receive only about one half gram of sodium content in the diet and no sodium is added.

The patients are given thyroid and Lugol's solution (Lugol's solution is iodine plus potassium iodide) I learned first through the so-called Gudenath tadpole experiment that iodine is necessary to increase and help the oxidation ability. Then we gave the patients large amount of potassium.¹² It took about 300 experiments until I found the right potassium combination. It is a 10% solution of potassium gluconate, potassium phosphate (monobasic), and potassium acetate. From that solution the patient is given four teaspoonsful 10 times a day in juices. That large amount of potassium is introduced into the body.¹²

At the same time 5 times one grain of thyroid and 6 times three drops of Lugol's solution, ½ strength. That's 18 drops of Lugol's which is a large dose. Nobody was observed to develop heart palpitations from that, even if some patients told me that they could previously not take thyroid because they would develop heart palpitation. And all allergies disappeared! Some patients claimed that they could previously not take one teaspoonful of lemon juice or orange juice—they were allergic. But when they are well detoxified and have plenty of potassium, they are not allergic. Allergies and other hypersensitivities are eliminated.

When introduced into the system, thyroid and Lugol's solution go immediately into the cancer mass. These ripe cells take it up fast and they perhaps grow a little faster but they soak in more with great greed—as much as they can—together with a little bit of sodium, probably.

But then there isn't much sodium left. So then these cells pick up potassium and the oxidizing enzymes and die by themselves. You have to realize that cancer cells live essentially on fermentation but potassium and oxidizing enzymes introduce oxidation. And that is the point at which we can kill cancer cells because we take away the conditions which they need to continue to live.

But now we have to deal with a mass of dead cells in the body, in the blood stream—and they have to be eliminated wherever they may be. And that is not so easy! The ripe cells, the mature cells are very abnormal. These are much more easily killed than the other cells which are unripe, not yet mature, and not so well developed. And there are other cancer cells in lymph vessels. These are clogged at both ends by cancer cells.

No blood and no lymph can reach them. There are cancer cells in the glands. They are hidden there, protected from regular circulation. So it isn't easy to reach these. At first it is only the big mass which killed. But this dead mass now has to be absorbed wherever it is—perhaps in the uterus, perhaps in the kidney, or in the lung, or in the brain—this has to be absorbed. This absorption is only possible through the blood stream. I call this “parenteral digestion.” Enteral digestion is in the intestinal tract. Parenteral digestion takes place outside of the digestive tract, through the blood stream. It becomes important then to continually carry on detoxification day and night in order to bring the parenteral digestion to the highest point, even to a “hyperfunction.” How can this be done?

I found that in order to bring the parenteral digestion to the highest function, it is necessary to start with the soil. Our soil must be normal, no artificial fertilizers should be used, no poisons, no sprays which go into the soil and poison it. Whatever grows on a poisoned soil carries poison too. And that is our food, our fruit and vegetables. I am convinced that the soil is our external metabolism. It is not really far removed from our bodies. We depend on it. But our modern food, the “normal” food people eat is bottled, poisoned, canned, color added, powdered, frozen, dipped in acids, sprayed—no longer normal. We no longer have living, normal food, our food and drink is a mass of dead, poisoned material, and one cannot cure very sick people by adding poisons to their systems. We cannot detoxify our bodies when we add poisons through our food which is one of the reasons why cancer is so much on the increase. Saving time in the kitchen is fine but the consequences are terrible. Thirty or fifty years ago (this speech was delivered in 1956) cancer was a disease of old age. Only elderly people whose liver was no longer working well—was worn

out-became sick. They contracted cancer when they were 60 to 70 years old and cancer was a rare disease. Everybody knows that. And now four, even going on one out of three dies of cancer. Now in the second generation it is even worse. The poor children get leukemias more and more. There is no country which has so much leukemia as this country (USA), no country in the world. That is our fault. Ice cream is made with invert sugar. Coca-Cola contains phosphoric acid. Is it surprising that children get degenerative disease? These things constitute our external metabolism.

Now let us consider our digestive tract. As part of the digestive tract, the most important thing is that we restore the function of the liver—the tissue and the function of the liver. That is very hard work. We give the patients (including also the tuberculosis patients) liver injections, and since most of these patients need an increase in the red blood cells, we add some vitamin B₁₂. They receive 3 cc of crude liver extract together with 100 mcg of B₁₂. In addition when I found that our fruit and vegetables no longer have the normal content of potassium and not enough of the oxidizing enzymes, I looked for the best source of potassium in the best composition and the best supply of oxidizing enzymes. I found that to be calves liver. But we cannot give the patient calves liver because it contains too much fat and cholesterol. As you know, fat and oils cannot be given. Therefore we give these patients freshly pressed calves liver juice, which is made in a special way with equal parts of carrots. Liver alone cannot be pressed. We take ½ pound fresh calves liver (not frozen) and ½ pound of carrots to make one glass of 200 cc (approx. 8 oz.) of fresh juice. The patients, the far advanced cases, get two glasses a day, even three glasses, and they like it!

All this is done in the effort to restore the enteral digestion. When that functions, we add stomach juice (Acidol Pepsin) and we add pancreatin not coated. The cancer patients cannot digest the coated pancreatin. The pancreatin is given five times a day, three tablets each time. So they always have plenty of trypsin, pepsin, lipase and diastase in their systems. The blood can carry this around and digest the tumor masses wherever they may be.

Now, since I am running out of time, I should like to tell you what we do to prove that this treatment really does work on cancer.^{13,14}

Number one, the results. I think I can claim that I have, even in these far advanced cases, 50% results. The real problem arises when we cannot restore the liver. Then there is no hope. The liver—the restoration of the liver and its functions—are so important that some of the patients whose livers cannot be restored die some six months to 2½ years later from cirrhosis. Autopsies show no cancer cells in the body. They did not die from cancer. They died from a shrunken liver. Since I give more liver juice and I give more for promoting the parenteral digestion, these cases of a shrunken liver are rare.

I think I could do a lot to improve the results. I do not want to go into the problems that patients face when they go home and the family physician tells them that they need not “eat that cow fodder.” Or the family thinks they cannot carry through this treatment because it is too much work as it takes one to one and a half years to restore the liver. The liver cells are renewed in four to five weeks, five to six weeks in older patients. To restore such a liver, you would need 12 to 15 new generations of liver cells. That is 1½ years. But the most important part of the treatment, I have learned, is to give the patients a new functioning liver.

Now, for the proof of this theory. I had the idea to make an animal experiment in which we connected two rats—one cancerous rat and one healthy one. We cut them open along the side and connected a blood vessel, then sewed them together: The blood from the healthy rat circulated in the sick one day and night and cleared up the sick body. Thus we showed that with a healthy normal metabolism you can cure cancer. You can cure the cancerous rat with the healthy body of the normal rat. But we are in the early stages of this type of experiment.

There was one patient whose husband wanted to be connected to his wife because of her very poor condition. But she said no, she didn't want to have him immobilized so long, next to her, with extensive nursing day and night. When she was first brought in to me, she had a very bad liver with probably hundreds of metastases, also in the rest of the body. I had told them that I didn't believe I could do anything for her, so the husband had offered his healthy body. But, even as it is, she is still living and improving. At any rate, with this type of experiment we have had no experience on human beings, only on rats.

Our next step to prove the theory was by taking tiny tissue samples from the liver by liver punctures. When time goes on and the patient recovers, the liver shows microscopically and chemically that recovery has taken place. This is done by micro-chemistry. There is an increase of the potassium content and iron, and now we can even trace the content of cobalt.

For ten years, I examined the potassium content in the serum of human beings and I made about 200 curves. But these are not characteristic. On the other hand, if we take a little tissue—a little mucous membrane or muscle tissue with the improvement of the patient, the tissue also shows a return to the normal potassium content.¹² This is of tremendous importance.

Two months ago when I planned to come here for my vacation, the parents of this little boy wrote me and asked me for treatment for leukemia.

Here is the little boy. He was treated with blood transfusions, had been 50 and 60,000 white blood count and his red blood count was down to 1,400,000. He lost eight pounds in one week, couldn't eat or drink. I started the treatment about six weeks ago. Since that time, the boy is up and around, he can ride his bicycle, he is active and gained a total of five pounds. The blood count is normal. Lymphocytes are 6,500; hemoglobin is 73; 4,500,000 red blood cells—from 1,400,000! And here is the little boy. (The mother adds: "I want to tell you doctor, he really likes the liver juice, he doesn't want to eat chocolate!") You see, the liver juice, the children really like it and ask for more. In the clinic where the parents had taken the child, they were told that nothing could be done for him but I feel that now we can save this child. (Applause)

I have here another patient: Mr. Eyerly. Could you come here? Mr. Eyerly came here to see me. He lives in Salem, Oregon. The man had cancer of the prostate and it had grown into the urine bladder. He went to the University Clinic at Portland, Oregon, to a famous urologist. He diagnosed the metastasis into the urinary bladder and said that they could do nothing. Besides, the cancer had grown into the pelvic bones.

This was two years ago. The physicians, including the family doctor, all told him that he could live only 4 to 6 weeks, especially since all bones of the pelvis were full of cancer. He looked terribly ill when he came to me. His wife brought him with a nurse. He had made his last will and did not expect to live. Now we cured that. It was especially difficult. I should like to thank his wife. She prepared the treatment with the greatest devotion. She was wonderful and we could rely on her.

In a family where there is real devotion in the application of this treatment, we can even save these far advanced cases. Of course, we cannot save all of them but we can save more than we sometimes even consider possible. (Question from the audience: "How long did it take?")

In the urinary bladder, it didn't take but a few weeks and there was no longer any blood and pus, nor in the stools either. But in the pelvis there were hundreds of spots, and that takes a long time because the body transforms this cancer first into so-called osteoplastic areas, not an osteolytic process which is bone reducing. With my treatment more bone is produced. The body produces more bone, and then the hypertrophic bone is transformed into normal bone tissue. Then there is no more pain.

Now the patient can get around and is even the manager of a company. By chance I had these two patients here and could show them to you.

Post-Lecture Questions and Answers

Q. Can fibroid tumors be dissolved in the same manner?

A. Fibroid tumors are mostly benign. Benign tumors take 10 to 20 times as much time to absorb as malignant tumors. This goes for adhesions and scars. Fibroid and benign tumors are dissolved only very slowly because they are not abnormal. It is difficult for the parenteral system to bring its digestive powers to bear on these benign tumors. But when they turn malignant, then they are quickly dissolved.

Q. (from a doctor) Dr. Gerson, when I visited your hospital in 1946 your housekeeper was drinking fresh carrot juice. She had had an inoperable cancer of the pancreas. Please tell us about her. She was doing very well for such a bad condition.

A. She is living and in good condition now, 10 years later.

Q. Is cancer a state of reaction of unrestrained excessive factors of certain hormones working on various degenerated organs or tissues?

A. No, I don't think so. There is much more and to answer that question, I have to go deeper into the problem. We have to separate the state of pre-cancerous condition from the state where the cancer appears. In the pre-cancerous condition, all is prepared. The liver is sufficiently damaged and the other organs of the intestinal tract are damaged enough and then later the symptoms appear. Until then we have the pre-cancerous condition and this condition cannot be cured with hormones and enzymes, etc. We can to a certain degree stimulate the liver with hormones. We can stimulate the liver with cortisone. We can stimulate the liver with adrenalin etc., but then we take out the last reserves. We empty the liver instead of refilling it. What we have to do in cancer -a degenerative, deficiency disease- is to refill the organs which are empty and poisoned. Therefore it is almost a crime to give cortisone and the other stimulants which will take away the last reserves and improve the condition for a short while only.

Q. Why are all berries prohibited?

A. Some of the patients are hypersensitive, especially in the beginning, against berries which are a little difficult to digest. Therefore I cut them out.

Q. Are tomatoes OK?

A. Tomatoes are OK.

Q. Soy products and soy beans are forbidden. But is lecithin forbidden, which is made from soy beans?

A. Since soy beans contain fats, I had to forbid them. Cancer patients are not able for a long time to digest fats to the end products. When some intermediate substances are left in the body, they work as carcinogenic substances. Therefore we had to cut out fats, oil, and goods containing them for a long time.

Q. What metabolic tests do you do before and after to further prove recovery systematically as well as clinically?

A. I examine in all these cases the urine, the complete blood count, basal metabolism or protein-bound iodine, and potassium in serum and tissue. To see how the liver functions, I found it best to examine the end product of the protein metabolism, urea nitrogen and uric acid. When these are normal and stay normal, then I assume that the patient is all right. But potassium in serum does not give a characteristic picture and makes it difficult to judge. The patient can be cured yet the serum potassium still shows low because the tissues take it away. In some of the cancer patients when they arrive as terminal cases, potassium is above normal! One of the physicians asked me once, "Are you crazy? With the potassium above normal, you give such big doses of potassium?"

And I said, "Yes, sir, I am not crazy. The patient is losing the potassium.¹² That is how it is increased in the serum."

Q. Is fat-free lecithin OK?

A. Yes. But not in the beginning. After six weeks, fat-free lecithin is OK.

Q. How harmful is coffee as a drink?

A. Coffee as a drink can be used by the patients only when they take the castor oil because coffee increases the motility of the stomach so the castor oil moves more quickly out of the stomach. But otherwise, coffee as a drink disturbs the function of the capillaries and therefore it has to be cut out.

Q. Would not detoxification be advisable in the majority of illnesses? Is this not comparable to what is called "a cleansing program?"

A. We have to detoxify the body in all degenerative diseases, in acute diseases too. But not to the extent as is required in cancer. Even most of the arthritis cases are not so toxic. I found that almost all of the arthritis cases have a weak liver or damaged liver. This is also true of coronary disease.

Q. Are (synthetic) vitamin and mineral supplements OK?

A. No, they are wrong because calcium and many other minerals cannot be added so easily. They bring the system out of harmony. With calcium you can produce cancer. I was forced in three cases of hemophilia to give calcium to bring the blood to coagulate. I did it but the cancer regrew and I lost all three cases. No calcium, no magnesium, no other minerals. I tried it. There must be harmony in our body under the law of totality. One should not change the mineral metabolism, especially not in cancer. Only the two most important minerals potassium and sodium must be balanced. This is the need of the cancer patient.

Q. In John Gunther's book, *Death Be Not Proud*, mention is made of your treatment as used on John Gunther's son. Spectacular results were obtained at first but then there was a relapse and the patient died. Could you have cured this case without the regular MD's interference?

A. I will tell you why this poor boy died. He had a terrible brain tumor growing out of the skull, larger than my fist. I cured that. It's written in the book. But after that, the boy had an eczema and this eczema was of a special type which can usually be cured by giving the anterior lobe pituitary extract, a hormone. The family doctor, Dr. Traeger, said, "Why don't you give it to him?" But I told him that this is a terrible risk and I don't like to take such a risk with the life of that boy. When we give the pituitary, like many other hormones we may kill. But finally I gave in and it was my fault. And for a long time after that I couldn't sleep nights. I gave him the hormone and the tumor regrew. I can add to that, that more than 12 years ago now, there appeared an article by a professor in Chicago that cancer patients benefit from administration of sex hormones. I gave it first to three patients, then to five. They reacted well for the first two to three months. Then I gave it to 25 more. They all reacted well for three to four months but after five months they went downhill. I lost 25 of my best cancer cases. Only six I could save again. That was the disaster from the hormone treatment. The Gunther boy was another disaster. That was not necessary. I want to reemphasize that we must not give the cancer patient "a little something" for temporary relief. I learned that the hard way.

Q. Your treatment worked in advanced cases of cancer of the liver?

A. If more than half to three-quarters of the liver is gone, you can't restore its function enough to save the patient. You may save them for half a year to a year, but then the liver may shrink and the patients die of a shrunken liver, cirrhosis of the liver. The liver is such an important organ that when it has to eliminate its own cancer, this has to be done by the healthy liver tissue. But the process of elimination can damage the healthy liver tissue if we don't detoxify constantly day and night, especially in these cases.

Now about three or four months ago a case came to me from Philadelphia. She told me when her son and brother brought her in that she had suffered from cancer of the rectum. At first the doctors didn't want to operate, then they couldn't. It was too late. Then she spent a half year at the Hoxey Clinic, and then she came home with a liver full of cancer, and hard as a board. I told her son and brother that this was too much, it wouldn't go. Take her home and make her comfortable. But they insisted I must try. And I did. And she is doing well! She can eat and drink, and the anterior part of her liver is a scar, hard as though it were calcified. Probably there is enough liver left. The son asked when they took her home after eight weeks, "You see, why didn't you want to take her?" At least for four weeks, every two hours and sometimes even every hour, she took coffee enema and castor oil enemas twice a day! She had so much gas and eliminated such large amounts of evil-smelling masses. When she left, we had to paint the room. It couldn't be washed off the paint.

(Comment by M.C.: "I may say that I have looked through a lot of these places in a general way. I have been through Dr. Gerson's sanatorium on three different occasions and spent each time eight or ten days. I saw cases come in there by ambulance, on stretchers—just like Dr. Gerson said -hopeless metastatic cancers of the liver, the intestines, with obstructions, getting morphine every three to four hours. To my amazement within ten days these same patients would be walking around, free from pain. I was so amazed I couldn't understand it. It was so incredible that I made my son who was a senior in medical school come back with me to see these things. But it was not only cancer. I saw cases there of other degenerative diseases of all types.")

Q. Is folic acid treatment contra-indicated during treatment of cancer?

A. Yes, (synthetic) folic acid did damage.

Q. Can arthritis be cured by the same treatment which you use for cancer?

A. Yes. The treatment is not specific. It is not a specific treatment for cancer.

Q. How do you account for the fact that many skin cancers and some other cancers can be surgically removed and they never regrow or recur, even though no metabolic changes have been made?

A. Some patients have only temporary damage of the liver and the liver is then able to restore itself. But that is not in a majority of the cases. Sometimes if you remove, say a breast cancer, the removal of these toxins and poisons which the cancer itself generates is sufficient in some cases to relieve the temporary damage from the liver. Then the liver can recover. But these are the exceptions. And it is not basic. Also some of these patients get recurrences later. Many of my patients, after an initial operation, had stayed well for three or sometimes even five years. Then the cancer recurred. They were inoperable and orthodox medicine was helpless.

Q. Would it not be advantageous for the cancer patients to remain permanently on a vegetarian diet for the rest of their lives?

A. That depends on how far the liver can be restored. If it can be restored entirely, after say 1½ years, we tell the patients only to avoid fats and salt. Otherwise they are free. Many of them lead normal lives. But I'd like to say that about 75% like to stay more or less on the diet, and some even convince the other members of their families to stay on it with them. For instance, we have a photograph here in Escondido of Mr. Walter Wagg. He had a 100% incurable disease, progressive muscular dystrophy. He had been in the best clinics and could get no help. I cured him. Then his wife wanted to have another baby and they were able to have one. Later he came to where I was spending my vacation and showed me his wife and the baby. He told me that the whole family sticks to the diet and said he would stay with it as long as he lived since he is in such fine condition.

Q. What can be done for impaired lymph circulation following surgery in one arm for what was diagnosed as cancer?

A. It is very difficult to absorb these scars so that the lymph circulation can be restored, a very difficult task. It takes years.

Q. What is your conception of a prolonged fast or periodical three-day fast?

A. You can't let the cancer patient fast. In the cancer patient the body is so depleted, if you let them fast they go downhill terribly.

Q. What would you consider more important, diet or balanced emotions?

A. The balanced emotional condition is very important but without the diet and the detoxification you cannot heal.

Q. Would Parkinson's disease respond to a treatment similar as that for cancer?

A. What is destroyed in the central nervous system—and Parkinson's disease is a disease of the basal centers—is destroyed forever. But you are able to help the arteries in the brain with the treatment, and you can stop the progression, and you can restore what is not yet entirely destroyed.

Q. Does anemia contribute to cancer?

A. Sometimes it is a pre-condition to cancer, especially a certain type of anemia, not the so-called secondary anemia.

Q. Can too much vegetable juice cause alkalinity?

A. No.

Q. Dr. Otto Warburg advises increased intake of oxygen.

A. Oxygen would not go into the system so easily. You must have oxidizing enzymes, you must have more potassium, you must have the conditions under which oxygen can function.

Q. What vitamins are OK to take with your treatment?

A. With the vitamins we have a similar situation as we saw with the hormones. I damaged patients with vitamin A, vitamin E, vitamin B and B6. Patients get really damaged. Vitamin A and D is picked up by the cancer cells immediately. Niacin we can use, that is B₃. (Editor's Note: the Gerson Diet is extremely high in natural vitamins. Cancer patients are probably very sensitive to overdosage with synthetic vitamin preparations.)

Q. What do you think of deep manipulation?

A. Cancer patients should not be massaged. Rubbing of the skin to open the capillaries and to help the body to stimulate the circulation is very valuable. We give the patient a rub two or three times a day before meals with a solution of ½ glass water with two tablespoons rubbing alcohol and two tablespoons of wine vinegar. To rub the whole body is very refreshing and helps the circulation.

Q. Can a person with a colostomy take the same type of coffee enema as a regular patient?

A. Yes.

Q. What are the principles of the coffee enema?

A. It opens the bile ducts. This is the principle.

Q. How can we prevent cancer?

A. Cancer must be prevented by preventing damage to the liver. The basic measure of prevention is not to eat the damaged, dead, poisoned food which we bring into our bodies. Every day, day by day, we poison our bodies. The older people still have a better liver and resistance from the food they had when they were young. The younger people get worse and the babies, now the second generation on canned baby foods, are still worse. They get leukemias. First of all, eat as much as you can of raw food, keep the potassium level up, and take some iodine.

NOTES AND REFERENCES

1. F. Sauerbruch, A. Herrmannsdorfer and M. Gerson, "Ueber Versuche, schwere Formen der Tuberkulose durch diätetische Behandlungen zu beeinflussen," *Muench. Med. Wochenschr.*, 2, 1(1926).
2. M. Gerson, *ibid.*, 77, 967 (1930).
3. M. Gerson, "Phosphorlebertran und die Gerson-Herrmannsdorfersche Diät zur Heilung der Tuberkulose," *Dtsch. Med. Wochenschr.*, 12, 1(1930).
4. F. Sauerbruch, A. Herrmannsdorfer and M. Gerson, *Muench. Med. Wochenschr.*, 23 (1930).
5. M. Gerson, "Wiederherstellung der verschiedenen Gefuchiquaetaeten bei der Lupusheilung," *Verh. Dtsch. Ges. Inn. Med.*, 43, 77 (1931).
6. M. Gerson, *Diättherapie der Lungentuberkulose*, Deuticke, Vienne, 1934.
7. M. Gerson, "Einiges ueher die kochsalzarme Diat," *Hyppokrates Z. Einheitsbestr. Gegenwarismed.*, 12, 627 (1931).
8. F. Sauerbruch, *Das War Mein Leben*, Kindler und Schiermeyer Verlag, Bad Woerischofen, 1951, pp 363-371. This contains an account of how the author learned of Gerson's work by an accidental conversation on the train with one of Gerson's cured TB patients, which led to a large scale successful trial of the Gerson TB therapy at the Sauerbruch clinic.
9. E. Urbach and E. B. Le Winn, *Skin Diseases, Nutrition, and Metabolism*. Grune and Stratton, New York, 1946, pp 4, 65-67, 530-537. This contains a comprehensive review (in English) of the successful use of the Gerson therapy to cure tuberculosis of the skin.
10. M. Gerson, "Dietary considerations in malignant neoplastic disease. A preliminary report," *Rev. Gastroenterol.*, 12, 419 (1945).
11. "Effects of a combined dietary regime on patients with malignant tumors," *Exp. Med. Surg.*, 7, 299 (1949).
12. F. W. Cope, "A medical application of the Ling association-induction hypothesis: The high potassium, low sodium diet of the Gerson cancer therapy," *Physiol. Chem. Phys.*, 10, 465 (1978).
13. M. Gerson, "Diattherapie boesartiger Erkrankungen (Krebs)," in *Handbuch der Diätetik*. Scala, Ed., Deuticke, Vienna, 1954, pp 123-169.
14. M. Gerson, *A Cancer Therapy: Results of Fifty Cases*, Third Ed., Totality Books, Box 1035, Del Mar, California, 1977. This is comprehensive description of the Gerson method of cancer treatment written both for the physician and for the layman.