Nicotine as a Deterrent Factor in the Treatment of Lupus

by

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As seen from the following three lupus cases the focus was on the customary diet therapy for 8-14 days where we did not see the onset of a reactive inflammation¹⁾. Omission of nicotine intake led to a very intense inflammation in infected areas within 8-10 days, followed by cure in the usual manner.

- 1. A lady, 45 years old, with a six year old widespread semi-lateral facial infection, had taken the diet therapy for two months without Mineralogen [a mineral compound developed by Dr. Gerson] or cod-liver oil, then for seven months took Mineralogen and cod-liver oil. There wasn't the slightest sign of any improvement. She smoked around 25 to 30 cigarettes daily.
- 2. A secretary, 36 years old, with bilateral facial lupus, had unsuccessfully followed the diet 4½ months. He smoked six to eight cigarettes daily, and drank almost two glasses of beer.
- 3. A merchant, 43 years old, with lupus on the neck and shoulder, followed the diet unsuccessfully for around six months. He smoked four to six or more cigarettes daily.

The last two both took phospho-cod-liver oil [phosphorylated cod-liver oil] and Mineralogen.

With all three patients no progressive clinical nicotine damage was ascertained.

I myself know of a lupus patient, who was healed despite his excessive indulgence in nicotine.

Because of the investigation by Langley ¹⁾ we know that nicotine harms the ganglia of the entire vegetative nervous system.

Tigerstedt: 1915, vol. II, p. 144, assumes that in particular, the vaso constrictive perspiration-secreting and pilomotor channels in the ganglia [?] become severed.

Meyer und Gottlieb (1931, p. 172) think that nicotine indeed impairs the effects of pilocarpine, both with regard to the effects on the eyes and also the other parasympathetic innervated organs.

Be that as it may, nicotine is capable of inhibiting the neuroregulation necessary for reactive inflammation (healing inflammation according to Bier) in some people – approximately 3%.

Lit. Collected by Dörffel, Arch. f. Dermat. 162, H.3(1931)