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"IF IT'S SO GREAT, HOW COME I DON'T KNOW ANYTHING ABOUT IT?"

An Introduction to the Scientific Literature of Max Gerson, M.D.
and the Gerson Diet

Gar Hildenbrand

Over the years the Gerson Institute has received many calls regarding the refusal of physicians to talk about the Gerson Therapy with patients simply because the physician knows nothing about it. If you have been one of these patients, you know the story. You've gone to see your doctor, excited about your discovery that proper nutrition makes you feel better and that there is a whole medical therapy based on proper nutrition. Your doctor listens for a time as you describe positive changes in yourself, but begins to fidget when you start to describe Dr. Gerson and his treatment. After only a few sentences he interrupts with, "If it's so great, how come I don't know anything about it?"

Be patient. Your physician isn't a bad guy. He is uninformed. And it is up to you to offer him information that he did not get in medical school. Remember these pointers when you talk to your physician about Dr. Gerson's work:

- 1) Don't get upset. Your physician is not trying to insult you. He really doesn't know anything about Gerson, and he's only starting to find out about nutrition (there's more good information about proper nutrition in most newspapers than there is in the Journal of the American Medical Association).
- 2) Don't show him articles from lay-magazines or books or newspapers. He will not be interested in any literature which is not immediately recognizable as "scientific literature". This is not to say that he may not be interested later in those same pieces. But the way to access his computer is through the peer reviewed medical literature.
- 3) Don't talk about a big conspiracy. While it is true that a few individuals in positions of authority and status abused their privileges and made things very difficult for Gerson, physicians in general had nothing to do with it.

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- 4) Don't assume that your physician is lazy or unwilling to look into Gerson's work. The only information regarding Gerson circulated widely in the medical profession is that supplied by the American Cancer Society which placed Gerson on its "Unproven Treatment List" on the basis of information supplied by the American Medical Association's Morris Fishbein (former editor of the JAMA) and a few others.
- 5) Give your physician only the dry facts. We'll list these for you below. The only way to a physician's heart is through his head. His interest in what you are saying will disappear the second you make any "wild claims". Remember, while it is true that the Gerson Therapy has cured many cases of advanced cancer in man, as well as other diseases thought to be incurable, your physician will have to come to that conclusion himself on the basis of what he himself reads in the medical literature.

Probably the most important place to start discussing Gerson once you have your physician's attention, and before he starts to squirm in his chair, is with terminology which is familiar, for example:

- a) Under the headings "Gerson Diet" and "Gerson, Max", there are literally hundreds of titles listed in the Index Medicus⁽¹⁾, the world's cumulated index of medical literature). Listings start under the heading "Gerson Diet" in the mid 1920s with a few titles. By the early thirties, many dozens of clinical reports by many authors from leading institutions may be found in each volume of the Index Medicus. It is important to note that, while Gerson died in 1959, a major article authored by him was published posthumously in 1978. In addition, a second article pertaining to the Gerson Therapy, written by an independent author, was published that same year.

Prior to World War II, Germany was the unquestioned leader in world biomedical sciences. This was considered the Golden Age of German Medicine. If you are a research scientist over the age of sixty, you probably still have a good reading knowledge of medical German because you had to know it in order to keep abreast of developments at the cutting edge of medicine. Gerson exploded into the medical literature with clinical results of an empirically developed low sodium, low fat, low protein, high potassium diet comprised of vegetables, fruits, whole grains, and non-fat dairy. He quickly rose to prominence in Germany, becoming one of the most important physicians in the world at that time. His work inspired intense investigation in the fields of tuberculosis, allergy, cardio-renal disease, and skin disease. Many very positive clinical results were reported.

However, your physician most probably cannot read German. So what can you offer him?

- b) In the U.S. medical literature, there are articles which are extremely important. In the Journal of the American Medical Association in 1929 is an article by Edgar Mayer, one of the foremost tuberculosis specialists in the U.S.A., which describes Mayer's application of Gerson's Therapy to twenty far-advanced pulmonary tuberculosis patients. These patients had failed all conventional treatments, not even improving, during two to three years of sanatorium care prior to Mayer's Gerson Therapy study. In this article, Mayer printed "before and after" x-rays of six patients showing definite clearing of lesions and cavities. He also reported the cure of two gastrointestinal TB cases. To repeat, these were hopeless patients who had failed to improve for two to three years with the best treatments and confined to TB sanatoriums for the entire time.

Another very important report comes from The American Review of Tuberculosis, 1931, authored by Andrew Banyai of the Muirdale Sanatorium of Wisconsin. Banyai treated more than 50 cases of extensively pretreated, failing patients with the Gerson Therapy and reported that, even in these unfortunate cases, 36% were benefited.

M.W. Mettenleiter, M.D., of New York wrote in The American Journal of Surgery, 1932, a thorough survey of the diet therapy of Gerson, Sauerbruch, and Herrmannsdorfer (two well known physicians who worked with Gerson). He emphasized the difficulty of preparing the diet properly and the need for medically trained nurses to supervise its preparation.

The following year, the American Review of Tuberculosis (1933) carried an article by the well known capillary expert, S. Bommer, which matter-of-factly described rationales for the scarless wound healing induced by Gerson's diet treatment.

The 1946 monograph, "Skin Disease, Nutrition, and Metabolism" by renowned dermatologist Erich Urbach (Grune & Stratton, NY), contains a full chapter on the Gerson Diet for lupus vulgaris and thoroughly discusses the medical documentation of the effectiveness of the treatment by the majority of authors.

By the time you have gotten this far, your physician may in fact be lightening up a bit. You are talking his language. You sound less like a health food nut and more like a person who has done some homework. At this time you may wish to expand a bit on the basics by informing your physician that the fundamental diet of Gerson has recently become very popular. The same low sodium, low fat diet, rich in fruits and vegetables and whole grains, has now been endorsed by several important organizations.

- c) In 1982, the National Research Council of the National Academy of Sciences printed "Diet, Nutrition, and Cancer" which contained recommendations to the National Cancer Institute to advise a low fat, low sodium diet, rich in fruits and vegetables and whole grains. They stressed the importance of avoiding refined foods and the fact that vitamin supplements could not be expected to replace whole foods. These recommendations were created in order to reduce cancer rates which are directly linked to diet.

In September of 1983, the American Cancer Society endorsed the National Research Council's findings and expanded the dietary recommendations to include specific, previously unnamed foods.

If your physician is still with you, and he probably will be, now is the time to drop the payload.

- d) Max Gerson, M.D., antedated those recommendations by nearly forty years. In 1945 in the Review of Gastroenterology, Gerson published an article suggesting management of existing cancers with a diet of fruits, vegetables, whole grains, which was low sodium, low fat, adequate in carbohydrates and protein, which consisted of fresh and freshly prepared, unprocessed materials.

Now watch the look on your physician's face as you tell him that, unless you are mistaken, there is another article in which

- e) Gerson described the disappearance of metastatic cancer in a variety of cell types under the influence of his dietary therapy. This report, with photographic plates, is found in Experimental Medicine and Surgery, 1949.

There are several articles in the Munich Medizinische Klinik (both in 1954) by Gerson, but your physician will probably not be able to read them as they are in German. However, there is an excellent article published after Gerson's death.

- f) In 1978, the editorial college of Physiological Chemistry and Physics published a thirty page lecture given by Gerson in 1956. This lecture describes the development and application of the therapy in cancer over a thirty year period of clinical experimentation. It is followed, in the same issue, by a short note by Freeman W. Cope, an M.D. physicist who offers a rationale for the observed ability of the Gerson Therapy to cure advanced cancer in man.

At this time, your physician will almost certainly be thinking or saying that "this is very interesting, but why is nothing being done with it now?". You may now unflinchingly tell him that there is currently a very successful government sponsored clinical trial in Graz, Austria, in the 3,200 bed Landeskrankenhaus.

- g) In June of 1984, Dr. Peter Lechner addressed the Proceedings of the 25th Anniversary of the Congress of Austrian Surgeons, reporting preliminary results of a study in which more than forty gastrointestinal cancer patients were being treated with the Gerson Therapy, describing these patients as being in excellent general and nutritional condition even in vastly advanced stages of disease. This is a matched-control study employing patients of same sex, weight, age, and disease (on conventional therapies) as controls (2).

By now, your physician should be genuinely interested to know what this treatment is and why it works. Without going into any detail, we feel it is important to say that there are now, in the contemporary laboratory literature, several apparent rationales for the effectiveness of the Gerson Therapy. But it is important, as well, to emphasize that Gerson himself did not know exactly why the treatment worked. If your physician wants to know more

- h) Please have him contact the Gerson Institute (619) 267-1150, P.O. Box 430, Bonita, CA 92002.

We are willing to talk with interested physicians and to supply them with copies of reprints of the above and other articles at no charge, as a professional service.

If you feel that you cannot manage to communicate all of the above material, just give this article, or photocopy, to your physician. You may want to follow up a bit later to be certain that he's read it. After all, he is busy, and this is not the type of literature he's used to.

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NOTES

- 1) In defense of your physician it must be said that the Index Medicus, except for the last few of its hundreds of volumes, is very difficult to use even if you know exactly what you're looking for. For example, looking under the heading "Gerson Diet", one will be directed to various disease headings, eg: "Tuberculosis, Pulmonary" or "Tuberculosis, Spinal, Children".

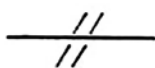
Under these headings, there may be hundreds of titles by as many authors without so much as a clue in the wording of each title as to whether or not it deals with the Gerson Diet. It is a tremendously time-consuming process to take down the dozens of possible citations and to walk among the vast stacks of a biomedical library pulling bound volumes from among hundreds of thousands and speed scanning each and every article for key words which indicate the subject of investigation.

Only in recent years have medical journals begun using "key words" in the abstracts of articles (eg: Gerson Diet, salt-free, potassium, vegetarian) which are then used by the Index Medicus in its listings. One would hope that the medical profession in one of its corporate manifestations could see value (to the medical profession and to the corporate purse) in setting about, one country at a time, perhaps, to supply key words and to computerize the Index Medicus as far back as the 1800s. There is much of value in discarded treatments which today's physician can learn only by reviewing the medical literature of the past.

- 2) Further, more detailed findings will be reported at the Congress of the Bavarian Society of Gastroenterology on October 27th, 1984.

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A CASE HISTORY (Apparent clearing of occlusion in ocular vein through simultaneous Gerson Therapy and I.V. ozone*.)

In August, we received a letter from a lady telling us that she had been very nervous for many years and had taken Elavil (an anti-depressant) on and off for some 15 years. She complained of "pains all over", "crawly bugs under her skin" and a feeling of constant "shakes". Her internist attributed those problems to her high blood pressure medication; but because her eyesight turned very seriously blurry, she went to an ophthalmologist. He found that she had suffered a stroke and damage to the blood vessels in her eyes and retina. He felt that there was continued bleeding from a vessel in the brain. The patient was unable to see her own hand before her left eye.

The ophthalmologist's report reads: "Visual acuity was 20/25 in the right eye and less than 20/400 in the left eye with correction. The pupils were dilated and on funduscopic examination a small retinoschisis was seen in the inferior temporal quadrant of the

right eye and a larger on the left eye in the temporal area. Some atrophic retinal changes were also seen in the left eye peripherally. There was an occlusion of the superior temporal vein in the left eye..... Retinal hemorrhage and edema was present in the upper posterior pole areas of the left eye including the macula."...

The patient was admitted to La Gloria on Sept. 1, 1984 and was on the full Gerson Therapy plus Ozone Therapy. She stated that immediately after the first ozone treatment, it seemed as though the black cloud in front of her left eye was thinning out. After five days at the hospital, with ozone administered twice daily, in addition to the full Gerson Therapy, the patient reported that she could see almost normally - just short of being able to read small print with her left eye. Also her blood pressure had returned to normal without drugs. The nervous symptoms, "pains", "bugs", "shakes", were virtually eliminated in that short time. She left La Gloria in good condition after a one weeks' stay.

*NOTE: Researchers at Baylor University reported similar experiences with intra-arterial hydrogen peroxide (H₂O₂). See: J.W. Finney, B.E. Jay, G.J. Race, et al, "Removal of Cholesterol and Other Lipids From Experimental Animal and Human Atheromatous Arteries by Dilute Hydrogen Peroxide", Angiology 17(4), pp. 223-228, Ap. 1966. Both H₂O₂ and ozone (O₃) have been used to supersaturate biological fluids and tissues with highly reactive nascent oxygen (O₁) which they both release.

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We have a great deal of material, articles, hand-written notes, publications, etc., found among Dr. Gerson's papers. Many of these items are of current importance and we will be publishing them regularly in your NEWSLETTER. Below we reproduce an undated item written by Rudolph Keller, probably in the late 1950s when Keller was in his late seventies.

REMARKS OF RUDOLPH KELLER REGARDING THE ANALYSES OF MEMORIAL HOSPITAL

Rudolph Keller began to publish in the late 1800s his scientific literature on problems of mineral metabolism in connection with electropotential differences between cells and blood (transmembrane electrical potentials). He spearheaded studies by many researchers in mineral metabolism, kidney function, permeability problems and dietary questions (J. Gicklhorn, Reinhold Feurth, S. Waelsch, L. Nistler, et al, Biologisch-Physikalische Arbeitsgemeinschaft - Prague). He attempted new approaches to problems of intermediary metabolism, especially in the relationship of Na⁺ (sodium) and K⁺ (potassium). His speculations were ahead of their time. - ed.

"These analyses show that the theory of Max Gerson regarding the preponderant role of the liver in most chronic diseases, particularly in the pathogenesis of the malignant tumors is confirmed.

"Together with the analyses of W.O. Fenn and of others about the normal liver and of H. Kaunitz on the livers of normal and of hospital patients, and of Daniel C. Darrow on livers and serum of normal, hemorrhagic and anoxic animals we see the antagonistic groups shifting from the liver to serum and urine - with water and sodium chloride travelling

the opposite way from the serum to the liver, muscles, and glands. What helps us most and suits very well into the picture of these groups is the work of V. Moravek who has investigated through 29 days the development of chicken sarcoma and the accompanying loss of potassium, phosphate, sulphur from the liver to the serum and the invasion of the liver and of the muscles by sodium, chloride and water.

"The mineral movement is in full agreement with the weaker liver and muscle electrostatic potential, so is also the water shift from serum to liver and muscles. Some difficulties appear to arise by the plus of fat in the liver of these seriously ill patients. The fact that the liver is found abnormally fat in most of the diseases and poisonings is observed already since the last century. It is in the experiments of the Memorial Hospital nearly inversely proportional to the loss of liver glycogen. We cannot offer a satisfactory explanation of this well studied subject, we have only to confirm the experience that very small quantities of fat have a murderous effect on patients with malignant tumors.

"The electrostatic hypothesis may be right or wrong, but we see that one group under the lead of potassium, comprising phosphate, magnesium, sulphur, vitamins and glycogen leave the liver and sodium, chloride, calcium and water invade it. Still another substance, fat (which is found electronegative) invades the liver in this and other serious diseases.

"Fat in serum is biologically negative like potassium. Why is it accumulated and not decreased like the complete list of the other biologically electronegative substances? Here it should be emphasized that the electrostatic theory cannot give a solution for all unsolved biochemical problems. The movement of substances in the body very much led by the electrostatic attraction and repulsion, but metabolism is a very complex problem at which several forces play a role; for instance osmotic forces. Nearly all serious diseases are accompanied by a hypercholesterolemia. It may be that the electric forces are counteracted in this case by the abundance of lipoids which are offered to the liver cells and of which it is generally assumed that the cholesterol is an intermediate substance in the building up of fat reserves. It is possible that the liver cells in the weakened condition of the body of seriously ill patients cannot resist the excess of fatty substances offered to them. Another possibility is that with the penetration of sodium, some sodium stearate and sodium palmitate-soaps of the blood plasma-bring new or additional fat into the liver. Sodium salts are always biologically electropositive.

"This is not a satisfactory explanation of the behavior of fat and lipids in the liver and in other tissues. It may be emphasized that we have to take cognizance of the fact that fat does not follow the electrostatic rules as far as it is investigated thus far.

"Another finding which is remarkable in the Memorial Hospital papers is the greater volume of the erythrocytes of the cancer patients. Together with our own observations about chloride and phosphorus in serum and erythrocytes we see now chloride and sodium and water in excess in growing cancer and potassium, phosphorus, magnesium diminished in erythrocytes and a tendency to augmentation of these negative substances in the serum with its depressed electronegativity."

In order not to frighten our readers and patients regarding fats, we publish below an excerpt from a letter to Albert Schweitzer, written by Dr. Gerson on November 6, 1958:

"You will be interested to know that after years of effort, I have succeeded in stimulating the fat-metabolism without bringing malignant cells back to life. All previous efforts failed even after many months of improvement, as cancer cells flared up when oils were added to the diet. I found finally that linseed oil, when cold pressed and prepared without chemical additives, is extremely valuable.

"In far advanced cancer patients, we give two tablespoonsful of linseed oil daily for a short period of time; then one tablespoon, and later still less. Linseed oil has three unsaturated fatty acids. It is said to be the only oil in the world with these properties. According to the literature, especially in papers by Johanna Budwig from Munster (Westphalia, Germany) it seems that these fatty acids stimulate the reticular tissue, the reticuloendothelial system, and all the various systems of the visceral nervous system. The above tissues comprise the defense and healing mechanisms of animal and human bodies, deeply united and accumulated in the liver. The conclusion has been drawn that no animal or human body is able to synthesize linseed oil molecules. Therefore, it must be given for a long time in minimal quantities."

In still another letter, Dr. Gerson suggests the following (exact) dosage for linseed oil: 1-2 tablespoons daily for 3-4 weeks; then 1 tablespoon for some time. After good improvement, 1-2 times daily, 2 teaspoonsful; later 2 times 1 teaspoon.



12 Part I/Thursday, September 6, 1984 **Los Angeles Times**

Largely Vegetarian Diet Curbs Kidney Disease, Study Finds

BOSTON (AP)—A low-protein, largely vegetarian diet can stop relatively advanced kidney disease in some patients and spare them from having to undergo transplants or dialysis treatment, according to a new study published in today's New England Journal of Medicine.

Ordinarily, the disease steadily wrecks the kidneys until all of the victim's kidney function is lost, and there is little doctors can do to slow or halt it. Kidney disease is one of the nation's biggest killers. About 65,000 Americans must undergo regular dialysis treatments to filter waste products from their blood.

However, researchers have found that a largely vegetarian diet with some nutritional supplements can interrupt that otherwise relentless process.

"It slows down the ongoing loss of kidney function that seems to be characteristic of kidney disease, regardless of the kind of kidney disease that the patient started with," said Dr. William E. Mitch of Brigham and Women's Hospital in Boston.

Doctors have tested the diet on 17 persons with steadily progressing kidney loss. In three of them the disease was slowed, and in

seven others it stopped completely. The patients suffered from a variety of diseases that affect the kidneys, including diabetes, high blood pressure and chronic glomerulonephritis.

In the seven persons, there has been no change in kidney function for an average of two years. Without the diet, Mitch said, all seven would have needed dialysis by now.

Patients on the diet eat mostly vegetables and are limited to a single, small portion of meat a day. They also take supplements of keto

acids and amino acids so that their bodies can manufacture protein.

Identical diets are not available for routine use by kidney patients because keto acid supplements are not sold in the United States. They are being considered by the Food and Drug Administration for use outside limited experiments. The National Institutes of Health is also planning to conduct a major study of the diets by enrolling hundreds of patients from across the country.

The diet was tested on patients at Brigham and Women's, Boston's Beth Israel Hospital and Johns Hopkins Hospital in Baltimore.

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