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GERSON THERAPY DUPLICATED IN AUSTRIA

In summer of 1983, Professor Wolfgang Koele, M.D., chief executive officer of the Landeskrankenhaus of Graz, the largest municipal hospital in Austria, vacationed with his wife in Hawaii. On the way, they stopped over in San Francisco to visit his wife's aunt.

It impressed them almost immediately that the home they were visiting had 'something different' about it. Everywhere there were large platters with fruit, sprouting jars and trays, and a large juicer was in evidence. It turned out that the lady had been a patient at the Gerson Therapy Center of the Hospital de Baja California of La Gloria, Mexico and she was recovered and in good health.

The Professor was intrigued and skeptical. He decided to investigate. On returning to Austria, he applied for and received a research grant from the Steiermark State Fund. Koele sent his assistant, a surgeon, to La Gloria for a one month residency to get all the information he could gather.

For one month the young surgeon, Dr. Peter Lechner, M.D., who is fluent in English, was given access to patients' files, made rounds with the physicians and with Charlotte Gerson, attended lectures, studied food preparation in the kitchen, and studied the scientific literature. He was amazed and not a little worried as he compiled a report for his chief and colleagues back in Austria. Worried because he thought his colleagues would think him mad when he told them what he had seen at La Gloria. He had reviewed the X-rays of a lady who arrived with her lungs virtually filled with cancer - yet after only three weeks of Gerson's nutritional therapy new X-rays, shot and developed as Lechner observed, revealed her lungs more than half cleared. And other 'miracles' had taken place as he watched, all of which he recorded in clinical detail in his report.

However, on his return to Austria, Lechner was more than pleased to find his chief in agreement with a proposal to initiate a thorough test of the Gerson Therapy at the Landeskrankenhaus. Unfortunately, it would not be possible to administer the Therapy within the hospital itself because of the many difficulties of setting up a 'diet' kitchen for hourly

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Charlotte Gerson, President

juicing of fruits and vegetables and unconventional food preparation (saltless, fatless, slow cooking at low temperatures, much raw food, etc.). It was determined therefore that the trial would be carried out on an outpatient basis, using the laboratory of the Landeskrankenhaus and a special ambulance to retrieve patients for follow-up examinations.

With the help of his charming wife, also fluent in English, instructions for the therapy were translated into German and certain willing patients, who understood that their cancers could not be expected to respond to 'orthodox' treatments, were placed on a slightly modified Gerson Therapy (at this time Dr. Lechner is unable to justify to the medical community Gerson's large loading dosages of thyroid in patients whose laboratory parameters, i.e.: T3, T4, T7, are apparently normal). The results have been extremely gratifying, as Dr. Lechner informed the Gerson Institute in some detail on the 15th of March, 1985.

There are currently 60 patients actively involved in Lechner's 5-year controlled clinical trial of the Gerson Therapy in cancers metastasized to the liver. (Five years is the minimum follow-up period acceptable for definitive statements regarding the effects of treatment in cancer.)

Dr. Lechner's address to the Congress of Austrian Surgeons of June 21-23, 1984, has been published in the proceedings of that organization and will be sent to us shortly. An additional article entitled "A Nutritional Approach to Liver Metastases in Colorectal Cancers" has been accepted for publication in a German peer reviewed journal. The article will probably appear in late Autumn.

Lechner reported that he has maintained 5 far-advanced, liver-metastasized patients on the current regime for 1-1/2 years in apparent partial remission, with no progress of the disease. He has ten post-surgical patients who are in good condition, without expected recurrences. Most of his patients are doing well; and all of the test (Gerson Therapy) group is doing comparatively better than the control (conventional treatments) group. Again relative to the controls, Lechner's most successful patients are those being treated with the Gerson Therapy for liver-metastasized colorectal cancers and liver-metastasized breast cancers.

Regarding patients with primary tumors of the pancreas, liver, gall bladder and bile ducts and with secondaries of the liver, pancreas and abdominal walls, Lechner stated that his results are the best in all of cancer medicine with which he is familiar.

Lechner expressed irritation that the U.S. cancer establishment claims 85-90% cures in breast cancer by conventional means. He stated that such claims constitute advertisement rather than fact. In Europe it is generally accepted that surgery and adjuvants produce only a 60-65% 5 year-survival-rate in breast cancers which Lechner hastened to point out is far from even similar percentages of "cures". He feels that patients must be told the truth about the likelihood of recurrence in order to encourage them to use the Gerson Therapy for prevention. In breast cancers, for example, more than 90% of patients diagnosed will eventually die of breast cancer even after becoming "cured", e.g.: living 5 years with no active cancer, (unless, of course, they receive appropriate nutritional therapy).

In some metastasized breast cancers and in serum cancers (leukemia, and the lymphomas) Lechner is legally obliged to allow chemotherapy. He emphatically stated that patients receiving the Gerson Therapy in addition to conventional chemotherapy (which is given every two weeks by infusion or injection on an outpatient basis) are doing overwhelmingly better than those not receiving the nutritional therapy and detoxification. There are no changes in the Gerson protocol for chemotherapy patients - they receive regular coffee enemas, supplemental potassium (acetate, gluconate, and

phosphate monobasic), low dose Lugol's solution, carrot-liver juice, carrot-apple juice, greenleaf-apple juice, generous meals of vegetarian soups, salads, whole grains, and fruits, exactly as do the other Gerson patients. And, most importantly, Lechner states, these patients are protected against depressed blood counts, loss of hair, depressed liver function, and other well known negative side effects of chemotherapy.

Dr. Lechner recently addressed a meeting of 600 staff members (physicians and nurses) of the public hospitals of Austria regarding his experiences and results with the Gerson Therapy. There is growing awareness throughout Austria of the effectiveness of the Gerson management. Many patients who are not part of the outpatient trial, but who are being guided by general practitioners through-out Austria, also contact Lechner. As he observed, the general practitioner is powerless to administer surgery, radiation, or chemotherapy to the cancer patient who seeks his advise, but the Gerson Therapy is something he can do. Lechner hopes to be successful in networking with the many general practitioners who currently have one or more patients on the Gerson Therapy in order to expand his reportage and increase the numbers for statistical significance.

Dr. Lechner will continue to keep us posted on future developments. We are sure that our readers understand the tremendous significance of Dr. Lechner's work. This is literally the first time that the Gerson Cancer Therapy has been tested by an independent group of scientists, employing age-matched controls (one patient with the same malignant cell type and similar extent of liver damage on conventional treatments for every one treated with Gerson's Cancer Therapy), under rigidly exacting conditions. While it is true that physicians in Mexico are reproducing Dr. Gerson's results, they do not enjoy the government funding and laboratory and research facilities commanded by Dr. Lechner. It may very well be that publication by Lechner of his clinical results will provide the Gerson Institute and its supporters a powerful tool to encourage use of the Gerson Therapy as a primary means of management of cancer in the U.S. and throughout the world.

YEAST

Yeast. Candidiasis. *Candida albicans*. Food allergies, headaches, swollen bellies, irritable moody behaviour, sinus problems, constipation - the list goes on and on. Some patients develop yeast after antibiotic treatment for severe infections, others develop it spontaneously. The problem of yeast infections is becoming more and more prevalent. Medical practitioners tend to associate it with wide scale and indiscriminate use of antibiotics which destroy normal gut flora and allow overgrowth by opportunistic fungi like *candida albicans*.

Candida yeast infections are being more frequently diagnosed. However, there is no agreement in medicine as to the best treatment for candida. Some physicians do not even recognize the disorder at all and therefore fail to diagnose it. Meanwhile, severe allergies and reactions continue to plague patients sometimes to the point of making life almost unbearable.

However, there is now a popular movement among certain medical practitioners and paramedical counselors to treat yeast infections routinely with high protein diets. Patients are informed that yeast feeds on carbohydrates, and they are often urged to avoid such foods as fresh fruits, baked potatoes, whole grains, fresh carrot juice and fresh fruit juice. Instead, patients are urged to take meats in quantity and to use an antifungal agent, nystatin (a.k.a. Mycostatin, Declostatin, Terrastatin, Nilstat).

Practitioners who subscribe to this type of management are often recognized by their unusual pronunciation of candida which they call can-DEE-dah (it is normally pronounced CAN-di-dah).

While such treatments, arguably, may reduce symptoms associated with swamping yeast in the gut, they cannot logically be thought to address the problem underlying development of candidiasis in the first place. And what is that problem? Is it so different from the causes of major killers, heart disease and cancer?

It is probable that yeast infections are the product of poor care and feeding of the population. Low immunoreactivity results directly from improper feeding, as countless thousands of laboratory experiments have shown, yet people persist in terrible dietary habits. A high protein diet supplemented with antifungal agents may reduce yeast counts in the short run, but it will just as likely raise the rates of heart disease and cancer in the long run.

A physician friend has recently confided that she is using the Gerson Therapy to successfully treat yeast infections. Initially it may be necessary to reduce consumption of fruits from typical high levels and to restrict quantities of cooked carbohydrates and dried fruits, but the overall approach of Gerson increases free energy at the cellular level and enhances most systems of the body. Microorganisms which are normally found in our bodies, including candida, are normally kept in check by the immune system. Fungi and bacteria in the gut are regulated by specialized cells of the liver which kill unwanted colonies. In the yeast infected patient, the body has lost its control over natural processes. The Gerson Therapy aims to restore the body's ability to heal.

Dr. William G. Crook, author of the Yeast Connection, points out (pp. 291-2) that garlic is more effective than nystatin in the treatment of yeast infections. It is obvious to those knowledgeable of the Gerson Therapy that ample garlic is supplied. Treatments with castor oil and coffee enemas both have a tendency to prevent infestation of the gut by opportunistic organisms (castor oil is the only cathartic with no known clinical side effects).

The Gerson Institute has received an informative letter from a patient who had suffered from yeast infections and who obtained complete relief through the Gerson Therapy. We feel it is worth sharing with our readers:

Dear Charlotte,

"Nearly three years ago, in desperation, I called you for help. I was quick to call on you whenever I needed to. I have not been quick to thank you for saving my life. I know that that's what you did.

I read Max Gerson's original Cancer Therapy some years ago but as it involved such an intensive therapy and since I didn't have cancer, it didn't occur to me to apply it (to) myself until I heard you speak in San Diego in 1980 and learned there was a "less intensive" therapy for non-cancer patients.

My problems included asthma and continuous yeast infection. I'd been to a myriad of doctors (the same old story - they just made it worse). I called you, got you on the phone personally, and asked for your advice. You said people weren't usually willing to go on the therapy for non-life threatening conditions such as mine. I was willing. For while it is possible to stay alive with occasional asthma attacks and constant yeast infection, life is not worth living. I was already a natural-foodist so it wasn't a great leap into unknown waters for me.

One of the first things you asked me was if I was taking birth control pills. I said I had taken them for seven years but I tried stopping for a while and it didn't help. I remember your answer very clearly. You said that's like a smoker quitting after he already has cancer and wondering why the cancer does not go away. It was like a slap in the face. It woke me up to what I had to do to get my health back. I bought the new edition of (A Cancer Therapy) and dove into the less-intensive Gerson Therapy.

I got no help from friends and acquaintances. They considered it outlandish, faddish, faith-healing; they were sure it wouldn't work, they scorned the idea, they chided me. None of them, of course, bothered to read the book.

I only did the therapy fully for ten weeks, after which I eased off partially, due to other demands on my time. To you and your staff I was only another voice on the phone, but you were always there to answer questions and give encouragement and reassurance even though you have people with much more severe problems calling you from all over the country.

I read an article in the San Diego Union accusing you of evangelizing. I don't know what they're talking about. You always told me what I wanted to know, no more and no less. You didn't try to sell me anything. The message I got was - help yourself. Feel free to use our knowledge but you know best what feels right to you. I didn't find you rigid. I found that you are constantly revising and developing the therapy as you learn more about individual cases.

I have since then and will always follow what is basically a Gerson diet with a few revisions of my own I have found helpful. My asthma went away after a few months and has never returned. The yeast infection went away very slowly with many flare-ups in the beginning, but gradually disappearing altogether. Those aren't the only changes. I feel healthier (at age 28) than ever. I have that indescribable sense of total well-being. I never get a cold or flu. I never have pain. I wake up some mornings feeling ecstatic - just the sheer joy of physical health. I am in control of my own health. I know how to recognize and respond to my body's needs. These are things most people wouldn't understand. But I know you do.

Those of us who have experienced the results know the true meaning of your work. I am eternally grateful that I crossed your path. Thank you for being there."

Sincerely,

Susan Smith

This letter provides our readers with a window into the experience of a patient who would not accept defeat and who refused to believe that nothing could be done. Through her persistence and dedication to self-improvement she has not only overcome long term allergies and infections (both the result of low immunoreactivity), she has gained precious good health. This is the result of adherence to Nature's Laws by which we are bound and through which we may obviously benefit.

The following item appeared in the Los Angeles Times, Tuesday, March 12, 1985. Its title is extremely provocative, as is the language of its author, Dr. Lawrence Power. (All emphases in the following article are ours. - Ed.)

DIET THERAPY AND CANCER TREATMENT

Last November the National Cancer Institute told Congress that it could look forward to cancer mortality being cut in half by the end of this century.

Framers of the report were reasoning that a reduction in cigarette smoking would yield a 15% mortality improvement, changes in the U.S. diet a 5% improvement and earlier detection and treatment a 30% improvement.

Folks at the Cancer Institute have apparently written off any serious change in our habits. Two years ago the National Academy of Science concluded that habits accounted for at least 80% of cancer deaths, but the institute is pinning its faith on progress.

Yet 50 years of intensive cancer research and treatment have not made a dent on the truly big killers.

Little Progress With Some Cancers

For those among us who will die of cancer over the next two decades, 90% will die of lung, breast, colon, uterus or prostate cancer. Mortality rates for these cancers have not improved over the past 50 years. Surgery for those cancers became safe and standardized more than 30 years ago. The addition of earlier detection, X-rays and chemotherapy has had no detectable impact on national mortality figures since that time, with two exceptions.

Over the last few decades, two cancer treatments have been responsible for two therapeutic successes. One treatment involves chemicals called cytotoxic agents in an approach known as chemotherapy. The other treatment involves X-rays, from even more powerful machines or even more specific radioactive chemicals. The two therapeutic successes achieved with these treatments have involved lymphatic leukemias and lymph gland tumors called lymphomas. Both were uniformly fatal a few years ago but usually go into prolonged remission with today's treatments. Both cancers, however, accounted for only 5% of cancer deaths.

X-rays and chemotherapy have had little effect on those tumors causing 90% of cancer deaths, so little effect, in fact, that the National Cancer Institute has decided that it's time for an official assessment of results. A consensus conference is planned for September of this year to evaluate and update all treatment procedures. After 20 years the approach is still generally experimental. Yet chemotherapy is given routinely to a large proportion of cancer patients. There is no agreed-upon best agent, no best combination of agents and no best dosage schedule. The side effects and risks of all those in current use are very real: vomiting and hair loss. In unusual cases new cancers have been induced by the drugs.

Physicians in charge of these programs are dealing with desperate patients and relatives. They feel strong pressures upon them to do something, and they defend today's practices on the grounds that patients would have their hopes cruelly dashed without treatment, and dashing hopes would be heartless even if the results of treatment are marginal. Yet a surgeon who operated mostly to avoid disappointing a hopeful patient would be roundly criticized. Why should the oncologist escape such scrutiny? The consensus conference is long overdue.

Less Fat and More Fiber

But all is not hopeless on the cancer scene. Our understanding of the disorder continues to grow, thanks to continuing studies of patients with cancer as well as laboratory models of the disease in animals. Many studies indicate that breast and colon cancer rates are low when fat in the diet is low and when fiber is high.

Evidence supporting the notion of cancer prevention, like evidence supporting today's treatments, may be, as critics say, fragmentary, incomplete and imperfect, and more data is needed, but meanwhile should we do nothing? Most nutrition scientists agree that little harm would come from modifying our diet in the direction of less fat and more fiber. The smart individual this year is not making book on better chemotherapy, but on protective diet therapy.

— Dr. Lawrence Power

NOTABLE QUOTES

In a recent letter to the Gerson Institute, Dr. Ernst T. Krebs, Jr., wrote "There is an obvious confluence of all 'nutritional therapy' into the basic science clearly defined decades ago by Max Gerson, M.D.. Dr. Gerson's discoveries are clearly the paradigm for all subsequent work seriously concerned with the dietary or nutritional prevention and control of cancer."

Dr. Krebs went on to discuss recent efforts by the American Cancer Society, the National Cancer Institute, the National Academy of Sciences, the National Research Council (of the NAS), Sloan-Kettering, and others to identify themselves as discoverers of important relationships between diet and cancer, writing, "It is more disingenuous than silly for ACS, NCI, NAS, NRC, S-K et al to claim a dietary or nutritional basis for the prevention of cancer while implying that such may be inappropriate for the management or treatment of cancer. In the entire realm of physiology and nutrition try to think of only ONE instance of any physiological agent preventing a disease without also being therapeutic in the treatment of that disease. Just one!"

Perhaps one of the most gratifying comments made by Dr. Krebs, and one that we agree with, is the following: "Be all of this as it may, the dietary or nutritional regimen of Max Gerson is a fact as fundamental now to the science of oncology as the fact of the Pasteurian microbiological basis for transmissible diseases has become.

The Gerson Institute cannot overemphasize the importance of one basic fact: The diet now being promoted by prominent organizations such as ACS, NCI, the American Heart Association, and others, as a preventive against disease was introduced by Dr. Max Gerson more than SIXTY YEARS AGO in the peer reviewed medical literature of the world as a THERAPY with CURATIVE PROPERTIES. During his medical career, Dr. Gerson published in the peer reviewed medical literature of the world CURES by his diet therapy of HEART DISEASE, CANCER, and other diseases for which conventional therapies have shown little or no promise. A RESPONSIBLE SCIENTIFIC MEDICAL INVESTIGATIVE PROCESS MUST INCLUDE A SEARCH AND EVALUATION OF PAST MEDICAL LITERATURE. THERE ARE NO LEGITIMATE EXCUSES FOR REFUSAL TO ACKNOWLEDGE GERSON'S MONUMENTAL CONTRIBUTION TO PHYSIOLOGICAL CHEMISTRY, THERAPEUTIC NUTRITION, INTERNAL MEDICINE, ONCOLOGY, CARDIOLOGY, AND THE PRACTICE OF MEDICINE IN GENERAL.

TEETH

In his writings, Dr. Gerson repeatedly emphasized the importance of removing foci of dental infections. These infections are source of toxins pouring constantly into the system and may contribute to the development of cancer (Prevention and Cure of Cancer by Mulhim A. Bassan, M.D., Exposition Press, Smithtown New York, 1983) by depressing the body's ability to heal.

With some good reason, many people fear - and try to avoid - dental X-rays. However, in fighting disease we must stress the importance of knowing that the oral cavity is clear. One of our patients, already free of melanoma for four years, suffered a regrowth. She was understandably horrified. It was discovered after thorough examination that her teeth and jaws were filled with multiple infections which her local dentist had been unable to detect because she had refused all dental X-rays. Her story is so important that we will reproduce some of her own description of the situation.

"Testing on the elctro-acupuncture (Voll) machine showed a major disturbance in the teeth. Yesterday, the dentist took X-rays of my teeth, and today I went for my test. Dr. S. told me that my teeth were absolutely catastrophic; he only saw cases as bad as mine every 5 years or so. Apparently I have been existing in a state of chronic poisoning through my teeth for quite a long time. When I gave him my brief case history, he said he knew about the Gerson Therapy, and expressed his amazement over my apparently sound condition - which he ascribed to the therapy. He thinks that all my cancer problems were caused by this massive toxification over the years. It's true, I've always had dental problems, since the age of ten, when an orthodontist with two left hands failed to sort out my overcrowded teeth. As a result, my teeth never "locked" properly, etc. etc. And I used to get those ghastly abcesses before I went on the therapy. They stopped; but the toxic condition, with inflamed bits of bone, pus etc. remained.

"Dr. S. concluded that most of my remaining teeth had to come out, and soon, too, because an awful lot of my vital organs are burdened. Little wonder I get lumps, he said. Everything needs cleaning up, not just extractions but treatment to make sure that nothing nasty is left behind. He says that until the toxic focus is removed, no therapy (including ozone) will do me any good.

"Now suddenly an awful lot made sense to me, including the new swelling. The miracle is, I think, that I'm as well as I am, and that is purely thanks to the Gerson Therapy; of that I am convinced (and so is Dr. S.)".

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