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HAS ANYTHING REALLY CHANGED?

Gar Hildenbrand

Over recent years this writer has made an effort to search the medical literature for works related to the dietary treatments developed by Dr. Max Gerson. While the Index Medicus revealed many titles, hundreds in fact, many others were not immediately apparent due a to very inefficient method of indexing.

For example, looking in the Index Medicus under GERSON.DIET or GERSON.MAX, one immediately referred to disease headings such as TUBERCULOSIS.PULMONARY which many titles are listed alphabetically. Unless the title bears Gerson's name, as hundreds do, one is forced to guess and randomly pull bound volumes of various journals from the shelves to inspect each individual article for content. A good example is the positive report regarding Gerson's treatment for lung tuberculosis by Dr. Edgar Mayer in a 1929 issue of The Journal of the American Medical Association entitled simply: "Basic Vitamin Feeding in Tuberculosis". It is impossible to infer from this title that the subject matter would be a diet therapy which is known by the name of its developer. And this is a title that offers more clues than many. Today's Index Medicus, at least for the last two decades, offers "key words" which make it much easier to find one's way around, (e.g.: Gerson Diet, sodium restriction, potassium, protein restriction, raw foods, fruit and vegetable juices).

In addition to the difficulty of guessing which titles might reflect the work of Gerson, the biomedical library of the University of California at San Diego is deficient in most of the respected journals of pre-WWII Europe, so that it has been impossible for us to read many of the articles we were able to identify.

Recently, in order to make progress on the project, we commissioned personnel of the Francis A. Countway Library of Medicine at Harvard University, Boston, Massachusetts to conduct a thorough manual search of the medical literature and to compile as many titles and photo-reproduce as many articles as possible. This biomedical library is top flight in the United States. Thus far, a first pass through just the literature immediately available in their stacks has resulted in the addition of more than one hundred and twenty articles to our files.

We chosen to share one of these articles with you, Dr. Chalmers Watson's and Nutrition with special reference to the Sauerbruch-Bermannsdorfer-Diet", The Medical Press 130:287-289, 1930. We feel that this article confirms many of our earlier assertions, and its author was a highly stationed physician.

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Charlotte Gerson, President

In this Newsletter we have discussed the emergence of Dr. Max Gerson as a leading influence in clinical medicine during the era of the Golden Age of German Medicine which spanned from before the turn of the century until the beginning of the Second World War. During this medical epoch, Germany was the unquestioned leader of world medical sciences. If, as a reader of this newsletter, you are 60 or more years old and a medical research scientist, you probably still retain a reading knowledge of medical German. Before WWII, it was necessary to read German in order to stay abreast of developments at the cutting edge of medical research. During the years of Germany's Golden Age, most research initiatives in the world originated in Germany.

Although there were various dietary treatments prior to Gerson's, many of which are discussed in some detail by Gerson himself in peer reviewed articles, Gerson's dietary therapy was the first integrated management to produce frank, repeatable cures in formerly incurable diseases such as lupus vulgaris and pulmonary tuberculosis.

These cures were established prior to the advent of antibiotics, and were confirmed and repeated by the majority of respected authors. Through sodium and protein restriction together with a relatively low calorie diet of fresh raw fruit and vegetable juices, and fresh or freshly prepared fruits and vegetables, coupled with detoxifying coffee enemas (originated by Gerson: a repeatable choleric virtually free of side-effects), Gerson's dietary therapy raised immune competence in patients who had been unable to stage an immune reaction to tuberculosis.

Additionally, the treatment has been reported to be effective in heart disease, kidney failure, dermatoses, dermatitis, eczema, nerve and muscle disorders, tuberculosis (skin, lung), and cancer. Because the etiologies of these diseases are poorly understood, it is difficult to hypothesize the specific mechanism by which Gerson's therapy brought about cures.

We are confident that the Gerson Therapy increases energy production at the cellular level.

It is probable, therefore, that it also improves hormone and enzyme production, enhances complete metabolism of dietary materials and clearance of toxic by-products, promotes cell oxidation and differentiation, and supports phagocytosis and parenteral digestion as well as regeneration of tissues.

In spite of the fact that this paradigmatic nutrition-based medical treatment has cured many cases of advanced tuberculosis, cardiovascular disease, and cancer in men, it has not yet been widely accepted by the medical community.

However, it may be that we are nearing the age of acceptance for the Gerson Therapy. As one follows the peer reviewed medical literature and reads accounts in the newspapers, one becomes aware of a growing trend in medicine toward advancements in nutritional physiology and pathology. Remarkably, after years of refusal to deal in concrete terms with the influence of nutrition on health, the medical sciences are now publishing a continuing stream of literature regarding the ability of appropriate diet to prevent disease and, more importantly, to treat it.

Therapeutic Nutrition is the next logical frontier of modern medicine. It is the province of Internal Medicine and the General Practitioner. Historically, the GP has had little to offer the cancer victim or the chronically suffering degenerative disease patient. Referrals to surgeons, radiologists, oncologists, rheumatologists, neurologists, and cardiologists have often been the only reasonable course of action.

The Gerson Therapy is a treatment which, when seen in its proper context, potentially allows the General Practitioner to consider offering intelligent general management to cancer, cardiovascular, autoimmune, and other patients who could otherwise only be referred to a specialist. In looking at the medical literature of the early 1930s one has the sense that we have stood at these crossroads before. With only a few word substitutions, the following article by Dr. Chalmers Watson, Senior Physician of the Royal Infirmary of Edinburgh, could have easily been written by a contemporary physician:

DIET AND NUTRITION

With Special reference to the Sauerbruch-Herrmannsdorfer-Gerson Diet

(From The Medical Press, 130: 207-209, September 10, 1930)

by Chalmers Watson, M.D., F.R.C.P.E. Senior Physician, Royal Infirmary, Edinburgh.

Writing in 1925, Professor Sauerbruch, then director of the University Surgical Clinic of Munich, now Berlin, pointed out that medicine was in a transition stage, leading factors being the lessened importance of the work of the bacteriologist and the necessity of more

attention being directed to the study of nutrition. A careful survey of medical progress over the past thirty-five years amply justified this opinion. The brilliant era of surgical triumphs in this period has been concerned with the cure of the end products of disease, and, as

Lord Moynihan and others have pointed out, there is good reason for thinking that progress in the future must take place to an important extent at the expense of surgery. The period in question has been one of great development in specialisation, both in clinical and laboratory work. While the fruits of this development have been great in regard to our knowledge of the minute anatomy and pathology of disease, and our knowledge of the means of recognition of disease, there has not been any corresponding advance in our knowledge of the aetiology of disease or, in general, additions to our power of treating them. The causation of a common cold, the aetiology of such common conditions as rheumatism, arthritis, chronic cardiac-vascular disease, chronic renal disease, and chronic disease of the nervous system, that abound in our hospital wards to-day, are for practical purposes largely the terra incognita they were thirty-five years ago.

Without in any way depreciating the importance of the role which bacteria play in the aetiology of common diseases, it is being increasingly recognised that greater importance attaches to the underlying modifications of nutrition, which are in all probability primarily responsible for their pathogenic activity. The present period of transition is largely due to three important developments in recent years: (1) The discovery of those vitally important and elusive substances, or properties, vitamins. It is not yet known whether these are substances which some day will be seen and handled, or specific forms of energy incapable of demonstration in physical form. (There may yet prove to be such "forms of energy" in live foods.—Ed.) (2) The increased knowledge of the internal secretions of the body - hormones - and of the relationship existing between the presence of vitamins and the production of these hormones; and (3) the replacement of the atomic theory of matter by the theory of ions, and the knowledge gained from the physicist in regard to radiation in relation to the different parts of the electromagnetic field. (1930! - Ed.) In this connection, reference may be made to knowledge gained in the last few years as to remarkable therapeutic influence of milk which has been successfully irradiated with ultra-violet rays, in the curative and prophylactic treatment of rickets. This fact has important significance in relation to all the above three developments. All the indications point to the necessity of more attention being directed to diet in relation to health and disease. Attention is here directed to new and important work which has for some years been engaging the attention of distinguished German clinicians.

SAUERBRUCH-HERRMANNSDORFER-GERSON DIET

This subject is in the forefront of medical interest and discussion in Germany at the present time. There are now many large

institutions in which a special kitchen has been provided for the nutrition of patients on these lines. The work of Sauerbruch and Herrmannsdorfer extends over a period of five years; that of Gerson over a longer period. It is advisable to point out that the claims made by Sauerbruch and Herrmannsdorfer refer to the treatment primarily and mainly of surgical tuberculosis, e.g., cases of lupus, tuberculosis of skin, bones, and lungs. Stated shortly, these are largely the results of observations made by Herrmannsdorfer (1) as to the influence of diet in the healing of wounds, and of the special value of a salt-free diet, and a diet rich in vitamins supplemented by special medicinal preparations, in influencing the reactions of the tissues in a manner favourable to a normal healing process. In connection with pulmonary tuberculosis, their chief claim is that the dietetic regime greatly facilitates and increases the prospects of successful operative treatment in pronounced and otherwise intractable disease of the lungs - obliteration of cavities, and healing of tissues, etc. Sauerbruch and Herrmannsdorfer have had no experience, and express no opinion of the merits of the claims made by Gerson as to the value of the diet in general medical cases. It should further be noted that the dietary regime employed by Sauerbruch and Herrmannsdorfer, while the same in principle, is not so restricted as that advocated and employed by Gerson. Gerson claims that results considerably exceeding those obtained by the usual methods of treatment are obtained from its use in a wide range of disorders. He is of the opinion that diet can modify the constitution of the patient, through its influence on the functional activity of the main secreting glands and other tissues.

Gerson's first publication on this subject appeared in 1924 (2). It dealt primarily with disorders of the nerves and muscles. In later publications he has extended the claims for a favourable influence of the diet in the wider field of general medicine, e.g., arthritis, cardiovascular disease, and other disorders believed to depend on a chronic auto-intoxication. Gerson is of the opinion that the nutritional state of the tissues, the constitution, can be profoundly influenced by a dietetic regime in which the essential points are shortly stated as follows: (a) The withholding of common salt in the dietary, with the administration of an almost chloride-free diet; (b) a high vitamin content in the dietary in which fresh vegetables and fruits largely enter; (c) the administration of special mineral salts - mineralogen - prepared from the vegetable kingdom, and an additional vitamin in the form of a special phosphorised cod-liver oil preparation.

A variety of opinions have been expressed by German clinicians who have tried this new dietary system. Favourable reports have been published from the Surgical University Clinic

Zurich [Professor Clairmont (3)]; from the Dermatological Clinic, Giessen [Professor Jesionek (4)]; from the Dermatological University Clinic, Freiburg [Professor Rost (5)]; from the Surgical University Clinic, Bonn [Professor Nussbaum (6)]; from the Medical Department of the "Kaizer Franz" [Professor Wiese (7)]. Negative results have been reported from the Orthopaedic University Clinic, Leipzig [Professor Schede (8)]; University Clinic, Dusseldorf [Professor Hoffman (9)]; Internal Department of the Peter Friedrich Ludwig's Hospital [Director Kohlmann (10)], and others. It is clear from the literature that care is necessary in assessing the value of some of the negative findings. The perusal of Dr. Kohlmann's published results is interesting in this connection: "He followed strongly the prescription of Hermannsdorfer, especially in relation to proteins, but he did not feel justified in taking the risk of a system of nutrition which is relatively low in calories." It would appear that in some cases unfavourable results are reported from a trial, in which several of the patients refused the diet, this indicating inadequate care in the preparation of the food.

The Journal of the American Medical Association of December 14th, 1929, contains a report on "Basic (Vitamin) Feeding in Tuberculosis", by Dr. Edgar Mayer, based on observations made with the Hermannsdorfer diet, the conclusion arrived at being one of qualified approval. So far as the writer is aware, there are no records of the result of any investigations carried out, more particularly on the Gerson method. The subject has hitherto received little or no attention from clinicians in this country. In The Lancet, in December, 1929, it was reported that a number of distinguished experts from Vienna had made a special visit to Sauerbruch's clinic and formed a favourable opinion of the results of the treatment, sufficient to justify a recommendation that a thorough independent investigation of the subject should be made. A few months ago, the writer had a full opportunity of personally studying the method and results of the treatment as carried out in the clinics of Sauerbruch, Gerson, and others, and this experience led him unhesitatingly to the same conclusion, and arrangements have been made by which this will be carried out in the Royal Infirmary, Edinburgh.

THE DIETARY SYSTEM

The essentials in the diet system are as follows: (a) The all but complete exclusion of sodium chloride [Hermannsdorfer (11)], salt being entirely excluded in the Gerson regime, a halogen-free vegetable kitchen salt preparation - Eugusal - being used as an effective substitute; (b) fresh uncooked vegetables and fruits bulk largely in the diet, either in the form of vegetable extracts prepared by pressing uncooked vegetables such as carrots, beets, spinach,

turnips, or in the form of salads; also fruit juices similarly prepared by pressing and straining; (c) marked restriction in the amount of fresh meat foods, 600 grams weekly being allowed in Hermannsdorfer's system; Gerson allowed meat once or twice weekly; (d) fresh uncooked milk, one pint or more daily, sour milk (yoghurt), eggs, especially yolks, oatmeal, whole-meal bread, and farinaceous foods in restricted amount; (e) various spices are used to increase the flavour of the dishes. The regime also includes two medicinal preparations: (a) mineralogen, a special blend of mineral salts of vegetable origin; and (b) a phosphoric acid, cod-liver oil preparation, both being administered thrice daily (12).

If care be taken an entirely adequate, palatable, daily diet regime can be prepared. At the conclusion of the treatment the patients get back gradually to a more conventional regime, which, however, still comprises the greater use of fresh vegetables and fruits, and a judicious restriction of meat foods.

THE INFLUENCE OF DIET ON STRUCTURE AND FUNCTION

Gerson's views, as above outlined, give renewed interest to some investigations on nutrition carried out many years ago by the writer and many collaborators in the Physiological Laboratory of Edinburgh University. These investigations showed conclusively that diet materially influenced the structure and function of the tissues, more especially the thyroid, liver, the kidneys, adrenal, and reproductive glands. It was, for instance, demonstrated that the percentage weight of the liver, kidneys, and adrenal glands varied greatly according to the special nature of the diet employed. It was found that diet induces striking changes in the minute structure of the thyroid gland, the changes in the microscopic appearance being doubtless associated with variations in the activity of internal secretions of the gland. Confirmation was found of the results obtained in the laboratory-fed animals from the examination of the minute structure of the thyroid gland in numerous wild rats obtained from outside sources. Wide variations in appearance were found in different groups of animals examined, e.g., from a farmyard, hotel basement, butcher's premises, etc., the appearance being uniform in each group. Further, in the case of rats, the recuperative powers of a physiological diet were strikingly demonstrated in the form of graphic curves, demonstrating the immediate and striking increase in weight obtained in animals which had long been failing to grow on an unphysiological dietary, the remarkable nature of the weight curves being fully explained by the later work of Hopkins on "Vitamins". The influence of good whole milk, and more recently good skim milk, which has been irradiated with ultra-violet rays, in rapidly inducing striking changes in the structures of the bones in ric-

kets, may also be cited as an arresting fact in this connection.

THE ATTITUDE OF THE DOCTOR AND THE PUBLIC TO A NEW MEDICAL "DISCOVERY"

Professor Sauerbruch has sounded a judicious note on this subject. It is advisable to steer a middle course between an attitude which reveals a lack of an informed open mind and the credulous attitude of the layman in regard to a new "cure". The history of important medical discoveries is instructive: Lister encountered long and serious opposition to the acceptance of his teaching. The discovery by Dr. Bright of the definite and important clinical entity of disease of the kidney which goes by his name, was not generally accepted for ten years after the discovery was made. The sound conclusions arrived at by Dr. Palm over forty years ago on a reasoned statement of observed facts, as to the important relationship between rickets and lack of sunshine, received little or no attention until a few years ago. Many similar instances could be quoted. History shows that the unorthodox view of to-day is frequently the orthodox view of tomorrow. An appreciation of the value of traditional teaching should not interfere with an intelligent interest in the question of the truth of that teaching. An indication of the increasing tendency to a more

liberal outlook, and a more open mind, is seen in the recent decision of Berlin University to establish a Chair of Homoeopathic Medicine. This decision may be welcomed if it focuses on the minds of the profession and the public the limited part which medicines, as such, play in the cure of disease. A striking further indication of this new development came within the writer's experience on his recent visit to Germany. He was present on one occasion at the Charite, in Berlin, when Prof. Sauerbruch gave for the first time, in the special kitchen of a surgical block, an outline of the treatment and its results to his colleague, Professor Bier, and various professors of ophthalmology, dermatology, and others. This much is certain. The very limited knowledge we possess regarding the aetiology and successful treatment of most of the common diseases of everyday life leaves much room for new discoveries. The claims of Gerson, Sauerbruch, and Hermannsdorfer, if established, will form the basis of a new and highly important era in the history of medicine and medical progress. There is much truth in the contention of the late Sir James Mackenzie that the work of the skilled and interested general practitioner offers of most important field for the discovery or it may be, the rediscovery, of new truths of great importance for advancing both the science and the art of medicine.

REFERENCES

1. "Lagenbecks Archiv," 138, 1925, "Kongressbericht Seite," 396, also "Deutsche Zeitschrift fur Chirurgie," Band 195, Heft 3 u. 4, also Munch.med.Wochenschrift, 1926, Nr. 2. u. 3.
2. "Fortschritte der Medizin," 1924, Nr. 1, S. 9/11, also "Die Medizinische Welt," 1929, Nr. 137.
3. "Munch.med.Wochenschrift," 1926, Nr. 47, also "Klinische Wochenschrift," 1930, Nr. I. S. 5/10, also "Deutsche Zeitschrift fur Chirurgie," 1929, 221, Band, Heft 3/4, S. 285.
4. "Munch.med.Wochenschrift," 1928, Nr. 37; also "Praktische Tuberkulose-Blatter," 1930, E. 2, S. 17/20.
5. "Dermatologische Wochenschrift," 1930, Nr. I, Bd. 90, S. 38.
6. "Munch.med.Wochenschrift," 1928, Nr. 3, S. 118.
7. "Wiener klinische Wochenschrift," 1929, Nr. 30.
8. "Deutsche med. Wochenschrift," 1926, Nr. 31.
9. "Beitrage zur Klinik der Tuberkulose," 1927, Band 67, Heft 5/6.
10. "Beitrage zur Klinik der Tuberkulose," 1929, Band 72, Heft 3, S. 252.
11. "Praktische Anleitung zur Kochsalzfrier Ernahrung. Tuberkuloser - Dritte Auflage" (Leipzig).
12. "Pharma" Max. Loebinger & Co. G.m.b.H. Berlin, Charlottenburg, Wilmersdorferstr. 85.
13. Appendix to "Food and Feeding in Health and Disease" (Chalmers Watson), Oliver & Boyd, Edinburgh.

A CASE FOR REPORTING ANECDOTAL CASES

A single, outstanding case history.

Ger Bildenbrand

Anecdote: A narrative, usually brief, of an interesting incident or event.

In recent times, editorial colleges of peer reviewed journals of medicine have all but abandoned reportage of single case results. In contrast, only several generations ago such reports were typical. At that time, the

journals served as a forum for general practitioners to express clinical observations and to place hypotheses forward to be tested.

Current times find medicine bloated with

bureaucracy and gigantic budgets which are narrowly supportive of only certain research initiatives, e.g.: the recent well publicized trials of a new anti-inflammatory agent intended for the treatment of arthritis in which several deaths were the result of first human usage.

Important fields of research which are not funded by major sources for complex reasons, remain fallow. The General Practitioner is not encouraged to pursue areas of interest on an independent basis. In fact, attempts to standardize medical practice have resulted in an environment which is so oppressive that the GP dares not veer from well established treatment modes - which some of us regard as the deepest ruts in the road.

Perhaps the most unfortunate loss to clinical medicine which can be attributed to the pervading "way we do things" is in the field of therapeutic nutrition. Nutrition cannot be bottled, tableted, or individual dose blister-packed. It cannot be dispensed by the National Institutes of Health for Phase I Trials. It is also very likely that no one in medicine, medical technology, or pharmaceutical manufacturing will make a fortune at it. There is no incentive for any of the organizations which make up the controlling machinery of modern medicine to take any interest in therapeutic nutrition.

However, it is increasingly probable that therapeutic nutrition will re-emerge as the most fertile field for research and, indeed, for the discovery (and re-discovery) of successful managements for heretofore untreatable diseases.

When this happens (the truth, once discovered, eventually prevails) all clinical observations will once again be of great value. The many variants and sprawling nature of the study of therapeutic nutrition will preclude the type of clinical trials afforded individual drugs.

Certainly, general guidelines will be offered from time to time by top scientific agencies. But it is quite likely that the real development of successful treatments will be along empirical lines, which is to say: trial and error.

As cures of advanced cancer, cardiovascular disease, nervous diseases, autoimmune disorders, and others, occur as a direct result of therapeutic nutrition in various combined regimes, as they no doubt will, individual case reports will be of great value. What appears to be effective must be reported in the literature so that efforts may be made to confirm it. General Practitioners, working closely with individual patients will be most likely to observe and record correctly the dietary and medical measures actually adhered to by the patient.

Realistically, we must admit that anecdotal

reportage is in effect today. But it is confined to negative findings. Individual physicians participating in trials of new drugs are, after all, responsible to report isolated instances of negative side effects. In these trials, substances are tested which are assumed often erroneously, to be of positive value.

We at the Gerson Institute are convinced of the value of anecdotal case reportage. Most of our readers are aware that cancer-fund-raising concerns seek out and make great media hay of cases which seem to be headed into remission under the influence of drug treatments. Especially valuable for these purposes are patients who have remained disease free for several years in any of the major cancers. These are example of anecdotal reportage presented as fact to the lay community for fund raising incentive, but they have not passed peer review by the editorial college of any scientific journal. If these cases are of any importance, why are they not reflected in the medical literature?

It is important to remember that any cure of cancer, heart disease, or other chronic degenerative disorder, is the exception in medicine. Cures in these diseases stand out against the gray statistical background of typical response to treatment like stars against a vast black night.

General improvements in cancer patients cause by the Gerson Therapy are considered to be of little importance by many in medicine. Their question is: "Where are the cures?" But no mechanism exists to report small numbers of cures. Clinical trials require thousands of patients simultaneously receiving treatment. At this point in history, only dozens of patients receive the Gerson Therapy at any one time.

The small treating organization and individual medical practitioner will almost certainly never have sufficient numbers of patients to allow them entry to the medical literature under the current system.

Can we afford to not allow General Practitioners to participate in the science of medicine? Must the GP be relegated to the position of unthinking manual laborer? Shall the GP, who was once and may soon again be the most valuable practitioner in medicine, be constrained by fear of sanction? And shall we not hear the GP out when she or he observes clinical changes which appear to result from specific measures? Shall we never again have an open forum in medicine?

Or had we better rabble-rouse until we get the open forum?

We feel that all practitioners should be afforded the opportunity to utilize methods which offer potential positive results and to

relate observations in the peer reviewed literature and to share in the growth and progress of medicine. It is time for the journals

to open up, for new journals to be founded, in order to revitalize and accelerate medical progress and to free us from these well worn ruts.

THE CASE OF REVEREND SHAWN M.

Reverend Shawn M., admitted November 7, 1983, to the Gerson Therapy Center of the Hospital de Baja California at La Gloria, Mexico.

This 31 year old, white, male, Protestant fundamentalist preacher presented with palpable nodes resulting from a known case of non-Hodgkins Lymphoma previously confirmed by biopsy in Hacienda Heights, CA.

The patient suffered a secondary leukemia of 120,000 WBC.

In addition to these overriding conditions, the patient was markedly obese, weighing 260 lbs. at 5'8" height.

The patient had received no medical treatment for any of the above conditions.

On his admission to the Gerson Therapy Center, Reverend M. was prescribed the full intensive Gerson cancer therapy (as described in "A Cancer Therapy: Results of Fifty Cases", Gerson, Max; 3rd edition, 1977, published by the Gerson Institute, Bonita, CA, 92002).

Briefly, the therapy consists of a basically vegetarian dietary with meals of vegetables, fruits, and whole grains, fresh or freshly prepared. Drinking water is replaced by hourly fresh, raw juices of vege-

tables and fruits. Refined, altered, denatured, or enhanced foodstuffs are forbidden. The diet is sodium, chloride, fat, and protein restricted. Supplemental potassium, iodine, thyroid, and crude liver extract comprise the medical armamentarium. A repeatable choleric, enemas of a solution of boiled coffee, is administered to lower serum toxin levels. Coffee is a potent enhancer of the carcinogen detoxifying enzyme system, glutathione S-transferase (WATTENBURG). The Gerson cancer therapy reduces accumulated tissue sodium and chloride, promoting diuresis.

Within the first two weeks of treatment, the patient lost 35 lbs., presumably all in water weight. At the end of the second week he began to complain of a foul taste and a sensation of pain emanating from both sides of his lower jaw.

As these pains became more severe, he was referred to a dental surgeon who discovered and treated advanced necrotizing infections of long standing on both sides of the lower jaw. The patient was antibioticized.

Within twenty-four hours of the dental repair, the patient's lymph nodes doubled in size, becoming hot, indurated, red, and angry with intense stabbing pains. The patient found this pain unbearable and was

prescribed a combination of aspirin, vitamin C, and niacin, with additional coffee enemas. This procedure was successful in mitigating his discomfort.

Within the next week, as his inflammation subsided, the patient's nodes collapsed to 80% of their pretreatment size.

The patient returned to his home near Los Angeles to continue the treatment.

At last report, Reverend M's leukemia had been in remission for more than a year, with WBC in the normal range. His nodes, except for the one which was biopsied, are no longer palpable after a slow, steady shrinkage over the course of the last two years.

In addition, as another benefit of treatment, the patient now enjoys a much more normal weight of 170 lbs., is active to the extent that he is an avid racquetball player, and has expanded his ministry and duties with his church and congregation.

More detailed clinical information, including histological specimen (at the diagnosing institution), are available for examination by qualified professionals with the consent of the patient.

BOOK REVIEW: A TIME TO HEAL (Beata Bishop, Severn House, London, 1985).

"We strolled out into the grounds, deep in thought. 'I can't help feeling,' said Becky in her soft, slightly apologetic voice, 'that this therapy is a kind of benevolent medical time bomb. It's all there, ticking away quietly, it could blow a whole lot of current medical practice sky high and change our whole approach to health and illness. But very few people know of its existence and no one knows how to set it off.'

'If my dearest friend Catherine were here, I mused, 'she'd simply ask us what we are going to do about that. I suspect it's people like us who'll

have to set off the bomb, because no one else will do it. That's one more reason for us to get well, isn't it?'"

— A Time To Heal, Beata Bishop

The above conversation, narrated by Beata Bishop, took place at the Gerson Therapy Center of Mexico during the initial days of Bishop's treatment for metastasized, malignant melanoma. "A Time To Heal" chronicles Bishop's two years of therapy and her recovery from a disease which she was assured would take her life by mid-1981. Melanoma is a skin cancer which is regarded as relentlessly progressive, incur-

able, and uniformly fatal once it has spread.

It is an amusing, and frequently amazing diary of the healing of her body. Bishop surprises the reader with a humorously graphic anecdote in which she discovers that, after only thirty-three hours of Gerson's fresh vegetable and fruit juices and meals, she has broken a long term addiction to cigarettes. She fascinates us with her delight at regaining an acute sense of smell, recovering her failing eyesight, and watching her arthritis disappear.

But more than an account of her

Improving health, this book is an intelligent, perceptive introspection, a traveler's notes on an inward journey through darkness and raw emotion to a new realm of knowing tranquility and self-assuredness, a passage from a narrowly defined and tidy existence to a breathtaking frontier of monumental change and potential for the future.

And it is a flight of ecstasy, a passionately exuberant tale of re-arranging into a healthy body:

"Out of sheer relief I now wanted to do everything at once: talk to Budie, make telephone calls, inspect the garden, open my mail, have a rest, have a bath, unpack, go through the roof with sheer joy at being home again, alive and, if not well, at least much better than I had been at my departure. It was a great cascading moment of almost infinite potential and I was rushing around in my usual chaotic fashion which is as wasteful as it is enjoyable, when Budie looked at his watch and said, 'Isn't it time you had a juice at last?'"

Bishop's flight from the gray and mechanical world of conventional cancer care, after failure of a mutilating excision and botched skin graft to prevent recurrence of deadly melanoma, led her into an arena of battle for survival, populated by patients struggling to become well and alternative therapists in combat with the medical establishment. Repeatedly, the author reinforces the bewildering irony that her cure resulted from a treatment shunned by the industry of medicine.

Beatz Bishop is healthy now. In the introduction to her book, Dr. S.J.L. Mount, MB, BS, MRCP, FFRCR, states, "Beatz is now completely free of cancer, and this as a result of the Gerson Therapy. Not only is she free of cancer, she is free of malignant melanoma, one of the fastest spreading cancers."

And Bishop has now joined the fray, outfitted herself with logic, facts, and the truth, and taken the high ground of an informed perspective. She has fired off a first volley against public and professional ig-

norance. Perhaps her years of experience as journalist and broadcaster for the BBC prepared her for just this type of colossal challenge. Her restrained and reasoned appeal for individual action and responsibility in the movement to correct gross deficiencies in the food and medical industries rests on Bishop's simply stated comprehensive philosophy, "Live from day to day, do what you can, remember what you want, and get on with it."

It is with pleasure that I recommend this book as a literary artistic success, primarily constituted of that precious wisdom born of cruel experience, a too short morsel spiced with imagination and passion, and laced with dashes of intuitive genius which virtually pulse and vibrate from its pages.

— Gar Hildenbrand

("A Time To Heal" is available from the Gerson Institute in hard back for \$12.00 plus \$1.50 shipping. 6% sales tax in California only.)

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