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IMMUNITY CAN BE ALTERED BY (PAVLOVIAN) CONDITIONED RESPONSE, HYPNOTISM, AND MEDITATION

by Gar Hildenbrand

Through my years with the Gerson Institute I have many times fielded the question: "You do so much for the body, but what about the mind or soul?" As in any organization, opinions here at the Gerson Institute have been varied as to the correct response.

Proponents of Eastern religious practices have long maintained that regular routines of meditation will improve health. Skeptics (most medical scientists, athelsts, and persons involved with religions which do not teach meditation per se as distinct from some types of prayer) are generally not receptive to the idea that such a practice could be effective.

Now, from the University of Arkansas College of Medicine, Little Rock, Departments of Psychiatry, Medicine, and Pediatrics, comes evidence that scientifically applied techniques of meditation can be used to alter immunity. In a controlled experiment, G. Richard Smith, Jr., M.D., et al, have measured altered skin test and lymphocyte response to a viral challenge as a result of changes in meditative practice in a subject experienced in meditation.

Smith summarized his thoughts on the subject in an article appearing in the November, 1985 edition of the Archives of Internal Medicine, volume 145, pages 2110-2112:

"For centuries physicians have theorized about the possible role of the mind and/or psyche as a mediator between health and disease. There have been countless postulated mechanisms for this modulation. In recent years, attention has turned to the immune system as one possible system whereby the mind may affect, either negatively or positively, the transition from health to disease and at times back to health. This report will present data demonstrating an apparent voluntary, direct, psychologically mediated effect on the human immune system. Specifically, in a carefully designed single-case protocol, a woman meditator intentionally suppressed her cell-mediated immune response to varicella zoster viral antigen as measured in vivo by delayed hypersensitivity skin test reactions and in vitro by lymphocyte stimulation.

Direct evidence has been accumulating for several decades linking the mind and the immune system. There is a growing body of evidence demonstrating a direct link between psychological or behavioral processes and the immune system. Both animal and human data now provide sound evidence that a psychic event may alter some aspects of immune function."

In the course of his report Smith surveyed the recent literature for related articles. He reminded us that Black, et al, (British Medical Journal 1, 1649-1652, 1963) had demonstrated that hypnotized tuberculin-positive subjects who had been told that they would not react to injections of tuberculin all inhibited the Mantoux reaction.

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Charlotte Gerson, President

Smith also pointed out that Ader and Cohen (Psychosomatic Medicine 37, 333-340, 1975; Proceedings of the National Academy of Sciences 79, 583-585, 1982; and Science 215, 1534-1536, 1982) used a Pavlovian (learning) paradigm in which they paired saccharin, (the conditioned stimulus), with cyclophosphamide, (the unconditioned stimulus), and obtained reproducible immunosuppression when the conditioned stimulus, and obtained reproducible immunosuppression when the conditioned animals were reexposed to saccharin alone. In effect, animals "learned" that when they were given saccharin they suppressed their immune response. These experiments have been reproduced in two independent laboratories (Rogers, et al, Psychosomatic Medicine 38, 447-451, 1976; and Wayner et al, Physiological Behaviour 21, 995-1000, 1978).

Smith himself reported a clinical variant of the above (Psychosomatic Medicine 46, 65-70, 1983) in which seven tuberculin-positive subjects were exposed to a behavioral conditioning paradigm in which they expected the reaction on one arm to be positive and on the other arm to be negative. This was accomplished by inoculating one arm with tuberculin and the other with a non-reactive substance. When, unbeknown to them, the tuberculin was switched to the opposite arm, they had a significantly reduced response. Their clinical reaction to the tuberculin, measured by the size of the reddened and inflamed induration was reduced from a mean of 15mm to a mean of 4mm when they expected their reaction to be negative.

In the current report, Smith designed a study in which the "highly selected subject" served as her own control. She was given skin tests with varicella zoster (shingles) antigen once a week for nine weeks. During phase 1 (weeks 1-3) she was told to react normally. During phase 2 (weeks 4-6) she was asked to try to inhibit her reaction using any psychological practice or technique she chose. During phase 3 (weeks 7-9) she was asked to react normally again. Smith predicted that the immune response during phase 2 would be decreased from the levels of both phase 1 and 2. In order to verify results of the first test, the subject submitted to a second nine-week trial after nine months.

For readers who may be unfamiliar with meditation techniques, Dr. Smith's following account is instructive:

"The subject is a 39-year old woman who has followed an Eastern religious practice for the last nine years. During most of this time, as part of her religious practice, she would usually meditate once or twice daily for about 30 minutes. For the last three years, she has followed a specific tantric generation meditation practice whereby "higher energies" are visualized and she seeks to transform herself into those energies. During the phase 2 periods of the original and repeat experiment, she would usually reserve about five minutes of her daily meditation for attention to the study. First she would dedicate her intention concerning the study for universal good instead of self-advancement. She would also tell her body not to violate its wisdom concerning her defense against infection. Finally, she would visualize the area of erythema and induration getting smaller and smaller. Soon after each phase 2 injection, she would pass her hand over her arm, sending 'healing energy' to the injection site."

Data from the experiment confirmed Smith's hypothesis that the subject could voluntarily modulate her immune responses by a psychic mechanism. Both the observable inflammation at the site of injection and the test tube analysis of lymphocyte activity of the subject were affected as Smith predicted.

According to Smith, "It appears that the subject, acting with intention, was able to affect not only her skin test response but also the response of her lymphocytes studied in the laboratory".

Smith pointed out that reports have been published linking bereavement and life change stress with immune suppression (Barthrop, RM; Lancet 1: 834-836, 1977; Schielfer, SJ; JAMA 250:374-377, 1983; Locke, SE; Psychosom Med 46: 441-453, 1984). Smith's, however, are the first published data suggesting intentional direct psychological modulation of the human immune system.

"The results from this study certainly cannot be generalized to all

humans; however, perhaps other people have the ability to modulate their immune response or to develop the capacity to do so," wrote Smith.

I am confident that Smith is correct. Although my personal experience with meditation is shallow by comparison with expert practitioners and teachers, I am able to observe clinical changes in myself after short periods of meditation. One of the simplest of these is an increase in temperature of the extremities. This apparent voluntary improvement of circulation has been demonstrated numerous times by meditators and is one of the effects easiest to accomplish if one wishes to verify for oneself that it can be done.

Other apparent effects of meditation which may be more closely related to immune modulation are not easily measured by the clinical evaluator, e.g.: a pervasive and lingering sense of well-being, a sense of increased physical energy, optimism and the ability to react in a level manner to challenges.

Smith concluded, "If it proves to be the case that humans can significantly modulate their immune response, then two important outcomes may occur. The mechanism of infectious or neoplastic disease onset associated with various psychological processes such as hopelessness or depression can possibly be better understood. Perhaps, also, intentional modulation can be used therapeutically to increase or decrease immune response, depending on the particular disease state.

WHAT IS MEDITATION?

Meditation is an empirically derived technique which results in altered psychological and physiological states. The mechanisms are complex and are not easily grasped by new students as a rule. Time must be spent learning various exercises which, when repeated numerous times, enable the student to alter his/her psychosomatic condition.

An essential tenet of all types of meditation is the calming of thought processes. The meditator learns to "stop thinking" for short periods of time. There is a wide variety of techniques designed to help meditators achieve this prerequisite tranquility of mind.

In 1970, an Eastern yoga adept, Swami Rama, M.D., allowed himself to be studied by scientists at the Menninger Clinic. Rama, under direct observation and attached to cardiac monitors and electroencephalograph, voluntarily altered and produced various brain waves and stopped his heart from pumping blood for 17 seconds. He was able to achieve these remarkable controls over physiological systems widely regarded as autonomic through a process of physical yoga practice and meditation.

Rama, in his "Lectures on Yoga" (pub. by The Himalayan International Institute of Yoga Science and Philosophy of the U.S.A., Honesdale, PA 18431, 1979) discussed the nature of meditation:

"Meditation is not properly understood in the Western world. Some people think of it as merely concentration, others understand it to be silent prayer. In the Encyclopedia Britannica, for instance, the word "meditation" has been explained as concentration, but the word "concentration" has not been explained further. Modern dictionaries define meditation variously as follows: 1. Sustained reflection; the turning or revolving of any subject in the mind; close or continued thought. 2. A private devotional act consisting of deliberate reflection upon some spiritual truth or mystery, accompanied by mental prayer and resolutions as to future conduct. 3. A private religious or devotional exercise consisting of a continuous application of the mind to the consideration of some religious or moral truth, or the like, in order to promote holiness or love of God.

"None of the above definitions explains the word "meditation" accurately. It is properly defined by the Sankhya school of philosophy as "Dhyanam nirvishayam manah", which may be translated into English as, 'The liberation of the mind from all disturbing and distracting emotions, thoughts and desires.'

"Typically, our minds are restless and confused. Our attention flits from one thought to another. Through the course of a single day we may experience many unpleasant emotions such as anxiety, depression, disappoint-

ment, anger and frustration, and we are pulled here and there by the many desires which we have. We are easily distracted and find it difficult to find a center of equilibrium, and there is scarcely a chance to find rest and renewal.

"Very few people know that meditation is a practice which, from the very beginning, helps us to find stability and calmness. We become freed from the restless desires, from the disturbing thoughts which normally come before our minds and from our emotional reactions. As we progress in the practice of meditation we come to find that disturbances are gradually replaced by an ever-increasing sense of peace and happiness. Our mental and emotional environment becomes purified and we experience a sense of inner refreshment and joy.

"Through meditation an aspirant's cognition, emotion and volition become unified, and his latent powers are awakened. Only through such a total integration of the mind can one develop a dynamic personality, but all the glorious deeds in human history have been achieved by men of concentrated will power. On the other hand, western psychologists, psychiatrists and physiologists have begun to realize that the human mind is the originator of conflicting urges and emotions as well, and that many diseases have their origin in the unconscious. What they do not yet know is that these conflicts in the mind can be resolved through meditation.

"Meditation begins with concentration, for through concentration the mind becomes steady and one-pointed. When concentration leads to the uninterrupted flow of the mind towards one object, this becomes meditation. The mind is then expanded to the higher realms of the superconscious state. Thus, meditation is the process through which mind is first made one-pointed and then expanded to the state of enlightenment. It involves a subtle yet definite conscious effort.

"The science of meditation was developed systematically in ancient India during the Upani-

shadic period. It was elaborated upon later by the seer, Patanjali, and the practices which were developed spread far and wide. A school of meditation was established for instance, by Indian monks in Egypt around the third or fourth century A.D. and in China around 525 A.D.. Later, the teachings traveled to Japan. In fact, the word "Zen" is derived from the Sanskrit word "Dhyanam" which means meditation. In the Christian tradition a school of meditation was established by St. Anthony, and the methods of meditation were known to saints such as St. Francis and others, but because of fear that it would become the object of religious persecution, the art of meditation remained secretly hidden in the sacred bosoms of a few wise saints."

There are many forms of meditation based in both secular doctrine and religion. The several following are listed, not as the best, but as good examples of well known techniques of meditation which probably result in physiological responses in the meditator similar to those observed by Dr. Smith. A popular secular school of meditation (interestingly inspired by the mission and works of Jesus Christ) is "Silva Mind Control" ("I Have a Hunch", Jose Silva, published by the Institute of Psychorientology, Laredo, Texas). Silva's understanding of the mechanisms of meditation stems from unconventional thought and ideas. Silva's language hints at, but cannot adequately express, the nature of meditation and the qualitative changes he ascribes to it. It is instructive to read his reflections:

"Everybody before us who tried to develop, or who developed, systems or methods to discipline the human mind used thought control technics to arrive at their objectives. Afterwards they named their methods yoga, Zen, Transcendental Meditation and hypnosis. We also used thought control technics to arrive at our objective and since we were using thought control we decided to call it what it is: Mind Control.

"The Silva Method of Mind Control is a product of psychorientology, which is a term coined by us. Psychorientology means psychorientation, or mind orientation,

which is the same as educating the mind. Psychorlentology is the science that educates the mind to function at a brain frequency that is different from the conventional, which is typically twenty cycles per second brain frequency. Through psychorlentology we learn to function with full awareness at the center of the brain frequency spectrum, the ten cycle brain frequency.

"Before this training, the ten cycle brain frequency was considered to be the subconscious dimension. This training, then teaches us to function at the subconscious consciously. We call this same dimension the clairvoyant dimension, and one who learns to function at this dimension and also learns to use the right-brain hemisphere with full awareness, we call a clairvoyant.

"We find that only ten percent of humanity are naturally clairvoyant, the ones who have automatically learned on their own to use both brain hemispheres for thinking. The other ninety percent are non-clairvoyants who use only their left-brain hemisphere for thinking. To be fully developed humans we need to learn to also use the right-brain hemisphere and function as Christ said we could, like 'prophets and wise-men' so we can 'cure the sick, raise the dead, cleanse the lepers and cast out devils'.

"The methods of healing that I originally conceived were gradually changed according to my successes and to my observations of other healers while I was researching unorthodox healing in other countries. I will explain each method in full detail, but first I must explain the following:

"To be successful with these methods, the healer should accept the reality of another dimension, a spiritual, non-objective, but energetic dimension. From here on, I will refer to this dimension as the subjective dimension. We must always consider that we exist in two dimensions, the physical, objective, material dimension where the brain and body exist; and the subjective dimension where human intelligence and mind exist."

An early fourteenth century mystic Christian work by an anonymous author (word style and language suggest a country parson from the East Midlands of the British Isles, presumably a monk), "The Cloud of Unknowing" (translated by Clifton Wolters, Penguin Books, New York, 1961) offers undeniable instruction in meditation (as distinct from many contemporary types of "prayer"). Because of the remarkable similarity of this early Christian approach to the so-called "Eastern" religion based forms of meditation, I feel safe to speculate that it, too, might result in immune modulation. For those from Christian background, this text might provide easier access to the type of exercises taught in the other disciplines. The following example is illuminating:

"But now you will ask me, 'How am I to think of God himself, and what is he?' and I cannot answer you except to say 'I do not know!' for with this question you have brought me into the same darkness, the same cloud of unknowing where I want you to be! For though we, through the grace of God can know fully about all other matters, and think about them -- yes, even the very works of God himself -- yet of God himself can no man think. Therefore I will leave on one side everything I can think, and choose for my love that thing which I cannot think! Why? Because he may well be loved, but not thought. By love he can be caught and held, but by thinking never. Therefore, though it may be good sometimes to think particularly about God's kindness and worth, and though it may be enlightening too, and a part of contemplation, yet in the work now before us it must be put down and covered with a cloud of forgetting. And you are to step over it resolutely and eagerly, with a devout and kindling love, and try to penetrate that darkness above you. Strike that thick cloud of unknowing with the sharp dart of longing love, and on no account whatever think of giving up.

"Should any thought arise and obtrude itself between you and the darkness, asking what you are seeking, and what you are wanting, answer that it is God you want: 'Him I covet, him I seek, and nothing but him.' "Should he

(the thought) ask, 'What is God?' answer that it is the God who made you and redeemed you, and who has, through his grace, called you to his love. 'And', tell him, 'you do not even know the first thing about him.' And then go on to say, 'Get down', and proceed to trample on him out of love for God."

Several religion based systems of meditation with which I am familiar in addition to the raja yoga of Swami Rama are "Transcendental Meditation" as taught by the Maharishi Mahesh Yogi of India, and the "Kriya Yoga" approach espoused by Paramahansa Yogananda of India and the USA. Both of these are well communicated in publications by the Maharishi and Yogananda as well as in the publications of the institutions which promote their teachings.

Yogananda, in his "Autobiography of a Yogi" (Self-Realization Fellowship, Los Angeles, CA, 1977), describes the physical experience of the meditator:

"In deep meditation, the first experience of Spirit is on the altar of the spine, and then in the brain. The torrential bliss is overwhelming, but the yogi learns to control its outward manifestations".

Alan Watts, in his classic "Psychotherapy East and West," (Random House, 1961) states, "If we look deeply into such ways of life as Buddhism and Taoism, Vedanta and Yoga, we do not find either philosophy or religion as these are understood in the West. We find something more nearly resembling psychotherapy. This may seem surprising, for we think of the latter as a form of science, somewhat practical and materialistic in attitude, and of the former as extremely esoteric religions concerned with regions of the spirit almost entirely out of this world. This is because the combination of our unfamiliarity with Eastern cultures and their sophistication gives them an aura of mystery into which we project fantasies of our own making. Yet the basic aim of these ways of life is something of quite astonishing simplicity, beside which all the complications of reincarnation and psychic powers, of superhuman mahatmas, and of schools for occult technology, are a smoke screen in which the credu-

ious Inquirer can lose himself indefinitely....The main resemblance between these Eastern ways of life and western psychotherapy is in the concern of both with bringing about changes of consciousness, changes in our ways of feeling our own existence and our relation to human society and the natural world. The psychotherapist has, for the most part, been interested in changing the consciousness of peculiarly disturbed individuals. The disciplines of Buddhism and Taoism are, however, concerned with changing the consciousness of normal, socially adjusted people. But it is increasingly apparent to psychotherapists that the normal state of consciousness in our culture is both the context and the breeding ground of mental disease. A complex of societies of vast material wealth bent of mutual destruction is anything but a condition of social health."

Yoganada illuminates the subject of Watt's statements: "Studies in consciousness by Western psychologists are largely confined to investigations of the subconscious mind and of mental diseases that are treated through psychiatry and psychoanalysis. There is little

research into the origin and fundamental formation of normal mental states and their emotional and volitional expressions - a truly basic subject not neglected in Indian philosophy. Precise classifications are made, in the Sankhya and Yoga systems, of the various links in normal mental modifications and of the characteristic functions of buddhi (discriminative intellect), ahankara (egoistic principle), and manas (mind or sense-consciousness)."

In each of the above schools of meditation, one recognizes a unifying thread of similar practice. Although the language and vernacular of any of these schools may be different, each employs exercises designed to help the student alter his conscious experience and thinking. In my experience, all of the various schools of meditation tend to instruct meditation using an esoteric glossary and concepts. Commonly, meditators describe telepathic and clairvoyant experiences (which are, I think, unnecessarily denied by skeptical rationalists who avoid confronting phenomenon they cannot understand or explain. Rationalism itself is a pseudoscience, almost a religion, which worships "reason" and which often

overlooks Bacon's laws of empiricism, specifically: direct observation of natural fact).

I do not know of any successful school of meditation which does not rely on an "intuitive" sense of awareness of the presence of God or Spirit or an "alternate realm" or "corresponding universe", all of which concepts are foreign to rationalism which holds "reason" to be supreme. The central beliefs accepted by those who regularly meditate are held to be scientifically unreasonable by the majority of contemporary researchers.

However, meditation alters immunity. The claim that these practices result in better health is universal among the various schools of meditation. It has now been scientifically verified that meditation can be consciously used to alter immunity, and even rationalists must admit, "the proof is in the pudding". Science may find that a percentage of practicing meditators are not able to significantly affect immunity, but it is my guess that we will discover that most such persons benefit. Results of recent research should provide the basis for much further investigation.

* * *

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by Gar Hildenbrand

In 1982 we wrote of the advent in medicine and medical research of a new technology call nuclear magnetic resonance scanning (magnetic resonance imaging), (Hildenbrand, G.; *The American Revolution in Cellular Biology*, J.Gerson Inst.2(1), 1982).

Dr. Raymond Damadian, we reported, had successfully developed non-toxic magnetic imaging, which he invented, to the extent that it was now ready to topple all other imaging technologies, especially X-ray and CAT scanners.

Over the years, various others have tried to take credit for Damadian's inventions, and large manufacturing concerns have defied Damadian's claims to patent and built, marketed, and sold their machines. Technicare Corp., a subsidiary of Johnson & Johnson ignored Damadian's 1974 patent for medical uses of

magnetic resonance imaging. Damadian sued.

Business Week magazine, December 16, 1985, headlined the outcome of the most recent battle in the war of Damadian vs. Johnson & Johnson: "A Medical Inventor Beats a Goliath in Court". A federal district court jury in Boston upheld Damadian's patent and found Johnson & Johnson guilty of patent infringement.

Damadian was elated at the victory, commenting, "I feel wonderful Trying to build a company among giants who assume they are going to wipe you off the slate is disheartening, especially when they are using your machine to do it." If punitive damages are awarded, the technology will be licensed and "they will be paying us no matter whose machine they buy," said Damadian.

* * *

BENEFITS OF CHEMOTHERAPY QUESTIONED

An important article in the November 8, 1985, *American Medical News*, which is published by the *American Medical Association*, highlighted a group of critics of aggressive therapy for breast cancer.

According to *American Medical News*, at an October 26th conference jointly sponsored by the *Center for Medical Consumers* and the *National Women's Health Network*, Stephen K. Carter, M.D., a former Deputy Director of the *National Cancer Institute*, called adjuvant chemotherapy for post surgical breast cancer patients "an experiment which has generally been disappointing." Dr. Carter, an Adjunct Professor of Medicine at *New York U. School of Medicine*, is Vice President of *Anti-Cancer Research for Bristol-Myers*, a major manufacturer of chemotherapeutic drugs.

Dr. Carter and other speakers informed the conference that chemotherapy and other such invasive procedures, eg: radical mastectomy, so-called "preventive" hysterectomy, and surgery for fibrocystic breast disease, are often overused or inap-

propriately used.

Dr. Carter spoke of a study in the mid 1970s, when two groups of women were examined two to three years after surgery. Early results of clinical studies suggested that women treated with post surgical chemotherapy suffered relapses less often than those treated with surgery alone. "That was treated as a tremendous triumph," Dr. Carter said. "What we should have realized at the time, but didn't, is that breast cancer is a very chronic disease, that relapses can occur late, and that we would have to wait several years before we would have the true bottom line' that is, would more women be alive five to 10 years after treatment as a result of the chemotherapy? There really weren't more women alive after adjuvant chemotherapy than there were alive after surgery alone, and this was particularly true for postmenopausal women," Dr. Carter said.

Dr. Susan M. Love, Director of the *Breast Clinic* at *Beth Israel Hospital*, Boston, and a *Clinical Instructor* in Surgery at *Harvard Medical*

Business Week reported, "Fonar's victory comes just as the market is expected to take off. Most of the machines installed so far are for research purposes. But the technique has received widespread attention because it allows doctors to see soft structures in the body, such as tumors, with greater clarity than X-rays. On Dec. 3, researchers at *Massachusetts General Hospital* announced they had developed a way of using MRI to show blood flow through the arteries - a technique that could replace the X-rays and injected dyes now used to diagnose heart disease. Because MRI promises to be an important medical tool, the *Health & Human Services Dept.* agreed on Nov. 22 to reimburse medicare patients for the cost of an image - about \$750. Other medical insurers are expected to follow suit, and this should encourage many hospitals to order the machines."

School, explained why radical mastectomies have failed to prolong life. It is now believed that, by the time malignant breast tumors are large enough to be detected, they may have been present for eight to ten years, and in that time a few cancer cells "probably get out of the breast and into the lymphatic system or bloodstream in everybody," Dr. Love said.

Dr. Love stated that results of at least one recent five year study of patients whose cancers recurred found no difference in survival rates after five years between patients who underwent a mastectomy upon diagnosis and those who first had a lumpectomy, with or without radiation. "The surgeons are very tied into doing a big operation and as much as we change the theories they still believe that more is better... [But] It's been pretty well established that all you really want to know is whether there are lymph nodes positive for cancer or not," she said. Dr. Love stated emphatically that it is unnecessary to remove all of the 30-60 lymph nodes in the armpit.

by Yvonne Nienstadt

The following recipes were created for Gerson Therapy patients who adhere to a strict sodium- and fat-free diet, abundant in fresh, organically grown fruits and vegetables, with some whole grains and non-fat dairy products.

The cooking process itself is designed to preserve nutrients by the technique of waterless slow-cooking. Basically foods are cooked in their own juices to reduce vitamin and mineral loss and are cooked slowly to gradually break down fiber to make it softer and more digestible while keeping the nutrients suspended in the cells of the plant. In normal rapid cooking. The plant cells burst, the fiber toughens and

the nutrients often escape into steam which leaves the pot or into the cooking water only to be sadly discarded.

While Gerson Therapy does require a rather radical change of eating habits for most, so-called "normal" fare may still be adapted and modified to fit the regimen. As patients begin to regain their health, they often long for foods that once gave them pleasure. I have tried to create foods that are at least reminiscent of traditional foods. Since these recipes often tend to be complicated by the sheer fact that everything is made fresh, from scratch - let me suggest that a special day

once a week be set aside for a feast, a day when other hands are available to help create the dishes, enjoy the meal, and then help with the clean-up.

Whatever your circumstance... whether dealing with serious illness or just desirous of a health maintenance and disease prevention program, it is my sincere hope that you delight in these recipes and, more importantly, that you feel the qualitative difference in your well-being that comes with simple, lighter fare.

STUFFED ACORN SQUASH STARS
(serves 6-8)

- 3 or 4 small acorn squash sliced crosswise in 1" thick slices (remove seeds)
- 1 & 1/2 C cooked brown rice (or use part wild rice)
- 1 & 1/4 C garbanzo sprouts ground in Norwalk or processor
- 3 to 4 Tbsp parsley minced
- 1/3 to 1/2 C onion, finely diced
- 3/4 C celery, finely diced
- 2/3 C raisins (optional)
- 1/2 tsp ground cumin*
- 1/2 tsp thyme
- Parsley & orange slices for garnish.

Arrange squash slices on baking sheets. Mix remaining ingredients. Using ice cream scoop or spoon, fill centers with stuffing. Cover with foil and bake at 300-325 degrees for 1 hour and 15 minutes or until tender. Carefully remove from sheet with spatula. Garnish with minced parsley and add a squeeze of fresh orange for tanginess.

*Note: While Dr. Gerson did not specifically allow cumin, he did permit caraway, anise, & fennel which are all in the same family of plants. So I've taken the liberty of extending his list a trifle.

COLD BROCCOLI SALAD

- 2 lbs broccoli, cut into bite-sized pieces. Cook over a low flame in a heavy pan with a tight fitting cover until barely tender, about 25-30 minutes. Chill.
- 1 head curly endive
- 1 C cherry tomatoes
- 1/2 C shallots or green onions
- 1 C Buttermilk dressing (see below)
- 2 to 3 Tbsp chives
- 2 to 3 Tbsp parsley

Combine broccoli, tomatoes, and shallots in bowl. Mix in dressing. Arrange on bed of endive and garnish with chives and parsley.

BUTTERMILK DRESSING

- 1 C churned buttermilk (not cultured which contains cream)
- 1/3 C non-fat yoghurt cheese*
- 1/4 tsp horseradish powder
- 2 tsp honey
- 1 Tbsp cider or wine vinegar
- 1/2 tsp dill, tarragon, or savory

Hand beat or buzz in blender until smooth. Leftover dressing may be kept in a tightly covered jar in the refrigerator for 48 hours.

*Yoghurt cheese is made by hanging non-fat yoghurt in a muslin sack over a sink or bowl or in a muslin lined strainer until it thickens to the consistency of cream cheese -without the fat - in about 6 to 8 hours.

PUMPKIN PUDDING PIE
(unbaked)

- One 8" or 9" pie crust
- 1/2 C granulated tapioca
- 1 & 1/2 C dates, pitted and chopped
- 1 & 1/4 C apple juice or water
- 1/2 tsp allspice
- 1/2 tsp coriander
- 1/4 tsp mace
- 2 Tbsp unsulphured molasses (optional)

Soak tapioca and dates in juice overnight. In morning stew over low flame using a burner pad to diffuse heat. Cook for 30 minutes stirring frequently to prevent sticking. This will be very thick. Puree tapioca and pumpkin in Foley food mill or processor. Add

spices and molasses. Pour into prepared pie crust and chill thoroughly (may put in freezer for several hours till very firm), otherwise cutting will be a problem. Serve with a dollop of honey sweetened yoghurt cheese* if desired (and permitted by physician).

VARIATION: Use cooked squash, yams, or sweet potatoes in place of pumpkin.

*For directions on how to make yoghurt cheese, see buttermilk dressing recipe above.

CRUST

- 1 & 1/4 C oat flour
- 1/3 C churned buttermilk, applejuice, or water (cold)
- 2 tsp honey (optional)
- 1/2 tsp allspice or mace
- 1 tsp Featherweight (sodium free) baking powder* (optional)

Mix dry ingredients. Add honey and just enough liquid to make a stiff dough. Knead lightly to mix. Roll out on floured board or between layers of waxed paper. Carefully place in pie plate which has been thoroughly coated with oat flakes to prevent sticking. Trim excess dough and flute edges or make indentations with fork. Chill crust, then bake at 325 degrees for 10-15 minutes or until lightly browned.

Note: This will not be your traditional flakey crust, so roll out thin.

*Under advice of physician. (Tell him where you got the idea and read him the ingredients.)

BON APPETIT!

THE GERSON GOURMETS: SETTING THE PACE FOR SHARING

Annie Eveland of Phoenix, Arizona, had an idea which we would like to share with you; she contacted as many Gerson patients as she could locate in the Phoenix area and started a supper club called "the Gerson Gourmets".

This idea is not new, but Ms. Eveland's approach to it is so energetic that she reminds us of the benefits/ of such support groups.

The shift in lifestyle required to do the Gerson therapy takes one far out of phase with the majority of people in the U.S., or any country

for that matter.

Gerson's visionary contributions to medicine, especially to therapeutic nutrition, are most easily admired from a distance. It is much easier to praise Gerson's work with intelligent comments, eg: "It's so logical," "It's certainly comprehensive," than it is to put Gerson's teachings into practice.

The most resourceful of Gerson patients will benefit from contact with others who have chosen the Spartan way to health. There is NOTHING easy about the Gerson therapy. Which is not to say that

It is impossible, but it is important to acknowledge the difficulty of the regimen. And it is important for those who are enduring it to have contact with others. It can't be easy, but it can be rewarding.

For any of our members in the Phoenix area who are not part of Ms. Eveland's group, her number is (602) 952-1045.

If you would like to start a group in your own area, we will be happy to publish contact information. Please send us a post card or letter.

* * *

SEASONS GREETINGS

For those of us involved in this work, and for patients of the Gerson therapy, there are no days off. But during this special time

of year we are inspired to send out to our friends our warmest wishes for health and good spirits during the holy days of several religions

and the turn of the new year. May Heaven bless you all.

With best regards,

Charlotte Gerson

Arthur Gerson

Norman Fritz

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