



HEALING NEWSLETTER

NL #12, MAR-APR 1986

THE GERSON INSTITUTE

\$1.00

"WAR ON CANCER" A FAILURE

In a recent issue of the New England Journal of Medicine (*NEJM*) Dr. John C. Bailar III continued his broadsides against the national war against cancer. Bailar, of the Harvard School of Public Health, is a senior scientist of the HHS Office of Disease Prevention and Health Promotion, a statistics consultant to *NEJM*, and a former editor of the *Journal of the National Cancer Institute*.

The nation is now familiar with Bailar's assertion: "We are losing the war against cancer". In early May, both United Press International and the Associated Press circulated stories regarding the opinions of Bailar and colleague Elaine M. Smith of the University of Iowa which were published recently in *NEJM*.

The scientists cited age-adjusted cancer mortality statistics which indicate an 8% increase in cancer deaths since 1950. The statistics were supplied by the National Institutes of Health and the National Cancer Institute. Bailar and Smith wrote in *NEJM*, "We see no reason for optimism about overall progress in recent years. There is no reason to think that, on the whole, cancer is becoming any less common".

Acknowledging that there have been some breakthroughs in understanding aspects of various cancers and in treating a few rare forms of the disease, the researchers insisted that the overall death rate from cancer has increased steadily over the past three decades. "The main conclusion we draw is that some 35 years of intense effort focused largely on improving treatment must be judged a qualified failure," they said.

Suggesting that funding emphasis should be shifted away from current research initiatives, the researchers were optimistic about prevention. "Although no one can be certain about the benefits of preventive efforts, history suggests that savings in both lives and dollars could be great," they said. "Research opportunities in other areas of cancer prevention may well merit sharp increases in support, even if this requires that current treatment-related research must be substantially curtailed," they wrote.

There has been much discussion of the Bailar-Smith study in many circles. However, its real impact is questionable. Most readers are unaware that Bailar had already made public statements regarding the "war on cancer" in June of 1985 which were published in the July 8 issue of the *AMA's Medical World News*. At that time, Bailar told the American Association for the Advancement of Science, "The national cancer program - now 15 years old formally and 35 years old informally - must be judged a qualified failure. It has not produced the results it was intended to produce. I see no likelihood that it will."

A year ago, Dr. Bailar said, "I think it's time for a shift of direction into prevention. It may be that cancer prevention will be no more successful in the long run than our efforts at treatment. I do think though, that at this point we're obligated to try." At the same meeting, epidemiologist James E. Enstrom, an associate researcher at the UCLA School of Public Health, noted that if present trends continue, cancer will soon surpass ischemic heart disease as the leading cause of death in this country. Though a person's probability of developing cancer over a lifetime is now 35% - as compared with 30% in 1975 - those odds will increase to 41% by the turn of the century, he added.

(Please see "War" page 8)

Contents:

WAR ON CANCER A
FAILURE
PAGE 1

BOOK REVIEW AND
COMMENTARY: "A
MACHINE CALLED
INDOMITABLE"
PAGE 2

GERSON INSTITUTE
SPEAKING
ENGAGEMENTS
PAGE 2

TWO CASE
HISTORIES:
CLINICAL RECORDS
AND PERSONAL
ACCOUNTS OF
REMISSION OF
MALIGNANT
DISEASE
PAGE 3

SUBSCRIPTION \$25.00/YEAR:

GERSON INSTITUTE
PO Box 430
Bonita, CA 91908-0430
(619) 585-7600

© Copyright 1985
The Gerson Institute

Charlotte Gerson, President

BOOK REVIEW AND COMMENTARY:

by Gar Hildenbrand

A MACHINE CALLED INDOMITABLE by Sonny Kleinfield (Times Books, 1985). Sonny Kleinfield is a *New York Times* reporter and author of *The Traders* and *The Biggest Company on Earth: A Profile of AT&T*. His newest book is a real scoop, the first inside story behind the most significant development in diagnostic pathology in the history of medicine. Nuclear Magnetic Resonance (NMR) scanning and imaging which, in spite of its youth, has already proved more effective than X-ray and CAT scanning in most applications, is the first technology by which tissue chemistry can be measured *in vivo* (by electronics and without altering the health of the patient).

The story of the genesis of medical NMR is mythic in proportion. The scientists who played key roles are each important enough to have books written about them. It is a story with which I am very familiar and which our readers will recognize as a part of the "American Revolution in Cellular Biology" (Hildenbrand, Gerson Institute, 1982). Kleinfield has attempted, I assume with coaxing and coaching from Dr. Raymond Damadian, to tie together at least some of the more manageable aspects of an accelerating paradigm shift toward a truly quantitative medical science in which NMR will be central. Damadian is the inventor of "Indomitable," the first imaging medical NMR scanner.

There are some structural problems with "A Machine Called Indomitable," and they are caused by the immensity of the story of medical NMR. Kleinfield has been unwilling to focus narrowly which is fortunate in some respects. However, to do justice to the material he includes it would have been appropriate to create a more substantial and lengthy book. There is simply too much story here for a short novel.

There are three major thrusts in this book, three separate beginnings. First, Kleinfield explores the environment within which medical NMR scanning and imaging developed. Second, we are given a biography of Raymond Damadian. Finally, we are given a day by day account of the building of the first imaging medical NMR scanner.

This last section of the book is, as implied by the title, the one Kleinfield set out to write. The fact that he ran into a gigantic story which was unmanageable in the format he was prepared to use was really not his fault. But one wishes that he had made better use of the opportunity.

The matrix in which the machine called "Indomitable" was conceived was created by a marriage of biology and physics. "Indomitable" is to diagnostic pathology what Galileo's first telescope was to astronomy. It has allowed validation of many theoretical speculations and provided proofs where none have been available.

NMR imaging originated in modern concepts of salt water biophysics which were introduced by Dr. Gilbert Ling in his Association-Induction Hypothesis. Ironically, Ling's work has not been generally accepted. In an effort to explain to the lay reader the potential of the relationship of NMR to medicine, Kleinfield writes at length on the inadequacy of currently popular biophysical concepts to account for cell ion concentrations. He explains that cell fluids are high in potassium and low in sodium. However, the serum which nourishes cells is high in sodium and very low in potassium. Ion pumping enzymes have been imagined as possible mechanisms by which cells hold potassium and extrude sodium, but none have been

discovered. Damadian's probing mind saw past currently popular concepts of "sodium pumping mechanisms" in cell membranes. His plucky personality gave him the freedom to wander to the creative fringe of biophysics, to envision the "cytotonus" theory as an alternative to ion pumps. His ideas led him to Ling and a group of tough, highly principled geniuses, including Dr. Freeman Widener Cope and Dr. Carlton Hazlewood.

As the book unfolds, sadly, we lose track of Ling, Hazlewood, and even Damadian's close friend and NMR teacher Freeman Cope. It was Cope, disciple of Ling, who obtained the first sodium NMR signals from living tissue in 1967 and who, with Damadian, received the first potassium NMR signals from bacteria in 1969. The influence and utility of medical NMR have gone full circle to enormously enhance the efforts of Ling and his colleagues. But Kleinfield does not bring us back into the sciences which are the rootstock of medical NMR. We therefore leave his book without a fully developed appreciation for the tremendous forward motion in biophysics represented by medical NMR.

We also lose track of Damadian's personal life, many of the conventional biographical aspects of it, such as the impact of Damadian's (Please see "Review" page 7)

GERSON INSTITUTE CONVENTION AND SPEAKING ENGAGEMENTS

Charlotte Gerson will be appearing at the following cities (with the exception of New York, Oct. 4-5, at which Norman Fritz will lecture).

DATE	CITY	SPONSOR
June 21-22	San Jose, CA	*Nat. Health Fed.
July 4-6	Los Angeles, CA	*Ca. Control Soc.
July 26-27	Dallas, TX	Nat. Health Fed.
August 9-10	Chicago, IL	Nat. Health Fed.
Sept. 6-7	Atlanta, GA	Nat. Health Fed.
Oct. 4-5	New York, NY	Nat. Health Fed.
Nov. 1-2	Orlando, FL	Nat. Health Fed.
Nov. 28-30	Pasadena, CA	*Health Horizons
Jan. 17-19 (1987)	Pasadena, CA	Nat. Health Fed.
*National Health Federation P.O. Box 688 Monrovia, CA 91016	*Cancer Control Society 2043 N. Berendo Los Angeles, CA 90027	*Health Horizons (412) 776-4252

TWO CASE HISTORIES

Clinical Records and Subjective Personal Accounts of Two Patients Who Achieved Remission of Malignant Diseases Through the Dietary Therapy of Dr. Max Gerson (Germany and New York).

The diet-based combined medical regime of Max Gerson is an integrated set of medical treatments which has cured many cases of advanced cancer in man. Theoretical bases of the Gerson cancer therapy are set forth in his monograph, 'A Cancer Therapy: Results of Fifty Cases' (Max Gerson, 4th Ed., pub. Gerson Institute, CA). The diet is sodium, fat, and (temporarily) protein restricted. Emphasis on fresh fruits and vegetables, and the replacement of drinking water with raw juices of those foods, ensures a high vitamin and mineral intake. The potassium to sodium ratio of the regime is far greater than the norm. Iodine and thyroid supplementation alter the rate of cellular metabolism. Coffee enemas stimulate liver detoxication enzyme systems (glutathione S-transferase), excretion of bile, and dialysis of toxic products from blood across the gut wall. The therapy is entirely empirically developed and must be used as an integrated whole. Single aspects of the therapy used in isolation will not be successful.

CASE 1: SUSAN CANTRELL

MALIGNANT MELANOMA: PRIMARY IN SKIN OF DORSAL RIGHT WRIST INVASIVE TO 4.5 MM (LEVEL V), REMOVED, SKIN GRAFT.

RECURRED: SUBCUTIS, RIGHT AXILLA, REMOVED AND CONFIRMED TO BE MALIGNANT MELANOMA.

The patient presented at age 29 with a progressively enlarging lesion on the dorsum of her right wrist. She had had previous moles removed, one from the right forearm, but then noted increasing irritation, itching and erythema surrounding a congenital nevus on the dorsum of the right wrist which would also bleed at times with trauma. The lesion grew from approximately 3 mm. to 5 mm. in diameter by November of 1979. The lesion was excised and the pathology examination raised a question of a level V malignant melanoma arising in a congenital nevus.

She was then referred to the Melanoma Clinic at the University of California and the consultants there were unable to state that the lesion definitely was a melanoma and recommended reexcision with approximately 1 cm. margins. This was carried out on January 8, 1980 and thereafter the specimen was reviewed by three pathologists, all of whom were in agreement that the lesion was a malignant melanoma.

Two of the consultants noted the absence of post-response and stated that the greatest thickness was in excess of 4 mm. characterizing this as a high risk lesion. It was the feeling of the Melanoma Clinic in San Francisco that the best

hope of surgical control of the disease would be wide reexcision and grafting of the area of the primary site together with elective lymph node dissection.

The patient was reoperated. A wide reexcision of the lesion was carried out with a split thickness skin graft taken from the right thigh. A complete right axillary lymphadenectomy was also performed. Residual tumor infiltrates of melanoma were present in the specimen excised from the wrist and lymphatic invasion was seen. No blood vessel invasion was seen, however. All of the axillary lymph nodes displayed reticulum cell hyperplasia, but melanoma cells were not identified in those nodes.

However, in November of 1980 the patient presented with a large right axillary lesion which had been growing persistently. This was removed by wide excision. The 7 mm. diameter lesion in the subcutis arising in a lymphatic was composed of clusters of pigmented (melanin), anaplastic epithelial cells with numerous mitotic figures.

The patient was admitted on November 28, 1980, to the Gerson Therapy Center of Mexico. Her treatment with the Gerson cancer therapy was initiated immediately. Her response to therapy was excellent.

A walnut-sized node was left at her last surgery as a marker for the success of a proposed "heated perfusion" with melphalan. This tumor decreased in size until no longer palpable at the end of five months.

The patient's compliance with Gerson cancer therapy procedures was excellent with the exception of a dangerous lapse of four weeks

after the first eleven months of treatment. However, she returned to treatment and after a difficult period of intense physiological response was able to manage well and to successfully complete her therapy. She is currently in complete remission and in excellent health.

FROM THE PATIENT'S POINT OF VIEW:

SUSAN CANTRELL: "I didn't know what melanoma was at the time and they didn't tell me too much. I was optimistic and didn't worry too much when the original mole was taken. I kind of thought that was that.

Quite a while later, after it had recurred several times and after I had had several more operations, the biopsies were sent to San Francisco and I went there to see the specialists. They gave me literature on melanoma and I read that it was universally fatal. I started to get really scared, deep down. It was very depressing.

I've always had this tendency to refuse to acknowledge problems and to try to think of only good things. After a while I wasn't able to do that. That's when I started writing to organizations of all sorts for information.

I was aware of nutrition, but I was also stressed out and taking drugs - smoking marijuana, packing cocaine, working inhuman hours, trying to build a sailboat with my fiance - pushing too hard. I wasn't too happy in my relationship - not too happy with my life at that point I don't think.

I've had much sun my whole life, living in Hawaii and Southern California. I had a congenital mole on my wrist that was really irritating. (Please see "Cantrell" page 4)

CANTRELL (from page 3)

ting, itching and growing a little bit. I let it go a while. I was moving from Hawaii to Carmel, California, for six months and I didn't bother to get it checked. Once I had moved to Morro Bay I had a physician look at it. It was November of 1979, I believe.

The doctor was quite concerned and asked, "Are you doing anything right now? Because this thing needs to be excised immediately!" He said that there was so much activity in it that he wanted to send the biopsy specimen all over, to Southern California, Boston, Baltimore, all over the country. I think he was just leaving for a trip to USC and was going to bring it to show to some other dermatologists so he didn't give me a full prognosis at the time.

He referred me the pathologist who did most of my major surgery. I had surgery and recovered from the operation. Almost right away another lesion came back, right on the scar. The pathologist performed surgery again. He took quite a bit. After the second operation, my wrist was arched in a brace on it that held it stable while it healed.

I had gone up to the melanoma clinic at the University of California at San Francisco by that time. I arrived there ahead of my original biopsy specimen. I saw quite a few doctors. They said they hadn't had time to study it. They did check me and they advised the skin graft operation and the axillary lymph dissection which I had. I went along with it not knowing what else to do.

I had already started writing to these places and was reading everything I could. That was February of 1980. They took the skin from my leg and went in real deep on the wrist and under my arm. The leg skin was grafted to my wrist. There was some active melanoma under the arm. This surgery was done at the Sierra Vista Hospital of San Luis Obispo. I was 29 at the time. The wrist area healed real slow and it didn't really want to close up. I did go back waitressing after that, however.

I think it was only four to five months later that I noticed a lump on my inner arm at the elbow. That was October. I took a trip down south to sing at a wedding. When I came back up, it was only a week, I had another one on the end of the scar under my arm. I went in to see



Susan Cantrell, November, 1985

the pathologist again and he took that little piece under my arm right in the office with local anesthesia. He left the one on the inside of my elbow. The new biopsy was positive for melanoma.

The pathologist sent me up to San Francisco again to a different doctor, a specialist who was active in an experimental procedure with melphalan. I have all the consent papers with side effects. I asked the specialist about nutrition in cancer therapy and he told me there was no place for nutrition in the treatment of cancer. "Maybe scurvy, but not cancer," he said, blowing the smoke from his cigarette in my face. I remember that so well. His office was in a real high building and his desk was right in front of a mirror in the middle of a wall of windows. He was silhouetted by the light behind him, smoke curling around his head, like in a science fiction movie. He was very impersonal.

There were all these people in pathetic condition waiting in the lobby to see him. My heart was breaking for them and I thought, I'm going to end up like them. It was really creepy. He was supposedly a very important physician developing a treatment where they hook you to a cardiopulmonary machine and cut off circulation to

that part of your body and inject it full of melphalan. They wanted to do more surgery and take the tumor in the crook of my elbow. By that time I was so horrified I couldn't go on. They had given me a whole lot of literature on melanoma and how it was universally fatal. The book had been written by one of his colleagues.

When I got back to my house a letter was there from the Gerson Institute. I thanked the Lord for that, because it was the most encouraging thing I'd heard. There was a little typewritten note saying the treatment was effective with melanoma. We called the Institute right away and got Charlotte. We were impressed with her. I had been advised to have a CAT scan and bone scan and the whole works and she said "No, you know you have malignant melanoma, and there's no need to further poison your body with that". She gave me the name of Debbie Dole, another patient whom I called. We compared notes. Our cases were very much alike. She went to the Gerson Therapy clinic before it got bad enough for a skin graft, but it was the same arm and everything. She even looks a bit like me and we're the same age. She said she felt great in every way. She said it was hard work, but she was really glad she went through it.

So I went down there, to the Gerson Therapy Center, around Thanksgiving of that year, 1980. I felt so strongly about it. I was praying and asking the Lord to take over because my life was falling apart. My boyfriend was getting tired of the whole thing. He stuck with me for a while after that. He had come to the clinic with me for a week. For a week I was alone.

It was OK at the clinic. I enjoyed it, meeting a lot of the people. It was kind of an "up" place considering what was happening. We patients were all comparing with each other whether we'd had a flare up yet. I was pretty sick after a few days. I'm glad my boyfriend was there to go to the lectures the first week and tape them. I just remember I was really so concerned to do everything right and to follow the rules exactly. I made the commitment then to follow it through and do the best I could.

I think my boy friend's leaving was the best thing that could have happened. I was faced with his rejection after the first year of the

therapy. He went to Hawaii for a while. While he was there he partied a lot. When he came back, he told me to get out. I had no furniture, no car. It was really hard. That's when I really cried out to the Lord. When I did, instantly a huge burden was lifted from me. I hadn't realized how tense I was and I all of a sudden relaxed somehow in my body. From then on, things started falling into place. The right people would show up at the right times and offer to do my shopping for me.

I was so upset, the effectiveness of the therapy was slowed down and I wasn't digesting properly. I went off the therapy for more than a month. I went to the Hippocrates Institute and got down to skin and bone. I needed to get away. I met someone who had been there and was raving about the raw foods. I had heard that it was spiritual, but I guess there are all sorts of realms of the spirit. There was contention there among the staff. They even asked me to stay on as staff. People were dying when I was there, starved to death I think. With that and the fighting between people on staff, it wasn't where I wanted to stay at all. I did rest, but they fasted me. I got real thin and my parents who live in Anaheim were real concerned. They bought me a car and I went back north to a cubby hole with no heat, it was terrible, and went back on the Gerson therapy.

I just knew that I had to make a full effort. I had to have determination. I was on my own, not dependent on him for anything. I prayed to the Lord that I have the strength to do it all on my own. I started a huge garden and a friend built me a greenhouse. I kept praying for strength. I had a very strong flare up when I went back on the therapy. I was pretty out of it for a while. Non-stop coffee enemas for a few days. I would read the Bible. I'd have a question and open the Bible and the exact answer would leap right out at me. I didn't really know that you could do that.

I was so sick when I went back on therapy, throwing up, enemas all night long, not sleeping well. Satan was tormenting me and telling me that the second time the Gerson Therapy wouldn't take. It kept coming to my mind and I would pray, "Lord, tell me, is it working? Am I dying?" I remember lying on the bed waiting for the

next enema. I remember this real bright light at the doorway. I sat up straight and I saw an angel there, a gauzy sort of thing with tanned skin and flowing robes and everything, glowing, and there was a warm feeling in the room - and I knew from then on that I was going to be all right. It was a beautiful time too. I felt the healing of my emotions as well as my body.

When I was off therapy for that month, I wasn't too sure how to get back on it. I kept hearing in my head, "Get back on the Therapy," over and over and I finally said, "OK, OK, OK!" I called the Institute to get started again. I stayed on it for another year. Friends were helping, picking up the liver. I had to have it bussed in from central California to San Luis which was fifteen miles from home.

"The tumor on the inside of my elbow, I remember feeling it every day, had been the size of a walnut. It took about two months to totally disappear. There were no sensations around it. It just went away."

The tumor on the inside of my elbow, I remember feeling it every day, had been the size of walnut. It took about two months to totally disappear. There were no sensations around it. It just went away.

My skin turned orange, my hair got real healthy. It seems a lot more people are telling me that my eyes are really blue. It might be that they got more blue. I get a lot of compliments on them now. I never did before. I "felt" to move down to my parents after a while. I hadn't wanted to worry them. They came up to visit me in a place with no heat, I was wearing my ski jacket, trying to keep the fire going. I finally moved down with them. I think the Lord was prompting me to have a close time with my parents. I'd been out of the home for so many years. It really drew the family together. It was a good time. I lived with them for six months through the end of therapy. I went to my family doctor down there. He treated me really funny. He didn't want to see me or talk about it. But I knew that I was fine.

I started tapering off gradually. When my parents took me out for my first fish dinner, I was in Heaven. I had no difficulty. I got out more. I planned a trip back to Hawaii on October 1 of 1982 and I stayed.

I feel better than I've ever felt. I still do the liver carrot drink when I can get the liver. I am known for activity, teaching snorkling, teaching an exercise class, going skin diving. People come to me to ask me how to stay healthy.

It's a funny thing to say that cancer was the best thing to ever happen to me, but it was. It has been a total healing: physically, spiritually, and emotionally. It helped me to put my priorities in the right place, to develop a stronger personality instead of being a "people pleaser" and always going along with things: "OK, are you going to like me?" Also when you develop a relationship with the Lord it helps you know what's right. It comes with the territory. I still have a ways to go, but I'm getting there. To me, that "Sue" was a whole different person. I'm much more appreciative of everything now. I'm much more sensitive to people, I hope. I feel like I am.

I am now 5 and 1/2 months pregnant and my midwife says I'm very low risk and in better shape than any 35 year old prima para she's ever seen. I expect a real smooth at home delivery. I'm so thankful that instead of losing my life five years ago I'm now giving life. Thank you Lord.

Editor's note: *Susan has saved letters which were written her by her physician and her surgeon. They are revealing and we are privileged to share them with you:*

"September 11, 1982

Dear Susan,

Please forgive the tardiness of my reply. I put your letter on my desk at home and it got put in a folder with a lecture I was working on. I just discovered it last night.

Thank you for believing that I have been very concerned about you. I am astounded by your recovery and I am very happy. I do have an open mind about many of these things and I will read the literature that you sent with great interest.

I am having two copies of the record made and will send to the (Please see "Letter" page 6)

LETTER (from page 5)

hospital and to you under a separate cover.

I am so pleased that you are well. Take care."

—Dr. R.H., M.D.

"December 20, 1984

Dear Susan,

The operation done on November 3rd, 1980 consisted of a limited local excision of a dark nodule which had appeared in your

"Quite frankly, I would not have bet two cents on your prospects..."

right axillary scar. The sutures were removed one week later and the biopsy site healed satisfactorily. I am enclosing a copy of the pathology report for that biopsy and, as you can see, it was a recurrent melanoma.

Thank you for the Christmas greeting and the photograph. Without the latter I think I would have been skeptical of your profession of good health. But it is obvious from looking at you in the picture that you are thriving. That leaves me quite happy and no little bit amazed. Quite frankly, I would not have bet two cents on your prospects, but this is just wonderful and I certainly wish you continued good health and happiness."

—Dr. R.K., M.D.

CASE 2: CHARLES HEIMBACH

MALIGNANT LYMPHOMA, LYMPHOCYTIC, DIFFUSE, POORLY DIFFERENTIATED

In 1978 this 58-year-old white male presented at Swedish American Hospital with a large lymph node in the left axilla which pathologically measured 5.5 cm. This was biopsied and found to be poorly differentiated lymphocytic lymphoma. He was also found to have lymph nodes in his groins and subsequently had biopsies of those which were also found to contain poorly differentiated lymphocytic lymphoma.

The patient had a liver and spleen scan which was within normal limits and a chemistry profile which was within normal limits. He then underwent a staging laparotomy during which his spleen was removed, his liver biopsied, and several groups of lymph in the abdomen were biopsied. The liver and spleen were found to be normal. However, some of the lymph nodes in the peri-aortic region and in the iliac region were positive, making him a stage III. Because the patient was asymptomatic he was not treated.

The patient did well until 1980 when he developed a groin lymph node on the right side which bothered him. This was biopsied and found to be diffuse poorly differentiated lymphocytic lymphoma. Once again it was decided not to treat him.

In May of 1983 the patient presented with back pain and edema of the lower right leg. Clinical examination revealed pitting edema of the leg and enlarged inguinal and femoral lymph nodes. He underwent an IVP which revealed a nonfunctioning hydronephro-



Charles Heimbach, May, 1986

tic right kidney. A CAT scan revealed diffuse lymphadenopathy in the peri-aortic region and in the pelvis with marked involvement of the right pelvis. The patient was referred for palliative radiation therapy.

FROM THE PATIENT'S POINT OF VIEW:

CHARLES HEIMBACH: "When I was fifty, in 1978, I found a lump underneath my left armpit. It was January when the doctor suggested it might have to come out. A month later it was larger, and it was removed. At the same time, in the hospital, a lump was found in my left groin and that was also removed. Both lumps were biopsied and found to be lymphoma. Because of the two lumps, the surgeons did an exploratory

laparotomy. Many nodes were removed for inspection. Fortunately nothing was found in my abdomen. I electively allowed them to be removed. I wish I hadn't done that. It was quite an operation, four and a half hours in the operating room. I was hospitalized for three weeks and recuperated well. I returned to same lifestyle I had followed before the disease was discovered. My doctor requested office visits once a month, then every two months, then every three months. The only thing that occurred during the next two years was that I started to hear other people talk about diet. Two years and three months after the operation I found a lump in my right groin.

My second occurrence, when I ended up in the hospital with a lump in my right groin, I was in in the morning and out in the afternoon. The lump was removed in out-patient surgery. It was malignant and of considerable size. If it had not been for my otherwise good health, the doctors said they would have recommended chemotherapy. That made me start thinking and start looking and start going out aggressively to look for other possibilities.

Up until that time I had no reason to suspect that cancer might be affected by diet. Some friends of mine knew a nutritionist who introduced me to the Kelley program and went on that completely. When I go into these things I go into them full bore. The Kelley program does have the coffee enemas and emphasis on good food, but there's a lot of supplementation. I think I was taking 360 supplements a day, desiccated liver tablets in large quantities, some vitamins, some minerals, some organ concentrates. It was tablet supplementation and eating (Please see "Heimbach" page 7)

HEIMBACH (from page 6)

good foods. I was allowed to counter the blandness of the food with spices, but also with some mineral salt or sea salt on the advice of the nutritionist. I never contacted the Kelley people to see whether it was them or the nutritionist who allowed the salt.

Three years later, staying on the Kelley therapy, my right leg started swelling because of what I thought was just a collection of fluid, edema. And I fought that off by elevating my leg and watching fluid and salt intake. At first this worked, but later the swelling would not go down.

X-rays revealed massive involvement in the lower right quadrant of my abdomen. That was found to be the cause of the fluid slowing to and from the leg, causing swelling of the leg. It was also found later to have shut off my right kidney. There were also found to be several lymph glands swollen along my spine. It was concluded that this was all cancer, in all the areas.

It was all inoperable and I was refusing chemotherapy. So that left radiation treatment. My leg

was swollen, my kidney was shut down, and things were headed downhill. By that time I had read the Gerson book a couple of times I had great confidence in it. I had stayed with the Kelley program because it was convenient. There were no juices to make and only one coffee enema per day - no problem at all. I opted to accept the radiation which reduced the swelling in my lower right quadrant in 20 treatments, which totaled less than Gerson's limit.

Even though I had received the radiation, I had large nodes in my armpits. My doctors said that sooner or later the options for radiation would disappear and that I would have to go to operating on those that were operable, and then go to chemotherapy.

I had determined that once the radiation was over I was going full bore into the Gerson diet. I started with everything I could. It took 60-90 days to find out where they made the juicer and where organic foods were available and the rest of the organization that was necessary. Along about that time I called a physician, it took me a long time to get around to him,

who agreed to monitor me on the Gerson Therapy and to make prescriptions available. It was in June that I got started organizing, but I was not on the Gerson Therapy properly until September.

It was not long after I got going full bore that the lymph nodes started to go down. It was 30-45 days later that I noticed a rapid decrease in size in the nodes in my armpit. They decreased in diameter by half, which means their volume decreased by 80 percent.

In January three years ago I went out to the Gerson clinic just to be certain that I was doing everything correctly, and to find better recipes, and to improve in any way I could. I found that I was doing everything correctly. But it was well worth it. I totally enjoyed my visit.

I stuck right with the diet. When I had questions I called right away. I have it all behind me now, except that I maintain a very good diet.

Clinical notes sent to the Gerson Institute by Mr. Heimbach's physician indicate that he is now in complete remission.

...

REVIEW (from page 2)

obsession on those close to him, or the importance of his friendships during his ordeal. Close friends and family exist for Kleinfield only as a vague frame of reference for the central character.

The influence of Freeman Cope on Damadian was undoubtedly transforming, as it was on everyone he befriended. Cope was a tireless seeker after the truth, and a gifted conversationalist who would give his accumulated knowledge freely in endless discussions. Many relied on him for a fresh perspective, for an infusion of related concepts, for backbone during times of trouble. Cope was a courageous crusader on behalf of creative ideas in science, and he tackled many dragons, including the National Science Foundation and the Biophysical Society trying to clear the path for Ling. We all felt he was somehow invulnerable.

Cope copied my article, "The American Revolution in Cellular Biology" and mailed more than 3,000 reprints to the entire member-

ship of the Biophysical Society in early September, 1982. This was his last flamboyant effort to attract and focus scientific attention. Within less than a month Dr. Cope's grants were cancelled and the Navy took away his laboratory and office space. I cannot help but see motive and retaliation.

On October 10, Dr. Damadian called our office desparately seeking information. Freeman Cope had committed suicide. Had he been secretly ill with cancer? Was he receiving treatment through us? No, we assured him. A numb silence was followed by Damadian's shuddering sobs as he choked out the words, "He was my friend."

As I have pieced together a picture of Freeman's last months, I am convinced that his death was seppuku - hara kiri - the last and most dramatic proclamation he could make to the scientific community. Freeman was an honest, resolute man of science and logic who would not brook the insult of a public disgrace. I, for one, am sorry

that Kleinfield did not plumb this friendship, one of the most productive alliances in the history of medical science.

Damadian's wife, Donna, is barely and only briefly mentioned in Kleinfield's sketchy biography. His father and other relatives exist only as names, not as flesh and blood humans. And Damadian himself, as portrayed by Kleinfield, nearly loses his three dimensionality. His personality is obscured by accounts of his gigantic visions. Eventually we lose even Damadian's visions to the story of the Herculean task of building the first imaging nuclear magnetic resonance scanner large enough to take a human subject. Perhaps because the scientist had to totally subordinate himself to the process of building "Indomitable," Kleinfield interviewed the "process" rather than the man.

But a major section of "A Machine Called Indomitable," the creation of the device itself and the superhuman effort made by Damadian (Please see "Review" page 8)

REVIEW (from page 7)

dian and his colleagues, is what we paid admission for. If Kleinfield's novel does anything particularly well, it is to evoke the feeling of this shoestring laboratory populated by a group of eccentrics led by a man possessed, neck and neck in a dead heat with well heeled rivals, everything at stake, in pursuit of something very big.

There are some very humorous chapters describing the final frenetic months of construction of the magnetic imager prototype "Indomitable" as the scientists, exhausted to the point of delirium, fight off enervation with nervous anticipation. The feeling is perhaps akin to what one might imagine astronauts experience on a long voyage, cramped continually together, cabin crazy, tempers growing short, but inwardly jubilant, facing a dangerous re-entry on their way home from a victorious journey to the moon. They will be heroes at home if they survive the trip.

Another aspect of the book deserving of special mention is the well captured reality of Damadian's brief decent into the hell of grantsmanship and fund raising. This little known and less appreciated part of the sciences has crippled and derailed more creative projects than any war or government in history. Lack of funding from the National Cancer Institute and others nearly capsized Damadian's research efforts early on when only a handful believed medical NMR might be possible. Kleinfield has done a great job of painting several encounters with the monster. Through his reportage we have an

opportunity to follow Damadian on a counter-productive re-granting expedition to the bureaucratic National Cancer Institute, and on a macabre sojourn to Plains, Georgia, in a futile effort to gain funding support from President-elect Jimmy Carter.

Kleinfield's reporting is gritty as he interviews Damadian's competitors and contrasts the various claims made regarding who deserves the real credit for the invention of NMR imaging. While he makes no allegations, it is clear that Kleinfield considers the theft of credit to be a serious problem in contemporary science. When more than one scientist or lab claims credit for a single discovery, it is unlikely that one will obtain an undistorted picture from all parties.

This is not a book with broad literary scope, nor is it likely to hold the interest of all readers as it explores the rocky terrain of medical research and as Kleinfield attempts to establish the significance of Damadian's contributions. But, in spite of the flaws of this non-fiction novel, its lack of clear structure and its author's limited grasp of the true importance of medical NMR (which lies neither in imaging nor in NMR's potential as an anti-cancer technology), Kleinfield's writing is competent and the story he tells is compelling.

Damadian's machine is now an accomplished fact. UCLA's Department of Radiology (which gave medicine the PET scanner) has chosen FONAR's scanner over the many competitors -- a sort of Good Housekeeping Seal of Approval.

Damadian has succeeded in

creating a private corporation with teeth enough to prevail in a patent struggle over the giant Johnson and Johnson, which recently sold its NMR subsidiary, Technicare, to General Electric.

Kleinfield concludes his story with an impressive list of applications in which NMR imaging is superior to any other technology including analysis of diseased tissue by electronics.

In the final pages, Kleinfield visits Damadian in his office, working late, talking about the future. He has a lot to talk about.

"A Machine Called Indomitable" is available from Times Books, New York, a division of Random House or the Gerson Institute (\$16.95).

WAR (from page 1)

There is no cancer prevention program in American medicine and it's time to call a spade a spade. What the U.S. needs is a medical profession with guts enough to prevent at least hospitalized patient from smoking and eating high fat, sodium laced, overcooked and processed foods.

Nutrition is the sum total process involved in the consumption and utilization of foods by which growth, repair and maintenance of activities in the body as a whole and in any of its parts are accomplished. In cancer, nutrition probably exerts its major influence as either an inhibitor or a promoter of existing malignancies.

It is past time that the medical profession discipline itself with enforceable guidelines for public education. And it is time that physicians begin to prescribe diets.

Gerson Institute
PO Box 430
Bonita, CA 91908-0430

ADDRESS CORRECTION REQUESTED

**Return & Forwarding
Postage Guaranteed**

NON PROFIT ORG U.S. POSTAGE PAID BONITA, CA Permit No. 27
