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HEALING NEWSLETTER

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A *COFFEE* ENEMA? NOW I'VE HEARD EVERYTHING.

THE COFFEE ENEMA:

WHAT DOES IT DO? HOW DOES IT WORK?

by Gar Hildenbrand

It is difficult to describe the incredulous facial expressions which ripple across a medical school lecture audience as the topic of coffee enemas is introduced. Embarrassed sniggering is heard from several seats in the hall.

A wise guy heckles, "How do you take it?" Charlotte Gerson doesn't miss a beat, answering "Black - without cream and sugar." Laughter relaxes the entire room and Gerson goes on to explain this aspect of her famous father's (Max Gerson, M.D.) treatment: 3 tablespoons of regular grind coffee, boiled in a quart of distilled water for 3 minutes, covered and simmered for ten minutes, cooled to body temperature, filtered, and admitted to the colon using a short tip while lying on the right side. This is held for 12-15 minutes and released.

Responses from the audience are typical: "Boy, I'll bet you get a buzz out of that!" "Couldn't you just drink three or four cups of coffee?"

And the eventual "big question" is "What does it do?" "Why go to all that trouble just for a caffeine high?"

The coffee enema is, without question, the most unusual part of Gerson's combined regime (1), and often evokes astonishment and mirth in persons who have never experienced an enema and who emphatically prefer to drink their coffee. Practitioners and patients who have had experience with coffee enemas, however, know that they are far more than a means of introducing stimulating caffeine into the bloodstream. From the patient's point of view, the coffee enema means relief from depression, confusion, general nervous tension, many allergy related symptoms and, most importantly, relief from severe pain.

In 1981, writing in *Medical Hypotheses* (2), Mark F. McCarty pointed out that "At a Senate Select Subcommittee hearing on cancer research in 1946 (3), five independent M.D.s who had had personal experience with patients treated by Gerson, submitted letters indicating that they had been surprised and encouraged by the results they had seen, and urged a widespread trial of the method (4). One of these doctors claimed that relief of severe pain was achieved in about 90% of cases. No controlled trial of Gerson's methods has ever been undertaken."

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

Charlotte Gerson, President

The coffee enema has a very specific purpose: lowering serum toxins. Dr. Peter Lechner, who is currently conducting a trial of the Gerson cancer therapy in the post-surgical treatment of liver-metastasized colorectal cancers under the aegis of the Landes-krankenhaus of Graz, Austria, reported (5) in 1984 "Coffee enemas have a definite effect on the colon which can be observed with an endoscope. Wattenberg and coworkers were able to prove in 1981 that the palmitic acid found in coffee promotes the activity of glutathione *S*-transferase and other ligands by manyfold times above the norm. It is this enzyme group which is responsible primarily for the conjugation of free electrophile radicals which the gall bladder will then release."

The importance of this action of coffee enemas is best described against the background of modern concepts of cell ion and water content.

In most, probably all, chronic degenerative diseases there exists a "tissue damage syndrome" first described by Cope (6). When cells are challenged by poison, oxygen starvation, malnutrition, or trauma (a physical blow), a uniform set of reactions takes place: cells a) lose potassium, b) accept excess sodium and chloride, and c) swell with excess water.

According to the work of Ling, recently summarized in his monograph "In Search of the Physical Basis of Life" (Ling, G.N., Plenum Press, New York, 1984), the cellular cytoplasm is latticed with a protein-lipid macromolecule through which an electron current flows. Energy-storing adenosine triphosphate (ATP), the main product of metabolism, is complexed with this macromolecule, polarizing and energizing it, and forming many interactive, cooperative association sites which prefer potassium over sodium.

In a resting, healthy cell with sufficient ATP, water is highly organized in polarized multiple layers forming an "ice-like" structure. Water and ice are different not because their molecules are different, but because their molecules relate differently.

According to Ling's Association-Induction Hypothesis, being "alive" requires not only the presence of the right composition of chemical compounds, but also requires that they be maintained in special electronic and steric (atomic spatial) relationships. The living state is a high energy state in the same sense as a cocked gun, a drawn bow, or a set mousetrap.

In the living cell, potassium and nearly all water (except that in vacuoles, etc.) is in an adsorbed state. Potassium is preferentially adsorbed on the beta- and gamma-

THIS IS OUR THIRD YEAR

With this issue of *the Healing Newsletter* we enter our third year of bimonthly publication. This newsletter is an expression of our commitment at the Gerson Institute to share with our members recent clinical developments, new understandings, and significant laboratory contributions which advance our work. It also represents a key effort of the eight-year-old Gerson Institute to communicate to the medical profession and to the public the existence of clinically long-established effective preventive and *therapeutic* nutrition as exemplified by the written works of Dr. Max Gerson, some of which have been published in recent translation in these pages. In addition, the Healing Newsletter frequently offers practical information regarding sources of information, organically grown produce, healthful recipes, lecture schedules, important topical news items.

Even though this publication and the efforts of the Gerson Institute are relatively young, our work is centered around traditional medicine. We are carrying on work begun by Gerson more than seventy years ago. We are bridging a gap in medical history to the productive decades of medicine before WWII. Prior to the War, German physicians were bellwethering world-wide clinical experimentation with low-sodium chloride, low-fat, protein-restricted, basically vegetarian diets which had been widely observed to enhance immunity. These diets, the most notable of which was developed empirically by Dr. Max Gerson, were being used to *cure* advanced cutaneous and pulmonary tuberculosis. Gerson had also published in 1935 a similar modified diet therapy which was curative of advanced decompensated heart in cardiorenal insufficiency. The events of the 2nd World War ended Germany's reign as the unquestioned leader of world medicine.

By the time the war ended, nutritional research had been forgotten, and there were several events which occurred during and shortly after the war which virtually ensured that it would remain forgotten. In 1946, medicine saw the first broad dissemination of penicillin. Before then, it was not possible for physicians to alter the course of infectious diseases with a single agent. In the same year, Yale produced the first nitrogen mustard "chemotherapy" report. For the first time, a single agent seemed to have an anti-cancer effect, possibly a "penicillin" for cancer. A tremendous amount of venture capital was pumped into research in an effort to urge the development of effective chemotherapy. Officially called the War on Cancer, this effort is widely recognized as a failure after four decades. It was also in 1946 that Max Gerson, M.D., introduced to a subcommittee of the United States Senate a promising diet-based medical therapy for general management of cancer patients. At that time, Gerson presented to the subcommittee chaired by Senator Claude Pepper five former cancer patients who had been *cured* through the dietary treatment. A strong medical lobby defeated funding of Gerson by a narrow margin. Only in the last five years has the research community begun to admit the very broad and powerful influence exerted by diet and nutrition on the development and course of cancer.

Now we are seeing a rebirth of public and medical awareness and concern for appropriate nutrition. Where will we be forty years from now? We can only look at the present, and that is what *the Healing Newsletter* is all about. We welcome our members to our third year.

Gar Hildenbrand, Editor

carboxyl groups of certain cellular proteins while water is adsorbed in polarized multilayers on a matrix of extended protein chains. Low levels of sodium in the cell are due to the reduced solubility of structured water. This mechanism also contains water content.

Cope reasoned that challenge to the cell by toxins, oxygen starvation, malnutrition, or trauma will result in an altered molecular configuration state in which the macromolecule will lose its preference for potassium. Sodium competes with potassium for association sites in damaged cells.

Loss of cell potassium and increase of cell sodium in turn results in decreased electron flow through the macromolecule. This in turn causes decreased attraction of paramagnetic ions and subsequent disorganization of water molecules. Because bulk phase water, structured in a high-energy state, is the main mechanism controlling cell water content and purity, any disturbance in water structuring will result in the cell swelling with excess water and extracellular solutes.

Once the internal environment of the cell is polluted with excess water and extracellular materials, mitochondrial production of ATP is greatly impaired with the result that cells cannot produce sufficient energy to repair themselves unless the challenge is removed.

Endogenous serum toxins can be generated by cells with impaired metabolism, by bacteria, and by malignant cells. NMR studies have suggested that surrounding active malignancies there may often be a sphere of damaged normal tissue in which water structuring is impaired by the chronic insult of tumor toxins. Energy production and immunity are depressed in these cells which are swollen with excess salt and water. Such damaged tissue has decreased circulation because oversized edematous cells crowd arterioles, capillaries, and lymph ducts.

Gerson taught that improved circulation and tissue integrity would prevent spread and, in fact, cause the destruction of malignant tumors. He held as axiomatic the observation that no cancer could exist in normal metabolism. A favorite example of his was the well known resistance of healthy lab models to tumor transplants. Such transplanted tumors are quickly killed in many cases by inflammation in the healthy host. In order to cause transplanted tumors to "take" easily, it is necessary to impair the metabolism of the host by damaging the thyroid and adrenal glands. Gerson's efforts were directed toward creating a near normal metabolism in tissues surrounding tumors.

Enzyme systems in the liver and small bowel are responsible for conversion and neutralization of the most common tissue toxins, poly-amines, ammonia, toxic-bound nitrogen, and electrophiles, all of which can cause cell and membrane damage.

Such protective liver and gut enzyme systems are probably enhanced manyfold by coffee enemas. Editors of *Physiological Chemistry and Physics* stated (7) "Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall."

"Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall."

In the late 1970s and early 1980s, researchers in the lab of Lee Wattenberg (8-13) identified salts of palmitic acids (kahweol and cafestol palmitate) in coffee as potent enhancers of glutathione *S*-transferase, a major detoxification system that catalyzes the binding of a vast variety of electrophiles from the blood stream to the sulfhydryl group of glutathione. Because the reactive ultimate carcinogenic forms of chemicals are electrophiles, the glutathione *S*-transferase system must be regarded as an important mechanism for carcinogen detoxification. In mice, this system is enhanced 600% in the liver and 700% in the small bowel when coffee beans are added to their diet. Because this system in lab models is close, if not directly analogous, to that of humans a parallel stimulation by coffee of glutathione *S*- transferase in humans is probable.

With this rationale in mind, we can expand on Gerson's hypothesized physiological actions and effects of coffee enemas. Gerson wrote that Heubner and Meyer of Geottingen University, Germany, had shown in animal models that rectal administration of caffeine would dilate bile ducts and promote bile flow. The introduction of a quart of coffee solution into the colon will dilute portal blood and, subsequently, the bile. Theophylline and theobromine, major constituents of coffee, dilate blood vessels and counter inflammation of the gut. The palmitates of coffee enhance glutathione *S*-transferase which is responsible for the removal of many toxic radicals from serum. Finally, the fluid of the enema itself stimulates the visceral nervous system promoting peristalsis and the transit of diluted toxic bile from the duodenum out the rectum. Because the stimulating enema is retained for 15 minutes, and because all the blood in the body passes through the liver nearly every three minutes, these enemas represent a form of dialysis of blood across the gut wall.

It is obvious in light of the above that oral administration of beverage coffee cannot have the same effect. On the contrary, it virtually insures reabsorption of toxic bile.

As a medication, the coffee enema is in a class by itself. While other agents classed as choleretics do increase bile flow from the liver, they do little to enhance detoxifying enzyme systems, and they do not ensure the passage of bile from the intestines out the rectum. Bile is normally reabsorbed up to 9 or 10 times before working its way out the intestines in feces. The enzyme enhancing ability of the coffee enema is unique among choleretics. Because it does not allow reabsorption of toxic bile by the liver across the gut wall, it is an entirely effective means of detoxi-

fying the blood stream through existing enzyme systems in the liver and small bowel. Because clinical practice has shown coffee enemas to be well tolerated by patients when used as frequently as every four hours, the coffee enema may be classed as the only non-reabsorbed, effective, repeatable choleretic in the medical literature.

These enemas are safe when used within the context of the combined regime of Gerson. It is apparent that Gerson's intention in supplying a sodium restricted, high potassium, high micronutrient dietary of fruits, vegetables, and whole grains, was to supply all nutrients, known and unknown, which are necessary for cell respiration and energy production. High potassium, low sodium environments tend to return cell macromolecules to normal configuration states and to improve water structuring and water content. The addition by Gerson of supplemental salts of potassium (acetate, gluconate, and phosphate monobasic) to the diet in which malate is supplied by frequent use of apples probably greatly improves the efficiency of the Kreb's cycle in mitochondrial energy production. Protein restriction, employed by Gerson as a temporary aspect of treatment, has been observed empirically since before the turn of the century to aid

The coffee enema has a very specific purpose: lowering serum toxins.

in the reduction of cellular edema. Administration of high loading dosages of thyroid and Lugol's solution (iodine and potassium iodide in dilute solution) probably result in multiplication of mitochondria, which have their own DNA and RNA and replicate independently of the cell. Additionally, thyroid is known to enhance cell oxidation of sugars and therefore ATP production. In this way cell energy production is probably markedly increased.

Through these mechanisms, the therapy of Dr. Max Gerson appears to a) reduce serum toxins to eliminate chronic challenge to damaged normal cells, b) improve cell potassium ion content, c) reduce cell sodium content, d) reduce cell swelling through improved water structuring, e) increase cell mitochondria count and activity, and f) supply micronutrients necessary for cell energy production and repair. The contribution of low serum toxin levels by reguiar administration of coffee enemas is basic to increased cell energy production, enhanced tissue integrity, improved circulation, improved immunity, and improved tissue repair and regeneration which have been observed clinically to result from the administration of the combined regime of Gerson.

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A CASE HISTORY

Clinical Records and Subjective Personal Account of a Patient Who Achieved Remission of Malignant Disease Through the Dietary Therapy of Dr. Max Gerson (Germany and New York).

by Gar Hildenbrand

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.

MARIE CARNS

WELL DIFFERENTIATED ADENOCARCINOMA OF THE PANCREAS WITH MULTIPLE HEPATIC METASTASES

This white 59-year-old married woman, mother of nine, developed sudden onset of right upper quadrant and epigastric abdominal pain after breakfast one morning. The pain persisted as a low grade ache with episodic exacerbations up until the time of first hospitalization. She was seen in the emergency room in Pennsylvania on the 4th and 5th days prior to admission and was diagnosed as having "viral infection" and started on Donnatal with which she experienced some relief. Upon returning from her vacation 2 days prior to admission, she felt well and was able to eat. However, the day prior to admission she had severe upper abdominal pain and was unable to sleep the following night, and presented to the emergency room where she was found to be in marked distress and was therefore admitted for evaluation. There was no history of nausea, vomiting, diarrhea, significant weight loss, hematemesis, or similar episodes in the past. There was no history of food intolerance or gallbladder disease. Ultrasound of the gallbladder revealed no stones, normal gallbladder wall, but defects of the right lobe of the liver. A technetium scan and CT scan of the abdomen were done, which revealed no evidence of gallbladder disease and multiple lesions in the right lobe of the liver consistent with metastasis of an unknown primary. The pancreas was interpreted as being normal and there were no detectable masses or enlarged nodes in the upper abdomen. A percutaneous liver biopsy was then obtained and pathology revealed adenocarcinoma of uncertain etiology. It was not felt to be from breast, ovary, or thyroid and was felt not to be characteristic of metastatic colon cancer. The patient's condition on discharge was fair, though improved from admission. She was referred to an oncologist in Madison for evaluation and possible treatment.

Mrs. Carns was admitted to St. Mary's Hospital in Madison on 8/15/1983. Hepatic angiograms on 8/16/83 suggested the possibility of lesions in the left lobe, however. On 8/17/83, exploration was carried out in the hopes of the proceeding with a right hepatic lobectomy. However, she was noted to have metastases involving the left lobe of the liver as well as the right. She also had an area of significant induration in the midportion of the body of the pancreas suggesting an underlying carcinoma of the pancreas with hepatic metastases. One of the metastatic lesions of the left lobe of the liver was biopsied and it was felt to be consistent with metastatic carcinoma of the pancreas. Her post-operative course was uneventful. On 9/6/83 the patient cancelled her appointment with the message that she was not desiring any chemotherapy for her metastatic cancer problem.

The patient was first seen by physicians of the Gerson Therapy Center of Mexico on September 21, 1983. After review of her case and physical examination, the Gerson diet therapy for cancer was initiated in the usual manner. Her response to treatment was good and her general management uneventful. Because of the damage to her liver, she has followed the full intensive treatment for three years with excellent compliance. She is currently in remission with good resolution of metastases and primary. Her health continues to improve, and we anticipate no recidives. Mrs. Carns was examined in February, 1985, by a physician in Darlington, Wisconsin who found her abdomen to be normal. No masses were palpable in the liver.

FROM THE PATIENT'S POINT OF VIEW:

CARNS: "In the last week of July, 1983, we went on vacation in Pennsylvania. When I got there I was fine. On Monday of that week after breakfast I went shopping with the girls. In one of the shops, I had a terrible pain come over me, right across the front of me where the liver is. It ached and pained. I couldn't eat or sleep or even lie down, it hurt so bad. I wanted to throw up and couldn't. I went to the emergency room twice while I was there. They thought it was gall bladder, but I wasn't sick to my stomach.

At Montgomery Hospital near Philadelphia I was given a little tablet, some Chinese medicine, which was the only thing that got me home. When I got home I called my physician who told me come in right away.

I went into the emergency room at Platteville at night. The doctors asked what was wrong. I explained the pains. They thought it was gall bladder, too. They put me in the hospital. The next day I had x-rays. I had to drink something for the pictures. They finally took a liver biopsy and I laid in the hospital for 3 days waiting while they sent the biopsy to Dubuque, Iowa. I was also sent for a CT scan while waiting.

I had lots of I.V. antibiotics because I was loaded with infections. When they told me I had cancer it really stunned me. When they told me, I prayed to the Lord to help me and lead me to the right decisions. I was taken to Madison to find out why the cancer was in my liver. They didn't think it started there. In Platteville, they couldn't find out the source, they didn't have enough machines.

In Madison, they told me that they were going in to take my liver out. They found on exploratory surgery that it had come from my pancreas. But when they found it came from my pancreas, they told me there was nothing they could do. After they released me, they sent me to the Dean clinic. A doctor there said he would like me to take chemotherapy. My husband and my family didn't want me to take it. I had a pastor at Madison who wanted me to go to Germany but I really couldn't do that. So they said, why don't you go to Indiana to see a doctor down there who injects vitamins into the blood stream.

I went to him and he said he thought that because I lived four hours away I wouldn't be able to

Marie Carns

stand the commute. He doesn't have a hospital, and you have to drive back and forth for treatment. He said I'm going to call out there to the Gerson Institute to see if they'll take you. That's how I found out about you folks.

He said yes, there was room and I had to make arrangements and find someone to go with me. I prayed to the Lord to find someone because my husband was working and my girls couldn't go. And do you know, my sister-in-law Sharon came with me. Her husband is the pastor in Cheteck, Wisconsin. I had no idea she would do it.

I had a lot of hard decisions to make but they've been well worth it. At first, to take the therapy you folks have was very hard. I prayed to have healing reactions out there (in the Gerson Therapy Center), not when I got home, because I knew they'd be hard. It happened within four days, and by the second week I was so sick and so weak I don't remember a lot of it. I woke up, I was very very sick, I didn't know where I was and I was kind of frightened. Then I felt better.

After going home, I had help at first. At first, that was the worst. I was very weak when I got home. I seemed to revive all right. It wasn't too bad, not really. I'm still on the full therapy and will be until September 21st. That'll be three years. Then I'm going on it 60%. I'm taking castor oil every 15 days. I feel fine.

I get up about 5:35 to wash carrots before a 6:00 AM coffee. I'm probably doing a little more than I'm supposed to, but I'm doing it because I feel like it. I do try to do for my family. I'll tell you, I don't know what I would do without their support. It's just been maybe recently that I've started to feel that I'd like to be free from the work. I do go in the afternoon, if I can, shopping or something because I'm no longer having the liver juice and that frees me up in the afternoon.

Everybody's very impressed with the therapy. I eat my way and they eat their way . My husband's pretty good. He'll eat a baked potato and vegetables with me. I have a boy who will drink the juices with me.

Even my grandchildren drink the juices with me and they like them. I have a daughter who said if anything ever happened to her she'd do the same thing. I've had others say that to me.

Editor's note: *Carcinoma of the body or tail of the pancreas accounts for about 25% of pancreatic cancers. These tumors are almost never operable. Even if surgery is possible, it does not result in cure. The response to flourouracil (5-FU) has been poor with 0.00% cures.*

It cannot be overemphasized that the remission of bilobar liver-metastasized carcinoma from the body of the pancreas under the influence of the Gerson cancer therapy is of tremendous medical significance.

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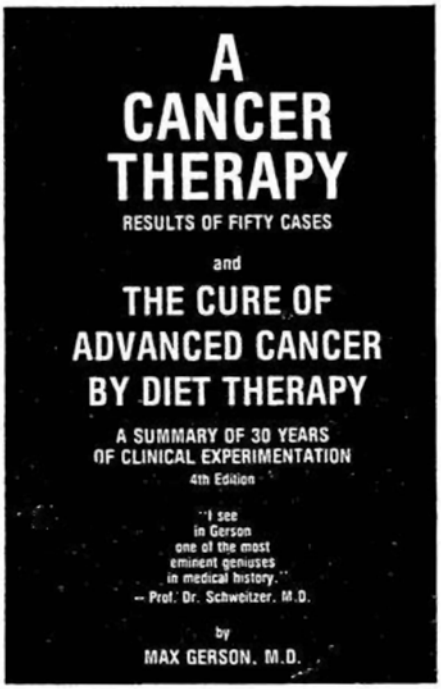
NEW 4TH EDITION RESTORES ORIGINAL GERSON TEXT

A Fourth Edition of Dr. Max Gerson's famous monograph, "A Cancer Therapy: Results of Fifty Cases" is now off the press and entering distribution. The new edition is the result of a months-long review process in which Gerson Institute personnel critically reconsidered all additions and deletions made after the first publication of his book.

The Gerson Institute feels that Gerson's contributions to medicine are of vital importance to today's researcher and physician. Its easy readability ensures that laymen will find it accessible. However, all marketing tools have been removed from the front and back covers. An informative "About the Author" entry has been written for the back cover. Prefaces added after Gerson's death have been removed.

Additions, such as the "referenced hourly schedule" and "special notes to physicians" created by Gerson Institute Executive Vice President Norman Fritz have been updated, clarified, and clearly credited. All comments by authors other than Gerson which had been inserted into the original text have been either removed altogether or put into footnotes. Deletions from Gerson's original text have been restored. Additional topical notes have been added as footnotes, e.g.: alfalfa sprouts are now forbidden; under certain circumstances it is necessary to monitor electrolytes; there is an alternate procedure for castor oil treatments, etc..

The second appendix, formerly called *Development of the Gerson Cancer Therapy*, a 1956 lecture by Dr. Gerson, has been published with medical references in the respected journal, *Physiological Chemistry and Physics* 10(5), 1978, under the title *The Cure of Advanced Cancer by Diet Therapy: A Summary of Thirty Years of Clinical Experimentation*. In an effort to communicate the legitimacy of Dr. Gerson's work, we obtained permission from the editors of *Physiological Chemistry and Physics* to use their layout and page headings. We have added this new title as a subheading to the front cover of the book in order to communicate more clearly the contents of the book.



We have also corrected a major deficiency of the second and third editions of the book by going to the original x-ray films from the first German printing of the book ("Eine Krebs Therapie"). Tumor margins and densities, as well as all normal physiological architecture are much more clearly defined than in previous reprintings. It is now possible for the layman to see and for the professionally trained eye to positively estimate the remissions recorded in these films.

We feel confident that our members will enthusiastically appreciate the efforts which have gone into the Fourth Edition to provide a more useful, better documented, more complete edition of "A Cancer Therapy," while at the same time remain true to the original publication in every way.

FROM MY 1986 NOTEBOOK: CLINICAL OBSERVATIONS BY CHARLOTTE GERSON

In mid-July, a lady phoned that she was bringing her mother to the Gerson Therapy Center. The mother was very ill and her doctors had given her no hope. Mother and daughter arrived by air in San Diego late one Saturday night and called from a motel to arrange for pick up by the hospital's driver.

At that time, the daughter stated that her mother had been unable to eat or drink anything for 36 hours. She was in much pain and was dozing. I was alarmed about the likelihood of her dehydration and, since she was already very ill, I wondered whether she would survive until morning in order to go to the Gerson hospital.

She did arrive Sunday morning, only two weeks after surgery. She had been misdiagnosed as having only constipation and arthritis and had been incorrectly treated for those conditions for a year and a half. Finally, at the time of surgery,

she was blocked and needed emergency intervention.

The surgeon told her family that her entire abdomen was full of cancer. He removed her ovaries and spleen, but found a large mass in the back of the abdomen with involvement of the small intestines. He closed her up and told her family that she didn't have much time.

She also had metastases to the pelvis and femur. She had suffered severe pain for a year with little relief from drugs. She was unable to sleep in spite of medications. She was taking Tagamet for a bleeding stomach ulcer, and she was anemic.

The patient was carried into her room at the Gerson Therapy Center. Because she could not eat or drink, physicians began treatment with intravenous glucose, potassium, and insulin (GKI) solutions and coffee enemas which gave her some initial pain relief. After several days, the patient was taking half of her juices and some pureed foods. Physicians were able to slowly reduce the dosage of Tagamet, and by the ninth day she was off that medication.

She was no longer in pain and needed no pain relief other than coffee enemas. By the tenth day, she was able to drink all of each of the 13 daily glasses of juice and to eat her meals. She was sleeping so soundly that her daughter had to awaken her in the mornings to start her on the routine. At the end of five weeks on the treatment, we saw her walk out of the hospital under her own steam, completely free of pain and able to move freely for the first time in more than a year.

I feel optimistic that this is a case that will do very well as we continue to work with her.

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In early August, I had a call from a lady who reported that she had been a member of the Gerson Institute for some time. She was calling from a hospital in the San Francisco area, suffering from advanced cancer. It had started in her breast and she had had a mastectomy. Subsequently, it was found to be in the mediastinum and in her liver. At the time of her phone call, the doctor had inserted a catheter into her lung cavity, since she was filling up with fluid very rapidly, and it was thus constantly draining. She also complained of severe edema in her legs so that she could barely walk. Nevertheless, she decided that she wanted to come to Mexico to the Gerson Therapy Center.

The doctor had to remove the catheter and warned her that she could die in the course of the trip from the fluid in her lungs - or that she could die if she chose to fly, because a change in the airplanes cabin air pressure could cause a collapsed lung. She was so determined to come, in spite of these dire predictions, that she took the train all the way to San Diego (a ten and one half hour trip), arriving exhausted at a relative's home. She was taken to the Gerson Therapy Center the next day.

When I first saw her, two days after she was admitted to the Gerson Therapy Center, I was interested to see the edema in her legs -but there was none. According to her physician, her legs were normal (with the intravenous potassium drip) within 24 hours! She was sitting up in bed and breathing with oxygen, drinking some juices. Within another two days, she was able to breathe normally, without oxygen, most of the fluid from her lungs was also absorbed! She was beginning to drink most of her juices and eating some food. Another three days later, she was out of bed; was sleeping well at nights, was free of pain or discomfort, and her appetite improved.

Of course, this patient is not yet out of danger, but the response was so remarkable that I feel it bears mentioning.

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Gerson Institute
P.O. Box 430
Bonita, CA 91908-0430

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